

Original Article

Evaluating the Women Health Volunteers Program in Iran- a Quarter Century Experience (1992–2016)

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Background: Running for more than 25 years, the Women Health Volunteers (WHV) program in Iran has made many great achievements. Considering the new expectations from the health system, this national program needs to be revised and undergo fundamental changes. Although many studies have been conducted to evaluate this program, there still is a lack of a comprehensive nationwide assessment containing policy recommendations.

Methods: This study was conducted in a qualitative approach. The data were obtained from 3 sources: national documentations, semi-structured questionnaires by 49 key informants, and focused group discussions. The program was assessed in 4 domains including the program, goals, achievements, improved opportunities (weaknesses), and strategies for improvements.

Results: The collected data were categorized into 4 main themes including goals and objectives, achievements, weaknesses, and recommendations. Main achievements of the WHV program are: increasing people's participation especially women, increasing health literacy, and increasing coverage and utilization of health services. The most important weaknesses of the program include: lack of a national roadmap and policy plan for the WHV program, lack of true belief in people's participation in policymakers, weakness in comprehensive system monitoring and evaluation, and inadequate funding.

Conclusion: Like many other health system programs in the country, the WHV program suffers from the lack of a binding strategic plan and goal so that by changes in management, sustainability of the program becomes hampered. An appropriate solution would be to operate the WHV program like a non-government organization (NGO) under the supervision of the Ministry of Health and Medical Education (MoHME).

Keywords: Iran, Organization and administration, Program evaluation, Volunteers

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Introduction

In 1992, the Iranian Ministry of Health and Medical Education (MoHME) launched a program called Women Health Volunteers (WHV) as a part of the Primary Healthcare (PHC) network.^{1,2} The health volunteers are women who live in the geographic area covered by a health center or health house who are interested in helping people to improve their health status. Since they are familiar with the culture and customs of the people in that area, they act as liaisons between the health system and the community. Each health volunteer usually covers an average of 20 families. Their main activities include: 1) Encouraging and following-up on individuals to visit health centers at their required time especially those who needed special care (e.g. children, people with chronic diseases, pregnant women), 2) Delivering health messages to families, 3) Distributing educational materials including pamphlets and booklets in their covered population, 4) Collecting data on the health status of the community, and 5) Assessing, defining and trying to solve health related problems through community participation.^{1,3} They work voluntarily and do not receive any salary or payments from the government

or any other organizations. Currently, there are more than 200 000 health volunteers in Iran.

The volunteers are usually selected from educated women in the community and after being recruited, they were given some training in order to perform their duties. The training consists of 2 major training sessions held at the health center: one before beginning their tasks and another about 1–2 weeks later. The aim of the first session is to familiarize them with their tasks and the second is to receive their feedbacks and to answer their questions and concerns. Also, there are periodic training sessions, workshops, and group discussion meetings for general and special issues. So far, several educational materials including book and pamphlets were published by the MoHME and 5 digital monthly magazines are published in 5 regions in the country.

During its quarter-century lifetime, the WHV program has gone through upgrades and revisions like adding community mobilization duties, but considering the epidemiologic transition and disease pattern in the country^{4,5} and the emerging of new risk factors such as social harms,⁶ new roles are expected from the health

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system. Therefore, it seems that this national program needs to be revised and needs to undergo fundamental changes. Although so far many studies have been conducted to evaluate this program,⁷⁻⁹ there is still a lack of a comprehensive nationwide assessment containing policy recommendations.

So far, 2 national studies were conducted to evaluate the WHV program: The first study was conducted in 1995. In this quantitative study with national sampling, the women's level of awareness about the health issues and their utilization of health services were assessed using a set of questionnaires. The study compared the populations covered by the health centers running the WHV program with the population covered by the health centers without health volunteers. The results showed that for the topics with a good level of knowledge and attitude in the community such as vaccination, the presence of health volunteers did not significantly increase awareness among people, but in topics with a lower level of knowledge and attitude such as monitoring child growth and weight gain, treatment of a child with upper respiratory tract infection or diarrhea, the health volunteers were able to make significant differences.

Another quantitative-method study was conducted in 2004. Using six different sets of questionnaires, the effect of the WHV program on the personal and family life of the volunteers, the staff of the city health centers, the general public and officials of the social development organizations in the city were assessed. The results showed that although almost all activities carried out in the health centers, including formation of training classes and activities of the volunteers, are coherent with the curriculum of the program, only 15% of the messages were fully transmitted to the people. In other words, it seemed that the activities inside the health centers were performed correctly, but the program was only 15% successful.

Moreover, it is unclear whether the results of these 2 studies were formulated into policies or used in revising the program. The aim of the present study was to evaluate the national Iranian WHV program and to propose recommendations to improve the program.

Materials and Methods

This study was conducted in a Qualitative approach. The data was obtained from 3 sources:

1) Review of National Documentations on the Program

All published national documentation on the program including legal documentations, guidelines, forms, and records for the program were retrieved from the MoHME. We were especially interested to gather information on the goals and objectives, as well as the previous national evaluations of the program. Based on these documents a questionnaire was devised in order to gather the stakeholder's opinions. The content validity of the questionnaire were confirmed by experts after minor revisions.

2) Completing Semi-structured Questionnaires

We took an administrative approach in selecting the stakeholders. The questionnaires were filled by 2 groups of stakeholders: 1. Active Health Deputies of the Universities of Medical Sciences with more than 10 years of experience. Five persons were selected by purposive sampling. 2. Provincial experts of the WHV program in the Universities of Medical Sciences selected by the census sampling method. Among 46 provincial universities that have the experts for WHV program in their organizational charts, the questionnaires were completed by 44 experts.

After a greeting, the questionnaire file was sent to them by email along with a summary of the objectives of the study. They were also followed up by phone. The questionnaires have 3 main questions: (1) In your opinion what are the achievements of the WHV program in the country? What are your evidences for these achievements? (2) What are the weakness points of this program in the whole country (from the Ministry of Health to the provinces and the cities)? What are your evidences for these weaknesses? (3) From your point of view, what are the solutions for improving this program? What are your evidences for them?

Data gathering was conducted between May to July 2016. The responses were analyzed using thematic analysis. The themes and subthemes were extracted and categorized in 3 categories: achievements, weaknesses and options for improving the program.

3) Focused Group Discussions with Key Informants

They were: (1) the founder of the WHV program in 1992, (2) the current director of the WHV program in the MoHME, and (3) the director of the Office for People's Participation in the newly established Social Deputy of the MoHME.

The duration of the FGD session was about 3 hours and held in august 2016. In the focused group discussions session first a summary of the data gathered in the previous steps was presented to the informants. This summary included: 1. Goals and objectives of the program obtained by reviewing the national documents; 2. Achievements of the program obtained analyzing the questionnaires; 3. Improvement opportunities (weaknesses) of the program obtained analyzing the questionnaires; 4. Recommendations for improving the program obtained analyzing the questionnaires.

Then they were asked to comment on them. The discussion was moderated by the research team and the main focus was on the policy recommendations and the future path of the FGD program in the country.

It must be mentioned that according to the organizational chart of the MoHME, the WHV program was under the jurisdiction of the Health Deputy. However, after the May 2014 implementation of the Health Transformation Plan (HTP) in Iran, a new deputy, called the Social Deputy, was established in the ministry. This deputy had an office called the Office for People's Participation and the

WHV program was transferred to be placed under the jurisdiction of this office.

Results

Review of National Documentations on the Program

Reviewing the national documentations on the program showed that the main reason for starting the WHV program was to increase community participation in health related activities. The program was aimed to empower people so that they can solve their health related problems using local capacities. Although some documents are available on the goals and objectives of the program, the experts and stakeholders believed that there is currently no coherent national policy and roadmap for the WHV program. In fact, according to their point of view, the Ministry of Health does not know where exactly this program will be in the next 5 years. This will be explained in more detail later.

Moreover, although almost all universities of medical sciences in the provinces have developed their own operational plan. It is not clear, however, how and with what mechanisms these plans are being designed and implemented. Moreover, so far, no evaluation report was published on these operational programs.

Stakeholders' Opinions

Three main themes emerged from the questionnaires and focused group discussions (Table 1). The direct quotes expressed by the respondents are inside double quotation marks.

Achievements of the Program

1. Increasing community participation

The experts and stakeholders believed that the WHV program was successful in increasing the people's participation as a goal, and it was not just a means to improve their health. This participation would increase the social capital of the community. Also, this partnership, ultimately will improve community health by prioritizing, and providing appropriate solutions to health problems using local capacities. "This participation has created self-esteem and self-reliance in people." Important examples of people's participation include: 1. Using women's potentials of in social activities; 2. Developing local capacities; 3. Identifying and attracting financial resources to improve health goals.

2. Increasing Health Literacy

The WHV is a network connecting the ministry of health, medical universities, and health centers to the people. The direct link has high potential for transmitting health messages.

3. Increasing Coverage and Utilization Of Health Services

Stakeholders believed that active follow-up by the volunteers increased utilization of health services especially for services such as maternal and child care.

Improvement Opportunities (Weaknesses) of the Program

Despite its achievements, the WHV program has some opportunities for improvement, which is categorized into 2 areas: management and resources.

Management

1) Lack of a coherent roadmap and policy plan for the WHV program:

"Unfortunately, the decisions and policies of this program, like many other ministry-based programs, are personal and depend mostly on the current policymakers."

2) Wrong impressions and lack of true belief in public participation by policy makers:

"Right now, the way it works is that only the message goes from top to bottom and volunteers are not engaged in the decision making and planning."

"Unfortunately, the managers working in this system do not have the right attitude on the definition of people's participation; some believe that the people must not be engaged in the decision making processes at all while some managers think that they have to assign all their organizational duties to the people."

3) The program is not taken seriously especially in the provinces:

"This program is now considered as a light work in provinces and districts, and usually retired and inactive staff are assigned to this program."

"The role and place of health volunteers are almost forgotten in the managerial meetings of the provincial primary health networks."

"Like many programs, it's just a bunch of banners and everything will be forgotten until the next year."

4) Multitasking of the experts of WHV program in the provinces:

"Provincial experts for the WHV program mostly have

Table 1. Themes and Subthemes Which Emerged From the Questionnaires and Focus Group Discussions

Themes	Subthemes
Achievements	Increasing community participation Increasing health literacy Increase coverage and utilization of health services
Improvement opportunities (weaknesses)	Management (policy plan, belief in the public participation, ...) Resources (financial, information)
Recommendations	Policy recommendations Structural changes

Abbreviation: WHV, women health volunteers.

parallel jobs in the universities and usually WHV in not considered as their main priority.”

“Considering the size of the [WHV] program, the absence of an independent unit entitled Public Participation in the universities is a major problem.”

5) Lack of a valid and updated database on the volunteers: “Planning is difficult without accurate and up-to-date information.”

“It’s true that some information on the volunteers is stored in each provincial headquarters, but we still do not have a comprehensive database system.”

“We know the total number of volunteers but do not know how many of them are really active. It is not even clear that what indicators should be considered in order to evaluate the performance of a health volunteer.”

6) Lack of continuous monitoring and evaluation system for the WHV program:

“There is no plan for ongoing monitoring and evaluation of this program. Only 2 cross-sectional reviews have been conducted on this program, and there is no accurate assessment of the impact of health volunteers’ programs on improving the health-related indicators.”

“There is no evidence-based policymaking for this program, although 2 evaluations have been done, but the results of these 2 evaluations do not specify policy recommendations for the policymakers.”

“It has not been properly investigated whether the messages are being passed to the public fully and correctly and how much behavior change they made?”

7) Failure to properly advertise the program and decrease public interest in joining the volunteers:

“We didn’t market this program properly.”

“After more than 2 decades, in addition to inadequate public awareness about this program, even the staff working in the health system are not quite familiar with the WHV program.”

There were also 2 lesser reasons for decreasing public interest in joining the program such as:

(a) The volunteers are the women who usually have more free time; therefore, they’re mostly housewives. But by changing the texture of social life and increasing the percentage of employed women, they have less time for the voluntary work.

(b) Insecurity in some areas of the cities especially the outskirts for the volunteers visiting homes.

Resources

1) Financial Resources

The volunteers themselves do not receive any payments but the program’s logistics and managements require funding. Currently, there is no specific budget line for the program. Therefore, it is not clear how much money is being allocated to this program. Experts believe that the amount of funding for the WHV program is not enough.

“Low funding and lack of clarity of the amount of budget allocated by the ministry, made it difficult to maintain the program.”

2) Information Resources

Training courses and workshops are being held for this program and several educational materials were published by the Ministry of Health. However, it seems that so far, the training needs of the health volunteers “as public health activist” were not systemically assessed and the training materials are not yet evaluated.

Recommendations for Improving the Program

The recommendations are mostly based on the weaknesses of the program. They can be categorized into 2 groups: policy, and structural

1. Policy Recommendations

(a) Designing a detailed roadmap for the program;

“The Ministry of Health needs to clarify its expectations [from WHV program]. What exact goals must be achieved in the future?”

(b) Assigning an independent budget line for the program.

(c) Designing a system for monitoring and evaluating the WHV program continuously and systematically for evidence-based policymaking. Stakeholders believed that key interventions are: (1) defining the indicators for assessing the performance of the WHV program and the appropriate method for gathering this data. (2) designing and running an electronic databank to register the information on all volunteers in the country.

(d) Using the capacities of the volunteers in all aspects of health programs including decision making, implementation, monitoring, etc.

(e) Creating ways to encourage people to participate in the WHV program. Although most stakeholders believed that paying the volunteers is not a good way and contradicts the nature of voluntary work, they suggested many other incentives. Some suggestions are as follows: annual awards for the volunteers, provincial visits to exchange experiences or even planning pleasure and pilgrimage trips, and health insurances for the volunteers and their families.

(f) Redesigning the training system: In recent years, many innovative interventions like editing educational materials and using new technologies such as computers and cell phones were implemented. But it looks like that these efforts are somehow scattered and not following a purposeful course. According to the stakeholders’ opinions, the first step could be to assess the educational needs of the health volunteers as public health activists and then design an integrated educational plan accordingly.

2. Structural Changes

(a) Assign an independent unit with independent human resource for WHV program in the provincial headquarters.

(b) Facilitating inter-sectoral and intra-sectoral collaborations.

“The nature of the WHV program requires horizontal and vertical collaborations. Therefore, some structural changes are required in the ministry so that the units can

coordinate and interact with each other.”

Discussion

The WHV program is considered as the first systematic attempt in citizen participation by the Iranian health system. Community participation is considered as a key element in successes and sustainability of many programs.¹⁰⁻¹³ Both quality and quantity of participation can be assessed. In this study the main achievement of the WHV program was increasing the amount of community participation especially among women. Women not only represent half of the population but also their unique roles in the family make their participation quite essential. But there is still room for more improvement and community participation in Iran especially among women.¹⁴ Regarding quality of participation, there are stages in community participation described as the “ladder of community participation”.¹⁵⁻¹⁷ Apart from some controversies, these stages can be categorized into 3 main steps: 1. the people have no power and they are only listeners, 2. as the people gain more power, they gain consultative roles, 3. the people are engaged in the decision making processes.

Therefore, community participation can be seen as a process for empowering people to take part in the decision-making process while sharing responsibilities among themselves. The people should be included in all aspects of a program including planning, implementation, monitoring and evaluation. But it seems that in the WHV program, people’s roles are confined to the first 2 steps and the people are still not taken seriously in the decision-making process. It also should be noticed that one of the main requirements of participation programs is empowering people through knowledge development and capacity building.¹⁸ There are only a few programs in Iran such as The Healthy City Program that considered the people as the main partner.¹⁹ Also it is shown that lack of ongoing funding for community based initiatives can weaken participation.²⁰ Another problem in the WHV program was lack of a secure budget source for logistics and support.

A proposed solution would be to operate the WHV program like a non-government organization (NGO). This NGO would not be an independent NGO and must operate under the supervision of the MoHME. This way, the volunteers themselves can manage and run the program with MoHME support. Currently, there are some NGOs in Iran who have a successful history of performing similar tasks on a much smaller scale.

Finally, it seems that right now the most important weakness of WHV program, like many other health system programs in the country is the lack of a comprehensive strategic plan. Thus, by changes in the management, the program sustainability would be hampered. Therefore, right now the most appropriate suggestion would be to develop a national roadmap for the WHV program considering the following recommendations:

1. Using volunteers to reduce risk factors for non-

communicable diseases by informing people about healthy behaviors as well as providing a healthy environment in the neighborhood.

2. Using collective efforts of health volunteers to establish a ‘health in all policies’ strategy at the provincial and national levels through the formation of national and provincial health volunteers association.

3. Capacity building for the volunteers and connecting them with other NGOs and networking groups such as the City and Village Councils, guilds, and religious groups.

Strengths and Limitations

The important features of the current study are gathering the opinions of key stakeholders and reviewing previous evaluations which made it possible to get a comprehensive view of the program. Also, this study contains recommendations to improve the program. In this study, we used an “administrative” approach. Although the volunteers and the people who received the services were not interviewed, the required information from the viewpoint of the volunteers (i.e. the achievements and the weaknesses) were obtained from provincial experts of the WHV program in the 44 Universities of Medical Sciences in all 31 provinces of the country. Due to lack of a specific budget line for the WHV program and lack of clarity in funding of the program, the cost-effectiveness assessment was not possible.

Authors’ Contribution

BD designed and supervised the study, analyzed the data, interpreted the findings, and commented on the manuscript. SR analyzed the data, interpreted the findings, and drafted and revised the manuscript. All authors read and approved the final manuscript.

Conflict of Interest Disclosures

The authors have no conflicts of interest.

Ethical Statement

Ethical issues (including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc) have been completely observed by the authors.

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