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## ICRC surgical hospital for weapon-wounded: three years on

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By Paul Castella,  
Head of ICRC Delegation in Pakistan

The ICRC surgical hospital for weapon-wounded in Peshawar is a hallmark of the organization's commitment to Pakistan. This hospital had started to receive patients even before it was fully set-up. From 2005, ICRC surgical and medical staff had worked in two private clinics to help weapon-wounded. Due to the significant increase in the number of patients, the ICRC opened the surgical hospital in February 2009 after consultation and approval of the local authorities. It had the capacity of 60 beds and an operating theatre, where two surgical teams could work simultaneously.

Weapon-wounded patients need specific and specialized treatment, and the ICRC has decades of experience in this field of surgery worldwide. With an average occupation of 85-90 percent, this hospital has kept its doors open for anyone who meets the determined medical criteria. Since 2009, more than 3,300 patients have been treated at the hospital. The number of admissions has been gradually growing over the years, as well as the capacity of the facility.

Today this hospital provides quality treatment and follow-up, including the capacity to respond to mass casualty events with three surgical teams, four operating tables and up to 120 beds. The treatment does not involve any financial cost for the patients at any stage, while female patients can enjoy complete privacy. Over 20 international and 200 national staff work at the hospital.

Moving another step ahead, this hospital has also started training

programs for Pakistani surgeons, who receive the weapon-wounded patients more frequently in the most affected regions in Khyber Pakhtunkhwa (KP) and the Federally Administered Tribal Areas (FATA).

The ICRC has also set up a referral system with remote medical facilities. In 2011, more than 370 thousand people attended consultations in 14 ICRC-supported medical facilities in KP and FATA.

Looking back at 2009, we can say that we have gone a long way in our capacity to care for the weapon-wounded patients. This, and the support to this hospital by the blood donors and general population continues to be a source of motivation for the hospital team and ICRC at large.

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# ICRC IN PAKISTAN: OPERATIONAL UPDATE 2011

In 2011, the humanitarian situation in Pakistan remained complex. Both natural disasters and armed violence in parts of the country continued to take their toll on the population. Throughout the year, Pakistan continued to be one of the five key operations of the ICRC. Improving access to healthcare for weapon-wounded, as well as provision of physical rehabilitation services, remained a priority.

While restrictions on access to some areas made it difficult to reach some of those most in need, the ICRC strove to help violence and disaster-affected communities through partnership with the Pakistan Red Crescent Society (PRCS). Among other activities, PRCS branches provided first aid trainings, engaged in distributions of food and basic items to the population, helped restore and maintain family links between separated relatives and promoted humanitarian principles.

## In 2011:

- almost 12,000 patients received treatment at the 120-bed ICRC surgical hospital for weapon-wounded in Peshawar and three ICRC-supported clinics in Quetta;
- more than 400,000 people attended consultations at 14 ICRC-supported health facilities in KP and FATA and four basic health units in Balochistan;
- four hospitals and five primary health centres in KP and FATA benefited from improvements in infrastructure;
- almost 15,000 people received physical rehabilitation services in centres located in Peshawar, Quetta and Muzaffarabad;
- more than 460,000 residents and internally displaced persons (IDPs) received food and/or essential household items and almost 452,000 people could improve their livelihood thanks to business grants, agricultural and livestock inputs in KP/FATA, Sindh and Pakistan-administered Kashmir;
- more than 200,000 people, including over 16,000 returnees in KP, FATA and Sindh received better access to drinking water;
- over 100,000 people in Sindh affected by the 2011 floods received basic food and essential household items through distributions organized by the Pakistan Red Crescent. In addition, shelters and financial support for water trucking was provided to the PRCS to strengthen its capacity to respond to the emergency;
- almost 70,000 people were made aware of the risks posed by landmines and other unexploded ordnances in KP/FATA and Pakistan-administered Kashmir through the mine risk education programme, implemented in cooperation with the PRCS;
- some 500 police officers (operational service, trainers/instructors and trainees) attended workshops and seminars on international best practices for the use of police powers, while Air Force and Navy trainers benefitted from the law of armed conflict trainings;
- the ICRC staff visited more than 11,000 detainees in the prisons of Sindh, Pakistan-administered Kashmir and Gilgit-Baltistan to follow up on detention conditions and treatment of inmates;
- the ICRC facilitated 164 video telephone calls and 179 mobile phone calls



Buner, Pakistan: Distribution of dairy cows and calves to widow-headed families.

between Pakistani families and their relatives held in the detention facilities at Bagram airfield, Guantanamo base and in Azerbaijan (only mobile phone calls);

- together with the PRCS, the ICRC commenced first aid trainings in July 2011 and has trained, among others, 61 Levees, 32 police officers, 16 Elite forces, 16 Frontier Constabulary members and 10 PRCS trainers. In Lahore and Karachi, 40 doctors working at the main civilian hospitals strengthened their capacity to manage mass casualties at ICRC-held emergency room trauma courses.

## The ICRC adapts its presence in Pakistan

Increasingly over the past year, the ICRC has been facing difficulties in accessing certain areas and populations. A number of issues related to the ICRC's operational procedures, the scope of its activities and set-up in the country have been raised. Consequently, the ICRC decided to close its offices in Hangu, Timergara, Mingora, Muzaffarabad and Lahore at the end of January 2012. ICRC's office in Jacobabad will be closed later this year, once the renovation of the Ghari Kairo Taluka hospital is completed.

The ICRC is committed to continue responding to humanitarian needs in Pakistan through its offices in Peshawar, Islamabad, Quetta and Karachi. Among other activities, the provision of medical care to weapon-wounded and physical rehabilitation services will remain a priority. The ICRC stands ready to respond to major emergencies, in partnership with the Pakistan Red Crescent Society.

## ICRC staff member abducted in Quetta on 5 January 2012

Health programme manager Khalil Rasjed Dale, was on his way home from work in a marked ICRC vehicle when he was seized some 200 metres away from an ICRC residence. The ICRC is calling for the rapid and unconditional release of its abducted staff member.



# Dr Kazmer Szabo

## “The ICRC hospital for weapon-wounded in Peshawar is one of the best ICRC’s surgical projects”



The surgical hospital for weapon-wounded in Peshawar is the only ICRC-run facility of its kind. Dr. Kazmer Szabo, its chief surgeon for the past two years, highlights the achievements and the challenges of this mission.

### Why is there a need for the ICRC to have a surgical hospital in Peshawar?

The history of the ICRC hospital in Peshawar goes back to the eighties, when it was first opened to treat the victims of the war in Afghanistan.



In 2009, it was decided to re-open the hospital to help weapon-wounded patients, particularly from remote areas where they do not have easy access to healthcare. During the past two years, the workload has increased and the number of new admissions tripled. Currently we are admitting more than 100 patients and perform approximately 500 surgeries every month, as routinely one patient needs more than one surgery.

We are also ready to respond to emergencies – in Peshawar city, or outside. For example, if there is a bomb blast, we are ready to help the victims 24 hrs a day, 7 days a week.

### What kind of patients do you treat here?

The ICRC surgical hospital is highly specialised on the management of all kinds of weapon wounds. Injuries to the brain, chest, abdomen, limbs, bones and vessels are treated here. Patients with blast and explosion injuries require special attention of the hospital staff.

Our admission criteria follow the basic principles of the ICRC that preclude any kind of discrimination. Males, females, adults and children are all eligible to get free treatment, provided their injuries are caused by weapons and are no more than 2 months old. Having worked for the ICRC for 16 years, I strongly believe that the hospital in Peshawar is one of the best ICRC’s surgical facilities.

### The hospital is working round the clock, and the patients often come in critical condition. How do you cope with it?

The workload at the hospital is heavy and ever increasing - and it is a hard job for everyone. We have 3 surgical teams, more than 20 international and 200 national staff. All team members are prepared to deal with weapon-wounded patients.

Some cases remain unforgettable. Once we received a nine-year old child, who suffered penetrating chest and abdominal injuries with many life-threatening complications. The whole team, including myself, worked on this case for weeks, performing numerous major surgeries. Meanwhile, the little patient did not give up hope and he even tried to tell us every day that he was getting better. He did get better, and was discharged after two months.

Later on, he was very proud to show his belly to us with a smile on his face mentioning how he could now eat and function normally, just like before. He used ask the staff if we would remember him. Of course, we will always remember him.

### What does it take to be an ICRC surgeon?

It is true that ICRC surgeons are working in a special environment, which requires certain skills and experience. Nowadays, the discrepancy is growing between highly specialised surgeries, for example, in Europe and those performed in crisis situations in the field. “Civilian” surgeons are focusing on a smaller part of the surgery to provide better care in that field. On the contrary, an ICRC surgeon has to cope with a wider range of surgeries including head, neck, chest, abdomen and limb surgeries because a weapon injury can damage any part of the human body.

Also, most of the time a field surgeon is working with limited resources and has to cope with this kind of job and life style. For these reasons, nowadays, it is increasingly difficult to find and train field surgeons.

Our team in Peshawar is working very well. Pakistani staff are outstanding, and always provide great support to the international surgical team for the benefit of the patients. All hospital staff follow and believe in humanitarian principles. We are neutral and have only one interest and goal: to provide the best treatment to weapon-wounded patients.

By Arshad Yusufzai

# First harvest after the 2010 floods in northern Sindh

The road to Jacobabad is all bumps through dusty villages and flooded fields, occasionally dotted with burnt-out petrol trucks. Garhi Khairo Taluka was hit hard by the 2010 floods. Villages and fields were under water and as farmers and their families fled to neighbouring areas in Sindh or Balochistan, most cattle drowned, some people lost their lives. It took more than a year to help communities stand on their feet again and get their first harvest. In four rounds throughout 2010-2011, the ICRC distributed food packages and essential household items to over 30 thousand flood-affected families, together with rice seeds and fertilizer.



Oliver Matthys/ICRC

Ten trucks line up amidst flooded fields. Tokens are produced and verified, food packages offloaded and lined up. All this happens in an orderly manner, and I cannot help but admire the patience and discipline of staff and beneficiaries. Finally, a line of donkey carts shows up, eager to take the much needed food home.



Oliver Matthys/ICRC

Muheem Khan is very happy as he receives his 50 kg of flour, 25 kg of lentils and 20 kg of rice together with sugar, tea, soap, salt and ghee. Like so many others here, he lost his house, cattle and two whole crops. Muheem had to move for a couple of months to a camp in Sukkur. His life has returned to normal, he says, and thanks the ICRC again for helping more than a hundred households in Aliabad.

Shar Bano harvests rice in Abdul Ma-jeed Jakhro the traditional way. It is rice from the seeds that the ICRC distributed to her family last season. She poses proudly with her children for a photo. Shar Bano tells me that she is 38 years old and that she and her husband have four sons and two daughters. After the floods of 2010 destroyed their house and drowned most



Oliver Matthys/ICRC

of their buffaloes, the family had to move for 2 months to a tent camp in Sukkur. An entire crop of wheat and one of rice was lost. Shar Bano's life returned back to normal, she says, with the help of essential household items and three food packages provided by the ICRC. Outside the village, farmers use a rice thresher to separate the rice from the chaff. Shar Bano and her family knock the rice out of the plants, just as it has been done for generations.



Oliver Matthys/ICRC

The ICRC has also restored three Basic Health Units in Garhi Khairo Taluka, as the 2010 floods damaged the premises. ICRC engineers and their counterparts were busy renovating the buildings and constructing boundary walls. These BHUs, which provided health-care throughout the flood and the renovation, now enable the medical team to deliver health services to the population in good conditions.

By Olivier Matthys, freelance photographer

