

# A Bright New Future

## Youth Support Afghanistan

A Proposal for Community Centres  
delivering Vocational Training,  
improved Health and Welfare.



## *A Pilot Community Centre*

There is a need for community centres in rural districts and villages and also in poor urban areas.

Community centres will provide a variety of services as outlined below and provide a low budget way of delivering basic services to deprived communities whilst at the same time engendering income for local people.

The following is a design for a pilot project which if successful could be replicated on a widespread basis.

### *General Ethos of Centre -*

The centre will aim to provide easily accessible basic services in accordance with the needs of the local population.

An atmosphere of 'community' will be engendered and local individuals encouraged to visit informally to spend time at the centre during which they might learn what is available and understand better what services could be offered to them. They will also be encouraged to volunteer to help at the centre and thus make it very much a part of the local community and a service which can respond to their needs.

### *Education and Vocational training*

Educational materials will be present and IT related learning – computers and teaching materials available on disc. All will be made very user friendly and small group teaching will be provided to extend computer literacy to children and women as well as young men.

Once a basic level of computer literacy is achieved – many other learning experiences will become available including health education programmes and vocational training.

The ethos of the centre will be to encourage those attending to achieve self sufficiency in learning and eventually be able to improve their own lives and the quality of life in their communities through better health, education and earning power.

This last point will be assisted by the development of some special projects which can provide employment for local people and help set up businesses.

## *Health and Welfare*

### *Health education*

A health education programme will be essential to allow people to understand prevention and hygiene issues which impinge on their health.

This will be aimed at a number of groups - adult males; adult females; young men; young women and children.

### *Child Health*

Child welfare sessions will focus on advising mothers with respect to their children's health. Nutrition and developmental issues plus immunisation and health checks.

### *Maternal Health*

Basic antenatal care and health during pregnancy will be provided. Where there are no maternity services and trained midwives it will be important to inform mothers and volunteers with respect to the basic issues which can prevent maternal mortality.

### *Geriatric Care*

The elderly have their own needs which are often neglected when living conditions are harsh. Health education will be important.

### *Male health*

A frequently neglected area. Men may suffer from both physical issues and mental stress and may be reluctant to seek advice. Health education will assist.

## *Equipment and Facilities*

### *Accommodation:-*

The centre will need to be set up in a self-contained building with some outside space where play areas and perhaps a herb garden can be set up.

There will be some cooking and food preparation areas with washing facilities and toilet arrangements.

Fresh water will be required for hygiene. This may involve digging a well and sanitary pit or similar facilities may need to be constructed.

At least two large general rooms which can be used for groups and one to three rooms for individual discussion / interview. One of these rooms should have some basic medical equipment and an examination couch.

Two medium sized rooms with tables / desks and computer stations. Five to ten computers per room. A projector and screen for teaching purposes.

Some rooms should be available for staff accommodation overnight and some rooms for individuals who may need to stay the night.

Male and female areas will be defined.

### *Construction and capital outlay*

The centre would ideally be housed in a purpose built building although an interim solution would be the changing use of an existing building which could be adapted. The latter would be an initially lower cost alternative but would not necessarily be cost effective in the long term.

The attached plan shows a practical layout for a community centre including male and female areas, health and vocational training areas plus workshops.

The whole is arranged around a central courtyard allowing for secure outside space.

### **Equipment:-**

Medical instruments such as blood pressure equipment; stethoscope; scales; baby scales; otoscope and ophthalmoscope set; foetal stethoscope.

IT equipment – 10 to 20 computers ; projector and screen.

Furniture - desks or tables

Basic household items – for eating / cooking etc

Paperwork :- filing cabinets for records; paper and writing materials

Toys for children

Emergency clothing

Some basic drugs and dressings

### **Staffing:-**

Supervising and overseeing administration and professional support – Medical and teaching component.

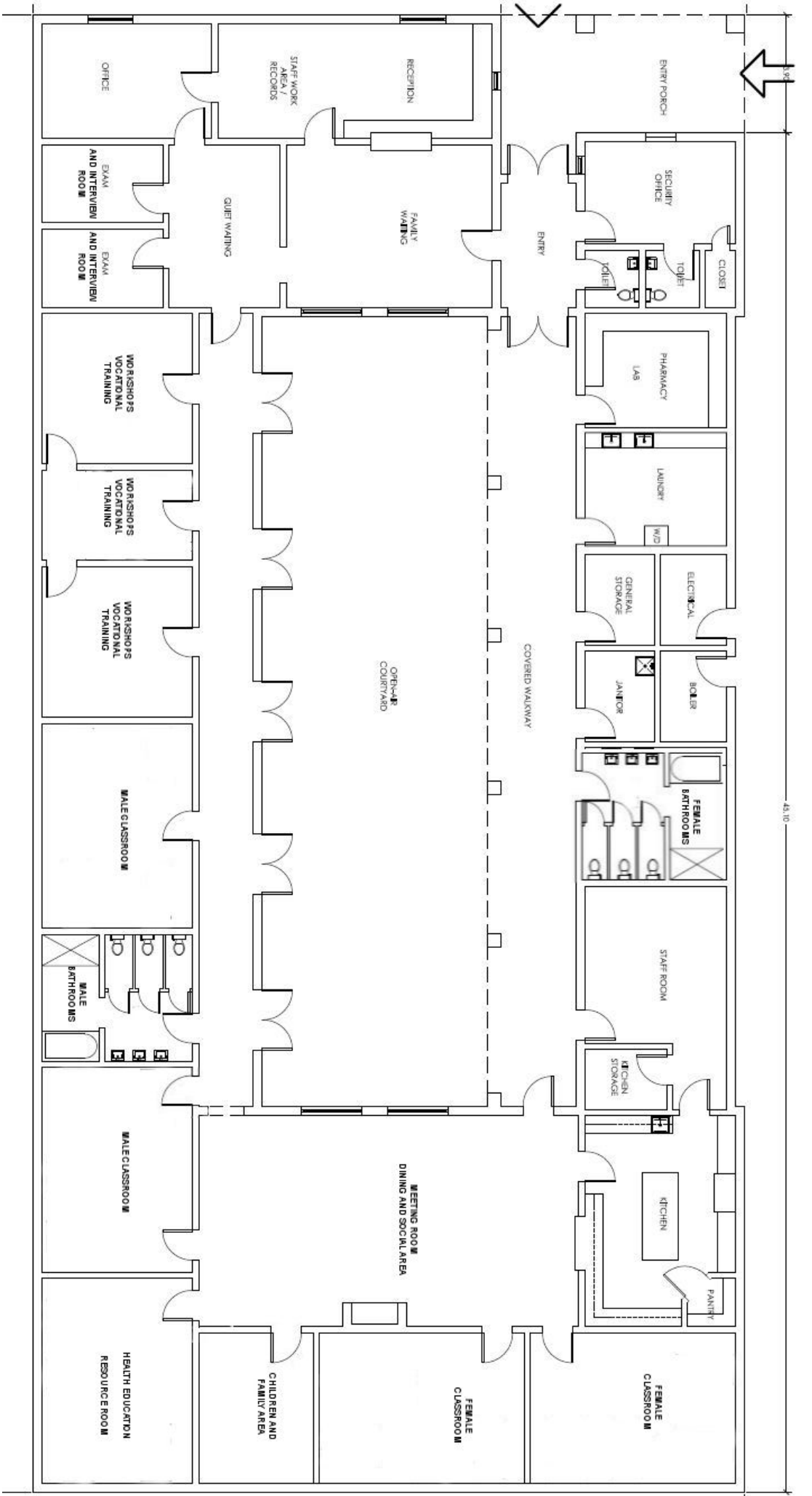
Local people would be employed in positions of

1. Caretaker / Gardener (at least two people)
2. Cooks / cleaners (two to four people)
3. Teachers or group facilitators - 2 – could be part time involvement of several people.
4. Volunteers could be recruited from farther afield
5. Students and volunteers from NGOs could be recruited for their own experience too.

## *Sustainability*

The vocational training provided in the centre will not only enable participants to obtain work in the community, but in addition those attending the centre will be involved in income generating projects.

These projects and contracts will provide payment for the workers and also funding for the centre.



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