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Chapter 13 – “Out of the Shadows: Women in Afghanistan”

Chapter Authors: Shukria Hassan & Besmillah Sakhizada

The challenges of our women in Afghanistan have been ignored for centuries, but they have also justified invasions by foreign armies, mobilized many millions of dollars in assistance, and have evoked pity. But, I ask you, has all this "help" helped? I write as an Afghan woman doctor, one who is from the most disadvantaged tribe of my country, the Hazara. I answer this question with "yes, help has helped, but while outside help is needed, what is most needed is letting us help ourselves." I wish the process were as easy as sending aid, or an army. My own eyes have seen how giving millions in funds and sending experts create problems more often than they bring help. We have been repeatedly invaded, but we are not helpless. With my own ears I have heard the stories of empowered women. Your eyes will now share those stories.

The achievements of these women were so satisfying that, years after my work (told in stories below), my colleague, Besmillah, returned to the villages of the Yawkalang district. My narrative is followed by a report of what he found, told in the stories these same women conveyed to him. Ten years of "assistance" had flooded into our country from around the world. Some of that truly helped, yet in most instances it came, was spent, and had little impact. But what really improved lives is described by the women in the actions they made and, as Besmillah's reports show, in the actions they still continue to make a decade later, driven by what they learned about capacities inside them as women. If you seek a description in more academic terms--not only how these women's and their families' lives improved, but also how

actions done by them in these distant and discriminated-against valleys were documented through what the World Health Organization's representative to Afghanistan termed "the most rigorous health survey done in modern Afghanistan," and how the power of scientific proof of the work of women started the national program of family-health action groups--see Empowerment on an Unstable Planet: From Seeds of Human Energy to a Scale of Global Change.¹

Early in 2005, I had the opportunity to meet Dr. Carl E Taylor. He invited me to accompany him to the high summer-camp pastures the following day in some of the more remote mountain valleys in my country of Afghanistan. The idea was incorporate a health component into mosque-based literacy programs; health had to fit inside our cultural values. Families center around their homes, but communities center around their mosques. In Afghanistan, our lives have advanced across hundreds of years by growing out of our mosques. After a difficult two-day trip by four-wheel drive, we arrived in the remote Shahidan valleys. First, we had to find the women, and they were in summer camp with their flocks.

The Hazara are poor and hard-working people, Shia Muslims. They have faced centuries of cultural and ethnic discrimination by the larger, aggressive tribal groups. They survive, pushed back in the mountains, on their scarce resources. Their irrigated land and their grain crops are periodically seized by the Kochis (a nomadic tribe), who have conducted raids for centuries, killing many Hazaras to this day. The Hazara people cannot afford weapons, and yet they were the first group disarmed by the current international disarmaments program, showing discrimination from the outside as well.

The Shahidan valleys are in Bamyan Province, home of the famous Buddhas. From 1998

through 2001, the Taliban invaded and totally destroyed the area, including Bamyán City and, of course, the Buddhas, and they leveled most of the houses in the Yakawlang district, where we were headed for our health work. They burned and killed even the people who tried to welcome them with a white flag, destroying homes with the people still inside, and pursued and killed anyone who tried to escape, looting their belongings.

We drove past these destroyed villages. Some villagers managed to escape, despite the cold weather. Especially the elders and the children succumbed. They were buried on top of the Babas Mountains. From these mountains, villagers watched the burning of their homes and livestock, the smoke filling the sky. The only house in Shahidan Valley that wasn't burned down was the house the Taliban took over for their living quarters--after they slaughtered the owner.

Soon afterward, the villagers returned and, leaving their valleys where there was no place to stay in the winter, they moved and occupied the caves around the ancient Buddha statues, where Buddhist monks used to live before Islam. People, all of whom were Hazaras, had come from distant valleys to Bamyán City, as they, too, had no other place to stay, since their homes as well were burned down in the Taliban attacks.

Baba Hakim was a disabled man, a humpback, who could not escape from the beautiful Qazan Valley and was taken as a hostage in Bamyán City, where the Taliban had also relocated; his job was to serve the Taliban as a cook. He said the Taliban forced him to climb on top of the Buddha statue and scrape off its face with a hammer and axe. He said, "I was scared to death and I cried and I could not see down but they were beating me to force me out onto the face. Other hostages tied a wrap around my waist to hold me while I was scraping."

At the time of our visit, the Hazara people were just beginning to recover from the brutal attacks. We were going to the summer pastures, called *aylaq*, where the villagers take their

livestock to graze, and where they collect hay and fuel for winter. Each *aylaq* consists of several households from the same village. There in the summer pastures, the villagers set up homemade tents of old woven carpet (*gilim*) or sewn-together pieces of old clothes and blankets. Children, who now had a chance to go to school, remained in the villages, and some of the families stayed with the children.

We began to climb the mountain in the pickup truck. As we entered the valley, we noticed two men, dressed in dark gray Afghan outfits--the traditional tunic and loose trousers called *peran tonban*--coats, and dark brownish turbans that were covered with dust, camouflaging them against the stark landscape. They invited us to go see the water source for the camp. Walking toward the spring, more men joined us. Visitors, especially foreigners, do not often come to their camp. The water source was a shallow spring, surrounded by deep hay roots--this spring was the center of their pastoral life, which is why they wanted to show it to us. Melting snow and glaciers on the slopes above flowed down to this hillside. The men took us to a homemade tent where eleven women were gathered, wearing their traditional bright-colored shawls that covered their hair and showed their faces. These tents were their summer community. I also wore a similar shawl, leaving my face exposed, in respect for the culture. They served us tea and sweets, not only customary, but an expected ritual of trust that hosts and guests are both obligated to engage in.

We started inquiring about the number of children each woman had: which ones among them were living, and which ones had been lost to miscarriage, death, or illness. The stories were often sad, with miscarriages and many children who died at birth or in the first few years of life.

Marzia, a tiny woman, had lost seven of her ten children. Of the remaining three, she had two sons and one daughter. Three of the deceased children--one boy and two girls--were

stillborn. Another, a boy, had suffered from convulsions, caused by an evil spirit or ghost, that caused him to die after three days. "My other three daughters died at one to three years old. I had no milk and could not produce any more."

When she was done speaking, the women said with laughter, "Aiye Jawad, now it is your turn to answer." She said, "My name is Sediqa, but in my family we call each other by the eldest son's name, so sitting here with me is Aiye Hussein, Aiye Juma, and Aiye Ali. It is a shame we lost our names, but we are also called by our husband's name, if not our eldest son's, such as Khatoon Zawar Ali Khan. I have seven children--four sons and three daughters. Last year I gave birth to a baby boy when eight months pregnant, but he died the next day." Sediqa then pointed to the lady who sat next her and said, "Now Khatoon Haji, it is your turn."

And so they spoke, and the circle had completed their stories by late afternoon. Professor Carl looked at his notes and pointed out that many of the children who died were girls. He asked, "Why were so many girls lost and not boys?" The women answered, "We do not know." One woman said: "It is our life, it is not easy, children die, we have no other choice, we cannot go anywhere, we have nothing. We cannot grow wheat because of the many years' drought, and we lost our animals, too. Everything, each day, we do is to survive. Men collect fuel--by cutting bushes--and hay. We women look after the animals that are left and the children; bake bread; and milk the goats, sheep, and cows, which we use to make dried curd and butter to sell. Some of us spin wool to make *gilims* for our homes or to sell at the market."

Professor Carl asked: "Some of you mentioned *saya*. What it does that mean? Is it a disease?" A woman responded, "*Saya* is when a person has *napak* (impurity or sinful presence) that causes an evil spirit or ghost to enter the soul and body, which gradually kills the person." She then described how to tell if a person suffers from a *saya*: "They suffer from *bihosh* (loss of

consciousness) and the hands and feet become stiff. It is similar to *mirgi* (epilepsy), although with *mirgi*, a person can continue to live, but not with *saya*. *Saya* is mostly seen among newborn babies and in women. There is only one kind of health problem in this place: when we come here to the *aylaq* in the spring, the weather is still cold and our children get sick and suffer from *sinabaghal* (pneumonia). We are too far away from the doctor to get help. In addition to the weather, we also suffer from the creeping dangerous animals--scorpions and spiders--that bite children and old people, which causes them to die if they are stung on the head."

At this point, another woman interrupted: "Once I gave birth while we were on the way to summer pasture. We got up early, just after midnight, all packed, and started our journey in the dark. By mid- to late morning, I began to feel the pains. I was riding a donkey, but I could not keep going. I stopped the donkey and stayed on a rock alone, while my family kept traveling. After laying on the rock, while I writhed, waiting to die, I finally gave birth. I had nothing to cut the cord, so I placed it on top of a flat stone and started beating it with the edge of another, sharper stone until I finally got it cut. Then I wrapped my baby with a cloth from the back of the donkey and my *chodar* (headscarf). It was late afternoon, and I had to get back on the donkey to catch up with the rest of the family." Almost as an afterthought, she stated, "*Ma na mofamom albad khost khoda ki zand mandom*" (My baby and I survived. I do not know. It was God's will that we should survive, so we did).

Some will read the above as tales of need. We, who came as visitors to the high summer pastures, as we listened, we realized that they were accounts of great capacity among the women. How then to strengthen the women in their capacity? This now meant working with village elders and *shuras* (village councils), for the process of meeting with these women had made their men angry. Cooperation became easier when we convinced the men that it was older women we

were interested in. There was little danger when the men realized it was mothers-in-law we wanted to talk to.

On our next visit, we sat on the floor in the mosques, while making sure that the soles of our feet did not face anyone in the circle (to do otherwise is a grave insult), and tea was served with locally made sweets. I was fully covered, showing only my face. From those talks, permission came to start health-training classes as soon as the snow melted. The purpose of the classes was to teach methods that would allow their boy children to survive (and if any girl children survived, no one would object to that). A house was rented to bring the women together to participate in what we called a women's-only workshop. The house had a large center room, approximately 35 x 20 feet (10.5 x 6 meters). The floor was covered by colorful carpet made in the village, woven by women, and in this room, on the carpet, I gathered with the women, who sat against the wall on small mats. Toddlers ran around, while breast-fed babies were nursed. The way to the latrine went out through melting snow, so it was slippery and muddy, and the steps to the latrine were torturous and had no handrails. Although these women were mothers-in-law, their average age was thirty-five; some had grandchildren.

Our first challenge was to be accepted and trusted by the women--we all had to trust each other. The concept behind the workshop was to hear about their life experiences, including pregnancies and deliveries. Building understanding from shared pregnancy histories was an idea we had come up with while listening earlier, in the tent. We now wanted to take the information that had been so profound earlier in their previous stories, systemize the data collection, and make it scientifically rigorous. Since they never shared their stories with anybody, and since they were were afraid of gossips and of being shamed in the village, one of the women who had delivered many babies said that this information should not go out of the room. We all made that

promise to each other, so I now tell their stories using pseudonyms. We agreed that no men were to be allowed inside the house, and we went to check that the doors were locked, to protect us.

The participants started telling their pregnancy histories. Each woman began her story from the youngest, most recent child and went back to the eldest. We wanted information about all pregnancies, so this included children who had died, even before being born. We all ate and slept in the workshop room, and we took turns with the chores; everyone participated in preparing the meals and keeping the place neat and clean. Each woman was given toothpaste, a towel, and a toothbrush and asked to practice hygiene, as well as not to spit tobacco juice in the room. We were sharing life. It did not take long, as the stories flowed, before all of us were crying and laughing and enjoying the process. I created a matrix for each woman in the notes that I kept: what happened during each pregnancy, and when.

One of the older women, Masuma, said that she would start. She was asked the first required question in the matrix, "How old are you?" She answered, "I do not know." Then she was asked, "How old were you when you got married?" She laughed and said, "I do not know." Then she was asked, "For how long had you had your period when you got married?" On questions about their bodies, the women could remember. She answered, "Two years." We figured, as a group, that she was sixteen years old when she got married. She was asked about the age of her youngest child and her oldest. She said, "The youngest is two and a half and the eldest fifteen." From that, her age was now calculated to be thirty-five years old. I share this part of our method because it shows two things. First, the woman have accurate knowledge when they can express information about their lives in contexts that come out of the events in their lives. Second, for this pregnancy-history approach to data collection that we were evolving, it was important to stick with the research method, as prescribed by our matrix.

Asked to talk about her most recent pregnancy, Masuma responded: "It was difficult. We had just returned from the other side of the mountain, after the Taliban attacks. We had nothing. Our cattle and sheep were gone, and our houses burned. We were given two windows, two doors, and beams to build our homes, and had to find the rest of the materials ourselves. I had to take care of my in-laws and my four children. I ate the leftover scraps of bread and tea throughout the whole pregnancy. The delivery was difficult. I was exhausted, even before labor started. According to custom, I was not given anything to eat and drink during my entire labor. To protect the carpet, so my blood would not contaminate it, my mother-in-law pulled the carpet aside in the corner of the room, and I was squatting on the dirt floor with a rag underneath."

"After three hours, my husband sat behind me, wrapped his turban around my waist, and pushed with all of his strength on my back and pulled with his turban. I fainted as my son was born, and my mother-in-law caught the baby. She cut the cord with knife and tied it with a piece of wool. The placenta was stuck inside me for several hours. My mother took my son, wrapped him in a cloth, and fed him butter. I was not allowed to feed my son for three days. I expressed the milk and it, the first breast milk, was thrown away because it was considered bad for the baby. I was not allowed to eat, because my son had jaundice. I was very weak and could not produce enough milk, so my son was fed butter, tea, and, occasionally, I had some milk so I could nurse him. I was allowed only bread and tea until the jaundice cleared; then whatever was available from the men's meal I could eat. During the first forty days, if anybody wanted to visit me, the baby was taken out, away from me, to protect him from an evil spirit."

Masuma went on: "My five-year-old child is a girl, and she is very sickly. I was pregnant with her when my husband joined the Hezbi Wahdat local militia to fight the Taliban. We had a severe drought and could not grow anything that year. Whatever we had in the way of food was

given to the local militia, so they could fight the Taliban. We lived in fear all this time. Then our local militia was defeated by the Taliban, and we escaped to the other side of the mountain. The trip across the mountain was hard; my other daughter, who was seven years old, got sick, developed pneumonia, and died. We could not bury her properly, so my husband buried her on top of the mountain. The next child was born very quickly. We were hiding there in the mountains. She was very small, and we had no thing to eat. Villagers helped us with some food, set up a tent, and we lived there until the Taliban left." Masuma was asked about her other pregnancies, and she said that sharing these was too painful for us to hear. She had a miscarriage when she was about four months' pregnant, and she bled for long time.

A second woman started her tale, and I include only part of it, just as I did with Masuma. "Then there was a girl child. I loved this daughter very much, and she grew up and did not give me much trouble. She was like a younger sister to me. She even took care of my goat and sheep on the hillside and helped me with house chores until she married. Before that, with my first child, I immediately got pregnant right after I got married. During the early part of my pregnancy I was sick and vomiting. I could not eat anything and still had to do all the work that was expected of me: cooking, carrying water, cleaning the barn, milking, making butter. The whole family lived in one room. I had no chance to rest, being told by my mother-in-law what to do."

"Labor started at midnight with that first child. My mother-in-law lit the lantern and sent my husband to call the *daya* (traditional birth attendant). She had helped many women in the village with their deliveries. My water broke, but the baby did not come for hours. The birth attendant called to my husband to put me on his back and jump up and down. I was screaming and crying, and he grew tired of jumping and put me down. Then the birth attendant, sitting on my chest, began pushing with her feet against the upper part of my belly and pushed the baby

out. He was a boy, and brought a lot of joy and great celebration. My father-in-law shot a gun into the air to let everybody know. My mother-in-law was taking care of my son; after three days she allowed me to nurse him. Any time he cried I was blamed for having done something wrong. Both of my sons are very special. My eldest goes to school, and he helps his father collecting bushes from the mountains for fuel for the fire."

With two full pregnancy histories, I then temporarily stopped the workshop and explained their anatomy to the women, as well as talked about how conception took places, how the fetus grows, and the natural progression of labor. This included an explanation of cervix dilation, so they understood that pushing before the cervix dilates is dangerous for both the pregnant woman and her baby. I emphasized the importance of eating and giving the woman something to drink both while in labor and after the baby is born. To help them understand, I reminded them about cows, and the importance of feeding and giving them water so they can be milked. I told them that they, the women, were as important as a cow and should be fed and given something to drink. I also asked if they ever sent their husbands and sons to work without feeding them.

This might seem like just stories, and certainly the order in which the children's births were presented and the side events that were related complicated systematic science, but using my matrix allowed me to clarify the confusion. The women told their narratives however they wanted to; it was my job, in partnership with the group of women, to put all the stories into their correct places. Four activities were underway with our pregnancy-history process:

1. We were helping the women feel strong and proud of their womanhood and the challenges they had overcome.
2. We were gathering what would turn out to be exceptionally accurate life data on these

women, their childbearing and rearing, and the community's life statistics.

3. By stopping after every two women and then explaining some medical facts, a structure was created where, by using their own life narratives, we were educating the women about their health and what actions they could take, with the resources they had, to improve family care and well-being. Science was being translated into local experience.
4. The women, who were "older" and hence respected as elders, would, after these sessions, be sent back (prior selection has guaranteed that they came from differing neighborhoods in their communities) and extend their new knowledge by organizing SEED-SCALE action groups.

Now, in a second cluster of women, Khadija was anxious to tell her story. She was young, approximately in her mid-twenties, and had had four children already. Her youngest was with her, whom she was nursing while she was talking. The baby was wrapped with several layers of rags, with both arms and legs extended so they could not bend, then placed on a firm mat and tied to it with strong cord. I asked, "Why is the baby tightly bundled?" Khadija said, "Tight bundling keeps the baby warm, calm, and easy to carry." This gave me an opportunity to discuss the bundling. I explained that a baby needs to exercise, stretch his arms and legs, expand his lungs and breath better. I was also able to talk about why so many babies died of pneumonia. These women's stories were becoming my science lessons for them.

Khadija was the youngest member of her family, and her parents did not arrange her marriage, wanting her to stay at home with them. She said, "I had several suitors who pressed their desires, so I got married at age seventeen. My husband was also very young, and he is a good man. I am happy with him. I am still living with my parents-in-law and my two young

brothers-in-law. When I got pregnant with this child, I had to stop nursing my two-year-old son. This pregnancy was not difficult, but I had a lot of work to do in the house. I did not eat well, because I had to feed everybody else before I had food for myself. I had to take care of cows, chickens, and sheep; wash clothes and dishes in the stream; and carry water to the house. I had an easy delivery; the pain started in the middle of the night, and by early morning my baby girl was born. The only problem I had was that the placenta stayed inside me for two days, until I had a bowel movement and it come out with the stool. My mother-in-law took care of the baby while I had to do the household chores, until I was able to nurse her.

“I got pregnant with my third child, and then my husband was gone a lot to the city to find a job and work. I gave birth to a baby boy while he was away. The whole family was happy; we had a big celebration. My son got sick when he was three months old; it was wintertime then and the snow was high, so my husband was unable to come home. My father-in-law brought some medicine from the bazaar, but it did not help. My baby, which his father very much wanted to see, died of pneumonia. So I was blamed by village people, who said that I must have sinned and been punished by the baby’s death. My next child was a boy; he is five years old. He is healthy, and I had no difficulties while I was pregnant, and I had an easy labor, too. But he was very sick when he was three years old and had diarrhea last summer. I am worried that he might get this sickness again this summer.”

She asked those of us who were in the group, “What can I do to help him if he gets diarrhea?” The stories these women were sharing made it clear that diarrhea was very common, and that it was the reason why many children had died. And the women wanted to know what they could do about it. The traditional way of treating diarrhea is to stop nursing and not feed or give anything to drink to the baby. I explained the importance of feeding a baby during a bout of

diarrhea, to keep the infant hydrated. They understood the simple way I showed them of preparing a wheat/salt solution: I took a matchbox (or a tablespoon) of wheat flour and added that to a cup of boiled water and a pinch of salt, mixing it together. We practiced giving this medicine, which is as good for diarrhea as anything a pharmacy has, to the babies in the room. Then I talked to them about the spring in the high pastures, which was the center of their community there. They were proud of it because it was their water, but it was also the water for their goats and sheep. The animals drank the same water winter and summer as the people. Maybe that water, shared with their animals, was the reason they so often got diarrhea in the summer?

The next to speak was young woman in her early thirties, who had five children: three daughters and two sons. Hamila said: "I got married when I was a child. My mother had two daughters, my youngest sister and I. My father was a farmer but had no land and worked for a daily wage on other peoples' land. He was forced by a local commander to join the battle against the Russians. He never returned. We were poor and had nothing to eat; it was difficult for my mother to feed us. After some time, my mother's relatives advised her to remarry. They found a widower. So my mother was married in another village. But my mother's new husband told my mother that she could bring only one of us with her. So my mother gave me to a man who was a very poor farmer, who, like my father, worked on the land for daily wages. I was maybe eight or nine years old. My mother had told him that he could marry me later, when I was past being a young girl. I stayed with my husband, learned baking, cooked for both of us, and cleaned the place. He used to take me to the field with him. I did not know anything about marriage."

"One night he slept with me. I felt a terrible pain and fainted; then, when I woke up, I was soaked in blood. My husband was next me and was crying. As soon I open my eyes he called out

'Halima, Halima' and tried to feed me. I was bleeding for several days and stayed in bed. He was taking care of me and fed me." Halima was weeping as she shared her story, and then continued: "I now fight with these women and tell them not to marry off their daughters when they are still children and do not know anything about marriage. I had my first period after maybe another two years or so. I did not get pregnant for three or four years. Then I got pregnant with my first daughter." Halima pointed to an eleven-year-old girl standing by the door, with the same rosy cheek and golden hair as her mother. "I realized I was pregnant when my belly got big and people started asking me if I was pregnant, even though I did not notice the baby's movement. When my birth pains started, the birth attendant asked me to drink melted butter. She said it greases the baby's head so it comes out easily. I could not drink the whole bowl. I was in pain and kept pushing as she instructed, but I could not deliver."

Halima then said: "There are rumors that they are going to build a clinic for us. I hope they build the clinic, and our children can get vaccines. But there are disputes and disagreements between the two villages about the clinic's location. Both villages donated their lands. God knows which village is going to win. Last year they brought a few truckloads of stones for the foundation, but the *sehat-e-ama* (directorate of public health) did not allow the clinic to be built in our village. The upper-village elders went and met the *raies-e-seaht-e-ama* (public health director) in Bamyan and they stopped the construction." The woman next to Halima said: "You are supposed to talk about your pregnancy, but you keep talking about the clinic. Stop talking about it and let us all talk about deliveries. I am waiting for my turn."

In this a systematic way, the workshop went forward. As more women shared their stories, they also shared information with each other from the process I was using: two women at a time told their histories, and the evidence from them was then explained with science. Through

the five days of the workshop, with every waking hour, we increasingly worked together to explain female reproductive organs and their function, as well as all the other bodily systems and their functions, emphasizing the actions that each woman could take with the resources at hand. They had cut up sheep and animals and had accurate ideas of how animal bodies worked, but they had not often connected that knowledge with their own bodies. I built on what they knew from their own lives and the lives of their animals.

I explained that more than half of all health, in whatever community a person lives in, grows from health-care actions families can make, if they want to. The stories I have shared here have centered on women's health issues, but with twenty women in the workshop, almost all major health conditions got covered: those affecting men, women, and children. In reproductive health, the women learned about the importance of nursing the baby immediately; the benefit of the baby's sucking, which constricts the uterus and controls the bleeding; and the importance and benefits of colostrum (or, as they call it, *fella*). They learned about infections and what could be done about them, about trauma care, and even about domestic violence. Not only was this system-within-a-system a way of gathering information, but it was also a way of passing on new knowledge to the women. Professor Carl and I worked out this method by drawing on other international efforts and on the experiences of our first trials there in Shahidan Valley. After those trials, we had a process where we could train other Afghan women physicians, so they would be able to use it to lead women's groups.

Besmillah Picks Up the People's Stories, Sharing What His Finding a Decade Later (November 2014)

On the way to the Yakawlang district in Bamyan Province, it was really great to see that the road from Bamyan to Yakawlang is now paved; it took about ninety minutes to get there. For my last visit in 2008, I traveled six hours; when we had done the first fieldwork with Dr. Shukria in 2006, it had taken more than a full day to make the drive. Eight years of international aid had brought about this happy change.

My driver was not feeling well, so we stopped at the new Siya Dara Health Clinic. Our situation suggested that we were employees of a nongovernmental organization (NGO), so the clinic staff began to speak of the NGOs. It quickly became clear that they were upset with NGO work, and I asked one of them for details. He replied: "Every group is different. Some of the NGOs provide literacy courses, a few others work in the areas of agriculture and livelihoods, and some other organizations work in the health sector." The man continued: "For example, NGO (X) has offered literacy courses for females and young girls in our village since 2010. But while there is work, maybe there are not benefits. One day in a public meeting with staff from NGO (X), I said: 'Your work doesn't have any significant effect on our people. For four years, your NGO has provided literacy courses for the women and girls, who have not learned anything. I can surely tell you that they cannot even read and write their own names!' The employees of NGO (X) did not accept my statement and pointed to one of their students, saying, 'She has learned how to read and write from the course.' But the girl immediately stood up and said, in answer to the NGO employee: 'My knowledge is not what I learned from you or your course, but what I learned from Mullah Azizi's courses during 2006. Those were years when Future Generations Afghanistan had literacy courses during the day, and at night I was attending

women-only workshops. We were learning in a different way. Your NGO just does daily visits, and runs classes, but our people have not learned anything from their work.' "

The clinic staff did not know that I had worked for Future Generations Afghanistan, but I was so happy hearing this history that I could not stop myself from mentioning that I had been employed by Future Generations Afghanistan, and that I came to visit the women who were trained as community health workers (CHWs). I asked: "Are they still active or not? Are the people happy from what they do or not?" The clinic man said: "The women trained by your organization have done much; they still encourage people to observe their hygiene and health. Since then, more CHWs have been trained, and they do health propaganda. Our village is clean and people try their best."

Hearing this news was welcome to me, and we drove on. The weather in Bamyan in November is cold, but I settled into Mullah Azizi's home and, thanks to a kind friend, had wrapped my shoulders with a blanket as I began my interviews. On November 23, 2014, after morning prayers, Mullah Azizi and I discussed how to reach all the women. Azizi told me that due to the winter weather, we would not be able to get the CHWs to his house; some lived far from it, and heavy snow was on the way. It would be easier for us to go to those houses through the snow.

A woman called Bakhtawar lived in the first house. When she saw Mullah Azizi with me and my other colleague, she greeted us and invited us in for green tea. Mullah Azizi, though, entered her house first and, after some seconds, I heard his voice saying, "Besmillah can come inside." I followed, thinking, "Is Bakhtawar's husband at home?" We entered her house without telling her the purpose of our visit. This is now a somewhat modern woman, I thought, as Bakhtawar warmly welcomed us to her house. We also thanked her, once we were sitting in the

room.

I remembered coming to this house in 2008, when we worked hard to survey every house in the village, to do a complete census. I was trying to compare the current situation with the past condition of the house, which was not possible because there was a 100% change. The room was completely clean and neat, and the outside area was tidy and clean, too: no cow dung and garbage on the walkways. One more thing surprised me--there was no bad smell in the room.

As I was thinking this to myself, I heard Mullah Azizi introducing me to Bakhtawar. He told her, "He is no longer with Future Generations Afghanistan, and he is here to help me identify the women trained in Yakawlang." So I started by saying that I was here only for academic work, not to promise them any projects or funds. Bakhtawar smiled and replied: "Even for personal or private issues, please do come to our village, we will be happy to see you there. It has been a long time since we heard from your group, and no one visited to see how your projects and training changed our lives. Many lives were saved because of the knowledge passed on to us." Mullah Azizi then asked, "Could you please send someone to gather your coworkers in your village?" Calling her son, she said, "Asad, go to Qamar and Gul Jan's house and tell them that colleagues from Future Generations Afghanistan are at our house and want to meet them."

Mullah Azizi asked for permission to start the questionnaire. Bakhtawar thought we would be asking her technical questions related to the training she got years ago, so she said: "I am ready, but I might not be good in answering your questions. But this does not mean I am not good at practical matters. I remember my lessons and am ready to respond, by demonstrations, to what you will ask."

The first question was about the trainers. She asked, "You mean the short Pashtun woman who came after Dr. Shukria? Her name was . . ." I reminded her and said "Zarghona." Bakhtawar

smiled, saying, "Yes, Zarghona, so kind and intelligent; we all loved her." We were talking about the trainers when two other women entered the room, smiling and saying "Salaam." One asked me if I was designing a new project for them, but I clearly told them that I was here only to see the impact of our project.

"But your work is the best ever in our village! Your project not only saved our lives, but even the lives of our animals. Now we know how to live." This gentle woman paused. What she had just said connected with what I had studied about SEED-SCALE. SEED-SCALE teaches that living is about more than health; living is holistic, and interdependent, and a sustained process. These women had learned that, as well as that health is more than an absence of illness. Bakhtawar went on, "I can assure you that all households in our village remember what your organization has taught and we continue to use it. What you trained us for makes us feel proud."

I asked Bakhtawar, "Why do you continue to do your job, even if there is no NGO supporting you? What is pushing you?" She asked me instead, "Can you tell me why an old man came from United States merely to help us and teach us the way of life?" I told her that Carl Taylor loved to help people; it was his life's goal to save peoples' lives by sharing his knowledge. "He is the same as me," she smiled. "If an old man can come from across the seas simply to help our people, and put resources into and make time for our people, then why should we not also do that? We are already here, with our feet on the ground. We live here, so we know about this place. Let us bring what we have learned here. Is that not that what makes life better?"

I clapped. The other women in the room clapped, too. Then I told them: "The work you are doing, that you were trained to do, is now used as a example, and the example you started is spreading all across Afghanistan. We call this way of caring for each other family-health action groups. The laws of our country have changed because of your work. It is as you said, 'To help

our people, we must take our resources and give our time for our people.' You gave an example, and it changed our country's policies. It has been described in this book." And I opened *Empowerment on an Unstable Planet* and showed it to the women; they crowded around. They could not read the English, but looked at its photo of them using a doll to practice delivering a baby.

I then asked, "Bakhtawar, could you please share a story of how your work has continued?" Her story began: "Two years ago the village had a problem with fetching spring water from 1,500 meters (4,900 feet) on top of the mountain, and this problem became even bigger during the winter season. In our village, men do not care about fetching drinking water, as this is the duty of women and children. During winter there was even danger of wolves and snow avalanches. So, we women, plus our children, were facing problems. Men never cared. Our women's action group--did you say that the new name is family-health action group?--got together and discussed things, and we tried to solve the problem. Members of the action group had gone off studying elsewhere and had seen the clean spring water from Dahani Kij village, implemented by Future Generations Afghanistan. We all agreed to carry this information to the men. The next day, the men wrote an application and submitted it to an organization, and some days later the organization came to our village. We said that if they also provided a water-supply pipe and cement, the same as they did in Dahani Kij, we could contribute some of our men to build this in a short time, with a small budget, and have it be of great quality. The organization accepted, we all worked together, and now we have safe and clean water close by our houses."

The women, as a group, kept talking, doing an analysis of the village's health status, explaining that in the past, "there was no toilet in the houses, nobody cared for cleanness in their house and in the village. For newborn children, the possibility of remaining alive was very small,

and in the past it was hard even for adults to survive. But now, after understanding that health is our responsibility, and that it comes from our behaviors, not from action at the clinic, a 100% change has occurred. Before, when the cows or sheep were getting ill, we slaughtered them before they died and distributed the meat in the village, so everyone cooked it at their houses that night. But now even the animals do not get sick, so we slaughter them only when we need meat."

She continued: "In the past few years, mothers and their babies here have not died due to illness. Now everyone in our village and the villages near us understands how pay attention to their health and keep their houses and children clean. We have proven to ourselves that health comes from ideas in the mind, and that our mind controls what we do--this is our responsibility, as Dr. Shukria taught us. Even if someone wants to build a new house in the village, before they do any other work, they build a toilet, to prevent pollution in the outdoors where their house will be built. We have had cases where people wanted to sell their house and migrate, but they could not sell their house until a latrine was built for the house. Health comes from how we live."

Mullah Azizi and I moved on to other villages, filling out our surveys. In Noorka village, we talked with Qamar, who was trained as one of the community health workers. Qamar was amazed that Future Generations Afghanistan came back to her village after many years. "When Future Generations Afghanistan left in 2006, I never let myself and my women stop the jobs that saved our families and out people. We decided that even if the organization is not here, we can continue. We must become the organization. So, we had to learn. We learn more when outsiders come. That makes us travel to villages, whether in summer or winter, and help our people transfer what we learned in theory by learning through practice."

Qamar continued: "We learned how to learn. We got help and organized literacy courses. We got help and organized medical workshops, so we could solve our problems when the

organization was not here to bring us medicine. Because we did not have the money to give out free medicines, we decided patients should buy their medications, so we were not depending on organizations to give it to us. We remembered what Dr. Shukria, who had come here earlier, had said, 'Knowledge and skills learned inside cannot be taken from us.' So now we keep learning more. All that is making us more able. Our new knowledge does more than stays, it also grows-- knowledge is the gift that grows, not the supplies--and we should teach this gift to other people. So, this is how we continue."

The group had relaxed, and a woman in that group said: "Sometimes it is funny. One day when I was leaving home to attend the training, my brother asked me, 'Where are you going?' And as I was not familiar with medical terminology, I tried to say I was going to study *kar kon sehi* (CHW), but instead I said *kon kon sehi* ("healthy ass fucker"). My brother laughed a lot that day, and he is still asking me, 'What is your job, my sister?' "

Ms. Goljan, also from Noorka village, said she had a similar tale about saving someone's life, because the CHWs share their experience and stories, and sometimes make house visits together. But after that private joke, she shyly added, "I want to speak about childbirth for another woman, but I am sitting in front of you three strange men." I wondered how to make this woman feel comfortable, so I asked her, "Do you know Dr. Zarghona?" She replied, " *'Aree mishnasoom . . . amo zan awghoo siya chera ra mogi*" (Yes, of course. You are talking about that Pashtun woman with a darker face). She was our teacher." I then said, "Do you remember me being along with Dr. Zarghona?" She paused: "Oh, are you the one who was bringing medicine and filling out questionnaires from us? You must be Besmillah . . . but you are chubby now." Everyone laughed.

She went on: "Dr. Zarghona had the best method for teaching. She taught from what we

already know, teaching us from our lives. That way we learned about living, so now we understand how to keep our houses clean, now we know why defecation out in the open is bad. I can still remember that once Dr. Zarghona gathered all the women of the village and told us to collect garbage and clean the village. After we picked up all the garbage, even that which was far from our houses, she advised us to burn or bury our waste and garbage. From that day to this, our village has stayed that way." She looked at me and asked, "Did you see any waste or garbage in our village?" I clapped, and all the women joined in.

Mullah Azizi asked her, "You were about to share a memory of your work that saved the life of somebody?" She smiled, whispering to two women beside her, "Who should share the story of Ali's wife?" The other women told her to go on. I said, "Only share any story where you feel comfortable." She was smiling as she said, "Ali's childbirth, I might share that story with you. Last year, one day Ali's mother came to my house in haste. 'Please come to my house. It is an emergency. Ali's wife has trouble in childbirth.' When I reached their house, I saw our local midwife, Qabila, there, pushing the stomach of the woman. I asked, 'Qabila, what are you doing?' Qabila answered, 'The baby is out, but the placenta is still inside, so I am pushing her stomach so that the placenta comes out, too.' I asked why they didn't take her to the hospital. 'We couldn't find transportation, and did not have enough time, too.' Then I noticed that the stomach of Ali's wife was expanding, getting bigger and bigger. Qabila said, 'Bad air has come inside.' But I said, 'Qabila, please let me help. Let's wash the baby's face and mother's breast, then put the baby on her breast to suck.' And as that was starting, people were relaxing, and I knew the sucking was helping. I sat beside the mom and slowly massaged her stomach for a while, asking the woman to push the placenta out of her uterus. And after four attempts, the placenta was out."

In Siya Dara village, we were talking with Amir Zawar, Fatima Ahmadi's husband. We

had asked for permission to interview his wife, but he started talking: "Your organization had lots of effects on cleanliness in the houses and the village. Children and women are healthy, and they rarely get sick. Your training taught us about vegetables, and you distributed vegetable seeds, so we have our kitchen gardens; you taught us how to plant new things, too." He pointed with pride to a spring beside his house: "We built this spring from our own village's budget a few years ago. Before, we were never ready to spend our money on spring water. We did not know the value of clean water and instead got water from the stream. We did not think of keeping a clean pool of water, where animals cannot reach into it. My wife pushed me to bring this spring water near my house. I and all the villagers now drink from here. It is such good water, and I am sure that you will not find such water as this in Kabul." I said nothing, while he went on: "You know, before in our village, we never used soap for washing hands, but now we use soap after defecation, after working with animals, or after cleaning babies' bottoms. Our women know to keep the house clean, as well as the kitchen, utensils, the house's outdoor area, and even the barn. Most of the women know the treatments for diseases such as diarrhea, pneumonia, fever, and some female issues that even I do not know about."

Amir Zawar continued: "This spring is built only because of the hard work of the women you trained. But to get it was difficult. We had a spring about six kilometers (four miles) away from our village, and we thought we needed an organization to bring us water from that distance. Then next we thought, 'This is our responsibility; we should not wait for help to come from outside.' I called the elders together for a meeting, estimated the price, and collected the money from all the villagers. The women had talked to their men, and that helped encourage their cooperation. Change follows when you know the value of something. New values are what we are learning, and because we see the benefits our earlier actions created, we are working with

new values now."

1. A more academic treatment of this same story appears in Daniel C. Taylor, Carl E. Taylor, and Jesse O. Taylor, chapter 4 in *Empowerment on an Unstable Planet: From Seeds of Human Energy to a Scale of Global Change* (New York & Oxford: Oxford University Press, 2012).