VILLAGE HEALTH WORKERS

Proceedings of a workshop held at Shiraz, Iran, 6-13 March 1976

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The views expressed in this publication are those of the individual authors and do not necessarily represent the views of IDRC.
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Middle Level Health Workers Training Project in Iran

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Since September 1973, the Department of Community Medicine of Pahlavi School of Medicine, in cooperation with the Plan Organization, has been conducting two projects to train rural auxiliary health workers: the Village Health Worker Project in Kavar and the Middle Level Health Worker Project in Marvdasht.

The same geographic and manpower situations shaped the two projects: numerous small and isolated villages and few trained medical personnel. The VHW (village health worker) is a literate villager who receives 6 months training in preventive and curative medicine and is assigned to a small village. The middle level health worker (behdar) has from 9 to 11 years of education and is trained for 4 years. A three-tiered system is therefore envisaged, with the behdar serving as the link between the VHW and the physician or hospital.

Role of the Behdar

The middle level health worker training school was planned and initiated by the Department of Community Medicine. In the summer of 1973, a house was rented in Marvdasht, a small town 45 kilometres from Shiraz. It was equipped to house 30 students and to provide classroom space. Staff were employed, and the school was ready to open in October 1973.

The middle level health worker (MLHW) will perform three major roles: practitioner, teacher, and supervisor. The behdar will function as a practitioner by seeing those patients referred to him or her by the VHW. Any patient with medical problems beyond the VHW's level of competence is referred by the VHW to the behdar. The behdar will also see patients from his or her own town, and will teach aspects of basic disease prevention and health education, both in his or her own small town and in the villages. He or she will also play a vital role as teacher to the VHWs. The behdar will live primarily in small towns and large villages and will be responsible for supervising the VHWs located in villages surrounding the town.

Selection and Recruitment

The Marvdasht MLHW Project is an attempt to create a health worker who is competent enough to deal with most medical problems encountered in the small towns and villages, and yet one who will be satisfied to live in a rural environment. It was decided that all candidates must have a minimum of 9th grade education, but not be graduated from high school. In this way, bright students who do not have the immediate option of medical school can be selected.

In the fall of 1973, 30 prospective students were selected. Twenty of the students were interviewed and chosen from the Tribal Teacher Training School in Shiraz, and another 10 came from nearby villages and were selected by interview and entrance examination results. In the following 2 years, students were recruited only through radio and newspaper announcements and by word of mouth from the students themselves. In the second year of the program's operation, 48 students were selected and in the third year, 41.

Lack of appropriate dormitory space prohibited the inclusion of women in the 1st year. With the availability of additional housing during the 2nd and 3rd years of the program's operation, women were recruited for the program, and there are now 13 women enrolled in the program out of a total of 118 students.

Curriculum

The behdar project curriculum seeks to combine theory with practice. The minimum number of credit hours in theoretical studies is set by requirements of the Ministry of Higher Education for programs leading to the technical diploma in auxiliary health. Accordingly, students receive a total of 4768 hours of instruction over 4 years, of which 1264 hours are spent in theoretical instruction and 3504 hours in clinical experience. The curriculum is arranged in such a way that hours in the classroom decrease with each year of training. Clinical experience assumes a proportionately greater role in the trainees' program until the
second semester of the 3rd year and the entire 4th year, which are spent entirely in supervised field work.

The students apply their classroom learning in four clinical settings. In the Red Lion and Sun Clinic outside Marvdasht they see patients under the supervision of the clinical physicians, performing physical examinations, giving injections, learning first-aid care of emergency cases, and dispensing drugs prescribed by the physicians.

In the "behdari," the Ministry of Health clinic in Marvdasht, the students work in the departments of maternal and child health (female students only) and family planning, giving injections and vaccinations, and doing bandaging under the supervision of behdari physicians and laboratory technicians. In the clinic's laboratory they learn to perform those tests that they can use in their clinics, which will not be elaborately equipped or may not even have electricity. These tests include complete blood counts, litmus paper examination of urine, examination of faeces with mirror microscopes, and preparation of blood smears. The students also become familiar with more complex tests.

In a new clinic facility established by the Department of Community Medicine in Marvdasht, 2nd and 3rd year students observe and assist a dentist while he treats patients. They learn to perform preventive dental hygiene care, to lance simple abscesses, to administer local anaesthesia, and to perform simple tooth extractions.

In each of the three clinics described above, 2nd year students observe and perform the most simple tasks, such as bandaging sores and giving injections; 3rd year students perform more complex tasks and supervise the 2nd year students.

The fourth clinical training ground is the department’s mobile clinic. Under the supervision of a departmental resident, the mobile clinic mini-bus visits four villages in the Marvdasht area. The students work in teams of one 3rd year student and two or three 2nd year students per patient. The 2nd year students take a preliminary history, the 3rd year student asks additional questions, diagnoses the patient’s complaint, and prescribes proper medication. The team then presents its findings to the supervising physician, who gives them immediate comments, corrections, and training.

*Middle level health workers form the link between the VHW and the physician or hospital*
In addition to their regular classroom and clinical work, during the first 2½ years of training, the students make periodic field trips to nearby villages. In cooperation with the villagers, they determine the villages' needs, and work to improve sanitary conditions.

After completing the first semester of the 3rd year, the students begin to supervise three to four VHWs and to work in their own clinics under extremely close supervision. In the 4th year, they continue this work, though under less supervision. Continuing education courses are organized as needed.

**Evaluation and Certification**

Trainees' learning is assessed monthly and at the end of each semester in each current subject area of study. Their clinical performance is evaluated in each clinical experience by the supervising physician. Furthermore, at the end of each semester, the departmental residents conduct a formal evaluation by simultaneous independent rating of observed clinical performance. Evaluations of students' learning and performance, together with staff assessments of the program, are used as the basis for revisions in curriculum and teaching methodology.

**Plans for the Future**

An intensive course in education is being planned by the department and the Regional Teacher Training Center. Participants will be selected from promising behdar graduates. They will be trained in educational theory, techniques, and resources to prepare them to teach VHWs.

A complex of dormitory, clinic, and classroom facilities is currently under construction in Kavar, where the VHW school is located. It is anticipated that, upon completion of these facilities in 1976, the VHW and behdar training projects will both be located at this site. The facility can accommodate up to 500 students and their teachers.

The Marvdasht Project and several nearby villages have contributed funds for the construction of a small clinic in Koshk, a village approximately 10 kilometres from Marvdasht. After completion, the clinic will be staffed by behdar students and will provide medical treatment for residents of Koshk and nearby villages.

The department of community medicine research unit carries on a range of research projects, of which two are particularly relevant to the ongoing planning of the Marvdasht auxiliary health worker school. The first is a continuing analysis of data provided by the mobile clinic concerning medical needs, epidemiology, and drug utilization. The second is a study of morbidity and mortality, fertility, and other demographic and manpower characteristics of the population that will serve as baseline data for evaluating the impact of introducing the behdars and VHWs.