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

Editors: H.A.Ronaghy, Y.Mousseau-Gershman, and Alexandre Dorozynski

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VILLAGE HEALTH WORKERS

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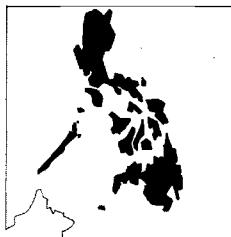
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PHILIPPINES

Health Care in the Philippines within a Total Framework

<i>Population:</i>	45.9 million*
<i>Infant mortality rate:</i>	78 per 1000/yr
<i>Crude birthrate:</i>	45 per 1000/yr
<i>Crude death rate:</i>	12 per 1000/yr
<i>Rate of population growth:</i>	3.3% per yr
<i>Per capita GNP:</i>	\$220

**All figures from 1976 World Population Data Sheet of the Population Reference Bureau, Washington, D.C.*

Victor N. Ordonez

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Against the backdrop of various programs undertaken in the Philippines to deliver health care to rural areas, an innovative experiment has recently been launched in Licab, Nueva Ecija, a small town of 16 000 people, north of Manila. The aim of this experiment is to have village health workers trained within the context of a comprehensive health care and population education delivery system.

The three agencies spearheading the experiment are the Population Center Foundation, Inc., Bancom Health Care Corporation, and the Bancom Institute of Development Technology, Inc. (Bidtech). Administering the project is the Bancom Institute, a nonprofit subsidiary of the Bancom cluster of companies. Bidtech has been mandated to document the accumulated technology of this group of companies, to train people in the use of this technology, and most importantly, to adapt the technology for rural use. It is the goal of Bidtech to apply the Bancom experience, resources, and contacts in the efficient management of a total human community.

A prime example of the technology transfer function within the Licab community is in the area of health care. A second major institution within the Bancom group, Bancom Health Care Corporation, has played the major role in providing the professional and technical inputs for the health dimension of human settlement management.

While casting about for the initial funding that would enable both Bancare and Bidtech to undertake the design of a comprehensive system to address the health, nutrition, and population needs of Licab, we found one agency with the same interests. This was the Population Center Foundation (PCF), who, although primarily concerned with population education and family planning, quickly recognized that its effectiveness would increase with its ability to include projects within the larger health program, thus avoiding possible public resistance to an isolated family planning effort.

Recognizing the urgency of universally improving the quality of human existence, the PCF embarked on programs using innovative approaches to medical manpower resource problems. These are being undertaken on the assumption that a strong health infrastructure contributes to a successful family planning program. The first approach is the "Community-Based Health and Family Planning Internship Project," which employs innovative schemes of medical and nursing manpower distribution to rural areas without doctors. Within this project, the resources of private agencies and institutions are being tapped to provide the necessary linkages between manpower sources and communities with expressed needs for medical services.

The second project is called *Medikong Bayan* — a "barefoot doctor" type of project that seeks to test the subprofessionalization

of auxiliary health workers, their acceptability to the community, the feasibility of funding the auxiliary health worker through a health maintenance organization scheme, and the viability of the administrative set-up under which the scheme will function. Initially, the project's conceptual model will be tested in 10 municipalities including 100 barrios and will expand later to another 10 municipalities. For each barrio, one auxiliary health worker will be trained to give primary health care and provide treatment in emergency cases.

The Licab project is viewed as an opportunity to provide initial funding that will result in a methodically developed, comprehensive, and replicable system providing population nutrition and health care delivery.

Initial Entry into Licab

Bidtech started its human settlements management experience in Licab in June 1975. At that time, Bidtech was concerned with limiting itself geographically to one community, but not in any other way. It thus sought to address itself to the entire range of human concerns that encompass man's economic, sociopolitical, and cultural needs. Within this context, specific projects were initiated in areas worthy of special attention.

In November 1975 Bidtech secured an initial grant from PCF and formally called upon the professional consulting services of Bancare to design, test, and implement a comprehensive health, nutrition, and population program. It recognized that a major component would be the training of village health workers. Bidtech, Bancare, and PCF saw, however, that a village health training program would be most effective in the context of a total health system design that would in turn be most effective within a comprehensive human settlements management design.

Thus, the primary goals of the project have been to train village health workers within the context of a delivery system that consciously emphasizes the development stage of the delivery system. There is an explicit effort to avoid past shortcomings that included the implementation of a preconceived system that proved unaccept-

able to the community, inaccessibility of the system, unrealistic resource requirements, overuse of imported and overskilled manpower, lack of growth toward self-sufficiency, and the absence of replicability to other communities. Consequently, the present design for the Licab delivery system adheres to the following guidelines:

- (a) The survival of the system is largely dependent on the pertinence and acceptability of programs to the community for which it is designed. Program development will therefore take into account the psychosocial factors present in the community that will have to be systematically identified and analyzed.
- (b) The health care delivery systems must be accessible and must therefore provide a continuity of services and be available to the whole community.
- (c) The family planning health care system must be realistic both in its magnitude and its resource requirements.
- (d) To avoid the use of overskilled manpower for simpler health care, health workers will be trained at a paraprofessional level.
- (e) A financial viability scheme should be developed that would lead to self-sufficiency subsequent to the phase-out of the project. Financial independence can be achieved by providing health care to more people and ensuring their financial commitment to it. This would provide enough financing to support the medical professionals and paraprofessionals.
- (f) A main goal of this proposal, emanating from these guidelines, is to develop a design sufficiently innovative, and yet replicable, to serve as a model for hundreds of other Philippine municipalities.

Health Workers Training Program

Already, the subcomponents of the health care delivery system are being tested. A health worker training subprogram has been designed that includes elements dealing with health, emergency first aid, treatment of common sicknesses, body functions and systems, maternal and child health, nu-

trition, and responsible parenthood. For this village health worker training sub-program, six individuals from the village have been chosen for training and eventual service. These six individuals, four women and two men, all recent high school graduates, manifest a commitment, based on interviews and resumé's, to serve their community in the field of health.

Concomitantly, the community is involved in orientation sessions and key factors are being altered, particularly the community's tendency to seek doctors or nurses where paraprofessional health workers would be adequate.

The hope of designing mechanisms leading to a self-supporting health care system is premised on (a) encouraging health workers to establish secondary sources of income (backyard agriculture and livestock pro-

jects) and (b) raising the community's economic level and therefore its ability to afford health services and medicines.

Insights from the Licab Experience

Looked at in isolation, the health workers training program in Licab is similar to several training programs throughout the world. The basic elements of providing indigenous personnel with fundamental knowledge and skills to provide primary health care at a paraprofessional level are strikingly familiar. What distinguishes the Licab training program, however, is the fact that the program is one of several sub-components in a comprehensive health care system design that is being methodologically developed. A further distinction of the program is its aim to address the totality of the community's needs.



Villagers drawing water in Cebu, Philippines