
BRIEF COMMUNICATIONS

Library services at health facilities in Kenya*

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INTRODUCTION

Rural health workers in sub-Saharan Africa face an extremely demanding work situation. Their relatively brief basic training is usually ten to twenty years past, resource constraints are severe, and they are isolated in remote villages and towns with little or no effective supervisory support. Opportunities for post-basic training are poor, professional communication with colleagues is rarely possible, and access to up-to-date medical books and journals is extremely limited.

Self-taught learning with the help of a local library is an increasingly attractive option, particularly for mid- and low-level workers who can not afford to purchase professional literature for themselves.

Kenya, with a population of about twenty-one million and a gross national product of \$340.00 per capita, has a health infrastructure encompassing 269 hospitals, 299 health centers, 1,555 dispensaries, and several hundred mission clinics. Public libraries, which have small collections of health material, exist in all eight provincial capitals and in eight of forty-two district capitals. This article describes the library sit-

uation at seventy-seven rural Kenyan health facilities on the basis of a survey conducted in 1988.

METHODOLOGY

The survey covered forty-seven provincial, district, and mission hospitals in all parts of Kenya, six rural health training centers (RHTCs), four nursing schools, twelve government health centers, and eight dispensaries.

Data were collected by two librarians. Methods included questionnaires combining open and closed questions, direct on-site observations, and structured interviews with library staff and a sample of users. Six hundred sixteen questionnaires were distributed, and a total of 85 doctors and 405 paramedical staff who were physically present and available at the time of the librarian's visit responded. Topics covered included the purposes for which the collection was used, adequacy of available material, demand for services by different user groups, user expectations, and library organization. Interviews and observation took place simultaneously at all facilities visited.

RESULTS

Collections

Most of the seventy-seven libraries reported very limited collections. About half had less than 100 books and 75% had less than 400. The forty-seven hospitals each had received sets of ninety-four basic medical books as part of a development project supported by the Swedish International Development Authority (SIDA), and these books were part of their library collections. Most of the libraries (sixty-six) reported having no journals at all, nine received some journals through donations, and two hospitals subscribed to a few.

Only eight libraries had a budget, and, in seven of these cases, this budget was about Ksh 3,000 (\$140.00) per year. Most libraries depend on donations, because few acquisitions can be made within the budget or with other local resources.

About half of the libraries were located in a space also used for other functions, such as the district medical officer's office, a store, a medical records office, or a nurse's office. Available space was considered inadequate in 86% of the libraries.

Of the seventy-seven libraries, twenty-eight reported keeping a list of books received, but only nine libraries cataloged their collections. Forty-six percent of the libraries used the Dewey decimal classification, while 27% used the Library of Congress system, and the rest, some locally developed system.

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Staff

Only twelve of the seventy-seven facilities had a full-time attendant in charge of the library. At twenty-one libraries, those in charge were doing library work part time, and some of these had not even been assigned library duties formally or given a clear job description. At least half of attendants' time was spent checking books in and out, but many attendants did virtually nothing else, because they were not given responsibility for acquisitions and processing.

None of those in charge of the surveyed libraries had any formal library training, but half had attended a ten-day library management workshop arranged by the African Medical and Research Foundation (AMREF). Twenty-five of those in charge expressed a need for further training, reporting that they were unable to answer most questions asked by users.

Services

Library services were described as severely restricted. Problems mentioned by the users interviewed included inadequate numbers of books, lack of reading space, too few hours of operation, lack of journals, poor arrangement of collections, and strict institutional rules and regulations. Doctors proposed that existing collections be upgraded in the following areas, in order of priority: obstetrics and gynecology, medicine, skin disorders, pharmacology, surgery, and pediatrics. The paramedics listed as priorities biochemistry, pharmacology, nursing, community health, and laboratory services.

Doctors selected journals as the most appropriate sources of current information. The top five preferences were *British Medical Journal*, *East African Medical Journal*, *Medicine Digest*, *The Lancet*, and *Postgraduate Doctor*. Journals most favored by paramedics were *The Kenya Nursing Journal*, *Medicine Digest*, *East African Medical Journal*, *Postgraduate Doctor*, and *Medicus*. Recommended material other than books and journals included newspapers, audiocassettes, films, and slides.

Library use

While respondents considered existing collections inadequate, available material was well used. Four out of five responding doctors and paramedics had visited the library one to four times in the previous month and reported using library materials to maintain current awareness and to seek solutions to clinical problems. However, informal sources of information, such as discussions with peers and colleagues, were the most heavily used resources at institutions with at least several professional staff members.

The lack of relevant and newly published materials became evident when respondents were asked why they failed to use the library more often. The lack of

periodicals was particularly frustrating to the doctors, while the paramedics were more disappointed with the shortage of relevant books.

Newspapers, magazines, and up-to-date journals top the "most wanted materials" list. Access is another important issue, with both doctors and paramedics wishing to use the library in the evening—when it is most likely to be closed.

DISCUSSION

Third World health workers may find a few useful books in their local library, but professional journals are not readily available. Furthermore, such libraries exist only in provincial and a few district capitals, meaning that only a very small proportion of Kenyan health workers have access to them. Kenya's 1989–1994 national development plan calls for additional district-level public libraries. These most likely would meet some of the need for newspapers and magazines expressed in this survey, and part of the need for professional books, but only for workers situated close to the library.

The general scarcity of medical library resources in developing countries, previously described by Carmel [1] and by Osiobe [2], is not reflected fully in the present study, which covered a considerable number of hospital libraries that already had been upgraded. Most rural hospitals, health centers, and dispensaries have fewer resources than those reflected in this study. According to a World Health Organization survey in several regions, Africa lacks not only resources but also mechanisms to make effective cooperative use of what is available [3]. A study in three Kenyan districts showed that 61 of 133 health center and dispensary staff members were unaware that a library existed at the district hospital, and many of those who were aware lived too far away to be able to use it [4].

The present study suggests that even the upgraded collections found at the libraries studied are inadequate but that some of the available material is used by some of the staff. The results largely confirm observations by Osiobe, who reviewed how health professionals seek and use information and identified a number of constraints in developing countries [5]. These constraints included tight bureaucratic control of library resources and their use, severe restrictions on journal acquisitions due to resource shortages, lack of foreign currency, poor postal services, and dependency on overseas publishers.

Any further library development in Kenya will be affected by the extreme resource constraints. Even if the current resources could be doubled, they still would cover only basic stationery, occasional minor repairs, and half a dozen books per year. Not a single journal could be purchased. There still would be no

funds for interlibrary loan postage, photocopy machine repairs, or replacement of lost or stolen books.

Considering the virtually nonexistent library budgets, high subscription costs, and foreign exchange restrictions, the most appropriate solution may be a combination of expanded abstracts included in local journals such as *East African Medical Journal*, *Medicus*, and *Afya* and circulation of district library books and journals among clinics in the district, with fee-based photocopying at selected libraries. A basic set of medical journals could be made available by microfiche as a solution to the journal shortage at provincial hospital libraries [6].

Weitzel describes current awareness library service as "a major form of continuing education," concluding that it may also be the only affordable one [7]. He also proposes resource sharing, selective use of computerized databases, telefacsimile (fax) services, and CD-ROM facilities. In Kenya, these technologies would be affordable and sustainable only at the national level.

CONCLUSIONS

Our survey confirmed that provincial and district hospital libraries in Kenya have small, outdated collections and are poorly equipped and financed. In the authors' opinion, each library needs a space with easy access for clients, a trained person in charge, and a minimum collection of books and journals, and the annual budget of each facility should include an allotment for library materials: \$3,000.00 for provincial hospitals, \$1,000.00 for district hospitals, \$200.00 for health centers, and \$100.00 for dispensaries.

To improve library resources within the constructs discussed, the authors suggest the following strategies. Some advanced technologies deserve a place even in low-budget systems, but they should be tested for effectiveness and sustainability on a small scale before being adopted more widely. The idea of offering medical journals on microfiche at provincial hospital libraries should be tested, possibly in combination with circulation of photocopied lists of journal contents and fee-based copying of selected articles on request.

Resource sharing, in the form of interlibrary loans

and circulation of books and journals within districts, should be started on a small scale. Abstracting of selected articles should be included in local and regional periodicals. The selection of shared resources and the abstracting should be shared among active readers with access to central or provincial medical libraries. A health library newsletter covering new acquisitions and resource-sharing procedures may be worth trying. Acquisitions should be based on identified needs of different categories of staff. Institutions without a library budget but anxious to develop a basic library could communicate their needs to organizations assisting in such efforts such as SIDA.

Comprehensive librarianship training should be developed for full-time librarians, to begin at a provincial hospital level.

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