

Assessment of the impact on public health of  
the new directives on women's access to healthcare  
in Kabul, Afghanistan

A Report by Médecins Sans Frontières  
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## 1. Introduction

Médecins Sans Frontières has been working with the civilian population of Kabul since 1992. Currently the MSF team is assisting the Karte Seh medical hospital<sup>1</sup>, the specialist burns unit in Indira Gandhi children's hospital and the clinics in Dasht e Barshi, Taymani, Paghman and Arzan Qilat.

This summer, the Taleban Minister of Public Health instigated a new healthcare policy which, in effect, discriminates against women. This policy has received financial support from some UN agencies, notably the World Health Organisation.

New directives issued by the Ministry of Public Health (MOPH) since September as part of this health policy include:

- The closure of services to women in the main hospitals in Kabul (except for a few which accept emergency cases)
- The centralisation of women's hospital services to one medical structure - currently not functioning
- A ban on all forms of education and training for women - including medical training.

This report describes the consequences of such a policy - both immediate and long-term.

## 2. Summary and Recommendations

The new public health directives have created a crisis in healthcare for women in Kabul. The previous system, whilst not perfect, did function to provide different levels of medical care for women in a number of locations throughout the city. This has changed, with only emergency and primary healthcare now available at different locations. The provision of all secondary /hospital care is now expected to be provided by a temporary facility lacking in equipment and trained staff; all training of female staff has also been banned. Not only is a very poor level of care available but the location of this central facility makes it very difficult for women to reach there. Thus there is inadequate provision for women who fall between emergency and out-patient care.

MSF is concerned that the hasty implementation of such a policy will have a direct negative impact on public health. To avoid a public health crisis, the creation of a segregated system would require considerable financial commitment and an equal distribution of resources. In the current circumstances, this appears improbable. Therefore, MSF recommends that a review of this policy is undertaken as a matter of urgency, and that previously available healthcare provisions for women are restored.

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<sup>1</sup> There are 3 Karte Seh medical facilities: a surgical hospital with 200 beds, supported by ICRC; a 50-bed general medical hospital, supported by MSF; and a 10-bed maternity unit.

### 3. Health Indicators

Afghanistan is a country of 19 million people which has been at war for the past 18 years.

The population of the capital, Kabul (approximately 1.2 million) have been particularly affected by the war - especially the heavy fighting between Afghan factions between 1993 and 1995.

**The health status of the Afghan people is one of the worst in the world.**

- Life expectancy is 43 years for men and 44 years for women
- Infant mortality is 250 per 1,000 live births, three times that of neighbouring Pakistan and 40 times that of the UK
- Maternal mortality is 1,700 per 100,000 live births, four times higher than in Pakistan and 100 times that of the UK. In less than ten years the figure has risen by almost 50%.
- Afghanistan is one of the most heavily mined countries in the world. 40 to 50% of the victims are civilians - women and children.
- Respiratory infections are the main cause of deaths in children.
- 70% of patients suffering from TB are women.
- Diarrhoea is spreading in an epidemic fashion. Cholera and typhoid are also present. Children are the most severely affected.
- The nutritional situation deteriorates every year and poses a serious problem in both rural and urban areas. 250,000 children die of malnutrition every year in Afghanistan.
- Assistance from international agencies and non-governmental agencies alone is not enough to cope with the scale of the needs.

**In Kabul, MSF teams report that:**

- 60% of the patients seen at clinics supported by MSF are women.
- In the burns units in two main hospitals in Kabul, 40% of the patients are women and 20% are children.
- Women make up 60% of patients treated in Kabul for leishmanosis - a long-term skin condition common in Afghanistan.
- In the two months following the opening of MSF's supplementary feeding centre in Kabul, 430 children have already been treated. However they will only receive correct feeding if mothers are able to travel regularly to the centre.

#### 4. The New Healthcare Policy – A Chronology

September 1996: Kabul falls to the Taliban. Women forced to wear the veil and no longer permitted to work, except in the health sector. Girls schools are closed. A substantial number of rules are imposed on the health sector regarding the treatment of women by health workers. Despite the difficulties raised by these regulations, MSF is able to continue its programmes with Afghan doctors and nurses.

January 1997: The Minister of Public Health, Mullah Abbas, announces a policy of separation of men and women within medical structures – i.e. hospitals for men, hospitals for women. This policy only affects the hospitals in Kabul – not clinics.

From January to July this programme is not pursued. However Jamuriat hospital, a general hospital with surgical facilities in the centre of Kabul (supported by MSF for 3 years during the war), closes down for refurbishment. It re-opens as a men-only hospital to which women have no access. Female personnel from this establishment are transferred to other structures around town.

In July 1997 The MoPH makes its first attempt to implement the new policy. Hospital directors in Kabul receive a directive which states that they must cease all medical services to women and make redundant all their female staff. All women currently hospitalised, or requiring hospitalisation are to be referred provisionally to the 'Central Polyclinic' (45 beds). The plan is eventually to transfer all women's services to Rabia Balkhi hospital, which needs between 6 and 12 months construction work. The timing of this directive coincides with an important meeting between the Taliban high command and representatives of the World Health Organisation (WHO), to mark the start of rehabilitation work on Rabia Balkhi. The construction is effectively being financed by WHO, who are giving \$64,000 over six months, by UNOCHA who are giving \$43,000 and WFP, who are contributing through their 'Food for work' scheme. The directive is opposed by hospital directors who either fail to implement this policy or negotiate postponements.

UNOCHA asks the Ministry of Public Health (MoPH) to guarantee, in writing, that the opening of Rabia Balkhi would not reduce the access of women to healthcare. They receive no response and decide to suspend their financial support.

On the 6th September the MoPH issues another directive to the main hospitals in Kabul, ordering them to immediately cease all services to women and make all female staff redundant. In this same directive the MoPH indicates that the Rabia Balkhi hospital – under construction – thenceforth was to be the only hospital to receive female patients in the capital. During the construction work, the 'Central Polyclinic' (also known as the temporary Rabia Balkhi) is to serve as the sole referral hospital for women. This structure had previously never had in-patient facilities. It needs a great deal of improvement – such as the installation of permanent running water – before it can provide satisfactory services.

## 5. The Policy in Practice

- From September onwards, women are no longer admitted to Ali Abad hospital, even in emergency cases. As a symbol of protest, NGOs suspend their support for this structure on the 13th September. The Ali Abad had, until that time, been one of the principal hospitals in Kabul: it provided general and surgical facilities and had a total of 180 beds, of which 80 were for women.
- On 13th September all E.N.T, dermatology and ophthalmology services for women in the Maiwand hospital are transferred to the 'Central Polyclinic', even though these facilities are not functioning yet. Surgical cases referred cannot be admitted because the surgical unit is not operational. The Maiwand hospital also has a paediatric unit of 175 beds, of which 45 are reserved for seriously malnourished children. The medical staff is halved. There is now only one doctor available to cover the whole paediatric unit overnight.
- On 15th September, Wazir Akbah Khan hospital, the largest surgical facility in Kabul (250 beds of which 74 were for women), winds down all its activities for women, despite the presence of 55 female in-patients; on 27th September, 20 remain. On 19th September, the female staff is reduced from 68 to 7 (4 nurses and 3 cleaners).
- On 18th September, the Karte Seh surgical hospital (200 beds, of which 20 are exclusively reserved for women, plus 46 other beds in the paediatric intensive care for possible use by women ) stops performing all non-emergency surgery on women.
- On 18th September, non-emergency admissions of females, both children and adults, are stopped at the 50-bed Karte Seh medical hospital. This hospital, supported by MSF, had provided services to men, women and children. Twenty beds had previously been reserved for women here, and 15 for children.
- On 20th September, faced with the protests of medical staff, both Afghan and expatriate, the Minister for Health accepts one concession: emergency cases, and only emergency cases, can be admitted at all hospitals in Kabul.
- On 24th September, a new directive by the Minister for Health announces the closure of all private hospitals in Kabul with an in-patient facility.
- On 25th September the 10-bed Karte Seh maternity hospital is closed. All medical personnel and equipment from this unit are transferred to the 'Central Polyclinic'.
- On 8th October, female personnel in the 50-bed Karte Seh medical hospital are told they are no longer allowed to do their jobs.

- On 19th October, all female patients at Wazir Akbar Khan hospital are dismissed. Of the 12 female patients, two are referred to the Central Polyclinic; two are referred to Indira Gandhi paediatric hospital and eight are still missing, some of whom have bullet injuries.
- On 19th October, the last remaining 15 female staff at Karte Seh surgical hospital are dismissed. At this time there were still 40 female patients in the hospital, including those in the intensive care unit.
- On 19th October all emergency admissions of female patients are banned at Wazir Akbar Khan hospital.
- On 21st October, only one female patient remains at the 50-bed Karte Seh medical hospital in-patient department. MSF decides to suspend its assistance to the hospital.

## 6. Current State of Health Services in Kabul:

### A) General Description of Health Services Available in Kabul:

- 22 hospitals
- 26 clinics
- 33 Mother-and Child units
- 7 specialised clinics
- 30 nutritional centres.
- Total number of hospital beds - 2,679
- Estimated total population - between 1.2 and 1.5 million

### B) Description of the Central Polyclinic - see Annex for details

- In-patient facility - 45 beds functioning
- Out-patient facility limited
- Surgery - not functioning. No surgical equipment operating - no oxygen available.
- General services - no running water without generator, no electricity in surgical unit.
- Specialised and complementary services - (labs, X-ray etc.) - not functioning
- Medical personnel - very short-staffed. Only one female surgeon qualified to practice.

## 7. Effects of the New Healthcare Policy

### 1) Short-Term Consequences

#### A) Reduction in in-patient facilities for women.

- Suspension of admission at Ali Abad hospital (180 beds)
- Suspension of admission to Wazir Akbah Khan hospital (250 beds)
- Admission of women to Maiwand hospital (which has 175 paediatric beds) strictly limited to emergency cases only
- Admission of women to Karte Seh surgical hospital (200 beds) strictly limited to emergency cases only
- Admission of women to Karte Seh 50-beds medical hospital strictly limited to emergency cases only
- Closure of the Karte Seh maternity hospital (10 beds)

#### B) Reduction in the quality of care

- At Maiwand paediatric unit, following the transfer of all female personnel, only one doctor remains for 175 beds, of which 45 are seriously malnourished children. Re-nutrition treatment requires close attention at all times.
- Dismissal of female workforce at the 50-bed Karte Seh medical hospital
- Dismissal of female workforce at the 200-bed Karte Seh surgical hospital
- Many female healthcare workers prefer not to go out following the Taleban's recent directives.

#### C) Under-Resourcing of Health Services for Women

- both infrastructures and installations within these facilities are under-equipped
- there are insufficient medical personnel to respond satisfactorily to the health needs of women
- there is a notable lack of a wide range of health services for women, particularly specialist services.
- there is an insufficient number of hospital beds for women. 260 beds were previously reserved for women in hospitals around Kabul. MSF estimates that there are now less than half this number in those facilities.

#### D) Reduction in women's access to healthcare

The centralisation of the healthcare system for women into one location seriously compromises their access to services, not least because of the difficulties that women encounter trying to travel to this facility. This lack of mobility has a number of causes:

- the rarity of ambulances – public or private
- the poor socio-economic status of women
- the strict restrictions laid down by the Taleban on women travelling, on both public and other forms of transport.



#### E) Active denial of care to women

Every day, people working in the health structures are witness to the prohibition of healthcare to females by the Taleban militias (see Annex II - Examples of discrimination, for details).

### 2) Long-Term Consequences

There are clear indications that the new healthcare policy is likely to last, and be extended to other parts of the country. The discriminatory measures being implemented carry the following long-term risks:

- a) a worsening of the already poor health indicators in the country:
  - increase in maternal mortality, neo-natal mortality and infant mortality.
  - increase in the incidence of infectious diseases (esp. TB) amongst the general population of the capital and surrounding areas.
- b) a further reduction in the general availability of care for women, provoked by the possible suspension of international funding to establishments which implement segregation by gender.
- c) a further reduction in the quality of care for women, as a direct result of the reduction of available female staff and the ban on all forms of education and training.

## APPENDIX 1 : AN EYE-WITNESS REPORT OF CENTRAL POLYCLINIC

MSF visit to Central Polylinic on 20/9/97 and 21/9/97

The MSF team was escorted by the newly appointed director of the hospital, Dr. Saliha Nabizabah, and occurred in the afternoon when many of the rooms were locked.

### Current status of hospital :

- Current water supply is one hand-pump approx. 50 metres from the front door of the hospital, and the carrying of buckets to the ward by hand.
- Electricity is present in only some rooms of each floor. Overhead light in one operating room was functioning today.
- Approximately 25 inpatients (3 surgical, 22 medical).
- Approximately 25 ENT (Eye Nose Throat) patients were discharged/asked to return in two days' time after which time surgery was said to be available.
- Current capacity for inpatients with beds, sheets, mattresses, estimated to be 45, however availability of staff unknown.
- Laundry is expected to be functioning tomorrow, although water supply currently inadequate.
- The director has been told that Central Blood Bank (the adjacent building) will give half an hour of water each day. Unclear whether water pipes work.
- Pharmacy - consisted of 3 rooms, 2 of which were full of old furniture. Current supply of drugs very limited, with no injectable meds, no IV fluids/cannulaes/ giving sets /syringes/needles/dressing materials.
- Laboratory locked, said to have inadequate instruments, reagents and microscopes.
- OPD with some chairs and tables, but nothing else. For example, no slit lamp in ophthalmology room.
- Second floor contains :
  - 2 four-bed rooms for ENT patients, with beds, mattresses.
  - 2 four-bed rooms for surgical patients with beds, mattresses.
  - Approx. 20 medical beds with sheets and mattresses.
  - Gynaecology ward with beds set up in corridor area.
  - Obstetric ward with 8 beds, 1 delivery room, 1 D&C room, 1 nursery.
- Third floor contains :
  - 2 operating rooms with 1 operating table, and 2 portable tables.
  - 1 autoclave non-functional
  - 1 refrigeration, yet to be assessed if functional
  - 1 "oven for sterilisation", looks like incubator
  - 1 anaesthetic machine yet to be connected
  - Surgical instruments : minimal
  - 2 four-bed rooms with sheets and blankets
  - Many broken bed frames in corridors.
  - X-ray room with non-functional machine, as lacking cable.



## ANNEX II : EXAMPLES OF DISCRIMINATION

The health workers who provided the following information cannot be identified for reasons of personal safety.

- A doctor in one of the largest hospitals in Kabul says that he was unable to help a female patient with 80% burns. He was prevented by a member of the Taleban from removing the patient's clothing. When he explained that she would die if he did not the Taleban said, 'Many Taleban die in the battlefield'.
- On 27th September, the MoPH issues new directives concerning private clinics. Among other things, the new decrees required the closure of all private clinics with in-patient departments. Two days later a Taleban delegation arrived unexpectedly at a private clinic. They forcibly closed the clinic and expelled two women who were in labour.
- In September, a highly contagious female TB patient was sent home before the end of her treatment thus putting her family at risk of infection. During the same period a 14-year-old female patient in a critical state was refused emergency care at the Central Polyclinic for lack of basic resources.
- In early October, a male doctor was called by his neighbour to attend a woman in a deep coma. He referred her to the emergency department of the nearest hospital which refused to admit her.
- On 6th October, Radio Sharia announced the prohibition of drawings, photos and other images of human beings. Staff at health clinics supported by MSF were forced to destroy the public education posters used for the training of health workers. Many Afghans are illiterate so this effectively brings training of health staff to an end.
- On 7th October, 3 women and their 3 children, all of whom were in stage 2 of malnutrition (i.e severely), were trying to get access to an intensive feeding centre. They were accompanied by two other women who are healthworkers of a humanitarian organisation. The vehicle in which they were travelling was stopped at a checkpoint, the driver was severely beaten by a member of the Taleban and 2 members of the religious police. He received 25 lashes with an electric cable on the hands and forearms, for having allowed one of the mothers to sit in the front passenger seat. The mothers and their children were forced to leave the vehicle and were unable to reach the feeding centre.