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Women Health Volunteers in Iran and Iraq by Emma Nicholson

mpowerment and capacity building have become aid buzzwords. The role of women in development has never been more important. Special emphasis must be given to programmes which enable women to be at the centre of decision making.

AMAR International Charitable Foundation has been running a programme for Women Health Volunteers (WHVs) since 2000. The programme is modelled on a similar one started in 1991 in the Islamic Republic of Iran. Supported and encouraged by WHO and UNICEF technical support, the WHV programme has become an integral part of Iran's primary health care plan. AMAR supported and raised funds to implement a similar programme in the Iraqi refugee camps in Iran where it provides primary health care services to those who sought refuge there in 1991. AMAR has also implemented the WHV programme as part of its emergency assistance for Afghan refugees in 2002 in the Iranian urban centres of Mashad and Robat-e-Karim (near Tehran).

The programme aims to promote better public health awareness for those living in poverty with limited access to healthcare services in both rural and urban environments. In seven camps in southern Iran, with a population of over 40,000, AMAR supports 127 WHVs. In Robat-e-Karim and Mashad 390 WHVs assist a population of 173,000.

Volunteers are normally selected from among well-respected community members who speak the local language. They must have enough spare time for training and for disseminating the messages to their communities. They must have a basic level of literacy, equivalent to completion of primary school. Volunteers are recruited principally – but not exclusively – from among married women. Consent of husbands or other family members is required.

WHVs are trained in primary health care issues through 200 modules available in both Farsi and Arabic.



Women convey messages to other household members and to the community at large. Training sessions take place on a monthly basis, although volunteer women often also meet weekly in support groups. The programme trains women in basic sanitation and hygiene requirements, with specific focus on mother and child health, immunisation, family planning, food hygiene and occupational health.

Women volunteers are empowered by their participation and enabled to act as a bridge between the healthcare services and their own communities. As they report on deaths, births, migration and minor diseases prevalent in the refugee populations they contribute useful statistical data for health centres. They mobilise ordinary people to participate directly in addressing identified health needs. Women volunteers give each other greater confidence to build on their skills and achievements. Their level of education, often low for female members of households, is raised as they acquire skills such as problem solving, observation and reporting. They have encouraged new initiatives. Thus, one group in Mashad started its own micro-financing for volunteers in financial difficulty. Others have got together to produce handicrafts. In Robat-e-Karim WHV groups run a school health programme in which women volunteers hold sessions - for

parents and teachers – on subjects such as puberty, nutrition and mental health.

WHV programmes can easily be replicated with returning refugee populations in Iraq and Afghanistan. When the time is right these programmes will contribute greatly to building and consolidating nascent local healthcare infrastructures. AMAR has been operational in Iraq since the end of the 2003 war and is helping to set up primary health centres and sanitation projects and rehabilitate schools. As funding becomes available, AMAR will also replicate the Women Health Volunteer programme in Iraq where there will be a great demand for this type of network. There is already a pool of trained refugee volunteers in Iran who are anxious to return to Iraq and start WHV groups in their local communities.

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