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PATTERN OF HEALTH SERVICES PROVIDED TO RURAL  
COMMUNITIES, CONTRIBUTING ORGANIZATIONS AND  
PLANS FOR FUTURE DEVELOPMENT

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The community development programme in Afghanistan is of a recent origin, but the Royal Afghan Government is keen to expand the programme and to extend its benefits to the rural communities throughout the country, with priority to remote areas which are situated far off and which have so far been provided with lesser comforts of life, including medical relief and public health. With this object in view the Government started a pilot project at Kabul province with extension areas in Shewaki, Chaurasia and Logar in the year 1958. This was followed by the second project in Pervan province, the third in Ghazni, the fourth in Nooristan and the fifth in Khost in Paktia.

Each community development centre is to cater for 50,000 people and has its extensions. Each extension area has a component of health unit with certain basic facilities and is planned for two phases, each of five years; the first five being considered as developmental and the second period that of consolidation. At the end of the second phase each public service becomes the responsibility of the appropriate ministry.

The main centre performs two-fold functions: one of training and the other of rendering medical relief and public health facilities, whilst the extension areas are required only to render medical relief and carry on fundamental public health activities.

The main functions of the centres are.

1. Training

The training programme consists of orientation training course for doctor's and midwives, training of under-graduate medical students; student nurses; auxiliary nurse-midwives; fundamental education organizers; sanitarians and other health personnel and village workers.

2. Maternity and Child Health Services

- (a) Ante-natal care
- (b) Domiciliary visits
- (c) Child health clinics
- (d) Milk supply to under-nourished mothers and children.

3. Sanitation and Hygiene

- (a) Provision of safe drinking water
- (b) Improvement of latrines
- (c) Improvement of drainage
- (d) Construction of wells and latrines
- (e) Building of healthy and well-ventilated houses.

4. Medical Care

Treatment of patients of all kinds.

5. Public Health Measures

- (a) Control of insect-borne diseases
- (b) Smallpox and BCG vaccination
- (c) Anti-typhus dusting by DDT.

6. School Health Services

- (a) Medical inspection of school children
- (b) Treatment of the sick
- (c) Control and Prevention of diseases amongst school population
- (d) Vaccination.

7. Dental clinics
8. Special Surveys and control of all diseases prevalent in the villages, e.g. TB, syphilis, intestinal diseases, especially worms.
9. Health Education of the villagers.
10. Organization of Mother Classes about maintenance of the houses, how to look after the babies and children, particularly in respect of their nutrition and clothing.

The staffing pattern of the main centres is as follows:

- 1 Medical Officer
- 1 Assistant doctor
- 1 Nurse
- 1 Auxiliary nurse-midwife
- 2 Midwives
- 1 Male Nurse
- 1 Vaccinator
- 1 Compounder
- 1 Dresser
- 1 Dentist

whilst in the rural health centres in remote areas, the staff provided consists of:

- 1 Doctor
- 1 Compounder
- 1 Vaccinator

The vaccinator gives vaccination for smallpox and typhoid in summer and in winter assists in controlling typhus.

Necessary budgetary provisions in this respect have been made by the Government.

WHO has provided the following professional staff for technical advice:

- 1 Public Health Officer
- 1 Public Health Nurse
- 1 Sanitarian

UNICEF supplies materials, e.g. transport, milk, soap, vitamins and other equipment necessary for dental clinic and maternity and child health centre.

In the second five-year plan the programme will be expanded to other areas of the country, e.g. Badakshan, Bahmāyan, Mahar-i-sharif, Balkh, etc. and the necessary staff will be provided. The Ministry of Public Health assigns the staff, gives technical advice, both centrally and at provincial levels, and will ultimately assume full responsibility.