



IDRC FEATURE

INTERNATIONAL DEVELOPMENT RESEARCH CENTRE
Box 8500, Ottawa, Canada, K1G 3H9 • Telephone (613) 996-2321
• Cable: RECENTRE • Telex: 053-3753

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IRAN'S INNOVATIVE RURAL HEALTH PROGRAM

HALVES INFANT MORTALITY

by ALEXANDER DOROZYNSKI

Rural health workers, having received a few months of training, can have a considerable impact in improving health conditions in a community.

This was clearly demonstrated in a study carried out in Iran, two years after a network of health workers was set up in 16 isolated villages that had not previously benefited from any health care. The results of the study show that infant mortality and overall mortality have been drastically reduced in these villages in comparison to adjacent villages not integrated in the network.

The experiment was started in 1972, by the Community Medicine Department of the Pahlavi University in Shiraz, with the help of a grant from the International Development Research Centre of Canada, as a pilot project to test the feasibility and effectiveness of training villagers to provide medical and preventive health services in rural areas. In Iran, as in many developing countries, physicians tend to concentrate in the cities, and little or no health services are available in the rural areas where most people live.

Both men and women, 16 to 45 years old, were selected in collaboration with village leaders. They received six months training, first with classroom lectures and demonstrations, then clinical training in a health corps station supervised by a medical doctor. The program included the diagnosis and treatment of most current diseases, as well as courses in family planning, environmental sanitation, nutrition, health education and prevention of communicable diseases.

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Newly graduated village health workers then moved to their villages, scattered in the rural area region around the town of Kavar, some 50 kilometers from the Shiraz. A physician from Pahlavi University regularly visited them, reviewing their records and giving them advice.

Fifteen months after the arrival of the auxiliaries, a survey was conducted by a physician, Dr Bahram Zeighami, and his wife Elaine, a statistician, to assess the impact of the health workers. In order to evaluate the results of the experiment, exactly the same census was carried out in the 16 project villages, and in 16 surrounding villages, that had not benefited from the presence of a trained health worker.

The most striking difference was in the infant mortality rate: in villages with health workers, the infant mortality has been reduced by half. It was 64 per 1,000, while in the other villages, the figure was 128 per 1,000 (comparable to that for Iran as a whole). The general (or crude) death rate in the villages with health workers was also lower than in the other villages -- 10 per 1,000 as compared to 17.5 per 1,000.

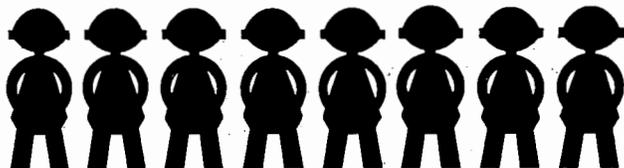
As the health workers had been trained in family planning, and distributed contraceptive pills to women who wanted them, an attempt was also made to determine whether the birth rate had been affected (Iran has a high birth rate, causing the doubling of the population every 25 or 30 years). The census showed that the crude birth rate in villages with health workers was 40 per 1,000 persons, as compared to 45 in other villages. The study points out that this decrease represents only a part of the health workers' potential for lowering birth rates, as the census was carried out 15 months after they settled in the villages, and thus most births during the first nine months were the results of pregnancies that had occurred prior to their arrival.

Another study, now underway, seeks to determine the exactness of the village health workers' diagnosis of the most common diseases in comparison to the doctors'. One thousand patients will be examined independently by a health worker, then by a doctor; the results will then be compared. A preliminary study carried out with 244 patients showed that only in four cases did the health worker miss a potentially serious problem, and none of these was a life and death matter.

It is probably the first time that such a series of surveys is carried out to assess the impact of health workers on the health of communities that earlier had no or little access to health care. The mere fact that childhood mortality was reduced by half speaks for the efficacy of such systems. The Kavar project is now being expanded, and another level of health workers, receiving two years of training, is being formed to help train and supervise the village level workers.

MORTALITY WITH AND WITHOUT VILLAGE HEALTH WORKERS

Number of babies born dead in every 100 births



Villages without V.H.W.



Villages with V.H.W.

