



# Burkas and Bravery in Afghanistan's Polio Fight

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Women helping to protect all children from polio in Afghanistan

**B**ibi Malika, a 35-year-old Polio District Communication Officer from southern Afghanistan, heard her name called out across the glittering hall in Abu Dhabi.

As she rose from her seat, her palms were sweating with nerves and excitement. The stage seemed miles away – and on it stood international philanthropist Bill Gates, and Crown Prince Sheikh Mohammed Bin Sultan of the United Arab Emirates. Waiting beside them was a “Polio Hope” award shaped in bronze, with her name inscribed onto it.

This was back in November 2015, but she still remembers how a hundred pairs of eyes turned to look at her - a woman who, in her own country, mostly walks unseen.

## A long road to empowerment

Malika’s journey to Abu Dhabi began over a decade ago, in the remote Helmand Province. The place of her birth is also home to the Taliban, a province where sweeping conservatism still holds sway. In Helmand, few women are educated and even fewer hold down jobs. Poppy fields stretch for miles, their roots tangled deep in the local economy. A woman here is more likely to be gathering seeds at harvest time than learning to read in a classroom.

But Malika was lucky. “My father was an educated man,” she says. “And for this reason he wanted his daughters to be educated, too.”

Less than half of Afghan girls complete primary school, so Malika desperately wanted to use her education. But opportunities for women to work were few and far between. “I was just sitting at home,” she says. “I was bored and so frustrated.”

By her late teens, her hopes withered. She was married by 15, a mother at 16, and by 25, Malika believed herself condemned to an indoor life. She was just another of Afghanistan’s faceless young mothers, caring for a host of small children, rarely seen by the outside world.

But in 2005, Malika’s life changed forever. Polio was spreading across southern Afghanistan, and the immunization campaigns were desperately looking for support. Word reached Malika that women were needed to volunteer for house-to-house immunization drives – to make sure families accepted the polio vaccine.

“I discussed with my husband and eventually he agreed that I could do this work,” she says. “I remember looking at my children who were still small then. And I imagined if one of them was in danger ... what wouldn’t I do to save them?”

Image credit: ©WHO Afghanistan/Gulbuddin Elham

## **We struggle to breathe**

Malika's life story reflects so many of the difficulties crippling women and development in Afghanistan. Across the country and despite massive international focus, women's potential remains stifled.

"Culture sets the trap for women, and poverty snaps it shut," says Dr Shamsher Ali Khan, UNICEF Afghanistan's Immunization Specialist. "It's no coincidence that women are probably least able to work in the exact communities that still harbor the virus. Here a man will still forbid his wife from taking a job even if there is no food on the table."

Space for working women has also been narrowed by rampant unemployment hitting men – Afghanistan’s traditional breadwinners. With so few jobs around, competition is high for any programme offering a good and consistent wage. In Kandahar, Helmand, Farah, Nangarhar and Kunar – the critical five high-risk polio provinces – polio jobs are a valuable commodity.

“These very conservative communities struggle to accept women as paid wage-earners competing for jobs with men,” explains Vanessa Farr, a gender expert helping Afghanistan’s polio programme empower women’s participation. “The very concept challenges rigid patriarchies that undervalue women so drastically. I’ve heard one mother here say, ‘If you have a newborn baby girl then after just a few days you must start to say goodbye to her in your heart.’ She is not an individual, but a commodity to be traded within the community.”

The undervaluing of women has deeply undermined health indicators in Afghanistan’s polio hotspots. Stuck at home and denied access to basic information about child health, mothers struggle to make informed choices for their babies.

Recent efforts to re-introduce women-to-women health services at the local level have struggled to take hold. The 2003 push to institutionalize childbearing in hospitals eliminated Afghanistan’s traditional birth attendants. But many went on to become Community Health Workers (CHWs) - unpaid family health visitors volunteers managed by local health NGOs and accompanied by a male protector or *mahram*. The government estimates that over 29,000 CHWs are supposed to be working nationwide. But efforts to find and engage CHWs in polio’s hotspots have come up virtually empty-handed. Afghani women in a position to talk about the restrictions they face – most of them city dwellers – describe life as a constant struggle to breathe.

“When I hear that women cannot do as well as a man at work ... this is a very heavy feeling,” says Jamila, who works as part of polio’s Immunization Communication Network in Kandahar. “If we are lucky our fathers or husbands will be supportive of our dreams, but in general our rights are not respected in society.”

The streets Jamila treads to visit families are long, open and dusty. The pavements are a ramble of garages, woodwork shops and bakeries. Men toil over engine parts, haggle over vegetables or sit drinking tea and laughing on doorsteps. Very occasionally a lone woman drifts past in ghostly silence, her pale burka almost invisible against the sandy walls.

Behind these streets lie compounds and houses, where women live cloistered lives. Jamila and her sister, Aqeela, have been visiting them for the past three years, trying to convince them to accept the polio vaccine.

“At first it was horrible,” Aqeela says. “The women were surprised to see us and the men would shout, ‘What are you women doing walking out!’ ”

Slowly, though, attitudes changed. With gentle persistence, and a lot of tea and talking, families began to soften towards them. “Once I was sick, so we had to send someone else on my route,” Jamila remembers with a smile. “And the families were asking her, ‘Where is the usual girl? Why is she not coming?’ ”

## Getting beyond the doorstep

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When Jamila, Malika and their colleagues cross the doorstep and enter into these homes, they are crossing a gulf that is culturally impossible for men – and therefore critical to the polio programme.

A 2014 Harvard-sponsored study of family attitudes in the highest-risk polio areas confirmed a truth already instinctively known: that families trust health information provided by local, authoritative women far more than any other source. Families were twice as likely to trust a female health worker than even a religious authority (59 percent versus 27 percent). Women – particularly local women – were a more valued and preferred source of providing the information to facilitate decision making than anyone else.

“Even the poorest Afghani women can initiate healthcare for their children,” says Rabia Sadat, UNICEF gender focal point for the polio programme. “But women cannot share all their internal questions with a male. In an environment where wives cannot leave the house without her husband’s permission, how can you imagine a strange man can get the honest truth out of a woman at her doorstep?”

Dennis Chimenya, who manages UNICEF’s polio Immunization Communication Network calls it an ‘interaction problem’. “Men and women, particularly if they are strangers, do not have doorstep Q&A sessions in this country,” he says.

For Malika in Helmand, this fact was obvious from the first day she joined. “At first I tried to argue with people at the doorstep, but then I realized it wasn’t the way,” she says. “You cannot get straight to the point in my culture.”

Malika remembers one family that used to vaccinate their children, but became frightened after hearing rumours that the vaccine made children infertile.

“After they started to refuse, I went to their house,” she says. “I didn’t talk to the mother right away about the vaccine. We sat and talked about her children and then I reminded her that I too was a mother. I told her I gave my own children the vaccine and now my son is married and will have a family. She replied, ‘Thank you for telling me this, because when I said no to the male vaccinators they just went away’.”



Image credit: ©UNICEF / Claire Hajaj



## A double payoff

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**“Families need our knowledge and our presence. You have to go back again and again if you expect people to remember something. And this is where women can be a vital force.”**

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Over the years, Malika and her growing number of female colleagues have made a telling difference to community attitudes. “When a woman is the social mobilizer it’s easier for the woman and easier for the family,” Malika says. “Both get the benefit.”

Initiatives like the “women’s courtyard” sent them to mother’s meetings, local shrines and women’s picnic days to spread the word about polio and vaccinate missed children. Their dedication was evident in the collected data: despite accounting for less than a third of all mobilizers in one area, almost half the population cited the female social mobilizers as their primary source of information on the campaigns.

In Kandahar City, polio’s women have piloted another strategy to capture missed children. By going back to refusing households and talking to parents after the rounds, they have managed to vaccinate over two thirds of all children initially missed in the campaigns and find over 2,000 “ghost” children who were previously not recorded on any register.

In Helmand, Malika is in charge of six “clusters” of workers – six female and two male. “If you compare the performance, the women are doing better,” she says. “They can vaccinate a sick or sleeping child in their bed without even waking them. And in our culture you can’t take a newborn out of the house for the first 40 days of their life. But a mother will let another mother inside.”

In return for their dedication, the polio programme has also given Afghanistan’s women invaluable gifts – boosting their self-belief after years of suppression. “Thirty years of war has done terrible damage to Afghan women’s self-esteem,” says UNICEF’s Sadat. “If you ask them to do something, they will often say, ‘I don’t know if I am capable.’ They’ve been sitting inside for three decades, just waiting for orders from their husbands. This has a critical effect on psychology.”

Malika remembers how her own confidence slowly blossomed. “When I first joined the programme I was so frightened. I could hardly even speak,” she remembers. “I didn’t know how I could ever have the confidence to give my opinion to a man. But the training and the work have made me feel fluent. Now I can go to Kandahar for meetings, and even Kabul. Now I am not afraid to say anything in the world.”

## Courage under fire

But the challenges Malika and her peers face are real – and deadly.

The deteriorating security situation since 2005 has made life hard for everyone, but women most of all. Danger on the streets and the return in some places of the hardline repression of women has made men more reluctant to agree to women working outdoors.

“Now there is fighting in my district every day,” Malika says. “And the Taliban here have a problem with women working. These days, every time I leave my house I am afraid that they have sent someone to kill me.”

In 2015, Malika’s fears nearly came true. “Someone put a letter on the wall of our local mosque,” she says. “It had my name on it, and my husband’s, and each of my eight children. It told me to quit my job, or leave the neighbourhood.”

The letter drove Malika indoors in fear. She did not leave her home for a week, and considered whether she could continue her work. “It was my son who convinced me,” she says. “He said to me, ‘Don’t give up, mother. I’ll drive you to work and back every day.’ So I decided to keep going.”

## Step by step to higher ground

The bravery of Afghanistan’s female polio frontline workers deserves recognition and appreciation, backed by a sincere effort to empower their involvement.

“We have to stop using culture and insecurity as an excuse for not recruiting more women,” says Sadat. “If you ask a man here whether a woman can work in polio he is likely to say no straight away. But the polio campaigns have recruited women, so clearly it is possible. It’s a question of will and accountability.”

It’s a lesson that polio’s programme managers are taking to heart. An initiative is underway to explore how polio’s resources could help revitalize Afghanistan’s eroded rural health services - where women’s concerns run deep. It is reaching out to Afghanistan’s quiet network of women’s groups – midwives, community health workers, grandmother’s groups, literacy classes and other initiatives – to connect to issues that really matter to mothers, and perhaps close more than one immunity gap.

Malika and her peers universally express the desire to do more for the health of their communities. “I feel we have so much potential,” she says. “We can really do a lot more if our capacity is built on other



child-related issues. Families need our knowledge and our presence. You have to go back again and again if you expect people to remember something. And this is where women can be a vital force.”

When Malika boarded her first flight to Abu Dhabi to pick up her “Polio Hope” global award, she met other female award-winners fighting polio elsewhere who shared a common view.

“It was like we were sisters,” she says. “Despite speaking different languages, we understood each other. We all faced the same challenges – to become educated, to use our skills and to work in this very difficult society. We understood how each other felt.”

The greatest hope they shared was that more girls could follow their path - into learning and fulfilling work. Education, says Malika, is the key that opens a thousand doors. Malika’s education opened the door to her work in polio, which gave her pride and enough money to educate her own daughters. The eldest is about to graduate from high school – one of many rewarding journeys Malika never dreamed her family might take.

“When they told me that I received an international award for my work, I did not believe it until I was sitting on the airplane and it took off,” she says. “It was the first time I had ever left my country. And when we crossed the border and I looked down, I saw my beloved land, all its towns and villages. And then I felt that the whole world was mine.”

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