

QUARTERLY NEWSLETTER

AFGHANISTAN: JANUARY TO MARCH 2009

FOCUS ON HEALTH

As the planned military surge gets underway over large parts of Afghanistan, communities living in conflict areas are becoming increasingly vulnerable, not only due to fighting, but also because of a lack of health care.

During conflict, medical services or the 'medical mission', as defined under the Geneva Conventions and by International Humanitarian Law, must be allowed to function, and the population kept safe from harm. Health facilities and personnel must be spared when fighting erupts; doctors and nurses must not be threatened or killed; the sick and injured must be able to reach clinics or hospitals; children must be allowed to receive the vaccinations that will protect them from diseases that can cripple them for life.

As part of its mandate to assist the sick and wounded in times of war, the International Committee of the Red Cross (ICRC) -- whose neutral, independent approach is the bedrock of its humanitarian work -- is stepping up its efforts to ensure the availability of medical services in the conflict areas of Afghanistan. Today, there are 22 ICRC expatriates and around 20 ICRC Afghan staff working in the 350-bed Mirwais regional hospital in Kandahar, providing support and training to the medical personnel, and to the hospital administration. In addition, the ICRC provides regular supplies of medicines and medical material to Shiberghan hospital in northern Afghanistan.

The ICRC currently has almost one hundred delegates and over 1,250 national staff based in its main delegation Kabul as well as in five sub-delegations and six offices country wide. The ICRC's medical-related activities include:

- ICRC support for a 'war wounded assistance' programme on the front lines
- The creation of five ICRC first aid posts in conflict areas, most recently in Wardak
- Support to ten Afghan Red Crescent Basic Health clinics in conflict areas as well as the provision of medical supplies and training to community-based first aid volunteers (CBFA) in front line villages
- First aid training for ICRC and ARCS staff and volunteers
- Facilitating polio vaccination campaigns in conflict-affected areas with the Ministry of Public Health (MoPH)
- Monitoring of respect for the 'medical mission' and discussions and interventions with all relevant parties when violations occur.



ICRC



Father and child patient, Mirwais Hospital, Kandahar

“PROTECTION OF THE MEDICAL MISSION”

The role of the ICRC

In accordance with the mandate entrusted to it by the States signatory to the Geneva Conventions of 1949, the ICRC works with governments, weapon bearers and civil society to prevent violations of international humanitarian law (IHL) and to protect and assist all victims of armed conflict.

IHL is a set of rules which seek, for humanitarian reasons, to limit the effects of armed conflict. It protects persons who are not or are no longer participating in hostilities and restricts the means and methods of warfare.

Who are the victims of armed conflict assisted by the ICRC? They are all persons who do not, or no longer, participate directly in hostilities, notably civilians and wounded or captured fighters. These persons are explicitly protected by IHL, which prohibits attacks against them. It also requires certain actions be taken to assist them.

Promoting respect for the war-wounded and the 'medical mission'

As part of its dialogue with the different parties to the conflict in Afghanistan, the ICRC seeks to make them aware of their obligations towards the wounded, be they injured fighters, or civilians. In Afghanistan the Afghan security forces, international forces, and the armed opposition are all required by IHL to provide medical assistance whenever they encounter a wounded combatant or civilian. IHL strictly forbids the killing of wounded fighters who are no longer participating in hostilities.

Similarly, the ICRC promotes respect for its medical mission, with the different armed forces. The term 'medical mission' refers generally to all activities aimed exclusively at assisting persons in need of emergency medical care, most notably through first aid and evacuation to hospital. The ICRC in Afghanistan remains extremely concerned by the numerous killings, arrests, abductions and harassment of medical staff whilst performing their medical duties that have taken place over recent years, and appeals to all warring parties to respect the inviolability of health staff, as required under the Geneva Conventions (see below for details of relevant Articles)

ICRC support to government medical facilities

The ICRC has been providing emergency surgical materials to Ministry of Public Health (MoPH) hospitals for some years in response bombings and similar mass casualty incidents. It also provides the Afghan security forces with first aid kits, and runs first aid training courses.

- The ICRC supports and trains national health staff in Mirwais, the regional hospital in Kandahar, and also in Sheberghan hospital in Jawzjan. This enables them to provide essential and quality surgical services to victims of the conflict or other emergencies
- Ad-hoc medical supplies are distributed to hospitals in Kabul and eight others countrywide. They are also provided to the central blood bank and the radiology department of the Ministry of Public Health. The supplies have helped these government structures to cope with the influx of wounded persons in the aftermath of suicide bombings and heavy armed confrontations, for example in Chora in Uruzgan in June 2007, Spin Boldak in February 2008, and following the bombing of the Indian embassy in July 2008 in Kabul
- A 50-patient war-wounded kit is permanently pre-positioned at the Ministry of Public Health, ready for use in sudden emergencies, such as the Indian embassy bombing in July 2008

ICRC support to health workers from the 'armed opposition'

When there are many casualties, the ICRC is approached for help by interlocutors treating wounded armed opposition fighters and civilians living in conflict-affected areas. As with governmental structures, the ICRC, in line with its neutral, independent status, and its mandate to assist victims of armed conflict, will respond to their needs by providing medical material and supplies. Whilst the ICRC is not informed precisely where in Afghanistan these medical services are provided, the ICRC insists upon verifying the medical skills of those making the request and providing care.

ICRC support to the wounded and sick in areas without medical services

The intensification of the conflict over the past two years in much of rural southern and south-eastern Afghanistan has increasingly prevented the delivery of health services to those regions. As a result, the local population is mostly left alone to cope without even rudimentary health care. This lack of access to health services is a major concern for the ICRC, which is also unable to move freely in the south and southeast owing to poor security. Therefore, in line with its mandate to bring assistance to victims of armed conflict, the ICRC endeavours to help people in need in difficult-to-reach areas, through the Afghan Red Crescent Society (ARCS) and other channels.

Red Crescent community-based first aid volunteers

Since June 2006, the ICRC has been training first aid volunteers of the Afghan Red Crescent Society and providing them with medical supplies. Equipped with very basic material such as bandages, iodine or oral re-hydration salts, the role of the volunteers is to provide first aid to both civilians and wounded or sick fighters. In each province there are 10-20 first aid teams comprising up to 20 volunteers.



“PROTECTION OF THE MEDICAL MISSION”

Other first aid workers

With a view to extending its services to all conflict-affected areas, the ICRC has been training first aid workers who are based in districts not covered by the Afghan Red Crescent. Living within the local community, the first aid workers possess the basic medical skills necessary to stabilize and evacuate the war wounded to a competent medical facility. The first aid workers have no contractual link with the ICRC, but as part of their medical training they acquire a basic understanding of the organization's mandate and working principles.

The current security situation prevents the ICRC from directly monitoring the work of these first aiders. Therefore, the ICRC relies on external medical consultants to oversee the delivery of medical equipment to the first aid workers in the districts, and to ensure that ICRC medical supplies reach the intended beneficiaries. Consultants have an ID card, which indicates that they are working on behalf of the ICRC. They report back to the ICRC frequently.

Medical evacuations

Neither Afghan Red Crescent first aid volunteers nor other community first aid workers have the required medical skills to provide extensive medical treatment. If necessary, after stabilizing patients, they arrange for their evacuation to the nearest medical facility. Evacuations are carried out by road using private taxis. The medical consultants have selected a small number of taxi drivers in each province who can take the wounded to the nearest medical structure, for example, to Mirwais hospital in Kandahar. The taxi drivers are not ICRC employees, but carry a stamped, signed letter explaining they are evacuating the wounded on the ICRC's behalf. The ICRC reimburses the taxi fare.

First aid posts

One of the ICRC's core objectives is to establish and operate neutral, independent health structures in rural areas experiencing conflict. To this end, the ICRC is in the process of opening first aid posts in selected rural areas. The posts are staffed with ICRC national employees and are clearly marked with the red cross emblem. The exact location is communicated to all armed forces operating in the area, so that they may seek medical help if needed, and also to ensure the safety of the staff, and respect for their humanitarian activities. There are first aid posts in Kandahar, Uruzgan, Helmand and Zabul provinces. The ICRC has recently opened another post in Wardak province, and plans to open others in one or two locations in Kunar.

War-wounded, the medical mission and International Humanitarian Law (IHL)

Who

- According to Article 3 common to the four Geneva Conventions, 'persons taking no active part in the hostilities' -- including wounded fighters -- must be treated humanely, and without any adverse distinction founded on race, colour, religion or faith. It is prohibited to subject them to any form of violence or ill-treatment (the specifically prohibited acts are listed in common Article 3)

What

- Pursuant to common Article 3, paragraph 2, "the wounded and sick shall be collected and cared for". This is the obligation of all parties to the conflict, to be applied to all wounded and sick regardless of their status or allegiance, i.e. regardless of which side they may have been fighting on

How

- It must be remembered that while IHL prohibits attacking wounded or sick fighters, in the context of a non-international armed conflict such as in Afghanistan, IHL does not prohibit their being arrested and (once their medical condition allows) detained and tried under the country's criminal laws. The same applies to persons who are providing medical assistance to the war wounded: IHL protects them from attack, but it would not prevent them from being arrested and tried for violating national laws. In this context, it is crucial to note that providing medical assistance to wounded or sick fighters is not a violation of the law, certainly not of IHL, which on the contrary requires that such assistance be given. A person cannot be arrested solely because he or she has provided medical assistance to "the enemy". Indeed, customary IHL prohibits the punishment of a person for performing medical duties compatible with medical ethics.



22 ICRC expatriates support Mirwais hospital staff in Kandahar



Southern Region: January to March 2009

Detention/family links: The ICRC visited detention facilities in Kandahar, Helmand and Uruzgan provinces. It assisted families to keep in touch with their detained relatives through Red Cross messages. The delegation also facilitated phone calls for two families to their relatives detained in Guantanamo.

Dissemination of International Humanitarian Law (IHL): The ICRC conducted IHL sessions for Afghan National Army and Afghan National Police officers in the Kandahar Regional Training Centre and the 205 Corps. Sessions were also conducted for elders, religious circles and other interlocutors from conflict areas.

Medical and health care: Support to Mirwais regional hospital increased during the first quarter in cooperation with the Ministry of Public Health (MoPH). Activities included the provision of essential drugs, pharmaceuticals, and maintenance supplies. ICRC teams provided capacity building for the hospital administration, medical, surgical, paediatric, obstetric and gynecology wards, and to the midwifery department. Work was also carried out in the engineering and maintenance areas.

War wounded assistance: The programme was implemented in Helmand, Kandahar, Uruzgan and Zabul provinces. First aid supplies were provided to first responders and first aid posts. They provide much-needed stabilization to the weapon-wounded before patients were taken to hospitals in the region, notably Mirwais, in Kandahar.

Assistance: In Kandahar, Helmand, Uruzgan and Zabul provinces the ICRC provided families displaced by conflict with 2,490 emergency kits containing food and household supplies. The ICRC supported 'Food for Work' projects run by the Afghan Red Crescent. This involved cleaning Karez (irrigation canals) in Trinkot district of Uruzgan.

Water, sanitation and hygiene promotion: In Mirwais Mina district of Kandahar city the construction and rehabilitation of latrines was completed and they were handed over to the community elders. Rehabilitation work in the gynaecology and medical wards of Mirwais Hospital (electrical and plumbing systems, walls, ceiling and door painting, carpentry, and masonry) was completed.

Cooperation with the Afghan Red Crescent Society (ARCS): Twenty-one new ARCS volunteers were trained how to conduct surveys, assessments, and distributions of food and non-food items. The ICRC, through ARCS, provided first aid materials to community based first aid (CBFA) volunteers in front line villages in the south.

ICRC Kandahar

Shar-i-Naw, District 6, Kandahar
Tel. +93 (0)700 285 191
E-mail: kandahar.kad@icrc.org

Central Afghanistan: January to March 2009

Detention/family links: The ICRC visited detainees being held in Afghan detention, including National Defence Security (NDS) facilities. Delegates made regular visits to Bagram Theatre Internment Facility (BTIF) and field detention sites in various locations. A team also visited the Bamyán juvenile centre. During their visits, ICRC delegates monitor the treatment of detainees and the general conditions of detention. They also talk with the detainees in private and meet with the prison authorities to make confidential recommendations for improvements where necessary.

ICRC protection teams helped separated families keep in touch with their detained relatives through Red Cross messages, as well as through video telephone calls and family visits to detainees in Bagram.

Dissemination of International Humanitarian Law (IHL): Dissemination sessions were held for community elders, religious circles, political authorities and university students. Sessions were also organized for the Afghan National Army (ANA) and Afghan National Police (ANP). Meetings to discuss IHL issues were held with the Afghan military authorities, international legal and training mentors working in the ANA HQs, as well as with members of training institutions and field units

Medical and health care: Apart from its regular assistance to hospitals, an ad-hoc donation of medicines and medical supplies for treating burns, was made to Istiqlal hospital in Kabul. The ICRC opened a first aid post in Saidabad district of Wardak province, bringing to five the number of ICRC-run first aid facilities countrywide. Over 80 kits to treat the war wounded were sent to front line areas of the southeast and central regions to treat the injured.

Physical rehabilitation: The ICRC Orthopaedic Centre in Kabul registered 727 patients during the first quarter of the year, manufactured 1,675 prostheses and conducted 16,033 physiotherapy sessions.

Assistance: Working together with local Afghan Red Crescent branches, ICRC assistance teams in the central region provided food and household kits to over 700 families in Kabul, Kapisa, Wardak, Paktya, Logar and Ghazni provinces who had been displaced by fighting.

Water, sanitation and hygiene promotion: Hand pumps were repaired and others installed in several districts of Kabul. Renovation of water and electricity supplies was carried out in Pul-i-Charkhi prison. A project began to provide water in Serayak village, in Bamyán. Hygiene promotion sessions took place in hammams (bath houses), schools, and mosques. The programme provides education and practical advice to people on hygiene and healthy living.

Cooperation with the Afghan Red Crescent Society (ARCS): The ICRC supported the ARCS's Food for Work projects in Kapisa, Wardak, Logar, Parwan, Ghazni, Khost, Paktia, Bamyán, and Panjshir provinces.

ICRC main Delegation - KABUL

Charahi Haji Yaqoub, Shar-i-Naw, Kabul
Tel: + 93 (0)700 297 777
E-mail: kabul.kab@icrc.org



Eastern Afghanistan: January to March 2009

Detention/family links: The ICRC made 18 visits to 12 places of detention run by the Afghan authorities and International Forces. It monitored the conditions of detention, treatment of detainees, and their judicial guarantees. It shared its findings and made recommendations confidentially with the authorities. The ICRC, with the support of the Afghan Red Crescent Society (ARCS), continued working to re-establish contacts for families separated due to the conflict. It did this mainly through the exchange of Red Cross Messages (RCMs).

Promotion of International Humanitarian Law (IHL): Regular Sessions on IHL were held with Afghan National forces Afghan National Police (ANP) and Afghan National Border Police (ANBP). Ad hoc meetings, dissemination sessions and seminars on IHL and the rules of behaviour in combat, the correct treatment of prisoners, and respect for the Red Cross and Red Crescent emblems were organized for different arms carriers and the political authorities.

Medical and health care: The ICRC's support to the Jalalabad Public Health Hospital no. 1 (JPHH-1) continued throughout the reporting period. The hospital's surgical department received medicines, dressing material, fuel, linen, uniforms and x-ray films. New equipment was donated to the surgical ward.

Physical rehabilitation: During the first quarter of 2009, 137 patients were registered in the ICRC Jalalabad Orthopaedic Centre. Micro-credit loans and vocational training were provided to help amputees and other disabled persons gain a livelihood. Patients with spinal cord injuries received home visits, and bedridden school children studied their lessons at home

Assistance: Nearly 200 food and household kits were provided to families in Laghman and Nangarhar provinces who had been displaced by fighting. Supplies included beans, rice, oils, salt, sugar, tea, tarpaulins, blankets, jerry cans, soap and pattus (shawls)

Water, sanitation and hygiene promotion: ICRC engineers worked on improvements to toilets and kitchen facilities in the provincial prison in Kunar. The Jalalabad team also expanded its activities to rural area and assessed the needs of returnees from Pakistan and displaced families settled in Nangahar. Hygiene promotion sessions for men, women and children were held in Jalalabad.

Cooperation with the Afghan Red Crescent Society (ARCS): The ICRC provided ARCS volunteers with first aid kits for helping people who fall sick in remote or conflict-stricken areas of Nangarhar, Laghman and Kunar provinces.

Western Afghanistan: January to March 2009

Detention/family links: The ICRC carried out visits to prisons run by the Justice and Interior Ministries, as well as by the National Directorate of Security (NDS), in Herat, Badghis and Farah provinces. The ICRC also supported the health structure in the Herat central prison in order to improve the detainee's access to medical care.

Red Cross Messages were collected and distributed between detainees and their relatives, thereby helping them to keep in touch.

Dissemination of International Humanitarian Law (IHL): Information sessions about the ICRC's activities, fundamental principles and mandate, as well as about IHL were organized for tribal elders, religious leaders, internally displaced people, and drought-affected communities. Afghan National Army and Police personnel, as well as members of the Armed Opposition received information about IHL and the ICRC.

Medical and health care: War wounded kits were provided to front line areas of Herat, Badghis, and Ghor provinces. An infusion kit was donated to Herat regional hospital, and basic medical material was given to Herat central prison.

Physical rehabilitation: A polio campaign was organized in Herat city together with the World Health Organization (WHO). Children with club feet had their disability corrected. Vocational trainings were organized for patients, and other patients received micro credit loans to start their own small businesses. All this was in addition to the regular work, providing prostheses and orthoses to the disabled.

Assistance: Due to tribal conflict, the ICRC in collaboration with the ARCS conducted an assessment in Muqur district of Badghis province and provided emergency food and non-food assistance to 1,728 families displaced by fighting, and whose property had been looted.

Water, sanitation and hygiene promotion: An urban water supply project in Gazergah, Herat city was completed, benefiting 9,000 people. ICRC activities are also taking place in rural areas. Work achieved between January and March included the cleaning of Karez (irrigation canals) and 18 village wells. Projects are implemented in agreement with local elders and the authorities. Villagers contribute labour. In Farah province the construction of the public and family latrines was finished. Over 130 hygiene promotion sessions were held for both male and female audiences in Herat city during the first quarter.

Cooperation with the Afghan Red Crescent Society (ARCS): The ICRC supported local ARCS branches' involvement in Food for Work projects in areas worst hit by conflict and drought in the western region.

ICRC Jalalabad

University Road, Area 3, House 2, Jalalabad
Tel. +93 (0)700 604 788
E-mail : jalalabad.jal@icrc.org

ICRC Herat

Jad-i-Bank Khoon, Herat
Tel. + 93 (0)700 285 949 / 222 236
E-mail: herat.her@icrc.org



Detention/family links: Pattus (shawls), socks, hats and laundry and body soap were delivered to district prisons, police stations, and interrogation centres for detainees. Other, ad hoc assistance such as hygiene supplies, chess sets and other leisure items were delivered to detention facilities in the Northern Region including the juvenile centres and central prisons. Red Cross Messages were exchanged between families and their detained relatives. Provincial health authorities were visited to encourage their assistance in supporting health care to detainees.

Dissemination of International Humanitarian Law (IHL): Twenty information sessions were conducted for beneficiaries of the drought response programme in Kunduz, Balkh and Faryab provinces. The aim of the sessions was to inform the community and the religious elders about the ICRC's neutral, humanitarian and impartial mandate and activities. An information session was also conducted for the community volunteers of Mazar-i-Sharif city.

Medical health care: Shiberghan referral hospital, which serves Faryab, Sar-i-Pal and Jawzjan provinces, received regular monthly medical, non-medical, fuel and oxygen supplies as well as surgical equipment during the first quarter of 2009. The ICRC also supported the construction of new latrines, the maintenance of washrooms in all the wards and the reconstruction of the kitchen.

Physical rehabilitation: The Orthopaedic Centre in Mazar-i-Sharif produced 163 prosthesis and 367 orthoses and conducted nearly 11,000 physiotherapy sessions for landmine victims and others with a motor impairment during the first quarter of 2009. Loans were provided for 19 micro-credit projects so that patients could start their own businesses. Others received vocational training or studied English and computer skills. Students learning to become physiotherapists continued their training.

Water, sanitation and hygiene promotion: In Chemtal District of Balkh province the ICRC constructed a water supply network benefiting 3,000 people. A hygiene promotion assessment was carried out in one district of Mazar-i-Sharif, and 242 households were visited for first-time monitoring. Improvements were made to the toilets, kitchen and bathrooms at Nahr-i-Shahi district prison to enable access to safe drinking water and to improve the hygiene situation for detainees.

Assistance: The ICRC with the cooperation of the Afghan Red Crescent Society (ARCS) completed its second round of food distributions to over 29,000 drought-affected families originating from rain fed areas in different districts of Kunduz, Balkh and Faryab provinces. Each family received rice, beans, salt, sugar, oil and tea.

Cooperation with the Afghan Red Crescent Society (ARCS):

Working in cooperation with the ARCS, the ICRC provided food and non-food items to 192 destitute and displaced families in Baghlan and Kunduz provinces.



Food distribution for drought-affected families, Kunduz



ICRC and ARCS staff coordinate the distribution of Red Cross Messages, Mazar-i-Sharif

ICRC Mazar

Karta-i-Bukhdi, First Street, Mazar-i-Sharif
Tel. +93 (0)700 279 082/799 874 409
E-mail: mazar.maz@icrc.org

The Florence Nightingale Medal

Ideals of humanity are alive and well in Afghanistan's troubled eastern region



During times of conflict, it is surgeons, doctors, nurses and hospital support staff who are often the 'first responders' when there is fighting, or bomb attacks. In Jalalabad's Public Health Hospital No. One, also known as JPHH-1, the head nurse of the re-animation ward has often found herself on the front line.

A small woman in a white coat came bustling into the room, a cream coloured lace-trimmed headscarf covering her grey hair. "I am Anisa," she said extending a hand, and giving a warm smile.

Trained in health management by the International Committee of the Red Cross, the 58-year-old mother of nine also has extensive nursing experience, much of it gained in wartime. In addition to the years she spent as a registered nurse on the female medical ward of JPHH-1, she has worked in the hospital's operating theatre. She has also organized vaccination campaigns, worked with paraplegics and received awareness training on HIV/AIDS

Today, when JPHH-1 receives mass casualties, it is more likely to be the result of a suicide bombing than a rocket attack. The hospital has 65 well trained surgeons, enough to ensure that even very large numbers of injured people can be dealt with promptly.

Anisa, who like many Afghans uses only one name, was born and brought up in Kabul. She graduated from the city's Nursing Institute in 1975 and began her working career a year later, following the death of her first husband.

She spent two years based in the physiotherapy department of a 400-bed hospital in Kabul before moving to Jalalabad with her second husband in 1981. The noisy, crowded city of over 200,000 people close to the Pakistan border, is still her home.

Anisa began working at JPHH-1 in 1983, during the Russian occupation of Afghanistan.

One of Anisa's enduring memories is linked to a patient who was a detainee. "Nobody was allowed to go near him," she remarks. "I was the only one given permission to look after him and bring him his food." Even today, in Afghan society, it is highly unusual for a male patient to be looked after by a female nurse. Following his release from detention, the man became a high-ranking soldier and returned to the hospital one day to thank the nurse who had cared for him. "He brought me some flour," Anisa recalls.

She is best known, however, for the 15 years or more that she spent on JPHH-1's female ward where she became head nurse. Four months ago Anisa moved to the re-animation unit to "help with its rehabilitation".

Her work has brought Anisa many accolades. Most recently, the Afghan Red Crescent Society nominated her for the prestigious Florence Nightingale medal -- an award presented every two years by the International Committee of the Red Cross for 'exceptional courage and devotion to the wounded, sick or disabled, or to civilian victims of conflict or disaster.'

The medal is also awarded in recognition of 'exemplary services of a creative and pioneering spirit in the areas of public health or nursing education.'

Anisa fulfils both criteria.

Up to 50 medals can be awarded at any one time. The names of the winners are traditionally announced on the 12th May, Florence Nightingale's birthday.

The Florence Nightingale Medal

Who is it for?

- For qualified male or female nurses
- For male or female voluntary nursing aides who are active members or regular helpers of a National Red Cross or Red Crescent Society or of an affiliated medical or nursing institution.

What is it for?

To honor persons who have distinguished themselves in peace or war by:

- exceptional courage and devotion to the wounded, sick or disabled or to civilian victims of conflict or disaster
- exemplary services or a creative and pioneering spirit in the areas of public health or nursing education

The Medal may be awarded posthumously if the prospective recipient has fallen on active service.

Who was Florence Nightingale?

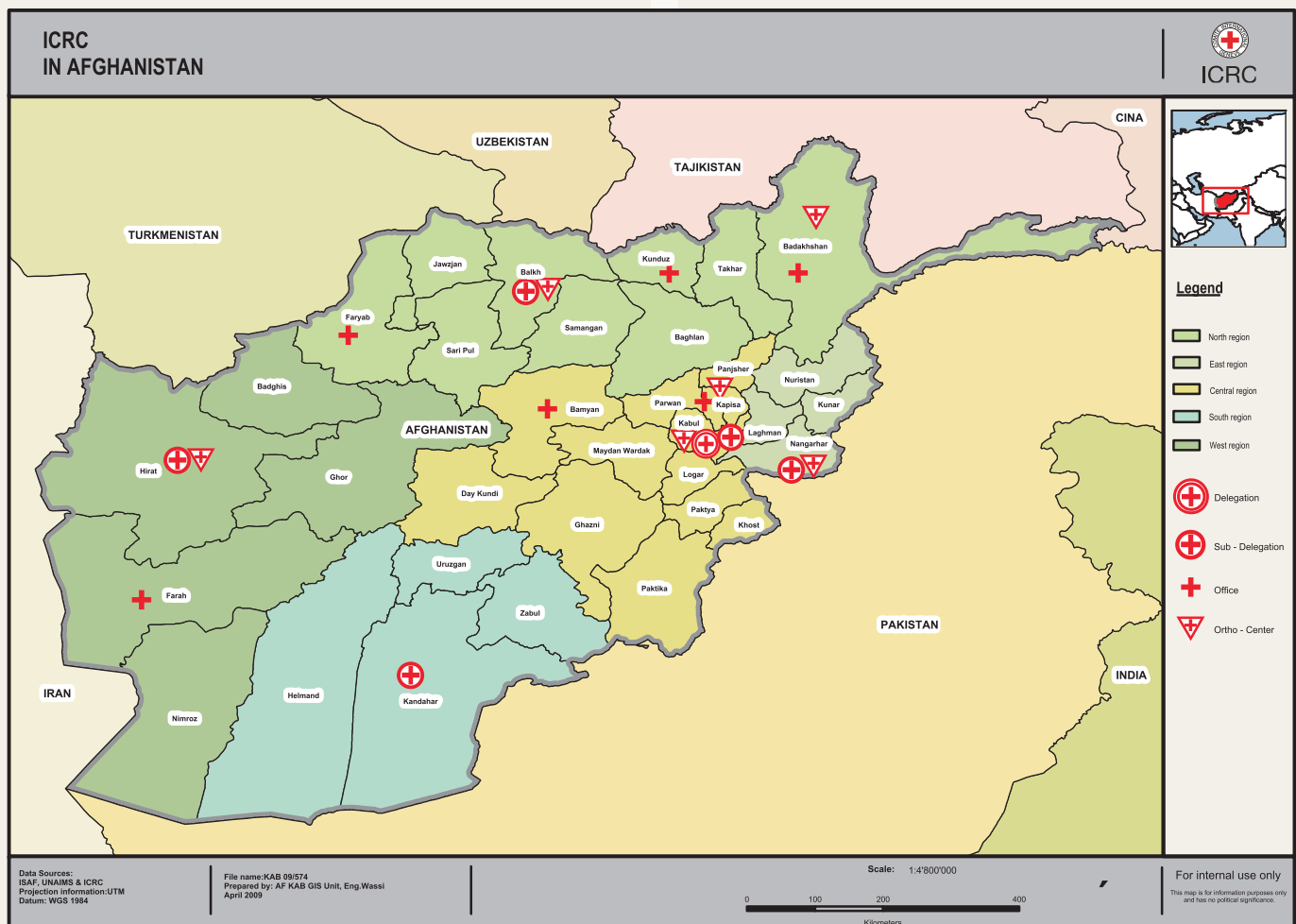
Florence Nightingale was born in the United Kingdom and became a pioneer in the nursing field. She established herself as a competent nursing administrator during the Crimean War in 1854, where her insistence on sanitary conditions cut the death rate considerably. She continued to advance the field of nursing in her later years, ensuring better health service and opportunities for women at the same time.



Chronology: ICRC Support to the Health Services

- In 1979, following the Soviet invasion of Afghanistan, the ICRC started providing medical and surgical assistance in Pakistan to Afghans wounded during fighting
- Since 1987, the ICRC has been based in Kabul, and has consistently sought to provide neutral, independent support to health structures and staff across the country, and to care for people wounded in the various conflicts endured by the Afghan population
- In 1989, the ICRC set up a war surgical hospital in the Karte Seh district of the Afghan capital, so as to help cope with a huge number of war wounded in the civil war that broke out following the Soviet withdrawal from Afghanistan
- In 1995, an ICRC staff member was tragically killed during a rocket attack on the capital. At this time, too, the ICRC was providing over 30 civilian and military health structures countrywide with weekly supplies of medicines, dressing materials and medical equipment
- In 1996 following the Taliban takeover in Kabul the ICRC started supporting Mirwais Hospital in Kandahar and the main hospital in Ghazni. A year later, support was also started for Gulbahar hospital, north of Kabul, on the other side of the frontline

- With the departure of the Taliban from Kabul in late 2001, the ICRC expanded its support for three months to the Afghan National Army Hospital, the Rabia Balkhi women's hospital, Malalay Maternity hospital and Ali Abad hospital, all in Kabul. With the strengthening of the Ministry of Public Health (MoPH) and the involvement of external donors in the health sector, following the change of regime, the ICRC was able to reduce its presence in Gulbahar, Ghazni, Karte Seh and Wazir Akbar Khan hospitals and hand them over gradually to the MoPH
- Security remained fragile, especially in southern Afghanistan where an ICRC delegate tragically lost his life in 2003
- By 2007, as needs rose in the south, the ICRC increased its presence in Mirwais regional hospital in Kandahar. Today, there are 22 expatriates working there. The ICRC delegates support the hospital staff and administration, and carry out rehabilitation of the hospital infrastructure. In addition to Mirwais, the ICRC is supporting community-based first-aid (CBFA) volunteers of the Afghan Red Crescent, (ARCS) in conflict areas. The ICRC is also running five First Aid posts, supporting ten ARCS Basic Health clinics, giving first aid training, and providing medicines and medical supplies for the treatment of the wounded on the front lines



For further information, please contact the ICRC Communications Department: +93(0) 700 282 719 / +93(0) 700 276 465
 E-mail: comco.kab@icrc.org
 Website: www.icrc.org