RESOURCE CENTRES

Building living libraries
INTRODUCTION

Our guest editors for this issue of Contact on resource centres are from AHRTAG - the Appropriate Health Resources and Technologies Action Group based in London.

AHRTAG is committed to promoting health for all through primary health care. It has chosen to play this role by providing the information that health workers and community groups need for supporting primary health care. AHRTAG has long recognized that, if demand for change is to be strengthened, information about achieving better health must be documented and shared.

Before introducing the discussion of some of the principles of running successful resource centres, we introduce readers to some impressive examples of resource centres in action around the world. These stories show the contribution that resource centres are making in support of action for better health. All the centres featured are stimulating important changes in thinking on health. Some work more closely with local groups of non-experts, others focus on action for changes in health policy at the national and international level.

The resource centres are often able to influence attitudes as well as thinking on health issues. This is often because of the people running them. For example, Jenni Karlsson, working at the Ecumenical Centre in Durban turned her resource centre into a sanctuary and a haven during a period of great strife in South Africa. Hala Salem, at her Palestinian resource centre, is building not only an international information network but also a network of international solidarity. She says that "true solidarity" is what her community most needs.

After these inspiring stories, this issue of Contact gives first some guidance on the practical principles of setting up resource centres, and second, a programme of involving individuals, groups and communities in the planning and managing of resource centres to ensure that they become successful. The first article is by AHRTAG Co-Director Suzanne Fustukian who has many years experience of managing resource centres. The second article is by AHRTAG staff members, Sheila O'Sullivan and Alison Condie. They describe how AHRTAG aims to ensure that as many groups and individuals as possible are involved in the evolving activities of the resource centre.

Finally, we include a listing of useful contacts and publications relating to resource centres.
What is a resource centre? It is a specialized library and information service providing materials for specific groups. But more importantly, it is a source of inspiration for social change for those whose voices are often ignored. In order to show how resource centres are contributing to health and morale in different areas of the world, we publish the following articles.

**Palestine: Making an impact on policy**

Hala Salem is a researcher at the Community Health Department at Birzeit University, West Bank. She runs the Resource Centre and says it forms a major part of the Department. "It has become an important focus for dynamic exchange of experience and ideas on health, and in determining priorities, production of local materials and development strategies."

The main activity of the Resource Centre is to provide information on primary health care (PHC) in the form of books, journals and articles gathered from around the world, and to offer information about training courses both local and international. It also contains papers and reports on the West Bank and Gaza Strip.

Hala says that Palestinians desperately need both local and international information about health and PHC. This is because the restrictions of living under Israeli law mean that Palestinians are very isolated from health organizations abroad. Palestinians cannot travel easily for training, Palestinian universities are often closed and activists are frequently harrassed. The value of local materials is reduced by the fact that foreign Arabic materials are censored.

In response to the needs of this community, the Resource Centre's main area of interest has focused on women's health, water and sanitation, drugs, disability and rehabilitation. Activities include university and community-level teaching, action-oriented health research, feasibility and needs assessment studies, and

*At school in Jerusalem: the restrictions of living under Israeli law mean that Palestinians are very isolated.*
monitoring and evaluation of health projects. As well as empowering people by providing them with skills and valuable health information, the Resource Centre also aims to influence health policy and planning.

Action-oriented research activity initiated by the Resource Centre has been particularly successful in producing an impact on policy. According to the Community Health Department’s Director: "After two years of working on women’s health - and having begun at point zero when no-one was talking about it - a few NGOs are now working on new projects in line with our findings. Moreover, policy makers must now contend with the growing lobby from within the women’s movement on family planning and domestic violence. Our attempts have been much more successful than we thought. More people are beginning to raise the questions we are raising, not only locally but also in other parts of the Middle East region."

Hala herself is convinced that one of the most important functions of the resource centre is networking and solidarity with others. She says: "What we need most is true solidarity, and for others to mobilize their own communities about the Palestinian problem." She works hard to ensure that her resource centre can provide the dynamic exchanges such initiatives require.

For more information write to:
Hala Salem
Community Health Department
Birzeit University, PO Box 14
Birzeit, West Bank, via Israel.

South Africa: Showing solidarity in the darkest hours

It is a cliché to say that the darkest hours are just before dawn. But looking back, the period of repression just before the unbanning of black political organizations in South Africa on 2 February 1990 was one of our history’s darkest times.

The traditional tribal territory of the Zulus lies in my province of Natal. The white regime, as part of its masterplan of racial segregation, had marked out patches of land as an apartheid homeland for Zulus. This split the Zulu community into two major groups: supporters of the liberation movements and supporters of the homeland leaders who were cooperating with the white authorities. The infamous "necklace" killings, public lashings and the flattening of houses with bulldozers became methods of popular justice reflecting decades of de-humanization.

One Saturday morning, I was on duty at the Ecumenical Centre’s Resource Centre in the city of Durban. There was a crowd milling about outside. They were health workers - members of the South Africa Health Workers’ Congress (SAHWCO) which was organizing a march through the city to raise awareness of the impact of apartheid on health services. SAHWCO was using the Resource Centre as a base for additional medical services with one or two doctors available on duty.
Soon, the marchers started down the street waving their bright banners. Not long afterwards, I received a telephone call from a member of the resource centre. He was a mature teenager but still living with his mother and siblings and unable to complete his schooling because of the political unrest and violence. I had grown familiar with his periodic visits to the Resource Centre. He would come in, his cloth cap rolled up in his hands, wearing a faded T-shirt and trousers. He would browse through the shelf of new books, or sit for hours reading newspapers and periodicals. Sometimes he would chat with me and we would discuss our on-going struggle for liberation.

When he telephoned on the morning of the march, I knew he was not at home: his shack was in Inanda, an informal settlement at least 20 kilometres from the city centre. There are not even the most basic services in Inanda, let alone telephones.

He asked me to help him and his friend. They were both suffering after a battle which had taken place the previous night. Leaving the resource centre temporarily in the care of the health workers, I drove out to the busy crossroads where they were waiting for me. Their silent faces told of their pain. During our return to the Resource Centre they recounted the story of their dilemma. They had been in the line of fire and now had birdshot embedded in their limbs. Ignoring partisan township clinics they had travelled by public transport into the city to a mission hospital. But having reached that far, their confidence had deserted them. The eyes and ears of the "enemy" might be anywhere. They telephoned the Resource Centre, believing that the information worker they had befriended would know how to help.

In the Resource Centre these young defenders (affectionately known as "young lions") lay down in the carpeted audiovisual room, alongside shelves storing documentary videos and photographs of contemporary history and cabinets of posters. The SAHWCO members quickly took charge of the situation, their supplies already at hand. As I closed the door to allow the medics to work uninterrupted, I saw the meagre clothes being peeled off the pitted bodies of our "young lions".
In that glimpse, I saw the Ecumenical Centre's Resource Centre distributing more than current information, more than education and survival information, more even than the democratic ideals expressed in the Freedom Charter. It was a haven, a shelter, a place of healing for the mind, spirit and body, and especially, that day, for my wounded, rejected and displaced brothers.

Jenni Karlsson is currently the coordinator of Educational Resources Information Centre (ERIS) at the University of Natal. She is co-author of "Ulwazi for Power and Courage: a guide to starting a resource centre", for details see page 17.

India: Documenting traditional knowledge

The Voluntary Health Association of India (VHAI) is developing a chain of resource centres to feed important traditional information from the villages to the policy makers at district, regional and national level.

Well-aware that the disappearance of some traditions will harm both health and the environment, VHAI wants to ensure that valuable traditional practices, such as traditional medicines and traditions in forest conservation, are not lost.

There has already been some success in the promotion of traditional medicine. Information about the use of traditional remedies by the Bhil and Gond tribes in Maharashtra has been collected, and the data computerized. The analysis of how the medicines are being prepared and used is done by the local people who are experts. They then take the information back to the people to discuss various remedies. Practices which are good are encouraged. Where there are problems, there is discussion and suggestions are made about more effective use.

In this process, VHAI's local information centres help people to see that their knowledge is valid and vital for community action. The challenge is to explore ways of documenting the experience of these communities. Once this is achieved, the information can be passed on to ensure that the practical lessons are absorbed into development programmes.

Adatoda Vassica or Acalypha Vasa as it is locally known, is a common treatment for coughs, and also to stop bleeding in the case of piles or dysentery.

The setting up of these local information centres was made possible following training of staff at four regional Voluntary Health Associations (VHAs) by staff of VHAI's central Information and Documentation Centre. These four VHAs then trained selected groups at district level centres who in turn trained people in the villages.

A crucial issue which VHAI is trying to document now is the destruction of the forests as a result of "development". Forestry department regulations have forced local people to change the grazing habits of their cattle.Traditionally, this took place in the morning. Now, this tradition has been stopped by order of the forestry department who want tree planting to continue throughout the working day. As a result, people have started to allow their cattle to roam all day long across larger areas of forest. The consequences for the forest conservation are likely to be serious if remedial action is not taken soon.

This article is based on a paper by Chandra Kannapiran who is working with Voluntary Health Association of India (VHAI), see page 16.
SETTING UP A RESOURCE CENTRE

There are a number of factors which will influence how successful a resource centre is likely to be, according to Suzanne Fustukian, one of AHRTAG's co-directors.

To ensure that a resource centre will be successful, it is vital that its purpose is clearly defined. As far as possible, it is useful to discuss the aims and objectives with all those who are working in the organization, movement, community or group which has decided to set up a resource centre. With their help, a strategy to develop the resource centre should be planned. The planning should also involve as many as possible of the people whose work will be affected by the resource centre.

To help to define why the resource centre is being set up, ask yourself the following questions.

What is the relationship of the resource centre to the organization, movement, community or group as a whole?

Are there shared objectives and policies? If the resource centre is linked to an organization, are the managers supportive? If the resource centre is the inspiration of a movement or a group, will it be a central part of its activities?

Who will be responsible for coordinating the work of the resource centre?

Will the organization or group employ someone motivated to run the centre, or will they expect...
existing staff to do it as an "extra". Who will be responsible for managing and supervising the resource centre staff? Who will make decisions such as which materials to buy and how money should be spent?

Who is the resource centre for, who is expected to use it?

Will it be open to the public, or only to health workers or health educators? What is the literacy level of the users? The answers will influence the type of materials acquired. Bear in mind that those using the resource centre need training in how to make best use of the centre. It is helpful to put up posters inviting people to come to the resource centre. When preparing the posters, think carefully about who you are hoping to attract. Design the posters accordingly. Give clear information about the opening hours of the resource centre.

TRAINING

CMAI’s librarian chooses IDOC

Reetha Varghese, who is responsible for the library at Christian Medical Association of India (CMAI) took part in this year’s training course on documentation techniques at IDOC in Italy (see page 15 for further details). While in Europe, she also visited resource centres at AHRTAG and the Institute of Child Health in London.

"What I envision is a resource centre which is ‘user friendly’, allowing easy access for its users to information through all media," she says, "this will include books, magazines, newspapers, video films and other electronic media." The centre will be directed towards the needs of CMAI staff, member organizations and individuals, as well as towards churches, pastors and counsellors who want information on the healing ministry in the Indian context, she told Contact.

If possible, form a committee of people who are interested in helping to run the resource centre. They can help with the selection of materials, and generally help to make the resource centre a success.

What role will the resource centre play?

A resource centre is not just a collection of books, with an administrator acting as the guardian. While a resource centre should collect, process and organize materials, its priority should be to seek ways to share what information is available. The resource centre worker may decide to launch a newsletter, run a workshop or hold an exhibition to encourage maximum use of the facilities.
PRACTICAL DETAILS

Design
The amount of space given to the resource centre will depend on what is required and what is available. Ideally, a resource centre will have a room to itself, but it can be just a few shelves of materials in the corner of a room. A good working environment makes a difference, somewhere bright and airy with natural light is best. There should be a place for the administrator to work, as well as work space for those using the resource centre. Think about which area could be used to hold workshops. Do not cover all the walls with shelves, but have display space for posters or exhibitions or displays of material from books.

Here are some ideas for placing furniture

School classroom shape

4 metres

8 metres

Door

Windows with shutters

Low shelves

Tables

Work space

Stool

Chair

High shelves

Round hut

Mat

7 metres diameter

Work space

Centre pole

Openings for light with shutters

Low shelves

Table

Chair

Pole

Equipment
Much of the necessary equipment can be made locally, for example, shelving, tables, blackboards and pamphlet boxes. More expensive items, such as personal computers and photocopying machines may have to be imported. A photocopier is almost essential. (preferably located outside the main room for noise and health reasons). An overhead projector, slide viewer and video recorder are all increasingly useful as teaching aids. These may already be available elsewhere within the organization.

Arranging material
A basic principle is "Keep it simple". Take into account who the users are and what their needs are likely to be. Start with broad main headings for the main subjects you cover, then break this down into subheadings. For example, a main heading like "Mother and Child Health" could be divided into "Breastfeeding", "Growth Monitoring" and so on.

When AHRTAG set up its resource centre in the early 1980's, it was faced with the question of how to organize resource materials into subject areas. It was decided that neither the general (Dewey) nor the medical (National Library of Medicine, Barnards) schemes was suitable. Instead, AHRTAG developed its own scheme based on the language and concerns of primary health care. (See box on next page containing AHRTAG's classification scheme). It has been adopted by similar small specialised resource centres; others have chosen to adapt it to their own needs.
### AHRTAG CLASSIFICATION SCHEME

<table>
<thead>
<tr>
<th>Code</th>
<th>Category</th>
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<tbody>
<tr>
<td>AA</td>
<td>POLITICS, ECONOMICS &amp; DEVELOPMENT</td>
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<tr>
<td>AB</td>
<td>Culture and Society</td>
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<tr>
<td>AD</td>
<td>Population</td>
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<tr>
<td>HA</td>
<td>PRIMARY HEALTH CARE</td>
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<td>HB</td>
<td>Community Health Care</td>
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<tr>
<td>HC</td>
<td>Diseases/Disease Control</td>
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<tr>
<td>HE</td>
<td>Nutrition</td>
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<tr>
<td>HJ</td>
<td>Medical Services</td>
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<tr>
<td>HK</td>
<td>Medical Equipment &amp; Facilities</td>
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<tr>
<td>HL</td>
<td>Women’s Health</td>
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<tr>
<td>HM</td>
<td>Mother &amp; Child Health</td>
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<tr>
<td>HN</td>
<td>Family Planning</td>
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<tr>
<td>HP</td>
<td>Traditional Health Care &amp; Alternative Therapies</td>
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<tr>
<td>HQ</td>
<td>Disability &amp; Rehabilitation</td>
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<tr>
<td>HR</td>
<td>Oral &amp; Dental Health</td>
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<tr>
<td>HS</td>
<td>Urban Health</td>
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<tr>
<td>HV</td>
<td>Health Planning &amp; Management</td>
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<tr>
<td>HX</td>
<td>Health Personnel &amp; Training</td>
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<tr>
<td>HY</td>
<td>Health Education</td>
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<tr>
<td>HZ</td>
<td>Health Services</td>
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<td>TA</td>
<td>COMMUNITY DEVELOPMENT</td>
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<td>TB</td>
<td>Energy</td>
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<td>TC</td>
<td>Environment</td>
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<td>TG</td>
<td>Water &amp; Sanitation</td>
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<tr>
<td>TH</td>
<td>Food Production &amp; Agriculture</td>
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<td>TJ</td>
<td>Women &amp; Development</td>
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<tr>
<td>TK</td>
<td>Appropriate Technology</td>
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The same scheme can be used for all types of materials, although journal articles may be filed separately and may need a more detailed arrangement.

### Budget

Setting up and running costs vary with the kind of service on offer. Opening hours, what materials are stocked and staffing arrangements all affect the budget. Work out a budget in detail before starting. Do not forget hidden costs, such as carrying out a needs assessment survey (see page 10).

This article is adapted from an interview published in *Learning for Health*, Issue 2, August 1992.

AHRTAG currently has several projects advising and supporting Resource Centres in developing countries. These include the Middle East Health Resources and Information Exchange and Resource Centres for Continuing Education in Tanzania. AHRTAG is willing to consider consultancies or joint projects with other organizations in setting up resource centres. They can advise on sources of funding but they do not have funds of their own for this purpose. (AHRTAG address, see page 15).
ELECTRONIC MAILING: Progress in communications

Two technology advances that resource centre managers should know about are e-mail and SatellLife.

More and more NGOs are communicating with each other on e-mail. It is similar to the fax in that the message is carried by a telephone line. However, to create, send, receive or read e-mail messages and files, you need a device called a modem attached to your personal computer (PC). A modem switches information between the computer's electronic mode and the sounds a telephone can transmit. An e-mail message is sent as a computer file containing a document of words which can be read by another word-processing programme on another PC, located perhaps thousands of miles away.

E-mail's drawback is that in many areas of the world, telecommunication systems are not well developed for its use. In these countries, e-mailing is likely to be more expensive than faxing, and it is often more complicated to use. For further details, contact Greenet, 23 Bevenden Street, London N1 6BH, UK. Tel: 44 71 608 3040.

Fax: 44 71 253 0801. E-mail: support @gn.apc.org. In Latin America: APC Secretariat, c/o IBASE, rue Vincente de Souza 29, 2225 Rio de Janeiro, Brazil. Tel: 55 21 2860348. Fax: 55 21 286 0541. Email: pn:ibase.

A more valuable means of electronic mailing in Africa is SatellLife. This project makes resources available to health care workers using microsatellites and ground stations. The project, which was conceived in 1985 by the International Physicians for the Prevention of Nuclear War, now reaches Cameroon, Ghana, Kenya, Tanzania, Uganda, Mozambique and Zambia.

The project began in Zambia, where SatellLife is working closely with the Health Foundation of New York City and the University of Zambia (UZ) to create an information centre in the UZ Medical School Library. The ground station can send and receive messages from the satellite as it passes overhead each day. An electronic mail network is now being set up to allow the "hub" ground station communicate and exchange information with health care professionals working in other areas of the country.

For further details, contact SatellLife, 126 Rogers St, Cambridge, Massachusetts 02142, USA.
INVoLLING COMMUNITIES IN RESOURCE CENTRES

Resource centres provide communities with access to information, resources and facilities. Using a participatory process allows a resource centre to react to changes within the community and to meet the new challenges that arise as a result of that change. Drawing up a checklist of roles and activities can help the centre to define its priorities and plan its work accordingly.

Meeting changing needs

Through its work in establishing and supporting resource centres, AHRTAG has developed a participatory approach to guide project development. This participatory process, illustrated in the diagram on page 12, has five distinct phases (steps). The common factor which unites all phases is that of involving communities in defining what problems exist, and then what the solutions might be. Individuals and communities become active participants in the process. Resource centres can adopt methods and work practices which enhance communications between the resource centres and their users. Some of these methods can be used at the beginning, others can be adopted later. To be effective, all should be built into work routines.

Assessing information needs

Conducting a "needs assessment survey" before the resource centre is established can create a first opportunity for dialogue with potential users. It is always better to identify the needs and priorities for the centre before setting it up. This is because the process identifies exactly who should be the users, what information they need most and why they need it. Knowing these needs helps clarify the action plan for the work of the centre.

Needs assessment surveys also address the questions posed in the article by Suzanne Fustukian on page 5, but in greater detail. The survey would provide answers to the following questions:

Who is the information for?
Who is the potential audience and what are their priorities?
What information and communication methodologies are best suited to their needs, taking into account educational levels?
What are the priority subject areas, as defined by users?
What resources already exist in the organization or community and can be borrowed as and when needed?
What resources can be purchased locally?

Undertaking a survey provides essential baseline data which can be used to monitor the effectiveness of the resource centre as it
develops. However, it is also possible to conduct a needs assessment survey at any stage in the development of a resource centre, even after it has been operating for some time. This provides the opportunity both to develop a dialogue with the users of the resource centre and to promote its activities. AHRTAG is currently writing a set of guidelines for undertaking such needs assessment surveys.

Monitoring in action

Monitoring and evaluation of the work of a resource centre is vital in order to assess its impact and whether it is meeting the objectives set for it. Annual reviews of activities should become an ongoing process built into yearly work plans. In order to ensure maximum participation and involvement by the centre's users, it is important to develop on-going monitoring systems with them in mind.

One method is to keep a record of who uses the centre. Record each user's name, place of work, job title, and so on; this enables the resource centre worker to assess who uses the centre and whether they are the user group which the centre originally intended to attract. User records should also include answers to the following questions:

Has the user found the information helpful? If not, why not?
What other resources could have been useful and why?
What subject areas have been used?
For what purpose is the user seeking the information?

For the past six years, the Union of Palestinian Medical Relief Committees (UPMRC) has run a primary health care resource centre in Jerusalem. It is now one of the most comprehensive primary health care (PHC) resource and information centres in the Occupied Territories. Through regular monitoring of user needs, it became clear that health workers in the northern area of the West Bank and in the Gaza Strip used the centre most frequently. As a result, the UPMRC has now established two satellite resource centres for these two areas.

The main resource centre in Jerusalem functions as a clearing-house, forwarding relevant materials to the two satellite centres. In this way, the centres can respond more effectively to the specific needs of health workers in these localities.

Keeping in touch

A participatory approach is vital if a resource centre is to respond to the changing needs of a community. From time to time, it is important to bring together those involved in running the centre and those who use it. It is also useful for staff to hear from other people who might be expected to make use of the resources but who do not currently do so. Often, the process stimulates thinking on future strategy and plans for the resource centre.

These informal reviews can take a variety of formats such as one-to-one interviews with a range of users, focus group discussions or workshops. Issues which might be discussed are similar to those listed on user record cards. They include: What are the materials users find most useful? What other sources of information do they use? Is the resource centre environment inviting or intimidating? Are the systems clear? Are there certain subjects that are missing? How do people use their resources? How can the resource centre become more relevant to the needs of the users and the surrounding community?

It is particularly important to keep well informed of new community groups organizing around
### STRENGTHENING AND DEVELOPING RESOURCE CENTRES

The role of the resource centre in the process-approach to PHC

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<thead>
<tr>
<th>Phase 1</th>
<th>Situation analysis/needs assessment</th>
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<tbody>
<tr>
<td>Identify existing resources including resource materials and people, organizations</td>
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<tr>
<td>Facilitate meetings with NGOs and community organizations</td>
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<td>Ensure that the felt needs of the community are taken into consideration and that the definition of priority problems is based on them</td>
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<tr>
<th>Phase 2</th>
<th>Study of priority-problems (research)</th>
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<tr>
<td>Provide information on various approaches including participatory research methods (local, national, regional and international)</td>
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<tr>
<td>Organize workshops with participants from research institutes, municipality and the community in order to discuss approaches and methodology</td>
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<tr>
<td>Provide information on specific problems which have been identified (for example, by asking the question: How have other communities dealt with these problems?)</td>
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<th>Phase 3</th>
<th>Discussion</th>
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<tr>
<td>Dissemination of results, or outcome, of the study in various media, directed towards different groups</td>
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<tr>
<td>Organize meetings with community representatives, researchers, municipal authorities to discuss and define possible interventions (in primary, secondary or tertiary prevention)</td>
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<tr>
<th>Phase 4</th>
<th>Implementation of intervention(s)</th>
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<tr>
<td>Implement health education strategy, for example</td>
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<tr>
<td>Participate in development of health promotion strategies including the development of relevant message(s) and design of communication strategies</td>
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<th>Phase 5</th>
<th>Evaluation/monitoring</th>
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<tr>
<td>Facilitate participation of community in monitoring and evaluation.</td>
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issues of local concern. The resource centre may be able to provide information or case studies. Case studies are especially valuable in highlighting the experiences of others. They help to show how groups in other towns and countries have already dealt with similar concerns.

An active management committee is one of the best ways of ensuring that the user groups contribute to the planning and implementation of resource centre activities. A management committee does not have to be a large group; it can consist of resource centre staff and some representatives of different user groups, such as a trainer, health worker, health educationalist and a community activist. If committed to the development of the centre, each will articulate the needs of different users. They will also bring in new ideas.

As well as being involved in the management of the resource centre, this committee would be responsible for determining the policy,
objectives and activity plans. Such a committee can play a vital role in contributing to a dynamic relationship between the centre and the community.

**Working with the community**

It is important to ensure that resource centres become part of the community by undertaking outreach and promotional activities. Wherever possible, resource centre staff should work closely with those involved in organizing workshops and training courses, for example. This not only helps groups to access existing resources, it also provides resource centre staff with an opportunity to advise them on what new materials and relevant information and people might be available to support training activities. Many resource centres aim to develop their own activities to strengthen links with the community. These can include seminars, discussions, workshops and exhibitions.

A good example comes from the resource centre at the Primary Health Care Institute at Iringa, Tanzania. It played an active role in developing appropriate resource lists, identifying potential speakers and providing videos and reproduction equipment as well as suggesting relevant information for group work for a "Tools for PHC" course held at the Institute in August 1993.

Participation and use of resource centre materials can also be encouraged through links with the media. For example, in Egypt, the Centre for Health and Environmental Development Services (CHEDS) recently linked up with the National Cinema Centre to run a series of films on health and environment issues for the general public. These films have informed people and initiated discussion between health and environmental activists, journalists, social workers and others. The debate created by this forum has stimulated many other activities.

Other ways of reaching potential users include developing promotional leaflets to advertise new resources and activities, writing short articles for local newsletters and journals about the information services, and setting up displays of resources at local conferences and workshops of health workers. Resource centres should be able to anticipate the needs of certain campaign organizations and lobbying groups, and compile useful lists of relevant materials to meet specific needs. The information can then be passed on to the user groups.
Policy and Impact

The surest guide to whether resource centres are isolated or integrated into their communities is to assess the impact they are making in changing practice and policy. This is often difficult to assess. However, monitoring how resources are used and the effect that this has made on the level of knowledge, attitudes and practice of beneficiaries provides very useful feedback for the resource centre. Such information can also assist in shaping the future development of the centre.

The following examples show the potential impact that can take place at local, regional and national levels.

Resources in the UPMRC’s Jerusalem and satellite centres are used in the production of health and educational materials. UPMRC reports that as a result of their use in training, health personnel have now improved diagnostic procedures and clinical practice in PHC units and hospitals. Promotion of preventive health practices and improved service provision has led to a reduction in the use of drugs which in turn has dramatically reduced expenditure on curative services. As a result of materials used in community education, there has been an observed improvement in mothers’ practices in the home.

In Egypt, CHEDS has been active in promoting discussion of national drug policy at the nongovernmental and governmental level. Earlier in 1993, 100 representatives from a range of bodies including Ministry of Health, National Organisation for Drug Control and Research, WHO and local NGOs attended AHED’s one day workshop entitled, "Egypt’s Drug Policy and the Challenges for the '90s". As a result of the workshop, a "taskforce", or action group, was formed to draft new proposed legislation on drugs. CHEDS will play a crucial role in following up the recommendations of the workshop. These include promotion of the concepts of essential drugs and rational drug use, particularly in medical and pharmacy education in Egypt.

Evaluation of materials

Participation can also be encouraged by involving relevant groups in the assessment of useful materials.

CHEDS, which houses the resource centre of the Association for Health and Environmental Development Services (AHED) has linked up with the General Practice Department of Suez Canal University to hold a seminar on the Arabic edition of Health Action International’s publication "Problem Drugs". Attended by 30 general practitioners and other faculty members, the seminar not only introduced people to new material but also assessed potential uses for the publication. By providing a forum for discussion, seminar participants were able to give recommendations on how the resource could be effectively promoted and used in Egypt.
USEFUL CONTACTS

African Medical and Research Foundation (AMREF)
AMREF is involved in rural health projects, particularly in East Africa. It has recently started its own resource centre, and also produces Cobasheca Newsletter on community-based health care.

Address: Community Based Health Care Support Unit, AMREF, Wilson Airport, PO Box 30125, Nairobi, Kenya.

AHRTAG (Appropriate Health and Technologies Action Group)
AHRTAG has a resource centre with a unique collection of more than 17,000 primary health care materials. The group runs specialist programmes on many primary health care issues and publishes many practical newsletters (Dialogue on Diarrhoea, ARI News, AIDS Action and CBR News) and other publications. AHRTAG offers an information and enquiry service and provides technical support and resources to organizations managing primary health care resource and information centres. A directory of newsletters which are free of charge is available on request.

Address: 1 London Bridge Street, London SE1 9SG, United Kingdom.

Alternative Technologies for the Promotion of Health (TAPS)
TAPS was set up because of the lack of PHC resource centres in the Portuguese-speaking world. Its objective is to enable individual leaders and church groups within Brazil to obtain information on PHC. The TAPS resource centre is managed by a team of volunteers. It offers several thousand books, many periodicals and audio-visuals, and holds study meetings and workshops.

Address: C P 20396, 04034 Sao Paulo, S P, Brazil.

Health Action International Network (HAIN)
HAIN was established to service the research and documentation needs of health and consumer groups. The group's aim is to demystify medicine by providing alternative and objective sources of health information. It has a documentation and information centre and produces two monthly newsletters, Health Alert and The Drug Monitor.

Address: 9, Cabanatuan Road, Philam Homes, QC PO Box 1665, Central Post Office, Quezon City, The Philippines.

IDOC (International Documentation and Communication Centre)
Since its foundation in 1965, IDOC has promoted and served movements and institutions committed to transforming structures that cause oppression and ecological destruction - especially where they affect exploited peoples and countries in the South. They have a documentation centre, produce publications and offer an annual training course in documentation techniques.

Address: IDOC Internazionale, Via Santa Maria dell'Anima, 30, 00186 Rome, Italy.

International Organization of Consumers Unions
IOCU is an independent, non-profit foundation which protects and promotes consumer interests worldwide through research, information and education. It links 165 consumer organizations in 58 countries. Recently, IOCU has produced "Doing it ourselves - A resource kit for Consumer Organizing". It is available, free of charge from IOCU, London, in English only.

HAI News, a campaigning newsletter for more rational and fairer health policies, is produced by the Regional Office in Malaysia.

Addresses: IOCU, Director-General's Office in London, c/o Panos Institute, 9 White Lion Street, London N1 9PD, United Kingdom; IOCU Regional Office for Asia and the Pacific, PO Box 1045, 10830 Penang, Malaysia; IOCU Regional Office for Latin America and the Caribbean, PO Box 10993 Suc. 2, Montevideo, Uruguay. An IOCU office is due to open in Zimbabwe in February 1994.
International Women's Health Documentation Network

Following a meeting in 1991, this Network formed to provide information on women's perspectives on women's health and population policies. It includes the resource centres of the Asian-Pacific Resource and Research Centre (ARROW), Boston Women's Health Book Collective (USA), CIDHAL (Mexico), ISIS (Chile) and SOS Corpo (Brazil). All are linked through computer networks and e-mail. Bibliographies on selected topics are exchanged continuously amongst the Network members.

For further information, contact: Rita Raj-Hashim, ARROW, 2nd Floor, Block F, Anjung Felda, Jalan Maktab, 54000 Kuala Lumpur, Malaysia (e-mail: women@arrow.po.my), or one of the other offices.

INTRAH (Program for International Training in Health)

INTRAH has produced "Where there is no librarian ... organizing and maintaining a resource collection" and a "List of free materials in family planning/maternal and child health". Both publications are available on request in English and French.

Address: INTRAH, University of North Carolina at Chapel Hill, 206 N Columbia St (CB8100), Chapel Hill, North Carolina 27514, USA.

Teaching Aids at low cost (TALC)

Although TALC has no resource centre of its own, it is associated with the Centre for International Child Health of the Institute of Child Health, University of London which has an excellent resource centre. TALC produces many publications as well as small "library packages" of vital medical publications for district hospitals and district health workers.

For further information, write to: TALC, PO Box 49, St Albans, Herts AL1 4AX, United Kingdom.

United Nations Education and Cultural Organization (Unesco)

A recommended Unesco publication is: "Rural community information services", prepared by Elaine Kempson, who has experience in planning and developing community and advice services. The book offers a literature review and guidelines for developing services. It is available from Division of the General Information Programme, Unesco, 7 Place de Fontenoy, 75700 Paris, France. It is available free of charge in both English and French.

"Manual for repackaging of information on population education", produced in 1986, is available from Population Education Programme Service, Unesco Regional Office for Education in Asia and the Pacific, PO Box 967, Prakanong, 10110 Bangkok, Thailand.

Unesco also makes computerized library software and technical assistance available at low cost. (NB CDS micro-Isis is complicated to use, editor).

Voluntary Health Association of India (VHAI)

The primary role of the VHAI resource centre is to provide information and documents for the use of VHAI staff in research and for training programmes. However, many people use the resource centre and Health for the Millions, a bulletin which carries information on books, journals, training programmes and government programmes. The resource centre also conducts training programmes in documentation techniques for health and development groups. VHAI's book "Basics of Documentation" is a useful publication, particularly for India.

Address: VHAI, 40 Institutional Area, South of IIT, New Delhi 110016, India.

World Health Organization (WHO)

WHO's Health Learning Materials Project produces a newsletter for resource centres entitled Network News. Also available is a "Health learning materials: Information catalogue." (HRH/90.7). Both are available in English and French, free of charge. Contact: M A C Dowling or Roberta Ritson.

WHO Office of the Library and Health Literature Services is responsible for WHOLIS, WHO's bibliographic data-base. The most recent additions to this data-base of WHO publications,
articles in WHO periodicals, WHO technical
and policy documents, etc, are included in
WHODOC which is published six times a year.
Liaison newsletter is available to health
librarians and documentalists in developing
countries. Contact: Irene Bertrand in WHO
library.

Contact: WHO, 1211 Geneva 27, Switzerland.

USEFUL PUBLICATIONS

Documentation made easy
This manual by Eva Philipps is intended for
those who are starting small libraries but have
no previous experience. Although focusing on
appropriate technology and rural development,
rather than specifically on health, it is useful
because it describes in detail the basic
techniques of cataloguing, classification,
treatment of non-book materials, layout and
arrangement of a library and so on. The
publication is available in English, Bahasa
Indonesia and Thai. Please write to GATE for
prices and distribution details.

Address: GATE/GTZ, Postbox 5180, D-65726
Eschborn, Germany.

Proceedings of the international meeting
of primary health care resource centres
This report of a meeting held in February 1988
was produced jointly by AHRTAG and VHAI. It
describes how the priorities of a resource centre
can be reflected in its contents, how to preserve
the benefits of traditional communication forms
alongside modern technology, and how to help
resource centres to multiply themselves.

Copies are available from TALC (see address
on page 16) at £5.50 or US$11.00, including
postage and packing.

Rural community resource centres
Author Shirley Giggey provides a practical and
complete description of the whole process of
setting up a rural resource centre in a developing
country. She starts from the initial idea, moves
onto planning, staffing and accounts, describes
suitable buildings and interior layouts and gives
details on such matters as keeping records of
the centre’s activities, filing, stock-taking and
even samples of form letters and accounts

Contact: Macmillan Publishers, Houndmills,
Hampshire RG21 2XS, United Kingdom.

Ulwazi: For power and courage
This is a story about starting a resource centre.
It was written by two experienced resource
centre workers who found themselves
responding to numerous requests from
community-based organizations for training
and workshops about the basic skills and
procedures involved in starting and running a
resource centre. But the book is much more
than fiction. It provides a wealth of sound
advice and explanatory blocks covering topics
ranging from how to draw up a budget to how
to develop and catalogue a collection. Price to
overseas readers is US$12.

It is available from ERIS, Media Resource
Centre, Department of Education, University
of Natal, King George V Avenue, Durban 4001,
South Africa.

NEW

Whose ministry? A ministry of health care
for the year 2000

This WCC publication by Gillian Paterson is
about the dilemmas that confront institutions
engaged in health-care delivery in the 1990s.
It draws on the author’s experience of the
Christian Medical College, Vellore, South India.
Price: Sfr 12.90, US$8.95 or £5.95.

Address: WCC Publications, World Council of
Churches, PO Box 2100, 150 route de Ferney,
1211 Geneva 2, Switzerland.
Making English clear
We have an excellent article explaining simple rules for clear and simple writing. We wanted to reproduce it in this issue of Contact but space did not allow. If you would like to receive a copy, please write to us. The article is called "Controlling your language: making English clear" by Felicity Savage and Peter Godwin.

LETTERS

Breastfeeding

Dear Editor,

Your October 1993 issue (No 133) on "Campaigning for breastfeeding" was a most instructive and timely issue. There were however two errors in the Nestlé interview on page 10.

1. Nestlé quite wrongly alleged that Vietnam, with 100% breastfeeding, has one of the highest infant mortality rates in the world. Unicef's 1993 "State of the World's Children" gives the infant mortality rate of Vietnam in 1991 as 39 per 1,000. This is much lower than rates in Angola and Mozambique where infant mortality is 170 per 1,000 live births. Indeed, the Unicef report listed 70 countries as having a higher infant mortality rate than Vietnam in 1991.

I feel that this wrong statement by Nestlé should have been corrected in your issue.

2. Contact gave the wrong dates for the Papua New Guinea legislation. The legislation was introduced in 1977 (not 1986), i.e. four years before the WHO Code. The Papua New Guinea legislation was amended in 1984 to include other infant feeding articles (besides bottles, teats and dummies). This allowed infant feeding cups with spouts to be proscribed (condemned) as well as feeding bottles.

John Bidulph
Emeritus Professor of Child Health
University of Papua New Guinea.

The staff team at CMC - Churches' Action for Health would like to wish Contact readers a very happy Christmas and all good wishes for 1994.