Women’s Empowerment in Afghanistan

Carl Taylor, MD, DrPH, MPH
Johns Hopkins University
Section A

Bamyan Valley
Divided Groups

A Bombed-Out School

Meeting

Class of Village Midwives

Clearing the Road

Water System

Started Future Generations Afghanistan

- Ghazni: mosque-based schools for literacy
- Women’s education gap for whole generation
- Three years later had 400 schools with 12,000 girls and young women
- 2002 Bamyan: ex-Mujahedin formed pagals (crazy) association
  - Crazy enough to think you can help your neighborhood
- Reforestation
  - Planted 150,000 poplars and willows in one season
  - Counted survivors; half had been eaten by wandering donkeys
- Organized system for fines on any wandering domestic animals
Central Theme

- The Future Generations 2005-2006 Operation Research project demonstrated a successful model of CHW training that is community-based and participatory.
- Changes in health practices showed almost complete coverage of families in these villages.
- More important, the changes in behavior and social norms were associated with locally adapted efforts to measure women’s empowerment.
- The change process shows it is not just what is done, but more important is how the change happened.
A functional analysis of the potential capacity of village women volunteers defined three groups who can contribute to community-based care:

- Shuras selected one mature and active women’s leader per village to become CHWs (especially mothers-in-law)
- Woman Action Groups are composed of mothers with young children—who are the busiest of all but are motivated and able to cover all families in the village
- Community statisticians—young, usually unmarried, and eager to use newly acquired literacy and numeracy
First Intervention: Women-Only Workshops

- Five, five-day workshops train twenty or more CHWs—covering all topics in official training manual
- Meet in secluded village house
  - Cooking and eating together
  - Sanitary and clean living (personal and home)
- Acute care
  - Child diarrhea, pneumonia, malnutrition
- Prevention
  - Immunizations, government programs, and referrals to facilities when greater expertise is needed
- Learning to communicate with neighbors, changing beliefs, practices, and women’s empowerment
Second Intervention: Pregnancy Histories

- Five women tell personal pregnancy stories for first four mornings in the first five-day workshop
- They bond as they share pregnancy stories and jointly realize successes in raising families
- Learning schedule is based on own experiences, priorities, community practices, and culture
- Intensive, continuing discussions according to season and real-life experiences
Third Interventions: Women’s Action Groups

- Each CHW organizes up to 10 neighborhood leaders of age cohort of women with young children as a Women’s Action Group (WAG), who work intensively with five or more families.
- Total village coverage with each CHW responsible for 50 or more families, focused especially on most needy.
- Cascade learning from what CHW learns to WAG.
- Monthly meetings (depending on season); always working with shura on annual work plans and iterative learning.
Fourth Intervention: Community Statisticians

- Third age cohort is young, literate, and eager women
- Primary function is to ensure community’s ownership of its own statistics for annual work plans
  - This ensures quality and completeness of data
- Selective channeling of data to HMIS and district health system; linkages to health facilities by community health supervisor at health center
- Potential being explored for vital statistics, selective surveillance systems, and possible service statistics
Fifth Intervention: Scaling Up Using Learning Centers

- Regional cluster of best performing villages linked into BPHS health system with joint shura control
- Transformation of cluster of villages into regional learning center as responsibility of district governments and partner NGO with two functions:
  1. Action learning: CHW master trainers facilitate learning with educational credibility because they still do health development work in their own community
  2. Experimentation: local experts trained to adapt to local culture/needs for improved local solutions with guidance from formal health system
Health center midwives responsible for linkage between health facilities and communities through community health supervisors

Every village has a community statistician (CS) who is responsible for collecting data from the village CHWs

- Each CHW focuses on:
  - Early identification and preventive care of pregnancies
  - Planning with shura for safe delivery

Community statisticians ensure:

- Birth and death reports
- Antenatal and postnatal visits
- Immunization of children
- Surveillance for special diseases with complete records reported through community health supervisor (CHS) visiting from health center

Trust created by comprehensive care leads to follow-up for possible referral according to specific needs in each pregnancy
Women Only

Cooking and Eating Together

Children Involved

Community Statistician

Reviewing Documents

Break into Groups

Swaddled Baby

Exhaustion

Giving Presentations

Practice Cutting Umbilical Cord