



TRAINING PROGRAMME FOR SENIOR WHO  
STAFF ON HEALTH ASPECTS OF FAMILY  
PLANNING AND POPULATION DYNAMICS

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COUNTRY CASE PROPOSAL  
FOR "A"

by

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\* The name of the country appearing in this report is only used as an example. It is not meant to be an actual proposal

\*\* Development of Basic Health Services Project (AFGHANISTAN 4001)

\*\*\* Family Planning Aspects of MCH (IRAQ 9601)

## I BACKGROUND INFORMATION

### 1. Geographical

Afghanistan is a landlocked mountainous country with an area of about 653 000 square kilometers. Population density is on average 27 per square km., but varies considerably from the densely populated fertile valleys (374 per sq. km.) to the desert areas and remote mountains (2 per sq. km.). It has an extreme continental arid climate; cold in winter and hot and dry in summer.

### 2. The People

Virtually all Afghans are Muslims. Religion pervades all aspects of life and conduct of the people. Until a decade ago women observed "purdah" which is still in fashion in the provinces. Of about 17 million total population, nearly half comprised of the ethnic group of Pushtuns. Of a total of about 2.8 million nomads Pushtuns comprise about 2 million. Tajiks, Hazaras, Turkmen and Uzbeks are the other important groups. Pustu and Dari are the two official languages and many educated Afghans speak English, French, German or Russian in addition.

### 3. Economic/Demographic Aspect

About 85 per cent of the population is rural and earns its livelihood from agricultural and pastoral activities. Agriculture accounts for more than 50 per cent of gross domestic product. Principal exports are cotton, wool, karakul, fruits, carpets and natural gas. Per capita income is US \$ 66. The current population growth rate is about 2.5 per cent leaving per capita rise in real income over the last three years between 0.5 and 1.00 per cent.

No census has been taken for the whole country. Currently a National Demographic Survey is in operation, this will provide adequate data on population including maternal and child mortality. This base line information will be

used for long-term evaluation of MCH/Family Planning services.

#### 4. Health Services Organization

The country is administratively divided into 28 provinces including Kabul province. Major curative facilities are concentrated in Kabul with more than 50 per cent of the total (nearly 2 500 in the country) hospital beds. Though every province other than Kaoul has at least one hospital with 10 to 100 beds, it is planned to have six bigger (with major specialities) regional hospitals in the country.

For the rural areas nearly 90 Health Centres (each headed by a doctor) are in operation and by 1976 it is planned that each one of the 178 districts (woleswali) would have one of these Health Centres with about three satellite sub-centres around each and under its supervision.

Health Services are administered from three levels. At the Ministry level there are separate curative and preventive health divisions under the Deputy Minister of Health. A Family Health (MCH/Family Planning) Division is currently being established. There is a division on manpower and statistics and a section on health education. At the intermediate level (provincial) a provincial health officer is responsible for both curative and preventive services. He also supervises all peripheral Health Centres and sub-centres in his province.

##### 4.1 Basic Health and MCH Services

In Kabul institutional facilities (285 beds for Obstetrics and Gynaecology by end 1972) are available for deliveries. In five other provincial headquarters special MCH facilities are available and are used mostly to deal with the complicated obstetric cases and sick children. For the rest of the country, deliveries are carried by traditional birth attendants. These usually cater to the needs of their extended families

and efforts to identify and train them have met so far with little success. Main constraint for giving MCH services through the Basic Health Services has been lack of female health personnel. However, in the recent years more girls from the rural areas have sought admission into the Auxiliary Nurse/Midwifery Schools.

MCH services in Kabul are also provided through eight Rosentoon (Child Welfare Society mainly supported by Government funds), MCH Centres spread out in the city.

## 5. Health Manpower

In March 1972, the following health personnel were available: 950 physicians including 80 women doctors; 396 male diplomate nurses; 186 female diplomate nurses; 128 diplomate nurse/midwives; 149 male auxiliary nurses; 23 female auxiliary nurses; 93 auxiliary nurse/midwives and 15 assistant midwives. Approximately 60 per cent of nursing personnel are assigned to the ten hospitals in Kabul with a total bed strength of approximately 1 342 including 340 for women and children - shortly to be increased to 480. There are only 10 paediatric and 8 obstetric/gynaecologist specialists in the country.

## 6. Education and Training

### 6.1 Medical Education

There are two faculties: **Kabul** and Nangarhar. Current enrolment in Kabul is 563 including 73 women students. In Nangarhar it is 291 including 4 women students. Yearly output from both these institutions will range from 80 to 100. Their knowledge and motivation for the practice of social obstetrics and paediatrics is rather lone.

## 6.2 Nursing

There are four schools for professional nurses and one (residential) for auxiliary nurse/midwives. In March 1972, total enrolment in each was as follows: Aliabad School for Male Nurses 95; Mastourat 59; Shararah 135; Jalalabad 9; Kabul Auxiliary Nurse/Midwives 53.

## 6.3 Potential for Recruitment

Suitably qualified male candidates are available both for the medical and nursing courses. The same can be said for female candidates with residences in Kabul and other major cities. From the rural areas, however, primary school female graduates for auxiliary nurse/midwifery programme are available yet only from few selective areas.

## 7. Afghan Family Guidance Association (AFGA)

The Government has no population policy as such, and the thinking is that the country is still thinly populated and can afford to support more people. Realizing that family planning is a very important health measure promoting especially the health of mothers and children, the Government has promoted the formation of a voluntary organization. It was started in 1968 with financial and commodity aid from IPPF and USAID respectively, and to date it has 19 family planning clinics in Kabul city and in the provincial headquarters. Its activities have convinced the Government that if MCH/Family Planning services are promoted through the country-wide general health services, they will be accepted by the people as safe-guarding the health of mothers and children.

## II AREA

Encouraging results were obtained at the 19 Family Planning Guidance Clinics of the Afghan Family Guidance Association, especially in Kabul area. This encouraged the Afghanistan Government to request WHO assistance in the organization and development of an MCH/Family Planning programme including maternity centered approach for all the country of Afghanistan. General practitioners and obstetricians presently working in MCH and health centres and maternity wards require additional training to permit the introduction of family planning activities. Allied medical professions and auxiliary health personnel are required to provide integrated maternal and child health/family planning services to meet the needs of the population in Afghanistan. It is assumed that the establishment, at central level, of a directorate of MCH and family planning will help in promoting the family planning component in this programme and at total population coverage.

## III OBJECTIVES

The project aims at the promotion of maternal and child health in Afghanistan through the provision of integrated MCH/family planning services including the maternity centered approach. It is intended to reach such aims in a phased manner

### 1. PHASE I - (1973/74)

The programme concentrates on the development of a National Family Health Demonstration and Training Centre in the Women's Shararah Maternity Hospital and 8 MCH centres of Rozentoon Society in Kabul.

### 2. PHASE II (1975/76)

The programme will be extended to the regional hospital at Jalalabad and the three bigger provincial headquarter hospitals and nearby MCH centres, (at Herat, Kandahar and Mazar-i-Sharif)

3. PHASE III (1977/78)

The programme will be extended to the remaining provincial headquarters hospitals and nearby MCH centres.

4. PHASE IV (1979/81)

The family planning programme will be extended to Basic Health Services throughout the country.

During the first Phase, the programme will have the following objectives:

General Objectives

1. To provide the population of the capital Kabul with an integrated MCH/ family planning service for the health promotion and welfare of mothers, children and the family as evidenced by reduction of morbidity and mortality of mothers and children.
2. To prepare qualified health personnel to incorporate family planning in all their MCH functions and health activities as evidenced by change in personnel knowledge, attitudes and practice of specific skills.

Specific Objectives

1. To organize and develop the family health activities of the National Family Health Demonstration and Training Centre, in the Shararah Maternity Hospital and 8 MCH Centres in Kabul.
2. To train various categories of health workers (doctors, nurse/midwives, etc.) and to raise the standards of their skills in family health, for all the personnel to staff the project in its first and second phase.
3. To study and demonstrate various approaches and new methods of contraception as applied to Afghan population.
4. To establish closer relationships and co-ordinate the Training Centre's activities with those of other relevant training and service institutions.

## IV PLAN OF ACTION

1. The Family Health Centre at Shararah Maternity Hospital will be developed in 1973/74 into a pilot family health project - "National Family Health Demonstration and Training Centre" for demonstration and training.
2. A senior medical officer will be appointed by the Ministry of Health as the director of the project and the National Family Health Demonstration and Training Centre. A WHO medical officer and a public health nurse/midwife will also be appointed.
3. A technical advisory board established by the Ministry of Health will meet periodically to advise the director of the project on the clinical, educational, training and research aspects of the project. The board will be headed by the Deputy Minister of Health and will include as members professors of obstetrics, paediatrics and public health of the Medical College, Kabul; the President of Preventive Medicine, the directors of Family Health, Health Education, Vital Statistics and the School of Nursing.
4. The project will aim at the integration of family planning activities in:
  - a. Shararah Maternity Hospital and out-patient departments;
  - b. Rosentoon 8 MCH Centres;
  - c. Mastourat Hospital;
  - d. Shararah Family Health Demonstration and Training Centre (to be re-developed).
5. The Family Health project in Shararah Maternity Hospital will be involved in three basic functions: service training and research in the field of MCH/family planning.



6. The staff of the project will include the following:
  - Director of the Centre, preferably a lady doctor with experience in public health, MCH and obstetrics/g naecology;
  - Two nurse/midwives with experience in public health nursing and MCH;
  - Ten female social workers, and ten male social workers - four (2 female, 2 male) for the hospital and family health training centre and two (1 male, 1 female) for each MCH Centre. These will be involved mainly in the educational aspects of the programme.
  - Two laboratory technicians for the daily laboratory routine;
  - One assistant pharmacist;
  - Two trained statistician clerks.
7. The National Demonstration and Training Centre will be accommodated in the out-patient department of Shararah Hospital.
8. Training courses in MCH/family planning will be organized for the medical and allied professions and auxiliary personnel to be involved in the delivering of family health services. Trainees will include obstetricians, general practitioners, paediatricians, nurse/midwives and social workers.

The Centre will conduct annually:

- a. two training courses for doctors of three weeks duration each, and each to be attended by 15 doctors, i.e. 30 per year;
- b. two training courses for nurse/midwives of three weeks duration each and each to be attended by 15 nurse/midwives, i.e. 30 per year;
- c. two training courses for social workers of three weeks duration each and each to be attended by 15 social workers, i.e. 30 per year.

Training should give priority for health workers in hospitals and centres of the first phase followed by workers for the second phase.

Course content will be relevant to the duties to be carried out by the trainees after their return or on their appointment.

9. The national family health centre will be involved in MCH/family planning research to be co-ordinated with the Medical College and the Ministry of Health.

#### Target Time Schedule

The table appearing on page 10 gives the target time schedule for this project.

#### Evaluation

The Government and WHO jointly assume responsibility for this project throughout its operation. A WHO consultant will undertake the first evaluation in the first half of 1975. The Government will continue the evaluation after the period of international co-operation. The plan of operation and any detailed arrangements for its implementation will be reviewed and modified by mutual consent whenever such action is considered necessary on the basis of an evaluation of the project.

The period during which WHO assistance is expected to be provided is estimated to be three years initially.

#### V COMMITMENTS OF WHO

WHO agrees to provide under the UNFPA Fund for Population Activities, subject to the availability of funds, the following:

##### 1. Personnel

One medical Officer in MCH/family planning;

One public health nurse/midwife in MCH/family planning;

One consultant for two months every year.

##### 2. Supplies and Equipment

Teaching equipment, supplies including contraceptives and printed material for the project up to an approximate amount of US \$ 60 000 for

## T A R G E T T I M E S C H E D U L E

	1 9 7 3												1 9 7 4											
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	AAug	Sept	Oct	Nov	Dec
WHO Medical Officer MCH/Family Planning National Director of Project and Counter- part to WHO Medical Officer	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Nomination of Lecturer and Teachers			X												X									
2 Nurse/Midwives -Counter- parts to the WHO Nurse/ midwives	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
4 Social Workers (2 male, 2 female) for the Family Planning Centre				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
16 Social Workers (1 male, 1 female) for each Rosen- toon MCH Centres					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
1 WHO Public Health Nurse/ Midwife				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
TRAINING ACTIVITIES																								
2 three-week orientation courses for doctors			X						X							X					X			
2 three-week orientation for nurse/midwives and auxiliary nurse/midwives				X					X								X					X		
2 three-week orientation for social workers						X					X							X					X	

three years.

### 2.1 Transport

One eighteen seat bus for trainees and one station wagon for WHO staff and lecturers, up to an amount of US \$ 12 500.

### 3. Fellowships

One-year fellowship for a medical officer to study MCH/family planning.

One-year fellowship for a nurse/midwife to study public health nursing (MCH/family planning).

Twelve short-term fellowships, one month each, for members of the board and senior staff of the project, for observation of similar MCH/family planning projects.

Total budget: US \$ 25 000

### 4. Training

#### 4.1 Participants

Stipends, travel and incidental expenses for trainees (medical and allied professions and auxiliaries) and honorarium for lecturers and teachers for training courses at the National Family Health Demonstration and Training Centre in Kabul. The estimated provision under this heading are US \$ 9 000 each year.

## VI COMMITMENTS OF THE GOVERNMENT

1. The Government will provide all personnel, materials and equipment and local expenses necessary for the successful execution of the project, including the following:

#### 1.1 Personnel

- a. One medical officer, director of the project as counterpart to the WHO medical officer, to assume administration of the project.
- b. Medical and allied professions and auxiliary personnel with qualification and experience in their respective fields, to assume

responsibility as referred to in PART IV sub-paragraph 6.

c. Other part-time medical and allied professions and auxiliary staff for the various activities of the Family Health Demonstration and Training Centre and the project.

d. Lecturers and teachers as required to assist in the orientation training courses.

e. One full-time English/Dari secretary typist.

f. Other personnel as required.

#### 1.2 Premises

The National Family Health Demonstration and Training Centre will be accommodated in the out-patient department of the Shararah Hospital. Rosentoon has already eight MCH Centres operating in Kabul and these will be incorporated in the integrated MCH/family planning programme.

#### 1.3 Supplies and Equipment

a. Except as provided by WHO in PART V all essential equipment and furnishings for the Family Health Demonstration and Training Centre, including offices, classrooms, clinics, laboratory and other facilities as required.

b. Except as provided by WHO under PART V, teaching aids as required.

1.4 Recruitment of trainees, stipends for trainees, except as provided by WHO under PART V. Selection of trainees to the orientation courses and any special commitment with regard to personnel, supplies, or special expenses.

#### 1.5 Public Information

Cost of public information and education in connection with the programme.

The Government will also provide the following.

a. storage and internal transportation of WHO supplies and equipment or special expenses;

- b. cost of necessary telephone, telegraph and postal communications;
- c. cost of incidental expenses necessary for the successful execution of the programme;
- d. cost of fuel, maintenance and spare parts of vehicles provided by WHO.