



knowledge without boundaries

# *E-health corners – setting up e-health information sections in KNLS branch libraries*

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Kenya National Library Service (KNLS)  
Kenya  
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*The new e-health corner in Kisumu branch.*

*This case study is based on information provided by the Kenya National Library Service in March 2011. EIFL-PLIP has edited the information for the Public Library Innovation Programme (PLIP) project replication process.*

## SUMMARY

### INNOVATIVE IDEA

Librarians and health workers working together to improve access to health information, through the Internet and e-resources.

### THE PROJECT

By creating space especially for health information, research and communication and training librarians and health workers to work together, KNLS is improving access to health information.

### KEY ACHIEVEMENTS

- Health corners in the two branch libraries set-up and equipped;
- Successful marketing campaign leading to increased user numbers;
- Librarians and health workers trained in using ICT to access e-resources;
- Launch of a series of lectures in health issues, open to health workers and the general public.



*E-health trainees – health workers and librarians were trained together so that they can work together to improve access to health information.*

## CASE STUDY – INTERNET ACCESS AND TRAINING PROGRAMME

### INTRODUCTION

Health information can save lives. It is crucial to building healthy communities. The Kenya National Library Service (KNLS), a government institution under the Ministry for National Heritage and Culture, received support from EIFL-PLIP to set up e-health corners in two branch libraries. The health corners are spaces in the libraries especially equipped and resourced for users who want to research health issues. The libraries have installed Internet-connected computers with access to e-resources. Librarians and health workers have been trained to use the computers, to conduct focused research and to work together to meet health information needs.

KNLS has 58 branches and is testing the e-health corner model. They have not yet conducted a full impact assessment. However, if the project is successful, they plan to scaling up to include many more branches.

### COMMUNITY NEED

The two branch libraries are in Kisumu, a port city on the banks of Lake Victoria, and Eldoret, in the Great Rift Valley. Both towns have special health needs and interests. Kisumu library serves a poor urban population, including fishermen and small scale traders. Unemployment, particularly among young people, is high. Kisumu district has the highest HIV/AIDS prevalence in Kenya. Surrounded by low level marshland, Kisumu also has significant levels of malaria and waterborne diseases. Eldoret serves a farming population, and there is also high youth unemployment. Tropical diseases are common, and there is a high prevalence of HIV/AIDS.

Both towns have hospitals, and are home to health training facilities. In Kisumu there is the Kisumu Medical Training College, and in Eldoret, there is the Moi Teaching and Referral Hospital. The resources at these training centres are available to health workers and medical students, but are not open to the general public. The new e-health corners expand resources available to health workers and students, and provide free access to information for the general public.

### GOALS

- To provide reliable and accessible health information in an innovative and meaningful format to health workers and user communities;
- To work with healthcare providers and position the library as a key health literacy provider in the community;
- To engage library professionals to take part in health information initiatives for the benefit of the communities;
- To develop the skills of librarians and healthcare workers to enable them to identify and meet health information needs of the community through access to health resources, especially e-resources.

## INNOVATION

- Librarians and health workers working together to improve access to health information, through the Internet and e-resources.
- Positioning the public library to meet a vital development need – health information.

There are many other places where health information can be found. For example, both Eldoret and Kisumu have health training colleges. However, these colleges are not open to the general public. The Ministry of Health produces brochures and pamphlets for distribution to the general public. But distribution is mostly through health centres.

The two libraries are accessible, well known and well used. The Eldoret public library has an average annual attendance of 84,960, and is right across the road from the Eldoret Hospital, one of the largest medical institutions in the Rift Valley region. The Kisumu public library has an average of 94,724 visitors a year.

## STRATEGIES, TACTICS AND TOOLS

### **Renovation – satisfying user needs**

Health workers identified a need for renovation of the e-health corner space, because they felt existing space was inadequate. Although this meant delays in starting the service, user needs were satisfied.

### **Capacity building**

KNLS organized a training workshop for eight health workers and six librarians from Eldoret and Kisumu. The aim of training the two groups – librarians and health workers – in the same workshop was to open their eyes to the potential of working together, and to facilitate sharing of needs, ideas and knowledge. The workshop built trainees' computer skills and online research skills. It introduced trainees to e-resources, databases and health portals, and addressed issues such as reliability of online information.

### **Technology plus user support**

Each branch library was equipped with five computers, with Internet connections. Use of the computers in the e-health corners is free. Trained librarians help users with computer and research skills.

### **Health information resources**

Librarians have played an important role in collecting health information and making it more accessible to users. Librarians have stocked the library with free resources from the Ministry of Health; purchased books with EIFL-PLIP support. Topics include diabetes, hypertension, asthma, pharmacy, infectious diseases, personal hygiene, dietary related illnesses, malaria, TB and HIV/AIDS.

KNLS has produced a brochure for users, with basic information about the health corners, including a list of the most useful free e-resources.

### **Marketing**

Librarians and health workers have vigorously marketed the e-health corners in various ways, and after the training, health workers became 'ambassadors' for the project. In

Eldoret the e-health corners attracted the attention of a local radio station and the library was given airtime. The project features prominently on the KNLS website.

### Data collection

The library set up a register in each of the e-health section for collection of attendance statistics and areas of interest. This information will be fed back into the project, to improve the service.

## KEY ACHIEVEMENTS

- Health corners in the two branch libraries set-up and equipped;
- Successful marketing campaign leading to increased user numbers of users;
- Librarians and health workers trained in using ICT to access e-resources;
- Stronger relationship and understanding between health workers and librarians;
- Launch of a series of lectures in health issues, open to health workers and the general public.

## SUCCESS STORIES

Training health workers and librarians in the same workshop worked well. According to the trainer, at the start of the training workshop, the librarians and health workers 'were at a loss as to why they were in the same room, and wondered whether there was any commonality between them.' However, the workshop opened their eyes to the benefits of working together.

*'They discovered that they needed each other to make their work successful. Many health workers admitted having grossly underestimated the skills of librarians before the workshop. Health workers produce information materials and do not consider libraries as a dissemination point. In turn, librarians did not consider health workers as an avenue for the dissemination of health information contained in their libraries.'*

– Mr James Kimani, trainer.

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Since the workshop the number of doctors and health workers visiting the libraries has increased in the two branches.

*Librarians have grown through the experience:*

*'The project touched our hearts and sparked a renewed interest in us as a staff. It prompted us and opened our eyes to new course of action aimed at serving needy but underserved clients with specific information interest. We will never close our eyes to them again. This is a new front that we have taken up and we are determined to make headway at some point since it has great potential in our service delivery programmes.'*

– Mr Hesbon Kionge, Principle Librarian, Kisumu Library.

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Students are benefitting:

*'I had just finished my college and I registered for proficiency examination with the Pharmacy and Poisons Board. It was when I had nowhere else to turn for my studies that I learnt about this important section from friends. It turned out to be my sources of all information that I needed now and in the foreseeable future. It was such a timely intervention for me and many of my colleagues.'*

– Evalyne Oliech, Kisumu, a pharmacy student preparing to sit for her exam in September 2011.

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## PRELIMINARY IMPACT

KNLS has not yet completed its impact assessment research. However, they have conducted some surveys. Early results suggest that:

- There is overwhelming support for the e-health corners.
- The majority of users at present are students from the health colleges.
- 76% of users said that the project had had a positive impact on their lives and studies – notably, exam results improved.
- The e-health corners are being used by a variety of health workers, including traditional healers.

## WHAT HAPPENED THAT WAS UNEXPECTED?

The e-health corners attracted traditional healers, dealing in indigenous knowledge. Their wish to integrate their knowledge with newer forms of health information was a surprise to the librarians.

## LESSONS LEARNED

Briefing and preparation - librarians needed a deeper understanding of the project before implementation began.

- Capacity building was limited. There was only one training workshop. Librarians and health workers would have benefitted from additional training, particularly in using computers, general ICT technical skills and packaging health information. Training in two phases would have provided the opportunity for revision, to consolidate learning and fill knowledge gaps emerging during implementation.
- Scale of the pilot - it would have been easier to manage a pilot project in one library rather than two.
- Technical needs could have been better researched at the outset of the project. For example, it was discovered that the project requires a powerful server to host the e-health portal for digital and content management as well as virtualization from a central point making it accessible from anywhere. KNLS is in the process of implementing the virtualization of the e-health section by acquiring and hosting a new server at one of its libraries where content will be digitized and managed. KNLS is also partnering with technical experts to support this cause.

## PARTNERSHIPS

The project has the support of:

- the Ministry of Health
- staff and students of the local medical colleges
- the World Bank encouraged the project and made a contribution to furniture
- the non-governmental organization Book Aid International, which is also supporting improved health information provision through KNLS provided 500 books for the e-health corners.