The study had two phases: 1) Review of behvarz barriers and enablers are perceived by this group of health workers, and 2) In-depth interviews with behvarzes. The study identified four aspects of the behvarz policies and practices in Iran which suggest consistency with the principles of PHC:

- Roles and responsibilities
- The range and scope of activities provided by behvarzes give a good idea of the very important contribution behvarzes make to rural health in Iran. These activities include: child health, maternal health, communicable diseases, non-communicable diseases, elderly health, oral health, youth health, school health, environmental health, occupational health, and other activities such as symptomatic treatment of simple diseases, annual population census, reports, meetings, etc.
- This, however, leads to very high workload that from behvarzes’ perspective is a barrier to effective performance. Furthermore, the amount of time they spend in meeting cultural expectations, crucial in building trust and community engagement, did not appear to be sufficiently appreciated by other players in the health system.

Selection and recruitment
- The selection and recruitment process has strongly reflected the WHO definition of CHWs as “members of the communities where they work who [are] selected by their communities.” It also shows the strong involvement of rural community in this process.

Support and supervision
- Little evidence was found in policy documents about the quality and outcome of existing supervisory mechanism. The quality and consistency of behvarz supervision and the extent to which supervisions have assisted in resolving barriers, provided actual support, and sustained behvarz interest and motivation are issues that were not found documented by the policy review. Our interviews with behvarzes suggest that the supervision they receive is not always supportive or helpful with a typical comment being:

"Supervisors should provide advice and support but they only reflect our weak points. They haven’t solved my problem at all.” (female, 38 yrs)

Lessons to be learnt
- Iranian CHWs program provides a compelling example of PHC – in that behvarzes provide basic health care but also work with community members and other sectors to address the social determinants of health.
- The Iranian CHWs program in one way in which the community participation element of CPHC is implemented as shown through a number of elements so of the program including local involvement in selection and the fact that behvarzes come mainly from the communities in which they work.
- This research highlighted the importance of training programs that cover a broad range of topics and of the importance of supportive supervision.
- Our study provides evidence based on a review of policies and interviews with behvarzes that the principles and elements of CPHC are reflected in practical implementation of PHC in Iran.

Methods
- The study had two phases: 1) Review of behvarz-related policies
- In-depth interviews with behvarzes

Policy Review
- Relevant policy documents were collected from the archives of the Ministry of Health with the assistance of an Iranian co-researcher
- A total of 32 documents in Farsi language including meeting minutes, policy reports, training materials, occupational plans, behvarz statistics, and research documents were reviewed by the policy review group.
- The study team applied a unified framework for the analysis of the documents.
- The study team conducted 15 interviews with health system managers, Iranian CHWs, and other stakeholders.

In-depth interviews
- A profile of behvarz throughout the country was compiled to provide information on the number of behvarzes in each province, their distribution, gender, work experience, and educational level.
- 18 provinces (out of 30) were selected based on behvarz profile and the behvarz program were recruited and trained to conduct face-to-face interviews with behvarzes.
- Three interviewers familiar with the Iranian primary health care network and the behvarz program were recruited and trained to conduct face-to-face interviews with behvarzes.
- The interview schedule was designed and tested.
- Each interviewer travelled to 6 provinces (between October 2009 and February 2010) and conducted 5-6 interviews in each province.

Characteristics of behvarzes interviewed (Total N=91)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age (yrs)</th>
<th>Work experience (yrs)</th>
<th>Marital status</th>
<th>Educational level</th>
<th>Place of residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>5</td>
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<td>Married</td>
<td>College graduate</td>
<td>Urban</td>
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<td>26</td>
<td>Single</td>
<td>Secondary</td>
<td>Rural</td>
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<td>24</td>
<td>Married</td>
<td>Primary</td>
<td>Rural</td>
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<tr>
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<tr>
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<td>6</td>
<td>20</td>
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</tbody>
</table>

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