



Dining for Women

Food for Thought

February 2009

Creating Hope International – Afghan Institute of Learning
Afghanistan

My two year old child only weighed 2 kg when I brought her to the clinic. She was very weak and could hardly move. ALL's doctors sent her to the clinics nutrition center where the nurses helped show us how to feed her, and the health educator taught us what to do. After one month her weight increased by 1 kg. Our child is safe now because this clinic is here. The ALL staff helped us a lot.

-- Mother of a 2 year old child who was brought to one of ALL's clinics

February's Educational Theme: *Health*

Our featured program deals with the importance of health education coupled with health services in Afghanistan, and the fact that health services and education can only be provided to people when they have access to it. In this edition of *Food for Thought*, we are looking at the factors that influence this issue.

FYI: Maternal Health Care and Gender Equality

A girl born in Afghanistan today will on average live to be 44 years old, a life expectancy rate lower than nearly every country in the world. In this issue of *Food for Thought* we will examine some of the causes of this very low rate, as well as see how Creating Hope International (CHI), and their project partner the Afghan Institute of Learning (AIL) are working improve health services and health education in Herat, Afghanistan. The factors we will be looking at include the lack of access to basic health services in rural areas, the lack of female doctors to serve those reluctant to be treated by a male, and an insufficient awareness of health, hygiene and nutritional issues.

For many Afghans, clinic and hospitals are too far away to get to without a significant journey. In a survey conducted by Tufts University, slightly more than half the respondents in 5 provinces, including Herat, who were able to access some form of health care, had to spend on average three hours of travel time to reach the health facility. Hence patients tend to wait until their health problems become severe before they travel to medical centers.

AIL is working with the Ministry of Health in Herat province to identify areas of need in Herat, and find ways to serve the population in these areas. In August of this year, AIL opened a new basic services clinic in a rural area of Herat with no access to health care. In addition to clinics, AIL has trained a team of Community Health Workers (CHW) to go out into the community and provide basic services to those that cannot come to

Fast Facts

In **38%** of the rural districts countrywide, the majority of people have no access to even the most rudimentary forms of health care.

More than **50%** of all hospitals in Afghanistan are located in Kabul, and therefore serve about **one fifth** of the entire Afghan population.

According to the World Health Organization, **2,700** of the 3,900 physicians and **600** of the 990 midwives work in Kabul, leaving the remainder of the country with few health care professionals.

clinics. CHW's come from the villages served by the clinic and villagers have direct access to the CHW's for minor medical issues. Mobile clinics from AIL take doctors, midwives and health educators into rural areas where clinics do not exist.



A second factor affecting the health of Afghan women is a widespread reluctance to let women be treated by male health workers, particularly in the case of obstetrical and gynecological matters. In this context, the fact that in 2002 nearly 40% of basic health facilities did not have female health care workers, only 24% had at least one female physician, 21% had at least one female nurse and 20% had at least one midwife becomes an even larger problem. Where female health workers are present, women's utilization of health care facilities increases dramatically.

One of AIL's goals is to run all of its programs, whether educational or health related in a culturally sensitive manner. All of AIL's clinics are staffed with both male and female health care workers. In addition to simply hiring women to work in AIL's clinics, AIL's university has a nurse/midwife program to help encourage more women to work in the medical field.

The last issue we will focus on is the lack of awareness about health, hygiene and nutritional issues. AIL has been working to integrate direct care in our clinics, with preventative approaches implemented by non-health professionals in order to optimize outcomes for women. Over the past five years, AIL has trained 10,000 female teachers to provide health education to women in their communities. Capitalizing on our relationship with the Ministry of Education (as an education provider), our mobile clinics also implement specialized health seminars in schools for both women and children. Every patient at AIL's clinics receive some level of health education while being treated.

Questions for Discussion

- *What is the correlation between who (what gender) provides the healthcare and Afghan women's utilization of health care services?*
- *How are basic hygiene and nutrition affected by the lack of education and health resources in rural areas?*
- *How will AIL's programs of training local community health care workers and creating seminars address these problems?*

Meeting Resources

- Creating Hope International provided a fantastic PowerPoint presentation, located on the Program Schedule page of the *DFW* website.
Short film about Afghan Institute for Learning
- http://www.youtube.com/watch?v=oHnIXI_uz0s&feature=channel_page
Creating Hope International and Afghan Institute of Learning websites
- <http://www.creatinghope.org/aboutail>
- <http://www.creatinghope.org/afghaninstituteoflearning>
- <http://afghaninstituteoflearning.org>
World Bank Resources on Afghanistan Women's Health Statistics
- <http://siteresources.worldbank.org/SOUTHASIAEXT/Resources/223546-1151200256097/chap2.pdf>
- http://www.jhsph.edu/publichealthnews/press_releases/2007/Burnham_afghanistan.html

Voices

Here are a few success stories from health care workers at ALL's Clinics:

A mother came to the clinic with a 4 month old child. He had fever, conjunctivitis and rash on the abdominal area, back and neck of his body. I diagnosed measles. We have a monitoring system in the clinic for measles patients; therefore I filled out a form on the patient and sent him to the laboratory for a sample. This sample was referred to the regional hospital for more analysis. I prescribed him: Vit A 50000 unit two doses for two days, drops of paracetamol for his fever and tetracycline pomade for his conjunctivitis. I told the mother how to prevent other children getting the disease from the baby as it is communicable. I also told the mother to pay attention to the child's nutrition and to breast feed to help his recovery. I told her to return the following week. At the second visit the baby looked healthy; he was happy and calm. His mother was happy and thanked me for the services of the clinic. I am proud that I can save the life of a child of my country.



A 45 year-old woman came to the clinic with mental problems. After taking her history, the doctor diagnosed her with depression. Her relationship with her relatives and society in general was not good and she had been referred to several mental health specialists but she did not get a good result. After taking a complete history of this patient the doctor started treatment for depression. She gave her an anti-depressant drug starting with a low dose and gradually they increased the dose after 25 days. They told her to come in for a follow up visit to check the effectiveness of treatment. The mental situation of the patient could be clearly seen; she was much better and

looked happy. We could not believe that she was the same person we saw the first time. The patient was very happy with the diagnosis and treatment.

A female nurse said: This woman was a returnee patient of our clinic. She had a burn on her body. Yesterday while she was cooking bread using the oven at home she had put a pot of water on to boil beside the opening of the oven. When she went to pick up a piece of wood to drop in the oven; suddenly boiling water scalded her back. Her mother in law hastily came and took off her clothes and she called the female CHW of the village. The CHW came very quickly and cleaned the area and applied Gentian violet solution; but last night the patient couldn't sleep and today she came here to the clinic for treatment. I saw her and cleaned the burn and then I washed her with sodium chloride solution and used anti burn pomade. I referred her to the doctor for a visit and I told her that she must come to the clinic every other day for dressing. After a week she got better and was happy about our clinic services.

Female doctor an AIL clinic said: A woman came to the clinic 9 months ago and said that she had amenorrhea. I referred her to the clinic laboratory for a pregnancy test. The result of the lab was positive. I congratulated her but she was upset because 25 years ago she got married and had been pregnant 17 times but unfortunately all of them miscarried. I did not think that this pregnancy would be full term as before. Again I referred her to complete all the tests and fortunately all the results were normal. I gave hope to her that this time she would have a safe delivery and her own baby. I advised her to have monthly visits at the clinic. She was given Healthy Mom and Ferfollic. When she passed the seventh month of pregnancy she suffered from hypertension and pedal edema. I referred her to the laboratory for urine analysis test. The result of her examination was proteinurea; I took management of her. Weekly she has come to the clinic for follow up; her

blood pressure was under control She gave birth after 25 years of marriage. Two days later she came to the clinic with her baby; she was very happy and appreciated me and services of the Imam Shish Nur clinic. I was thrilled to see her with her baby. It was one of my best memories. She said I can't believe that after all this time I have a child.

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Dining for Women Recipes



Aush (Noodles with Pulses, Meat and Yogurt)

Adapted from recipes at <http://allrecipes.com/Recipe/Aush-Afghani-Chili/Detail.aspx> and http://recipes.recipelands.com/recipes/recipe/show/Aush_Noodles_with_Pulses_Meat_and_Yogurt_3571

One of the sites called this “Afghani Chili” with good reason. Meat, chickpeas (pulses are peas and beans), spices, tomatoes and sauce – comfort foods at its best. Traditionally, the noodles are stirred into the meat and bean sauce, but I chose to serve it over the noodles and it was delicious and really pretty with the white, yogurt coated

noodles under the “chili”. I also put a dollop of yogurt on top. Fayah Greek yogurt is already strained, which makes it much thicker and creamier and is what is called for in the recipe. The 2% has some fat, which is needed here, and I do not believe non-fat would produce as good of a result. You could substitute sour cream, or strain some plain yogurt in a cheesecloth-lined strainer for a couple of hours. Excluding any time needed to strain yogurt, thaw meat and spinach, this only takes about an hour to make from start to finish.

Serves 6.

1 medium onion, diced	14oz. can chopped tomatoes or tomato sauce (unseasoned)
4 cloves of garlic, minced	1T tomato paste
1t dried mint, or more to taste	14oz. can chickpeas, drained
3T plus 2t ghee (clarified butter), butter or olive oil	1½ c Greek yogurt
¼ t cayenne, more to taste	Salt and black pepper
2T garam masala (Middle Eastern/Indian spice mixture)	10oz. box frozen chopped spinach, thawed strained of excess liquid
1T cumin	16oz. noodles (fettuccini, broken in half, works well, but any noodle-like pasta would be fine)
1t turmeric	
1lb ground beef, lamb or turkey	

First, mix together the yogurt, 1-2 minced cloves of garlic, ¼ teaspoon of salt and mint and let sit for flavors to combine. Heat oil of choice over medium heat in a large sauté pan or skillet and add cayenne, garam masala, cumin and turmeric and cook for 1-2 minutes. Add onions and cook until transparent. Add the rest of the garlic and stir. Add the ground meat and salt (about ¼ teaspoon), raise heat to medium high and cook for about 5 minutes, stirring, until there is no more pink. Stir in tomato paste and add tomatoes, bring to a bubble, then reduce heat and cook for 5 minutes, covered. Add chickpeas and enough water to make the sauce a thick, gravy-like consistency, ¼ cup or more. Keep on a low simmer, covered, while you bring pasta water to a boil. When you put the pasta in to cook, stir the spinach in to the meat sauce and keep on a low simmer, covered, adding additional water if necessary. Taste and add additional salt and pepper if desired. Drain pasta, return to pot and toss with 2 tablespoons butter, ghee or oil, then add a little more than half of the yogurt mixture and toss to coat the noodles. Serve noodles and place “chili” on top, and put a dollop of the remaining yogurt mixture in top.

Subzee Borani

Adapted from <http://www.ethnicfoodsco.com/Afghanistan/Recipes/AfghaniSubziBorani.htm>.

Subzee is the Afghani word for spinach and this simple side dish is a good foil to the complex spices of the main courses presented here. It is very quick and easy to make.

Serves 4 and is easily doubled.

1-10oz. box frozen, chopped spinach, thawed and drained but not dry
2 bunches scallions, thinly sliced
2 cloves garlic, minced
2T ghee, butter or oil
1/2c Greek yogurt (see note in Aush recipe)
Salt and lots of black pepper to taste

Heat oil of choice in a medium skillet over medium low heat and add scallions. Cook until golden, add garlic and cook very briefly. Add spinach and heat through thoroughly, stirring. Remove from heat and add yogurt, salt and pepper. Serve warm or at room temperature.

Khatai Cookies

Adapted from http://www.rumela.com/recipe/afghani_dish_khatai.htm. Another really easy recipe. The original recipe called for 100% white flour, but you could use up to 50% whole wheat and get a good result. Be careful not to cook these in too hot of an oven or for too long – they may not look like they are burning, but they will TASTE burned if you are not careful.

Makes about 3 ½ to 4 dozen cookies.

1¾c (or more) flour
1c sugar
Pinch salt

¾ cup corn oil, or a combination of melted butter/ghee and corn oil
1T (heaping) of ground cardamom
1/3 cup pistachios, very finely chopped in food processor

Preheat oven to 350. Mix together the flour, sugar salt and cardamom. Add the corn oil or combination and ¼ cup of the ground pistachios and mix well. If the mixture is too loose, add flour in tablespoonfuls and mix again. Or, alternately, if it is too dry add a little more oil and mix again. You really cannot screw this up so don't worry. Now, form the dough into soft 1½ inch balls and place on non-stick cookie sheet. Gently press a small amount of the remaining ground pistachios into the top of each. Bake for about 15 minutes, check once at about 12 minutes to be sure they are not burning. Allow to cool for a few minutes before removing from cookie sheet as they are too soft to handle when they are piping hot. Enjoy!



Socially Conscious Shopping

There are items produced by women that are helped by AIL for sale at <http://www.globalgoodspartners.org>. These items include hand embroidered purses, bookmarks and coasters. View these links below for other shopping resources:

<http://www.oneworldprojects.com/products/afghan-jewelry.shtml>

<http://www.oneworldprojects.com/products/afghan-bags.shtml>

http://www.driftlessfairtraders.com/shop/product_info.php/pName/arghand-soap



inset: afghani scarves sold by globalgoodpartners



Book Corner

Fiction:

The End of Manners, Francesca Marciano, 2008. Two journalists go to Afghanistan to interview girls who've attempted suicide rather than to be married to older men. In a culture where women shroud their faces and suicide is a grave taboo, to photograph these women is to dishonor and perhaps endanger them. This is a story of friendship and loyalty, of the transformative power of journeying outside oneself into the wider world.

Also, A Thousand Splendid Suns, Hosseini, Khalil, 2007. The story of friendship and difficulties of war. Childhood marriage, importance of male children. Depicts the plight of women in several situations.

Nonfiction:

Kabul Beauty School, Deborah Rodriguez, 2007. After the fall of the Taliban, Deborah went to Afghanistan to provide humanitarian aid. As a hairdresser, she made her mark with Westerners requiring haircuts and also Afghan women who have a proud tradition of running beauty salons. With the help of corporate and international sponsors, the Kabul Beauty School welcomed its first class in 2003. Some stories she hears: a newlywed who fakes her virginity, a 12 year old sold into marriage to pay her family's debts, the Taliban member's wife who pursued her training, despite her husband's constant beatings. A tale of an extraordinary community of women who come together and learn the arts of perms, friendship, and freedom.

Unveiled: Voices of women in Afghanistan, Harriet Logan, 2002. Great photos of women from two trips to this country, one in 1997, next in 2001. 1 page stories of ~20 women who live in Afghanistan, most with before and after photos.

The Women of Afghanistan Under the Taliban, Rosemarie Skaine, 2002. Great introductory poem by Meena, an Afghan martyr. Chapters include history of Afghanistan, Discussion : Is the Taliban Law true Islam?, Complexities of the last 20 years, Hardships and atrocities to women, Profiles of real women, Is there a positive change for their future? Poses good questions: Why don't the refugees return? There is an uneducated generation because most of the teachers were women.

I'm the woman who has awoken
I've arisen and become a tempest through the ashes of my burnt children
I've arisen from the rivulets of my brother's blood
My nation's wrath has empowered me
My ruined and burnt villages fill me with hatred against the enemy...
Oh compatriot, oh brother, no longer regard me weak and incapable
With all my strength I'm with you on the path of my land's liberation,
My voice has mingled with thousands of arisen women
My fists are clenched with the fists of thousands of compatriots
Along with you I've stepped up to the path of my nation,
To break all these sufferings all these fetters of slavery.
Oh compatriot, Oh brother, I'm not what I was
I'm the woman who has awoken
I've found my path and never will return



--Meena
October 8, 2001

Take Big Bites, Linda Ellerbee, 2002. Many countries are portrayed, supposedly for their great foods. Afghanistan is Chapter 14, The Faces of Hope. It's 20 pages of her story of being a woman traveling in Afghanistan and interviewing children and families for a television piece. Her food experience was interesting. She has an adventurous side and would try anything (even the street vendors) and describes the taste/texture and color for us here. Under the recipes section: buy some oranges and hand them to hungry children.

Children's Books

The Roses in My Carpets, by Rukhsana Khan (1998) gently depicts the difficult memories, stark life and daily struggle of a young Afghanistan refugee. Through carpets he is weaving he expresses his hopes and dreams of living in a place free from planes and bombs; mention is made of a sponsor who pays not only for his training as a carpet weaver ("I am a foster child.") but also for his sister's operation when she is hit by a truck. Ages 6-9.

The Breadwinner, by Deborah Ellis, is the first chapter book in a trilogy about an Afghani girl whose father is arrested by the Taliban, so she dresses as a boy to work to feed her family. After spending several months with Afghan refugee women and girls, the author created this trilogy based on a girl she met there who had done just this. All royalties from these books goes to Women for Women in Afghanistan, a Canadian non-profit dedicated to the education of Afghan girls in refugee camps in Pakistan. The organization even has a "young women for young women" arm consisting of concerned Canadian school girls. Ages 10-13.

Dining For Women
www.diningforwomen.org

--Changing the world one dinner at a time