ICRC

NEWS LETTER

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Health Care

Medical assistance to the wounded in armed conflicts has been at the origin of the creation of the ICRC in 1863 and has remained one of its main priorities until today, throughout more than 140 years of activities.

The first aim of ICRC's founders was to create relief societies, with nurses who would care for the wounded in wartime. In parallel, the ICRC appealed for these volunteers to be recognized and protected through an international agreement. In 1864, a Diplomatic Conference in Geneva adopted the "Geneva Convention for the Amelioration of the Condition of the Wounded in Armies in the Field", which became the first treaty of humanitarian law. It established that war wounded had the right to be protected and cared for. It also ensured that the medical staff would be protected by a distinctive emblem, the red cross.

Since then, the health programmes of the ICRC have seen continued development. One of the most important evolutions has been the constant increase of medical assistance to civilian victims of conflicts.

The ICRC has also constantly expanded the scope of its medical activities. The devastating effects of conflicts soon made it obvious that direct and punctual medical care for wounded was not sufficient to address medical needs during wartime. As direct results of conflicts, medical structures are often destroyed, supplies cannot be transported to the existing medical facilities and populations are obliged to flee their homes. This often results in a wide range of other health problems, like outbreaks of infectious diseases or problems of malnutrition, which have to be addressed by supporting the primary health care system.

In over 25 years of ICRC activities in Afghanistan, the health programme has been an essential part of the delegation's humanitarian assistance activities. It has either provided direct emergency surgical care for war wounded patients or has facilitated Afghan health professionals to provide this service.

The programme evolved from surgical hospitals for the war wounded (first in Pakistan since 1979 and then inside Afghanistan) to the current more comprehensive approach to hospitals with infrastructure rehabilitation, the provision of equipment and supplies, and capacity building of the hospitals. The long-term aim is to provide the Ministry of Public Health with effective health facilities.

Although surgical services remain the traditional expertise of the ICRC, the assistance has broadened to other fields (obstetrics and gynaecology, general medicine, diagnostic services as radiology and laboratory). This recognises that in a complex emergency, all the civilian population (men, women and children) are war victims. Years of conflict degrade the available health services and front lines prevent access to health care. In addition, and in accordance with its mandate, medical activities in places of detention remain an important part of ICRC's activities in the new Afghan reality.

Through its continued support to 4 hospitals in Afghanistan, its medical activities in detention places and a capacity to respond to emergency needs, in case of conflict or disaster, the ICRC continues to support the improvement of health conditions in Afghanistan.

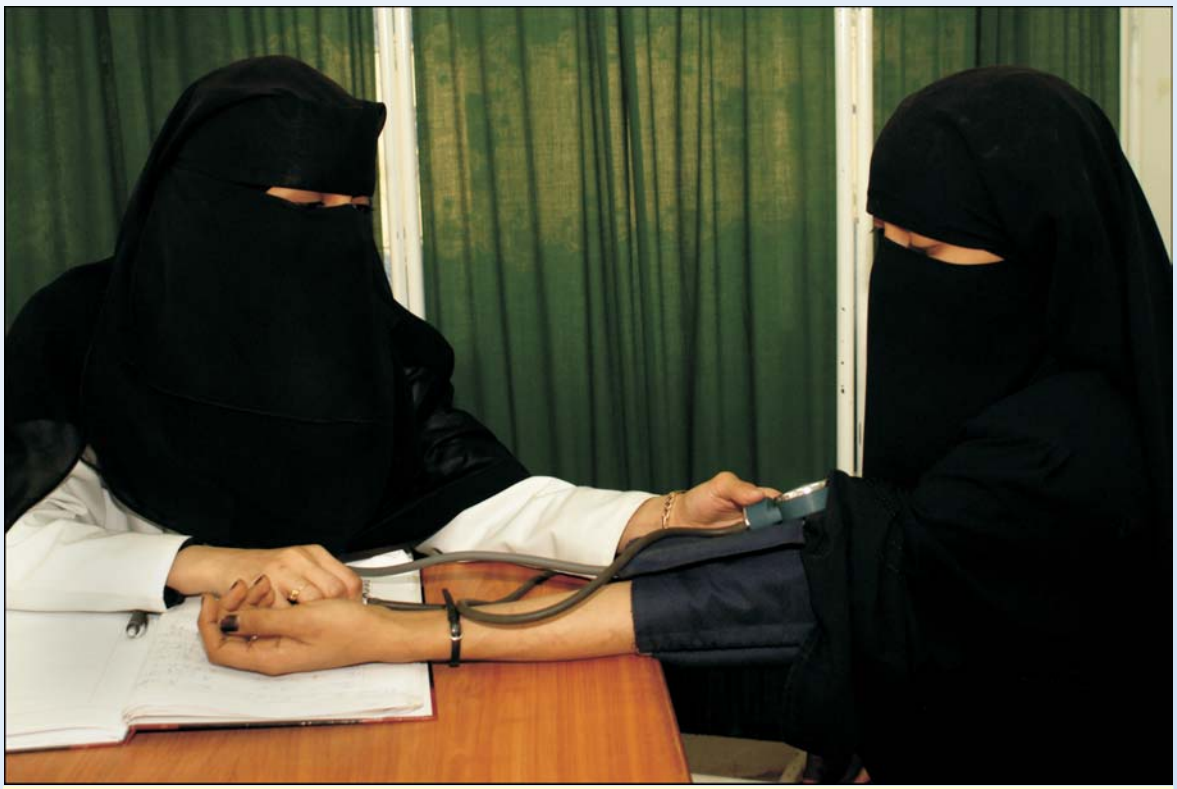
Philip Spoerri
Head of ICRC Delegation in Afghanistan

Health Care

ICRC's health programmes in the world

The ICRC Health Services Unit aims to assure that victims of war have access to essential preventive and curative care, in order to contribute to a reduction in mortality, morbidity, suffering and disabilities.

Among the direct results of a conflict, people can be killed or injured, medical structures destroyed, supply lines disrupted and people flee their homes in search of security. The numbers of people affected may reach epidemic levels and large - scale emergencies involving wounded, outbreaks of infectious diseases and serious problems of malnutrition may quickly overstretch the capacities of existing local health services. In certain cases, health services remain operational, but access is difficult, dangerous or prohibited.



DHAMAR, YEMEN: health post of Yemeni Red Crescent supported by ICRC

While rapid assistance is needed to attend to the urgent needs directly caused by the conflict, assistance to the existing health system is essential to ensure that normal health services are maintained. The needs may range from reconstruction or rehabilitation work to buildings, to management support, training, medicines, medical equipment, the presence of an expatriate medical/surgical team, etc.

When a conflict subsides, long-term support to the health system and the introduction of reforms often become increasingly pressing.

Response of the Health Services Unit

Depending on the specific humanitarian needs, priorities and constraints, the entire Health Services Unit, or a number of the four specialist health services departments, may become involved in a particular context. The four specialized departments of the Unit are:

medicine and community health: aims at limiting the risks of epidemics, through assistance to the primary health care system (health posts, health centres and district hospitals). The assistance may include supplies and/or qualitative support.

surgery and hospital assistance: helps to develop strategies and policies in order to provide surgical treatment for the war-wounded. This is done mainly through assistance to health structures and support / training to the personnel. In emergency phases, expatriate hospital teams may be sent as replacements.

health in places of detention: in accordance with its mandate, the ICRC concerns itself with the welfare of any person arrested in connection with armed conflict, internal strife or other disturbances requiring action by a specifically neutral and independent organization. The main purpose of the ICRC's work in this domain is to safeguard the prisoners' physical and mental integrity. The ICRC assesses the situation and asks the authorities to take any steps needed to improve the detainees' treatment and material conditions. In urgent cases, the ICRC itself supplies material relief. ICRC doctors, nurses and delegates who conduct visits to detainees evaluate the impact of all the factors involved in their detention on their health. This requires special insight into public health issues inside prisons and implies basic knowledge of environmental hygiene, epidemiology, nutritional needs and vitamin deficiencies, and the inter-relationships between nutrition, water and sanitation, health care and overcrowding.

physical rehabilitation: in order to provide rehabilitation to mine victims and other disabled people, the ICRC has since 1979 supported or created 50 rehabilitation centres in 25 conflict-ridden countries world-wide, and has fitted over 130,000 prostheses for approximately 88,000 individuals.

Programme in

Health programme in Afghanistan since 1979

When the Soviet / Afghan conflict started in 1979, and the ICRC was unable to gain access inside Afghanistan, the ICRC established first-aid posts, both on the border and inside Afghanistan, plus two independent war surgery hospitals in Pakistan, staffed with expatriate surgical teams.

Late in the 1980's, the ICRC was able to start medical assistance within Afghanistan. As a first step, ICRC staffed an independent "50 beds" hospital for the war wounded in private, rented homes in Kabul and opened Karta-e-Seh Surgical Hospital in 1988.

During the early 1990's, the ICRC supported more hospitals in relation to the front line cutting through Kabul, and Wazir Akhbar Khan Hospital was added at this time. The ICRC also started hospital support in the east of the country, including the main hospital in Jalalabad (JPHH-1). In 1994, the ICRC was able to move the assistance from Quetta to Kandahar. Linked to the permission to work in Kandahar, ICRC also started to assist Ghazni hospital. Mainly following the front lines, ICRC started to assist different hospitals, most of them in the north, such as Maimana Civilian hospital, Shebergan Military Hospital, Mazar Military Hospital, Samangan Civilian Hospital, Pul-i-Khumri Textile Hospital, Kunduz Spinzar Hospital and Taloqan Central Hospital.

During the times that Afghanistan was under an international political and economic embargo, ICRC aimed at maintaining a regular supply line to these medical structures with a focus on the surgical services (naturally, the medical supplies, consumables, equipment and maintenance benefited all the other services in the target hospitals). In several cases, the ICRC provided financial incentives to the staff.

By September 2001, the ICRC was extensively supporting over 15 hospitals (including 10 in the north of the country), acting as the main supplier for these structures. When full scale activities resumed in November 2001, the needs of the hospitals were reassessed, supply lines re-established, and rehabilitation of infrastructures undertaken. For example, in Bamiyan, the hospital was staffed with an expatriate surgical team and comprehensive repair of the infrastructures carried out.

1993, Kart-e-Seh Hospital supported by the ICRC

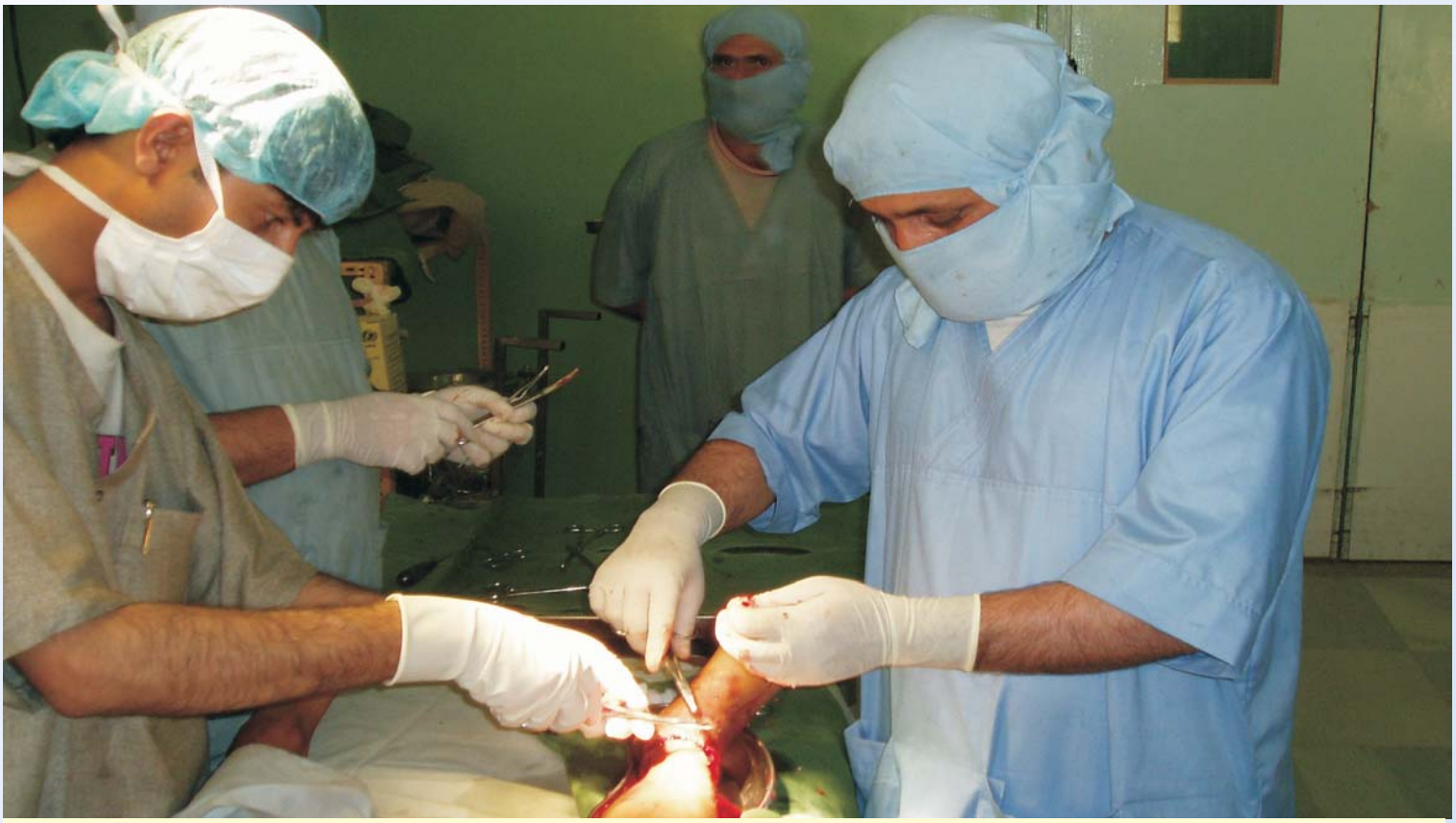
Since 2003, around 15 hospitals and four clinics were assisted on a regular basis by the ICRC, several of these with the help of Red Cross national societies (Japanese Red Cross, Finnish Red Cross, Danish Red Cross, Swedish Red Cross, Canadian Red Cross, Italian Red Cross and Norwegian Red Cross).

Afghanistan

Health activities in 2005

Some parts of Afghanistan are still affected directly by conflict. This results in combat injuries (direct or collateral) and adds to the ongoing death and injury toll of the population due to mines and unexploded ordnance (UXO). In addition, the deterioration of the health services is itself a direct result of conflict.

The ICRC maintains a capacity to respond to emergency needs. A stock of emergency medical supplies is ready in case of conflict or disaster, natural or man made. The supplies are usually delivered to existing medical structures or to the coordinated humanitarian response in the area of need.



Surgical ward of Jalalabad hospital supported by ICRC

Although accurate statistics are rare, the available figures show that the health status of Afghans ranks among the worst in the world. Life expectancy at birth is 44 for males and 45 for females, among the lowest in the world. Everyday 45 women die of pregnancy related causes and one fourth of Afghan children do not live to celebrate their fifth birthdays. Six million Afghans have very little or no access to basic health care.

During 2005, several hospitals continue to be assisted by the ICRC. The regional hospitals in Jalalabad and Kandahar plus the provincial hospitals of Shebergan and Taloqan receive assistance with medical consumables (pharmaceuticals, surgical materials, x-ray films) and non-medical supplies (fuel, stationery, cleaning materials) delivered on a monthly basis. Supplies are also provided for the blood banks and transfusion services to ensure access to safe blood.

In addition, expatriate specialists have provided support and training to hospital management and clinical staff. The ICRC has organised and provided training to surgeons, anaesthetic technicians, nurses in the wards and operating theatres and physiotherapists.

In addition, ICRC health professionals regularly visit detention places throughout Afghanistan to assess medical conditions and treatments. Working with the Ministries of Public Health and Justice, they address

Taloqan Hospital rehabilitated by Japanese Red Cross

Training of medical staff

After finishing his medical studies at the Nangarhar Faculty in 1987, Dr. Sayed Shall, 43 years old, started his career as an Orthopaedic Surgeon at JPHH-1 Hospital in Jalalabad. Since 1989 he was an assistant professor at the Nangarhar Medical Faculty, before being promoted to associated professor of Orthopaedic Surgery. In the frame of the ICRC's efforts to train local medical staff in war-affected countries, Dr. Shall was selected to participate in a surgical seminar organised by the ICRC at its Geneva headquarters in February 2005. In an interview with the ICRC Communication team, Dr. Shall explained in what way this seminar has been useful for him and for his colleagues of JPHH-1.

How was this course organised?
The course was called *"Management of Patients with War Wounds"* and lasted for three days. Orthopaedic and chest surgery were the main topics of the first two days. The third day was devoted to hospital management. During the discussions, the participants also raised many other relevant issues of war surgery. Although I was trained in Afghanistan, this type of training was completely new and more interesting for me.

What were the most interesting things?
We learned many new things, for instance how to manage the triage of the patients: which patients should be operated first, which patients should be prepared for the next operation, which patients need only dressings and who can be sent home.

There are a lot of changes in medicine. Almost every three years, new technologies are introduced. New books are published, old surgery techniques are replaced by new ones, new equipment is developed. In particular, I discovered new equipment for orthopaedic surgery. One of the new techniques I learned was regarding suturing. In the past, we used to stitch the wounds after the operation, which increased the risk of infection and in some cases resulted in the death of patients. Nowadays, they do not stitch the wound immediately. They leave it open, dress it frequently and stitch it only when there is no risk of infection, so we know there will be no need for reopening. I also liked Switzerland, which is a beautiful country and the conference was organised in a good atmosphere.

Did you share experiences with other participants?
There were 30 participants, two per country and myself from Afghanistan. They were all surgeons and nurses from countries at war. There were discussions in each session and the participants exchanged their points of views and specific experiences. I discovered that some injuries were different from a country to another, depending on the types of weapons used. For instance, where many bombs are used, you have patients with multiple wounds and fractures caused by shrapnel.

Did you share your experience with your colleagues in Jalalabad after your return?
There are daily reporting meetings in the hospital, during which I shared what I learned with my colleagues. I also gave them practical examples during the operations in the Operation Theatre. Doctors now often ask me when they need guidance.

There is also a weekly training session conducted by ICRC experts in the hospital for all surgeons. This is also an occasion to share experiences.

What kind of support is the ICRC providing to Jalalabad hospital?
The ICRC has been supporting our hospital for more than 12 years providing equipment, medical supplies and drugs for the patients. The ICRC is also renovating the hospital. The conflict is still going on in some parts of the eastern regions. The ICRC supports us to provide treatment to war-wounded and mine victims. The old war surgery system needs to be modernized and the ICRC provides us with new equipment, methods and techniques.

We have new equipment for orthopaedic surgery. We also learned new techniques for sterilization, how to avoid infections, how to fix fractures and new methods in abdominal surgery that didn't exist before. We also learned new post surgery techniques, like leaving the wound open for several days. They provided us with a library, so we have new and updated books for learning.

An important thing is that, in addition to the material support, the ICRC provides training for the doctors, anaesthetists and nurses according to international standards. Practical training is very important in surgery and the ICRC takes this training in charge.

The ICRC operation in Afghanistan

The ICRC started working with Afghan communities in 1979 in Pakistan, providing surgical assistance to the war-wounded in Peshawar and Quetta. The organization has been present in Afghanistan since 1986. Today, the ICRC has a staff of over 50 expatriates and 1,300 national staff based in Kabul, Jalalabad, Kandahar, Herat and Mazar-i-Sharif, as well as in offices in Faizabad, Gulbahar, Ghazni and Bamyan.

In addition to its Health Care programme, which is the focus of this newsletter, the ICRC carries out the following activities in Afghanistan:

Protection

According to its international mandate, the ICRC visits detainees held as a result of conflict by the Afghan authorities and the US Forces, to ensure that they are treated humanely and can communicate with their families through the exchange of Red Cross Messages (RCMs).

Detention visits are made for the purpose of monitoring the humanitarian conditions of detention, checking on detainees' physical and mental health, and facilitating contact between detainees and their families. ICRC delegates conduct individual interviews in private with detainees, and submit their findings and recommendations on a confidential basis to the detaining authorities.

Water and Habitat

One of the ICRC's core tasks is to maintain access to drinking water for populations affected by conflict. In Afghanistan, the ICRC's work includes re-establishing urban and rural water networks, sanitation projects and rehabilitation work in hospitals. Last year, ICRC water and habitat teams have completed rehabilitation works in Sheberghan, Samangan and Taloqan hospitals, and recently the renovation of Wazir Akbar Khan hospital in Kabul. The construction of waste management sites in hospitals, the installation of incinerators and maintenance services are also undertaken as part of the programme. Small scale water supply projects, the repair of water systems, and the drilling of boreholes in Kabul, Mazar-i-Sharif, Bamyan, Herat and Kandahar are ongoing, as is a wide-ranging hygiene promotion programme with communities and individual households.

Mine data collection and mine awareness programmes

The ICRC aims at preventing accidents caused by mines and other explosive remnants of war (ERW) by gathering information on the causes of accidents and by promoting safe behaviour through mine awareness sessions. In collaboration with the Afghan Red Crescent Society, over 8,600 mine risk education for more than 237,000 individuals were conducted in 2005 in Kabul, Parwan, Kapisa, Logar, Paktia, Ningarhar, Laghman, Kunar, Balkh, Faryab, Sar-e-Pul, Jawzjan, Samangan, Baghlan, Kunduz and Takhar provinces.

Promotion of international humanitarian law (IHL)

The ICRC's humanitarian mission is to protect the lives and dignity of victims of war and prevent suffering by promoting and strengthening compliance with IHL. The dissemination teams conduct IHL seminars and training with officers and soldiers of the Afghan National Army and the Afghan Militia Forces, as well as with the Air Force, the police, and non-military audiences such as journalists, youth, government authorities, university professors, teachers and community volunteers.

Orthopedic Services

The ICRC has been involved in orthopaedic and rehabilitation assistance to disabled people, landmine victims and people suffering from poliomyelitis since 1988. During that time over 64,000 patients (including nearly 30,000 amputees) have been registered and assisted. Currently, the ICRC runs six orthopaedic centres in Kabul, Mazar-i-Sharif, Herat, Gulbahar, Faizabad and Jalalabad. Approximately 80 % of the amputees assisted are mine victims.

ICRC Cooperation with Afghan Red Crescent Society (ARCS)

The ICRC, as part of the Red Cross and Red Crescent Movement, assists the ARCS technically and financially to increase its ability to be able to deliver various programmes and services to the community. The ICRC's Cooperation department is providing support for vocational training and food for work programmes, as well as undertaking capacity building with ARCS staff and volunteers at all levels.

ICRC

ICRC Delegation in Afghanistan, Kabul

Char rahi Haji Yaqub
Shar-e-Now, Kabul
Sat phone: 00873 762 730 940
Local phone: 0093 (0)70 279078
Communication Coordinator:
Local phone: 0093 (0)70 282 719
email: kaboul.kab@icrc.org

ICRC Mazar-i-Sharif

Bukhdi Karta, First Street
Mazar-i-Sharif
Sat phone : 00873 761 844 335
Local phone : 0093(0)70 279 082

ICRC Herat

Jad-e Bank Khoon, Herat
Sat phone: 00873 762 924 690
Local phone : 0093(0)70 285 949

ICRC Jalalabad

University Road, Area 3, House 2
Jalalabad Sat phone: 00873 762 924 681
Local phone : 0093(0)70 604 788

ICRC Kandahar

Shar-i-Now, District 6 Kandahar
Sat phone: 00873 761 845 371
Local phone : 0093(0)70 285 191

Visit the ICRC website: www.icrc.org

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ICRC Mission

The ICRC is an impartial, neutral and independent organisation. Its exclusively humanitarian mission is to protect the lives and dignity of victims of war and internal violence and to provide them with assistance. The ICRC directs and coordinates the international relief activities conducted by the Movement of the Red Cross and Red Crescent in situations of armed conflict.

The ICRC also endeavours to alleviate suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the International Red Cross and Red Crescent Movement.

Since 1986, the ICRC has had a permanent presence in Afghanistan, carrying out its humanitarian activities such as visits to detainees, re-establishing family links, assistance to the civilian population, the promotion of International Humanitarian Law, mine risk education and mine victim data analysis, and capacity building with the Afghan Red Crescent Society (ARCS).