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IFLA /FAIFE Workshop Participants

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Editorial

Library and Information Science (LIS) Professionals in Kenya are walking into vision 2030 with a future full of challenges on things they were never taught in library schools. This scenario calls for a re-definition of the LIS profession. The need to re-define who we are, know where we are and appropriately map-out where we want to be by 2030 is a significant road map. The truth is that today's LIS Professionals cannot run away from being conversant with what happens in all other professional fields. We have moved away from libraries with static resources and buildings with walls. Our users are now more knowledgeable and indeed becoming more sophisticated, the information that we used to handle physically has gone virtual. We must therefore re-design our environment to suit all these changes. There is need to re-define our visions and missions and perhaps set new values.

The Kenya Vision 2030 calls for growth and the provision of quality services for Kenyans. Information is no doubt recognized as a resource which must be generated, collected, organized, leveraged, secured and preserved for national prosperity. This statement is a challenge that LIS professionals must take up with the seriousness it deserves.

This editorial challenges the role of the Health Information Professionals, sometimes referred to as Medical librarians. The group is being called upon to be part of the Government Community Strategy that encourages communities to take charge of their lifestyles and health. The Strategy advocates a shift from curative to preventive and promotive health care requiring full participation of communities. There is nowhere in this call that LIS professionals are mentioned to take up the challenge but emphasis is laid on the requirement of well trained Community-Owned Resource Persons (CORPS) and Community Health Extension Workers (CHEWS). Health Information Professionals are already involved in programmes that impact on evidence based practices; consequently, there is no reason why another proactive approach cannot be engaged to be involved in the Community Strategy. LIS professionals can intensify their involvement in outreach programmes in which KEN-AHILA and the Kenya National Library Services are already involved.

Today's LIS professionals cannot therefore run away from being Architects, Environmentalists, Graphic Designers, Journalists, Publishers, Accountants, Fundraisers, Politicians, to mention but a few. The need, therefore, to re-define the profession is mandatory. Laura Bush was once described as a quiet librarian, but very aggressive in her own way.

(<http://www.informedlibrarian.com>)

"Information is no doubt **recognized** as a resource which must be **generated**, **collected**, **organized**, **leveraged**, **secured** and **preserved** for national **prosperity**."

Regional AIDS Training Network

Regional AIDS Training Network (RATN) is an International Regional NGO with membership in eleven (11) countries within Eastern and Southern Africa (ESA) region. These countries are Kenya, Uganda, Tanzania, Zambia, Rwanda, Malawi, Zimbabwe, Lesotho, Swaziland, Botswana, and South Africa. RATN functions as a facilitator to strengthen the capacity of Member training institutions and as a forum for the exchange of ideas and experiences. It has an established network of twenty five (25) Member Institutions (MIs).

Vision

“A Society with the capacity to respond effectively to the HIV and AIDS pandemic”.

Mission

RATN works to strengthen the capacity of relevant individuals, organizations and other stakeholders to respond to STIs/HIV/AIDS in the Eastern and Southern Africa region. As a Network, RATN's role is to:

- * Facilitate development and delivery of new training course and capacity building programmes for the priority needs in the ESA region;
- * Mobilize and provide resources for dissemination of existing HIV training programs to a wider audience;
- * Develop a network of easily accessible technical experts in ESA region;
- * Serve as a resource for others in identifying training institutions, training facilitators and consultants;
- * Serve as a focal point for discussion of HIV training and capacity development issues;
- * Advocate for relevant policy environment to support quality assurance and optimizing the Monitoring and evaluation (M&E) of HIV training and capacity development programs

For more details: <http://www.ratn.org/>

Using Voluntary Community Health Workers (CHWs) to Reverse the Worsening Health Indicators in Kenya:

Dr. James Mwitari (PhD), Head, Division of Communicat Health Services, Ministry of Health and Sanitation - Kenya.



The concept of using CHWs as social health activists in Kenya was born after the 1978 Ala Mata conference held in the Soviet Union and its adoption in 1979 by WHO. This opened the gate for the Kenyan health sector to select CHWs using a clearly laid down procedure, training them through a curriculum and deployment in their villages in mid 1980.

CHWs services and working mechanisms: Kenya is implementing a community health strategy programme which is a vision 2030 flagship project. The project is designed to re-engineer and revitalize the failed PHC in Kenya. This project aims at empowering the individuals, households and communities to manage their own health and consequently contribute in reversing the worsening health indicators such as maternal mortality ratio, infant mortality rate, under five mortality rate, stunting rate in children, immunization coverage, HIV prevalence and life expectancy which the conventional PHC failed to achieve. Fifty (50) CHWs are selected from a population of 5,000. Each CHW is assigned to 20 households with a population of 100 people. They offer voluntary preventive and promotive health services in assigned households in the areas of disease prevention and control, family health, hygiene and environmental sanitation. A Community Health Extension Worker (CHEW) who is on government pay is assigned to supervise 2,500 CHWs thus each CHU is manned by 2 CHEWs. Besides supervision, the CHEWs also train the CHWs. The motivations provided to CHWs so that they are retained include protective wear, bicycles, training, supervision and reimbursement of direct costs and periodic reward for excellent performers. The CHWs use simple community health information tools with a limited number of indicators for monitoring to collect data from the households they offer services. This data is used in dialogue days and the consensus made from the dialogues is used to plan for community action days.

Health Impact: Some community health units have reported reduction in prevalence of disease such as acute respiratory infections and diarrhea. Some areas are also reporting increase in service utilization such as

VCT, immunization, hand washing with soap and deliveries at the health facilities as opposed to home deliveries. Through this community strategy which relies intensively on CHWs services, Kenya is expected to meet MDGs number 4,5 and 6 which are all directly on health by 2015. Besides this, Kenya will be an example of African countries which will have eradicated most of the preventable disease by 2030. My parting shot is to appeal to all development partners to support this noble strategy whose results will be used as positive lessons for replication in other developing countries that have a high disease burden which calls for a reverse.

KEN-AHILA Outreach Project

**OLOISHOIBOR DISPENSARY
NGONG DISTRICT KENYA**



The Small Library Collection

KEN-AHILA has made contact with Oloishoibor dispensary in Ngong District, Kenya for the purposes of its outreach programme. The dispensary is in the heart of Masaai land, 25 kilometers from Ngong town. The dispensary serves mainly the Masaai community with a catchment area of some 4621 people. This is a Government owned facility supervised from the Ngong District hospital.

The dispensary receives health information material from various Ministry of Health Divisions and other NGOs. Some of the material is displayed at the dispensary and the community collects these when they come for clinics. Booklets and books build the small library collection that the Nursing officer-in charge has put together at the Dispensary. These help him update his knowledge and prepare the talks he sometimes delivers to the community during clinic days.

KEN-AHILA plans to work closely with the Ministry of Public Health and Sanitation through the in-charge of the dispensary to alleviate “information hunger”.



Group Session at the EBM Workshop

KEN-AHILA / PHI Partnership

KEN-AHILA collaborates and partners with local and international organizations. One such organization is Partnerships in Health Information (PHI), a UK based charity organization which promotes the health of people in developing countries, with a special focus on health libraries. One of the objectives of PHI is to facilitate opportunities for professional development of health librarians and other information professionals in Kenya. During the year ending December 2009, PHI facilitated a visit to the UK for one KEN-AHILA member; Ms Nasra Gathoni, a librarian at Aga Khan University. The facilitation of this visit was supported by the Kenya Health Information Partnership (Ken-HIP) representing a consortium of librarians and libraries across the South West Strategic Health Authority in the UK.

The main components of the visit were:

- To attend a 1 week workshop on “How to

teach Evidence Based Medicine (EBM)” and join a small team of librarian tutors. This workshop which was held at the St. Hugh’s College (Oxford University, UK) from 7th – 11th September 2009 was organized by the Centre for Evidence Based Medicine, UK. Approximately 100 participants from North America, South America, UK, Asia, Australia, and Africa attended.

□ Professional visits, meetings and training in Oxford, London and Bristol. These included visits to Map of Medicine (London), International Network for the Availability of Scientific Publications (INASP) (Oxford), Royal College of Obstetrics and Gynaecology (London), University of West England Library (Bristol), Frenchay Hospital Library (Bristol) and Southmead Hospital Library (Bristol)

KEN-AHILA sincerely thanks PHI and the Kenya Health Information Partnership for their continued support.

Health Information for all in Africa by 2015! (HIFA 2015)

The AHILA President attended the 2nd WONCA Africa Conference held in Rustenburg, South Africa from 25-28 October 2009 and presented a joint paper on Health Information for All in Africa by 2015. WONCA is the World Organization of Family Doctors, and the Rustenburg conference focused on Family Medicine in the Africa context. This platform which saw family doctors converge from all corners of Africa was an opportune time to talk about the Health Information for All in Africa by 2015 campaign and drum-up support from this critical stakeholder.

The presentation emphasized the need to harness the experience and expertise of HIFA2015 members and would-be members to address the problem of health information in Africa. HIFA-Africa will also provide a neutral and inclusive enabling environment that empowers producers, intermediaries and users of healthcare information to exchange experience, expertise and solutions. AHILA president, Vimbai Hungwe’s attendance to WONCA was a collaborative effort between, Information Training and Outreach Centre for Africa (ITOCA), Association for Health Information and Libraries in Africa (AHILA) and the Global Healthcare Information Network (GHI-net).

To join HIFA please go to the website: www.hifa2015.org

AHILA and RIDS/BF the Burkina Faso National Chapter Announce

12th CONGRESS OF THE ASSOCIATION FOR HEALTH INFORMATION AND LIBRARIES IN AFRICA (AHILA)

Ouagadougou, Burkina Faso

11 - 16 October 2010

Theme:

Health Information in Africa: Meeting our Goals

Sub- themes:

Re-defining the role of the informational professional in provision of health information

Use of ICTs to bridge the information divides in Africa

Collecting and dissemination health research outcomes at institutions: open archives issues

Patient and the public: access to and dissemination of health information in Africa

Chronic diseases and neglected diseases in Africa: research and the information needs of health personnel

Evidence based health care in Africa: the latest information with relevance to local practice.

Abstract Deadline

31 July 2010

Contact Details

Conference Secretariat, RIDS BF secretariat, lerids@yahoo.fr

ACTIVITIES

IFLA /FAIFE WORKSHOP 3 - 4 August 2009

KEN-AHILA organized IFLA / FAIFE (International Federation for Library Association / Free Access to Information and Freedom of Expression) two days workshop on “Public Access to Health Information” in Nairobi between 3 - 4 August 2009. The workshop, which was funded by the Swedish Development Agency (SIDA), was facilitated by PHI and IFLA/FAIFE representatives. The participants were mainly drawn from KEN-AHILA membership.

The workshop was opened by the FHOK (Family Health Options Kenya) Executive Director, Mr. O. Waindi while the ceremony was graced with the presence of the KNLS (Kenya National Library Services) Director, Ms. Muthoni Kibandi among others. The Ministry of Public Health gave two paper presentations. Dr. H. Salim, Director of Division of Health promotion who was represented by Ms. Susan Nyerere gave a presentation on “Nutrition” while Dr. N. Muraguri, Director of NASCOP (National AIDS/STD Control Programme) gave a captivating presentation on the HIV situation in Kenya.

The IFLA/FAIFE workshop aimed at equipping information professionals with skills to re-package and disseminate

consumer health information. The following topics were covered during the workshop : Intellectual freedom, accident and prevention, drug abuse, infectious disease, nutrition and good health.

INFORMATION RETRIEVAL TRAINING FOR NURSES 23 April 2009 and 23 July 2009

KEN-AHILA organized two senior nurses training workshops held in April and July 2009 . The training was tailored to guide nurses on e-access to health information.

In April the nurses were introduced to sources of information, search techniques, search engines, and online databases such as HINARI, Pubmed and Cochrane.

The July workshop was a continuation of the first one. The session was purely hands-on exercises based on navigating HINARI and Pubmed. The exercises for HINARI included: subject searching, searching journals using the index, linking to Pubmed from HINARI. Pubmed exercises included: basic search, use of limits, link out from Pubmed to publisher site.



KEN-AHILA

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