

Doctorane Omid



Afghanistan programme for doctors

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Capacity Building
International, Germany



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Afghanistan programme for doctors

Since mid-2002, *medica mondiale* has been running the *Afghanistan programme for doctors - Doctorane Omid*, in conjunction with InWEnt Capacity Building International, Germany. This programme helps Afghan women doctors and midwives living in Germany to treat women and girls in state hospitals in Afghanistan, whilst also enabling their colleagues on the spot to become qualified to work with traumatised women.

This programme is being run in close cooperation with the Afghan Ministry of Public Health and is receiving support from the German Federal Government in the framework of bilateral development work with Afghanistan.

Programme objective

The aim of this programme is to offer medical treatment in state hospitals in Afghanistan to women and girls, taking their difficult psychological situation into account. Decades of war and violence in everyday life have left their mark in Afghanistan; women and girls in particular suffer from the consequences of this. They have been subject to, and continue to suffer from, rape, being forced into prostitution or marriage and trafficking in human beings, as well as suffering from severe domestic violence. These experiences of violence are gross violations of human rights! Women and girls, who have experienced this may suffer psychological trauma, i.e. profound damage at the psychological level. Traumatic experiences go beyond the bounds of what people can generally bear and bring about long-lasting and serious psychological and physical damage. Typical symptoms of trauma include insomnia, panic attacks,



constant agitation and nervousness, pain with no direct physical cause, as well as apathy and being socially withdrawn. Many people find they can no longer cope with the demands of everyday life. Existing ailments may be exacerbated by the trauma (e.g. high blood pressure). Numerous Afghan women suffer from severe depression as a consequence of their traumatic experiences, many of them are suicidal or have already attempted suicide on one or more occasions. There is a high incidence of psychosomatic disorders amongst women in Afghanistan.

In the course of medical examinations and consultation, the trauma may be experienced again, in a process known as retraumatisation, without the medical staff who are treating the patient being aware that this is occurring. The trauma may be experienced all over again and thus be exacerbated: this may be triggered by anything connected with the traumatic experience, a particular smell, a particular sound or certain parts of the body being touched. It is important to avoid this potential retraumatisation and to identify psychosomatic disorders, which often arise subsequent to traumatic experiences.

On the one hand, working with female Afghan doctors and midwives living in exile provides an opportunity for women and girls in state hospitals to receive direct medical care, without triggering retraumatisation. On the other hand, medical staff on the spot glean specialist know-how on how to deal appropriately with traumatised patients, which enables them to act accordingly too.

Contents of programme

Every year 10-15 Afghan female doctors and midwives are seconded from Germany to Afghanistan to work for several weeks or months in state hospitals in Afghanistan. The seconded doctors and midwives receive intensive training before their departure and have extensive expertise in dealing with traumatised women and girls. In addition to dealing with patients in a sensitive, empathetic manner and taking their side, this also includes an understanding of the causes and impact of traumata, diagnosis of trauma symptoms and psychosomatic diseases, along with an awareness of how support can be provided to people coming to terms with trauma. This approach to treatment aims to enable patients to exercise control over their bodies themselves or to regain this control. The medical staff in the programme explain and inform the women and girls about what is happening to them, receive their consent and respect their right to share in determining what happens. This means that they avoid once again putting the women in a position of impotence or violating their boundaries.

Traumatised people respond very differently to the experience that caused the trauma. Some are able to draw on their own strength and inner resources and, with support from a positive social environment, manage to attain stability



weeks or months later - with and without therapeutic support. Others develop physical and psychological symptoms, which are an additional burden and make daily life more difficult. The topic of trauma is an extreme taboo, the living conditions for women are generally difficult, and domestic violence persists; this combines to create a unfavourable environment in which to work through trauma.

Trauma symptoms often appear immediately after the event, but in some cases may emerge much later, for example, if something reminiscent of the original incident occurs, or if people suffering for trauma are subject to major psychological strain again e.g. during a stay in hospital. Psychosomatic disorders are expressed in various ways: for example, women often suffer form pain where no physical cause can be detected, others suffer from insomnia or numbness. The doctors and midwives working in this programme work as medical staff

rather than as therapists. However, they do place a particular focus on sensitivity to trauma in their work, in order to avoid renewed traumatising of the patient during time in hospital. If a patient asks them to, the doctors and midwives can put patients in touch with other projects run by medica mondiale, should further support e.g. a meeting with a therapist be needed.

As well as working directly on the wards, participants in the Afghanistan doctors programme also act as multipliers, specifically in the area of developing the skills of Afghan medical staff.

Knowledge is transferred on the one hand at a theoretical level, through presentations, or information meetings on specific topics and is also conveyed "on the job". In addition to specialised medical knowledge and skills concerning working with traumatised patients, the doctors and midwives in the programme also share techniques for self-protection, to help protect medical staff from what is known as a secondary traumatising, which is particularly likely when there is close extended contact when working with traumatised patients. This self-protection helps ensure that medical staff are fit and able to continue with their work, whilst also making it easier for them to cope with the strain.

All participants in the programme are qualified specialists or trained midwives with many years of professional experience. The doctors come from various disciplines; they include gynaecologists, GPs, internists, anaesthetists, dentists, ophthalmologists and paediatricians.





The organisations running the project

medica mondiale

medica mondiale is a non-governmental organisation, with a remit to provide direct long-term assistance to women and girls affected by gender-specific violence in war and crisis zones.

medica mondiale was set up in 1993 by gynaecologist Dr. Monika Hauser in conjunction with Bosnian psychologists in response to the mass rapes in Bosnia, where a women's therapy centre was set up in Zenica; further centres followed. Since early 2002 medica mondiale has been active in Afghanistan and is acting to improve the living conditions for Afghan women by combining medical and psycho-social work, plus political commitment.

InWEnt

InWEnt, the leading German institution for human resources, further training and dialogue ran various projects in Afghanistan in 2002 and 2003, including projects to improve services aimed at the general public in the area of reproductive health and women's health. Through training of trainers schemes, participants from public health bodies and non-governmental organisations, acquired specialist expertise in the fields of reproductive health and provision of care for mothers and children, as well as learning about participatory, gender-sensitive training methods.

Capacity building for multipliers in the health sector plays an important role in developing health services and ensuring high-quality health care.

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