

EMPOWERING COMMUNITIES

Better Health Care for Villages - The Local to Global project in Bamyan

Case studies and success stories | March 2013





The project

Save the Children's Local to Global approach as part of EVERY ONE campaign aims to provide communities with tools and strategies to help demand access to quality health services and hold government and other stakeholders accountable. It seeks to secure improvements for children's and mothers' survival and health by linking community level approaches to national and global level advocacy work.

The project in Yakawlang district of Bamyan, Afghanistan, focuses on building communities' capacity to identify and analyze health problems - particularly children's health problems - and to empower them to advocate for better health care at district and provincial levels. Community health councils (shuras) are established or supported with training. Save the Children community mobilisers work with shura to help identify the causes of maternal and child health problems within the community, develop possible solutions and implement community-led action plans.

This project encourages shura members and community health workers to take action and actively participate in solving community problems to help improve childrens' health. Shuras and community health workers have introduced the provision of clean water, improved nutrition and feeding practices to eliminate child malnutrition, and increased good health and hygiene practices to households, particularly for mothers and children.

This document presents four case studies of those benefiting from the project in Bamyan, the stories of their lives, and the challenges that remain for their future.



A toilet for the families of Sharif Jan and Haji Abdullah. Their children show the way to the little brick house outside the compound.

More toilets - fewer illnesses

Twelve kilometers up a muddy, one-lane and mountainous road lies the valley of Dar-e Ali. When it snows the road is impassible; it often snows in Bamyan. Even without snow, cars must pass slowly and carefully; most transport is by foot or on the backs of donkeys. The villages in Dar-e Ali are far away from health care.

The health shura, led by 60 year old Abdul Karim, represents 12 villages in the area. All of them are part of Save the Children's SIDA funded Local to Global project in which communities are empowered to address the gaps in their health care. In July 2012, Zahra and Alam, community mobilizers for Save the Children's Local to Global program, came to train the shura. The three women and ten men learned to identify health problems of their children and how to try and solve these problems, either by themselves or addressing district or provincial health officials as well as national and international NGOs.

The workshop was a success. First, the health shura determined that one significant health problem they had was diarrhea due to lack of latrines and clean drinking water. Mohammed Matin, one of the com-

munity health workers, says: “We knew some about the importance of latrines before, but we learned more from Zahra and Alam.”

Then they went to work. Shura members went from door to door talking with villagers about the importance of latrines. Before the training there were about ten latrines for 400 homes. Today, there are 200. More villagers plan to build latrines after the winter when the icy ground thaws. The new religious school is now being planned with six public latrines, too.

The community health worker of the village also wrote a petition to the Swedish Committee for Afghanistan (SCA) and to the District Development Assembly (DDA) asking them to build wells for drinking water. SCA agreed and has built wells in four of the twelve villages. The shura members are responsible for maintaining the wells.

Along with building latrines and wells, the community health workers went door to door to do training on hygiene and preventing diarrhea. They taught villagers about the importance of exclusive breastfeeding for six months, hand washing after using the toilet and before eating and cooking, and boiling water if they must drink water from the stream. Recently, they say, they didn’t have to treat any cases of diarrhea. Before the training they would see 60 to 70 cases per month.

“We are very happy with the latrines”, says Abdul Karim, the village elder. Before they were built the villagers defecated outside. “Now, we want all households to build latrines.” Challenges remain, though. The shura will have to go on persuading people. Not all families are happy to spend the little money they have on buying wood for the latrines.

One family who decided to build a latrine is headed by Sharif Jan, a 32 year old farmer and father of a five year old. Sharif’s brother, Haji Abdullah, also has a house in the same compound with his wife and seven children aged 16 to three. Sharif Jan received training from a shura member and was so interested that he brought stones by donkey for building the latrine. He started building right away, in the winter time. Now that it is finished it is the best toilet houses in the village. It has two toilets, one for his family, one for the family of his brother.

“Before the latrine was built the children had diarrhea once or twice per week. Since we finished the latrine two months ago, none of the eight children has had diarrhea!”

The parents taught the children how to properly use the latrine and the children are happy to show it to visitors. But Haji Abdullah’s wife says: “We women appreciate the latrine the most.”



Mohammad Matin, community health worker, helps the people in the Dar-e Ali valley.

“Since the latrines were built, there was no more diarrhea. They used to see 60 cases per month”

A petition for more health care

Before the winter came, the villagers were worried. The mobile health team from the provincial hospital in Bamyan city had stopped visiting. And the cold was ahead. Bamyan's winters are cold; children and old people in particular suffer from the cold, many die.

The mobile health clinic used to come to Dar-e Ali valley to serve twelve villages every month through the summer, but then in the fall it stopped without notice. Mohammed Matin, the community health worker said: "We knew that with the winter ahead we would have more diseases." So the health shura decided to use its new skills to address the problem. In August 2012, the members had received training from Save the Children under the Local to Global project. The project had taught the shura members how to identify health problems and how to try and address them with higher authorities.

To have health care coming to their village, the shura members say, is crucial to the survival of the villagers. The village is 12 kilometers from the main asphalt road. The valley road is muddy at this season and when it snows it is impassable. There are only two vehicles that provide public transport to Yakawalang, leaving at eight in the morning and returning in the afternoon. The cost per person one way is 100 Af-

"She is happy about the petitions. They help her push at the ministry level"

Road to Dar-e Ali. In winter, it takes villagers five hours to get to the district hospital in Yakawalang city.



ghanis (about 2 dollars). If villagers miss this vehicle they must arrange a private car from the bazaar in Yakawalang. It costs between 3,000 and 4,000 Afghanis (60 to 80 dollars) - a fortune for everyone in the valley. The only other options are to walk or go by donkey which takes five hours each way.

Mohammed Matin wrote a petition to have the mobile clinic start coming again. “We went to the hospital end of December and asked Ghulam, the vaccinator. He guided us to Dr. Khayum, a doctor in the hospital and responsible for implementing the Basic Package of Health Services in Yakawalang. Dr. Khayum said he would follow up at the provincial level.” He had submitted the proposal to the Provincial Health Directorate.

The petition reached Dr. Rahana Haidary. She has been Bamyan’s Provincial Health Director (PHD) for about nine months. There were more petitions of late, she says. In the past, communities never addressed her or her predecessors directly. But she sees that things start to change since NGOs have started working with communities, empowering them to voice their concerns and address their needs. Dr. Rahana is happy to get petitions. They help her push for better health care for Bamyan at higher levels. She passes them on to the Ministry of Public Health in Kabul where decisions about health facilities are made.

Dr. Rahana knew that the mobile clinics had stopped visiting Dar-e Ali. “Unfortunately, we don’t have enough staff to continue the mobile clinics for everyone”, she says. “But we are going to establish a Family Health House in Dar-e Ali. A midwife will be there. She will take care of pregnant women and small children and will also give vaccinations. Next month, 20 women from Bamyan will graduate as midwives from the school in Kabul. One will come to work in Dar-e Ali.”



Dr. Haidary, head of Bamyan’s Health Department, receives many petitions of late.

Fighting for vaccinations

The shura members gather in their Husseiniya, a room set aside for religious ceremonies. The three women and seven men sit on the floor which is covered with felt carpets, colorfully decorated with woven flowers. Here, they usually come together to discuss health problems in the village. Today, their topic is the lack of vaccinations for the children.

Until three years ago the village of Anda in Yakawalang District of Bamyan was visited by a mobile clinic once a month even in the winter. The vaccinator came with the mobile clinic and the children received their vaccines. Then a small clinic was established with a nurse and midwife. This was a wonderful addition to the community except that it didn’t provide vaccinations and at the same time the mobile clinic no longer came. The vaccinator is supposed to come monthly but he

only has a motorbike and it is not possible for him to reach Anda when the roads are muddy or there is snow. Unfortunately that can be for as many as five months a year. Parents are then expected to go to Yakawalang hospital for vaccines. Not only is it a difficult journey - it takes about an hour by car, up and down mountains, through mud, ice and snow - it is also expensive for the villagers. If they don't have money they either walk or take a donkey for the three hour trip one way, or they don't go at all.

The vaccinator had been coming to Anda during the warmer months but then last summer he didn't come for four months either. Nobody really knows why, but it happened just before the Save the Children community mobilizers came to the village to help establish a health shura under the Local to Global project. The villagers right away added the lack of vaccinations for the children to their list of problems. Amanullah, the community health workers, says that for most families the journey to the district hospital is too far and expensive. "I think about 30 to 40 percent of the children are taken for vaccines." Other topics were the lack of awareness of good health and hygiene practices, and the lack of latrines.

It is families like Gorban's who suffer from the lack of health care close to communities. Gorban is a farmer in Anda but his land is not very good. He grows only enough to feed his family, his wife, and two sons, Ali, three years old, and Reza, 17 months. To get cash for other necessities, Gorban works as a day laborer. Reza was in a program for malnourished children until the project finished end of December 2012. He is still small for his age.

Kamar, Reza's mother, took him to the mobile clinic for his measles vaccine in September when the vaccinator last visited the village's small clinic. "I was very happy when he came and I didn't have to go to the city. We can only take a vehicle if we have money."

Problems like these in mind, Satar Khan, the deputy head of the shura, wrote a petition to the hospital. Then he and the head of the shura took it there in September. "We saw Dr. Moman, the head of the hospital. He asked the focal point person for vaccines to come also." Satar Khan presented their problems and handed over the petition. The vaccinator came twice after that, in September and October. Then no more.

Satar remembered what the Save the Children community mobilizers had told him: Be persistent! Follow up! So he continued to call the clinic and ask why the vaccinator wasn't coming anymore. With a lack of cell phone towers and no land lines, making calls takes some effort.

"He remembered what he learned in the training: Be persistent!"

Gorban, Kamar and Reza who is 17 months old. The poor family needs the vaccinator to come to the village. They can't afford to make the expensive journey to the district hospital.



Another meeting followed, this time with Dr. Khayum, the implementor of the Basic Package of Health Services for Yakawalang. Nothing came of this, so three weeks later a group of 20 elders and shura members went down the long, muddy road to the hospital and again addressed Dr. Khayum. Soon after that, the vaccinator called and promised to come in April.

The shura members are satisfied. “At least we got an answer this time”, they say. They are surprised to see that persistence brings results. That their voices are being heard when they are loud enough. And that petitions can help. The shura members say they will continue to follow up and make sure that the vaccinator’s promise is kept.

Members of the Anda health shura during a discussion about how to get vaccinations for their children.



New shura, more power

Just off the main road from Bamyan city to the Yakawalang district center is the village of Feruz Baran. 270 Hazara families live in the mud walled homes which sit on the sides of hills connected by muddy paths. Feruz Baran is not a rich village. They are farmers who grow mostly wheat. They also grow some potatoes but the climate is too cold to grow many of them. Some families keep cows for butter and to dried yogurt, some have chickens and sell eggs. The people of Feruz Baran never felt very powerful. Poor people don't have much of a chance to improve their situation, they thought. But in the past few months they feel more in control of their lives.

With the help of Zahra and Alam, community mobilizers working for Save the Children's Local to Global project, the village formed a health shura that now actively works to improve the village's health situation. The village had never had a health shura. Even the members of the Community Development Council (CDC) were surprised to see what this new health shura was able to achieve.

The shura has nine members, four females and five males, among them the two village community health workers (CHW), one man and one woman. Zakia, an 11th grade student and mother of two, is one of them. She tells what she and the other shura members learned during the three day training conducted in August 2012 and how they acted on it. "We talked about what health problems we had in the village and how to find solutions to them. First thing we did was to make a list of the health problems of our children."

"First thing we did was a list of the health problems of our children"

The group also identified who might be the eligible person to talk to at the district and the provincial levels when the challenges were too big to be solved within the community, for example building a new road to the district center or building a small hospital.

Zakia says: "We learned that we can do something ourselves about the many cases of diarrhea and pneumonia we have, also about the lack of clean drinking water." The village had no latrines and no water pump for drinking water. The group decided to also strengthen the community health workers who, so far, did not have the support of a shura.

Sakina, a 50 year old shura members says: "When we saw we needed latrines we started building them ourselves and then asked for help. We now have 15 latrines in our village and about 15 in another villages that our shura covers." The community health workers estimate that the incidence of diarrhea has already decreased 80 percent.

But the lack of latrines was not the only reason for diarrhea. There was no clean drinking water and villagers drank water from the stream where women and girls can be seen washing clothes and dishes. The

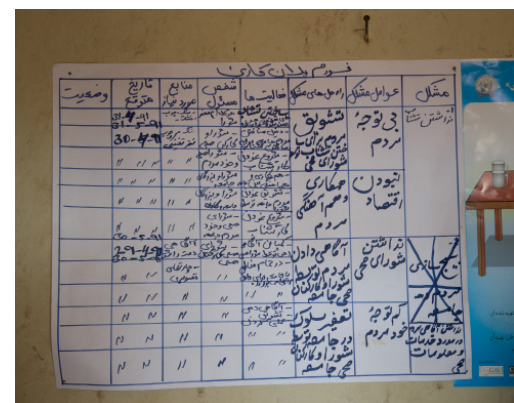
shura leader and the secretary wrote a proposal for a water pump to be installed. They took the proposal to an NGO in Bamyan and the NGO agreed to help. Feruz Bahar now has a new pump that brings up clean drinking water. It's not enough for all the village's needs, the community members say, but it is a start.

In addition, the influential village elders and the community health workers have started health campaigns, for example on how to prevent pneumonia. They say, since the shura is in place, there have been no new cases of pneumonia in children. Mothers now knew better how to care for babies so they don't get sick. According to Bismullah, the community health worker, "before, mothers didn't even know how to dress their children for the winter and how to keep the temperature of the house balanced, not too hot, not too cold".

The shura members also organized campaigns in other nearby villages. They hope to continue the campaigns monthly while the community health workers continue to go door to door to train families about how to feed babies and the importance of exclusive breastfeeding for the first six months. They also teach about the importance of using latrines and washing hands to prevent diarrhea. The goal of the shura members is to have one latrine per family and more wells so that each area has one.



Picture to the left: Alam, Save the Children community mobilizer, visits the new health shura of Feruz Baran. Picture below: the shura's action plan.





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