Afghan Renewal

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A young alum reflects on her year in Kabul, where she worked to provide crucial educational and healthcare support to the war-torn but resolute populace.

was sent to Kabul in May 2005 to work on a project dedicated to improving healthcare services for the people of Afghanistan. The program, called Rural Expansion of Afghanistan’s Community-based Healthcare (REACH), was funded by the United States Agency for International Development (USAID) and implemented by my company, Management Sciences for Health (MSH).

What I found upon my arrival was a city striving to overcome the ravages of more than 20 years of war. At first, I had difficulty adjusting to the sights and sounds of Kabul. For example: Five times daily, the Mullahs’ calls to prayer reverberate throughout the city as followers pull out their rugs and face Mecca to pray. For several weeks after my arrival, I awoke daily at 4 a.m. to a baritone Mullah reciting the Q’ran, breaking the silence of dawn.

Soon, however, I came to embrace the city’s uniqueness. On every street corner, steam and smoke roll out of the glassless windows of blue kiosks filled with the scent of freshly baked naan, the traditional Afghan bread. Splatters of Indian-inspired pinks, greens, yellows and oranges cover the manliest of dump trucks, whose frames are bordered by delicate jeweled and jingling chains. Along the streets, man-powered carts overflow with the reds and yellows of tomatoes and mangoes.

Even the sound of the city’s hustle and bustle is special. Mostly one hears vehicles — diesel trucks, cars, vans and army Hummers. The horn is used to communicate, not to warn: “I just moved 15 feet!” (HONK!); “15 more!” (HONK! HONK!). Motorcycles buzz around, their sunglassed drivers wearing turbans plus a second cloth that covers their mouths to fend off the fumes and dust. The high-pitched, ever present clang of bicycle bells serves as the only hope for a cyclist amid the chaotic traffic.

In some ways, Kabul is actually typical of other large cities, with its ice cream trucks on hot summer days, ambulances with sirens roaring, and buildings and shops spilling over with Western-style goods. But what Kabul lacks is more obvious: traffic lights, electricity, a functioning garbage removal system — and wealth. Its people live on an average of $2 per day.

Nevertheless, Afghans are incredibly hospitable. Even if they have only a small amount of food for their
families, they'll invite you to eat with them. They love to laugh and celebrate and argue to the point of futility. They're fiercely independent and patriotic.

This independent spirit is what spurred Afghan resistance to Russian colonization — and fueled war in the country for 23 years. After the Taliban regime was ousted in late 2001, Afghanistan was in shambles. Its infrastructure was destroyed and its capital was a skeleton of a city. Mines covered the countryside, making reconstruction an arduous process.

Afghanistan also has the second highest maternal mortality rate in the world. Sixteen hundred of every 100,000 women die from giving birth. The average life expectancy is only 43 years.

This is where REACH comes in.

REBUILDING HEALTHCARE
Management Sciences for Health, which was awarded a three-year contract to work in Afghanistan, is involved in projects throughout the developing world. It is dedicated to collaborating with healthcare policymakers, managers, providers and consumers to increase the effectiveness and sustainability of health services by helping to improve management systems, promoting access to services and assisting the Afghan Ministry of Public Health in developing public policy.

I began working at MSH in October 2003, shortly after graduating from Furman. During my senior year I was an exchange student in South Africa, where I volunteered at a Women's AIDS Center. That experience actually helped me land the job at MSH. After working in the field operations office and providing support for a variety of projects, I was sent to Kabul.

REACH, which started in May 2003, has more than 500 employees and is presently the largest USAID-funded healthcare project in the world. Our goal is to improve the lives of women of reproductive age and children under five in Afghanistan by helping the government rebuild the healthcare system.

We have provided support and technical expertise in policy development, healthcare training for doctors, nurses and midwives, and distribution of pharmaceuticals and health products, such as contraceptives and bed nets. We have implemented a literacy program that has trained more than 8,500 women to read and write. We also act as a grant
To learn more about the REACH program and Management Sciences for Health, visit the Web at www.msh.org/afghanistan.

management body to Afghan and international non-governmental organizations that provide medical services and training in clinics and hospitals.

As executive assistant to the program director, I was the primary liaison between MSH and the USAID mission in Kabul. My job focused on maintaining good relations and communication between the project, my company and USAID. My duties gave me a great opportunity to be involved and to understand every aspect of a very large and complex project.

I spent 13 months in Kabul before returning to the States in late June. Our project is now winding down, and I am helping to manage the process.

In reflecting on the things I learned and the memories I collected in Kabul, two lessons stand out: Women’s rights should not be taken for granted, and Afghans are determined to live life simply and safely.

THE POWER OF LITERACY
Cultural and religious norms in Afghanistan allow little independence for women. They typically have no rights to property, and it is unacceptable for them to live alone or to share an apartment with other women. They must rely on male family members or their husbands for stability and, in most cases, for financial security.

Marriages are usually arranged, and most women never meet their husband-to-be before their wedding day. Once married, women are required to follow their husband’s wishes. The husband has the final say in whether the wife is allowed to work, see family members or even walk to the market.

Women often marry at a very young age. Indeed, I met several girls who had been married at the age of 12 or 13. By age 15 they already had children. I will never get used to seeing a child with children of her own.

Afghan women are confined to their households and are rarely allowed to work. Many are still culturally required to wear the burka or to cover their entire bodies (except their faces) when in public, even in 100-degree heat. Domestic violence is prevalent, and women have few options if they are abused.

The oppression of women increased after the Taliban took control in the mid-1990s. Women were not allowed to leave their homes, much less attend school. This period in Afghan history has left a major gap in women’s education. Only 24 percent of the population is literate, and of this group, women represent only 5 percent.

When REACH arrived, it implemented a literacy program for adult women. Those who completed courses in health, social studies and mathematics qualified to apply for community health worker training and for some form of midwife training. Even in the face of security challenges and husbands who didn’t approve, women often flocked to the classes.

When one woman’s husband would not allow her to attend, she concocted a plan. Every morning she would pretend to fetch water, while secretly hiding her books in her dress. She would then go to class and stay for as long as she felt she could without her husband becoming suspicious.

After a few weeks, she started making lifestyle changes. She began to use boiled water and stopped leaving food uncovered. Her husband was impressed with her new hygienic work ethic and asked where she had learned such things. She replied that she had learned from the women at the watering hole who had attended the literacy classes. When he heard this, he immediately dragged her to the class and demanded that she be allowed to enroll.

Another woman’s brother had died in the war 10 years before. When he left home, he had left behind a note for his sister to read if something were to happen to him. For 10 years she had been unable to read
the note — until she had literacy training. Today, she keeps the note with her at all times.

These kinds of stories pushed my project’s work forward. In spite of the challenges women in Afghanistan face, they are the strongest people I have ever met. They know how to laugh even in the bleakest of situations, and they value education and take great pleasure in learning.

Because of their desire to be heard and to gain equality, these women were the most inspiring part of my time in Kabul. They instilled in me an enormous appreciation for how women are treated in the United States and a strong belief in the importance of supporting women’s rights around the world.

AN INDOMITABLE SPIRIT

Although both visitors and natives still face danger in Afghanistan — fighting continues among tribal groups, violence has increased in recent months and Taliban insurgents continue to cause security problems in some provinces — I experienced nothing but hospitality and kindness from the Afghan people. They want nothing more than to have a home, a family, a stable job and a safe country.

During my year in Kabul I witnessed many successes and improvements, thanks to the drive of the Afghan people to make their country a better place. The USAID-funded project, which covered 14 of Afghanistan’s 34 provinces, has helped to almost double both the use of contraceptives and the rate of mothers receiving skilled birthing care. The immunization rate of children under two has almost tripled. More than 6,000 community health workers have been trained, and more than half of them are women. Through the literacy training program, 8,500 adult women can now read and write. Eight hundred midwives have been trained, and more than 7.1 million people now have access to health services that were virtually nonexistent before 2003.

Progress is evident in other areas as well. Today, 25 percent of the Parliament consists of women. It is common to see young girls walking to school. Roads, schools and clinics have been built, and the private sector is on the move.

Only a few years ago, shelves in Afghan markets stood empty; now a variety of goods are available. Industry is reviving as well-known companies flock to Kabul. These developments would not be possible without the desire of the citizens of Afghanistan to help their country move forward.

Yet much remains to be done. Afghanistan continues to lack qualified healthcare workers. Rural clinics are often understaffed and overcrowded, and women are still less likely to receive care because male doctors cannot attend to them due to cultural norms.

Roads in rural areas are often impassable or nonexistent, making it difficult for villagers to have access to medical services, education and basic social services. Electricity remains sparse. Education is on the rise, but the government lacks enough qualified teachers to meet the need. Women’s rights are a major concern, and corruption is easily tempting to a people with so little.

However, after observing firsthand the spirit of the country’s people, I believe that Afghanistan is on the verge of a rebirth. Someday soon, I predict, tourists will return to enjoy the sights and sounds of Kabul — and to share a cup of tea with a graciously hospitable people.

The author, who majored in psychology and German at Furman, will enroll this fall in the nursing program at the University of Massachusetts-Amherst, after which she plans to pursue a master’s degree in international public health. Her goal is to continue to work in the field of international development.