

TORRE

LA TRAM

TILL THE LAST BIRD SINGS



TILL THE LAST BIRD SINGS

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This is a work of fiction. Names, characters, and incidents are the product of the author's imagination and used fictitiously. Any resemblance to actual persons, living or dead, or events is entirely coincidental.

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**A special thanks to all the
EMERGENCY staff in Afghanistan.
Because, thanks to you, no one
is left behind.**



TORRE

LA TRAM

TILL THE LAST BIRD SINGS

**A SHORT STORY ABOUT
ACCESS TO CARE IN AFGHANISTAN**

PREFACE

In the last two years Afghanistan has largely disappeared from the news, despite remaining one of the worst humanitarian crises in the world. Since international troops left the country, violence has not ended and extreme poverty has risen, exacerbated by drought and other natural disasters.

After the fall of Kabul and change of government in August 2021, Afghanistan's international reserves were frozen, with disastrous effects on the country's economy. The new authorities have not been recognised by the international community, and many diplomatic missions, particularly Western ones, have been withdrawn.

In a country that previously depended on international aid for 75% of its public spending, the chances of a decent life for Afghans have fallen drastically because of the general lack of services, including essential healthcare.

"How are Afghans doing?" is the question that prompted this graphic novel, a project conceived by EMERGENCY and produced thanks to the support of the European Union's Directorate General for Civil Protection and Humanitarian Aid Operations, a donor to EMERGENCY's work in Afghanistan.

Afghan people have always had to face a range of obstacles and barriers when trying to access healthcare, but since 2021 the situation has changed once again. Treatment is too costly, there are few ambulances for emergencies, and facilities are inadequate, lacking specialist staff, machinery, electricity and water, especially in rural areas.

As you will see in the following pages, women are a particularly vulnerable group in Afghanistan. For them, the chances of getting prompt, effective treatment are even lower: a lack of safe, efficient means of transportation, the absence of clinics providing obstetrics in rural areas, and a decrease in spending power make women's access to care very difficult.

This is the legacy of 40 years of war which have left the country dependent on international aid and its people extremely vulnerable.

In EMERGENCY's report "Access to Care in Afghanistan: Perspectives from Afghan People in 10 Provinces," we sought to take a snapshot of the healthcare situation in the country, using research we carried out in ten of the Afghan provinces where we work. This research involved patients, caregivers, EMERGENCY's own medical staff and those at Afghan public hospitals.

Using this report, the drawings of La Tram and the words of Francesca Torre, who visited our projects in Afghanistan together in July 2023, we want to shine a light on some of the issues the Afghan people currently face, from the vantage point of our hospitals and healthcare centres. EMERGENCY has been in Afghanistan since 1999. Until August 2021, most admissions to our facilities were for war-related injuries. Since the conclusion of the conflict, civilian trauma has become the main reason for patients coming to our facilities.

However, we still receive patients with violent wounds, from gunshots, stabbings and explosions. The statistics show that although the conflict has formally ended, we can still speak of "victims of war and violence." In 2023, over 300 of those victims were children.



EMERGENCY ONG Onlus is an independent non-governmental organisation. It provides free, high-quality medical and surgical treatment to victims of war, landmines and poverty. It promotes a culture of peace, solidarity and respect for human rights. Since 1994, EMERGENCY has worked in 20 countries around the world, providing free medical care in accordance with its core principles: equality, quality and social responsibility. EMERGENCY has treated over 13 million people.

AUTHORS' PREFACE

How has Afghanistan changed since 15 August 2021?

We wanted to answer that question from the point of view of the staff and patients at EMERGENCY's hospitals, health centres and First Aid Posts. It's a partial view, but a thorough one, revealing the changes in a society that is experiencing a period without direct conflict for the first time in decades. The narratives of different characters who cross the country during a working day intertwine to show the mark the organisation has made on access to care and protecting health as a human right. We are telling the story of a change from below, a change that has come from solidarity between people. You see that solidarity in the professional and human relationships between nurses and obstetricians, in the interactions between new mothers at the Maternity Centre in Anabah, in the new ways spaces are used at the Surgical Centre for War Victims in Kabul, in the transformation of the very concept of an emergency. We do not know what the future will hold for Afghanistan, but we wanted to capture the present with a story made up of extraordinary little moments, accompanied by the singing of goldfinches: a traditional metaphor for a people who endure in spirit and celebrate their innate poetry in spite of the enormity of their situation and the vulnerability of everyday life.

FRANCESCA ROMANA TORRE
LA TRAM (MARGHERITA TRAMUTOLI)

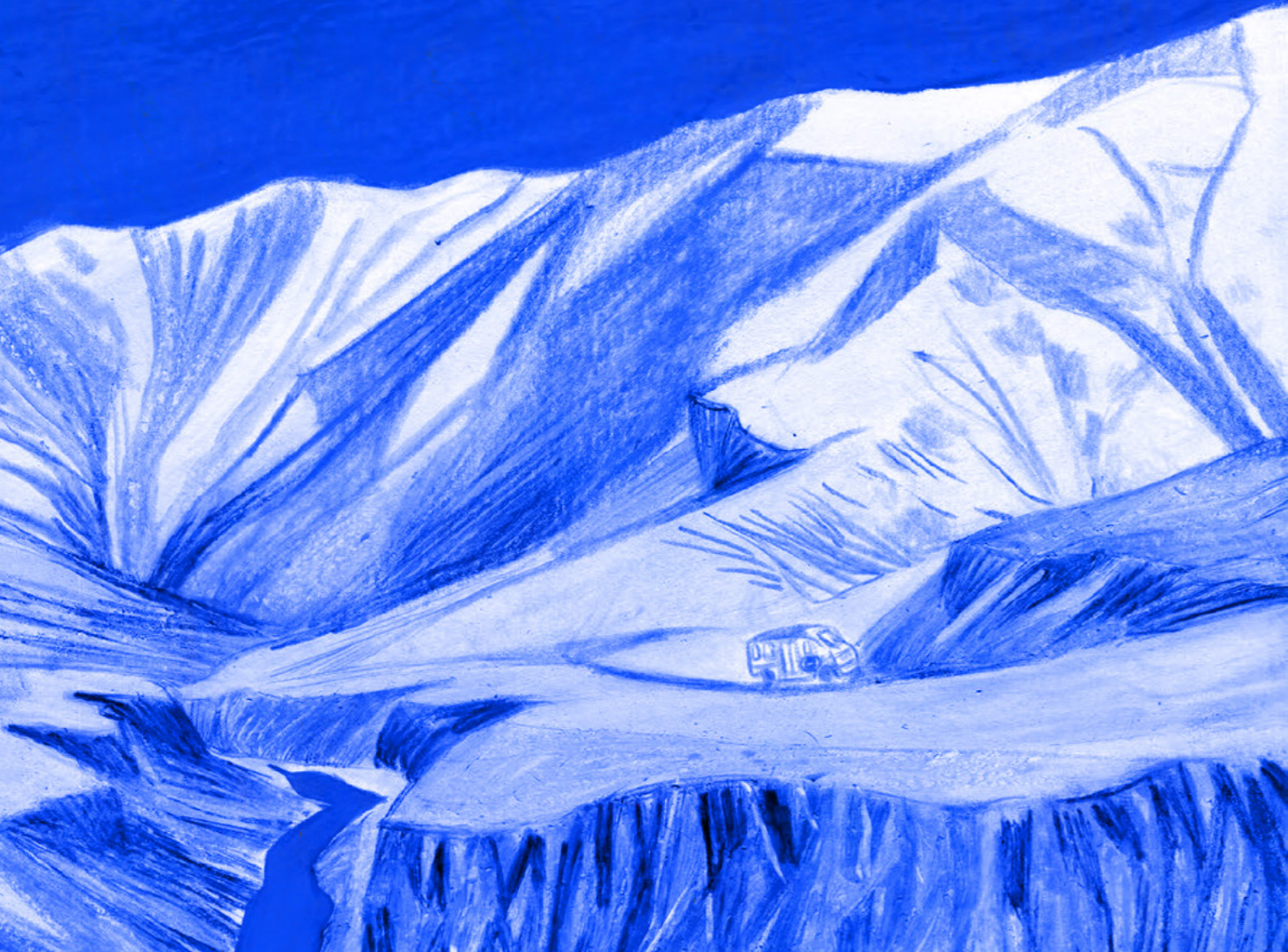
FRANCESCA ROMANA TORRE

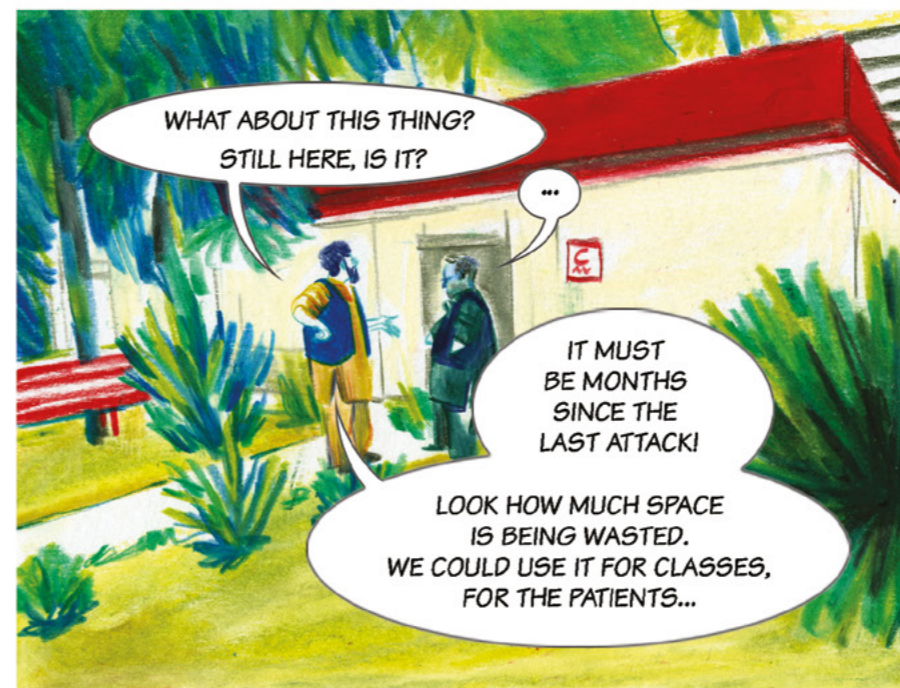
After spending some years in the audio-visual field, writing several full-length films and the documentary *Vicine about the Lucha y Siesta women's shelter*, Francesca Torre began working as a proof-reader at *Panini Comics*. In 2020, as editor of the comics section of the website *Stay Nerd*, she wrote an article about sexual harassment in the Italian comic book business, followed by co-founding the collective "Moleste" in October of the same year. She also curated the introductory events for *Arf! Festival's* "Women in Comics" show at the Palazzo Merulana in Rome. In 2021, she was one of the contributors to the anthology *Fai rumore* and coordinated the publishing for *Il Castoro Editore*. Currently, Torre is on the editorial board of the magazine *Smack!*, which focuses on comics and gender equality. In 2024, her graphic novel "Letà verde" will be published by *Castoro Editore*.

LA TRAM

Margherita Tramutoli - La Tram - has a degree in International Relations and a diploma in Comic drawing and colouring. She started as an aid worker and graphic designer for non-profit organisations, then went on to put her concern for social issues into comics and illustration. Her work includes *Bandierine-Tutta una storia di resistenza* (Barta Edizioni, texts by Tuono Pettinato), *Post Pink-Antologia di fumetto femminista* (Feltrinelli), *Sister Resist* (Beccogiallo), *Il mostruoso femminile* (Tlon) and *La prima bomba* (Feltrinelli, texts by Marzo Rizzo). She has worked with *Jacobin*, *Linus*, *L'Espresso*, *Corriere della Sera*, *Sonzogno*, *Salani* and *La Revue Dessinée Italia*. La Tram is one of the founders of "Moleste," the collective for gender equality in the comic book business which produced the anthology *Fai rumore* (Il Castoro Editore), with a story written by Francesca Torre. She teaches colour theory at The Sign: Comics&Arts Academy in Florence.

"WE DO NOT KNOW WHAT THE FUTURE WILL HOLD FOR AFGHANISTAN, BUT WE WANTED TO CAPTURE THE PRESENT WITH A STORY MADE UP OF EXTRAORDINARY LITTLE MOMENTS, ACCOMPANIED BY THE SINGING OF GOLDFINCHES."







TAGAB, 2020.

HEY, NASIR!
HOW ARE THINGS?



HOW MANY PEOPLE HAVE COME IN FOR VACCINATIONS TODAY?

AT LEAST TWENTY. A LOT MORE THAN LAST MONTH.

UAAAAAAAAAAAA!

CALM DOWN... LET'S GO IN...

OH, NO!

BOOOM



GET THE AMBULANCES READY!

QUICK! QUICK!

THERE'S NOTHING MORE WE CAN DO FOR HIM. WE NEED TO THINK OF THE OTHERS.

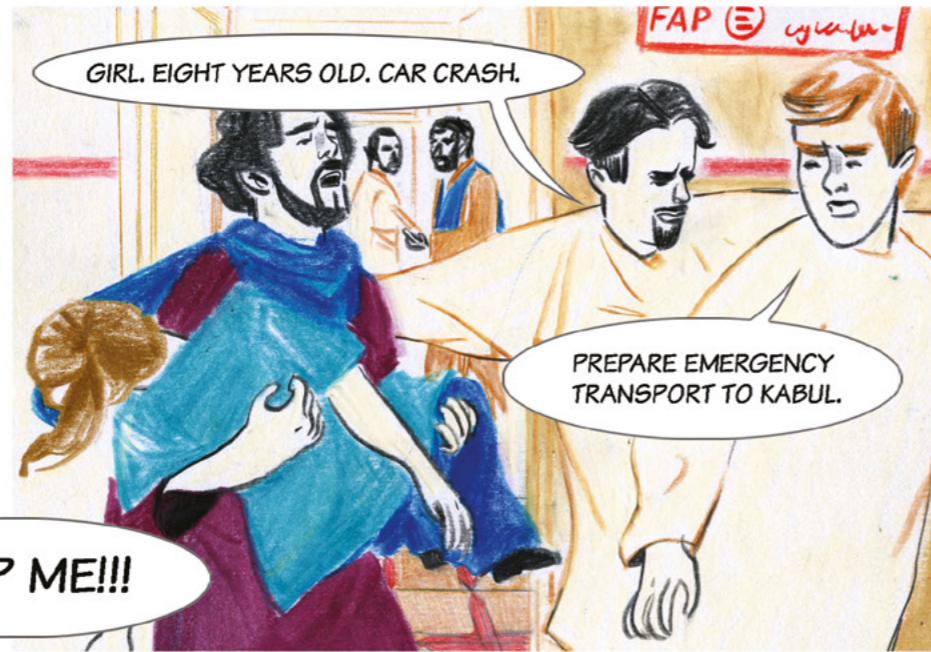
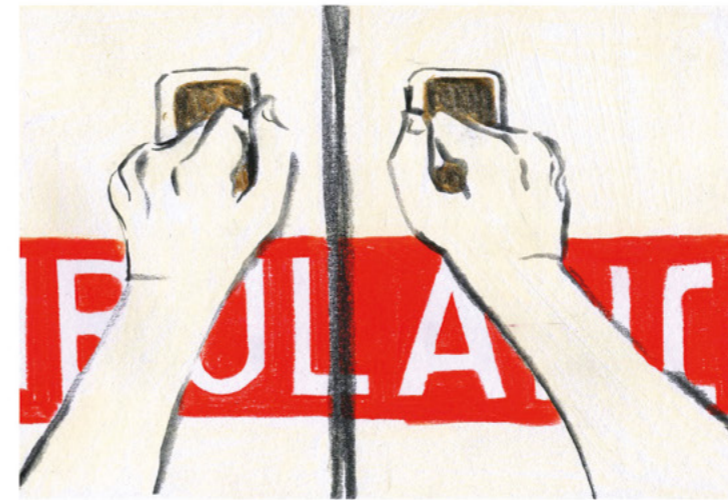
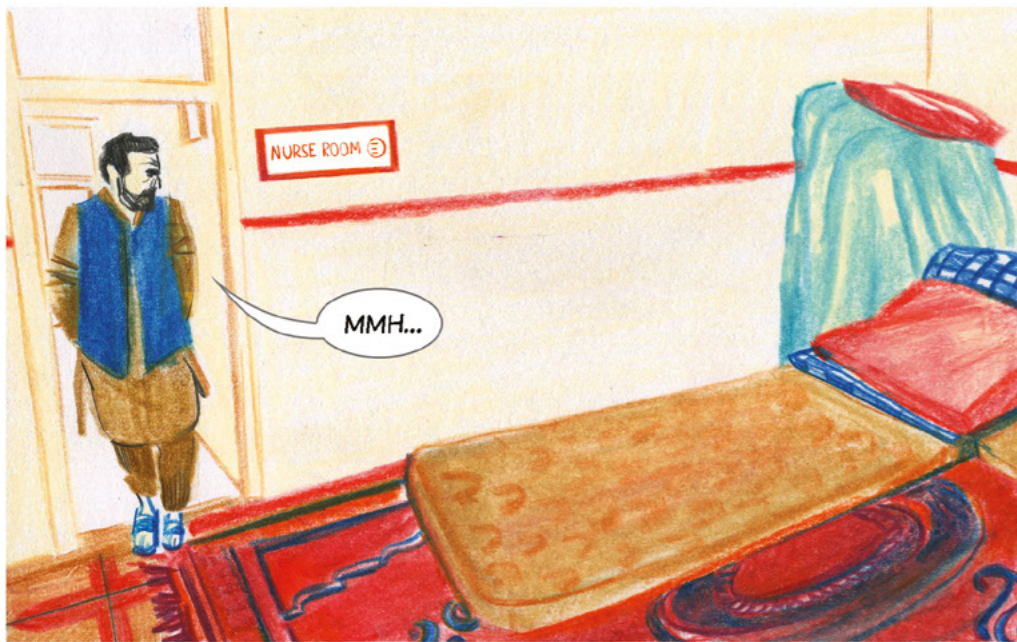
MASS CASUALTY HALF A MILE AWAY. REPEAT, MASS CASUALTY HALF A MILE AWAY!



NASIR...?

NASIR!

HE'S ALIVE! HE NEEDS TO GO IN THE AMBULANCE TOO. COME ON!







HAVE A GOOD DAY AT WORK, GIRLS.

YOU TOO, RAHIMA.

SHALL WE SEE EACH OTHER LATER?

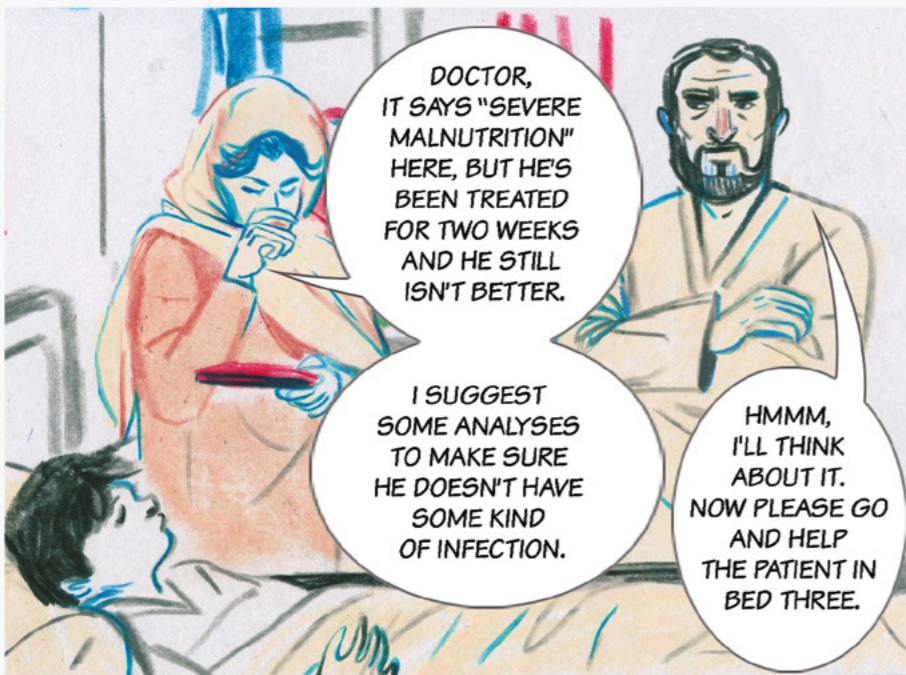


FALL FROM HEIGHT. ARRIVED LAST NIGHT.

HOW ARE YOU TODAY, HAJI?



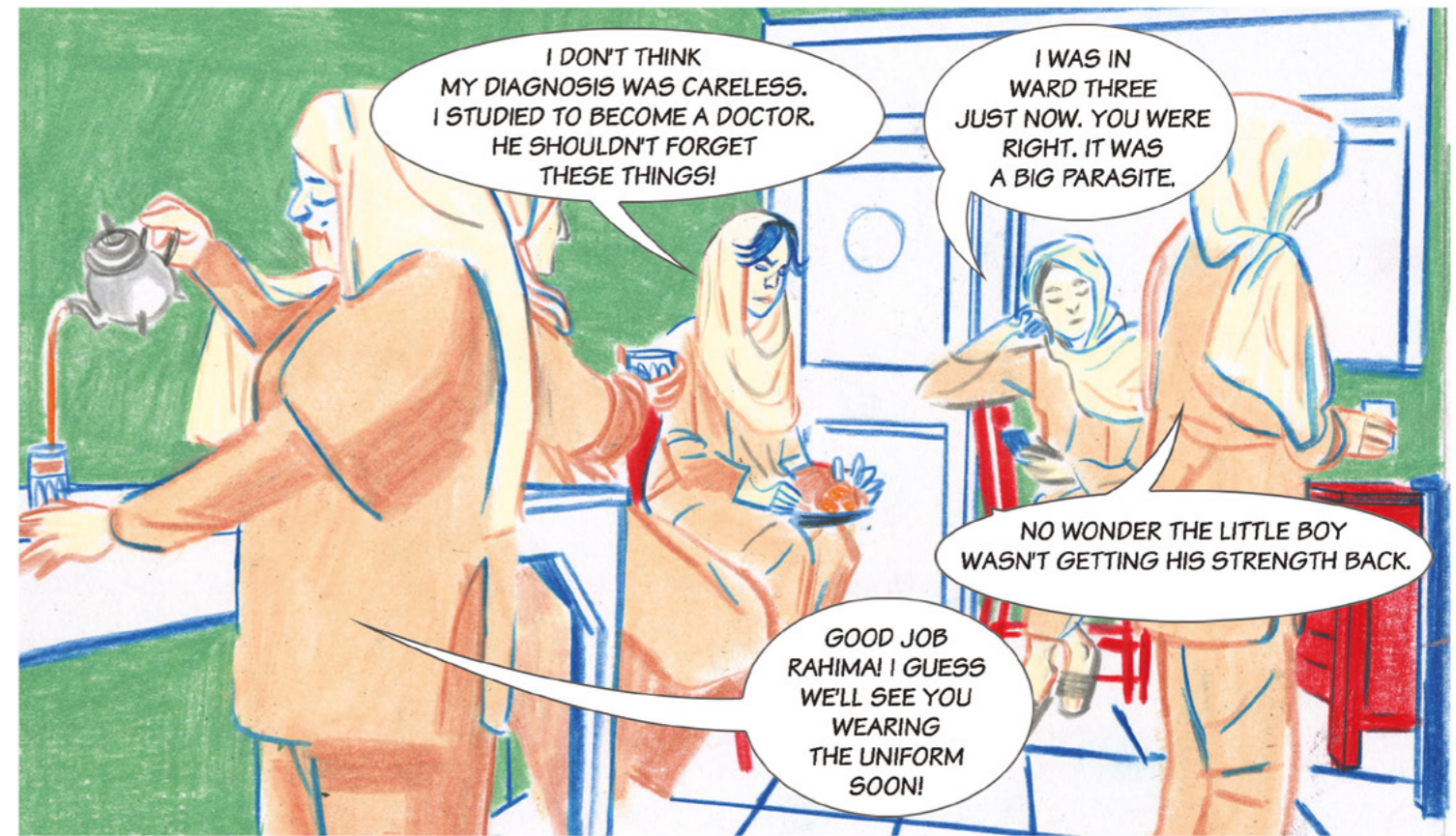
?



DOCTOR, IT SAYS "SEVERE MALNUTRITION" HERE, BUT HE'S BEEN TREATED FOR TWO WEEKS AND HE STILL ISN'T BETTER.

I SUGGEST SOME ANALYSES TO MAKE SURE HE DOESN'T HAVE SOME KIND OF INFECTION.

HMMM, I'LL THINK ABOUT IT. NOW PLEASE GO AND HELP THE PATIENT IN BED THREE.



I DON'T THINK MY DIAGNOSIS WAS CARELESS. I STUDIED TO BECOME A DOCTOR. HE SHOULDN'T FORGET THESE THINGS!

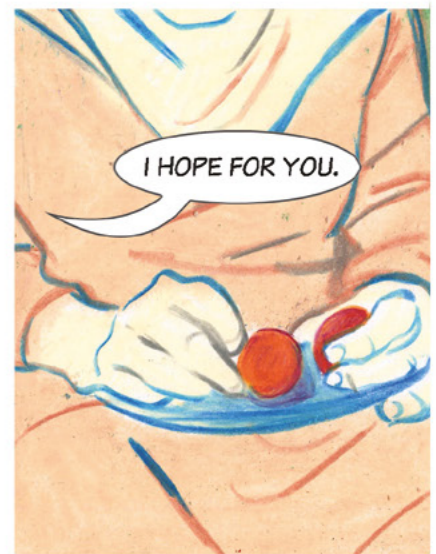
I WAS IN WARD THREE JUST NOW. YOU WERE RIGHT. IT WAS A BIG PARASITE.

NO WONDER THE LITTLE BOY WASN'T GETTING HIS STRENGTH BACK.

GOOD JOB RAHIMA! I GUESS WE'LL SEE YOU WEARING THE UNIFORM SOON!



I HOPE...

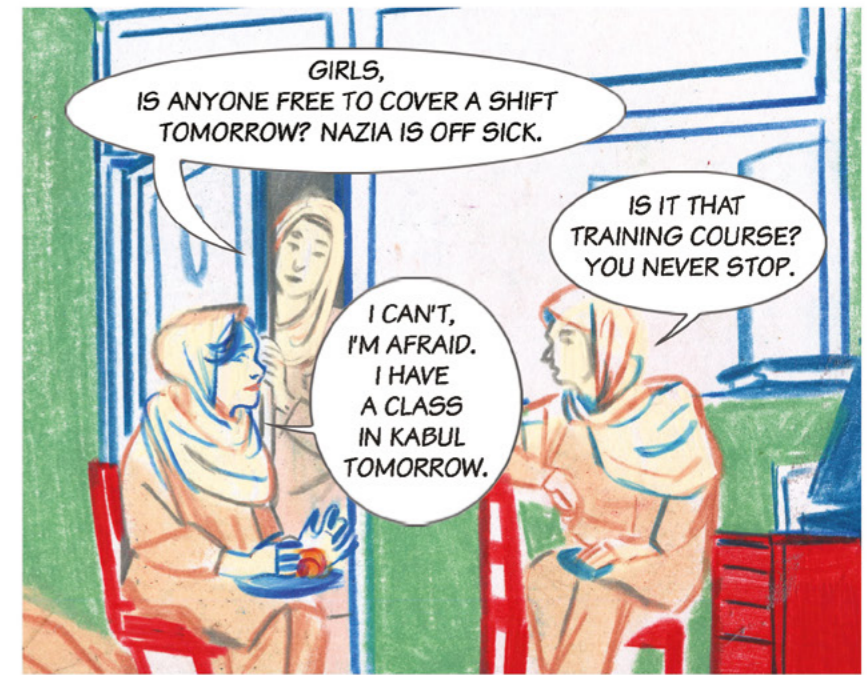


I HOPE FOR YOU.



SOME TEA?

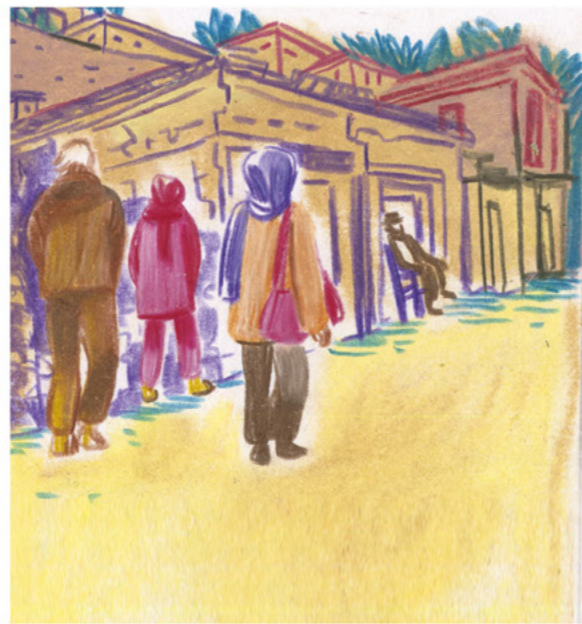
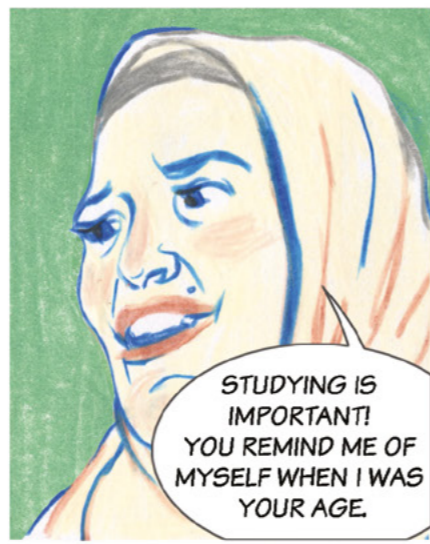
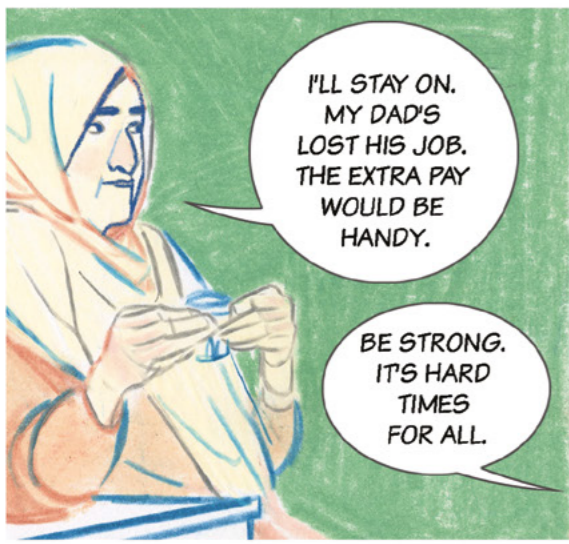
THANKS, HABIBA.

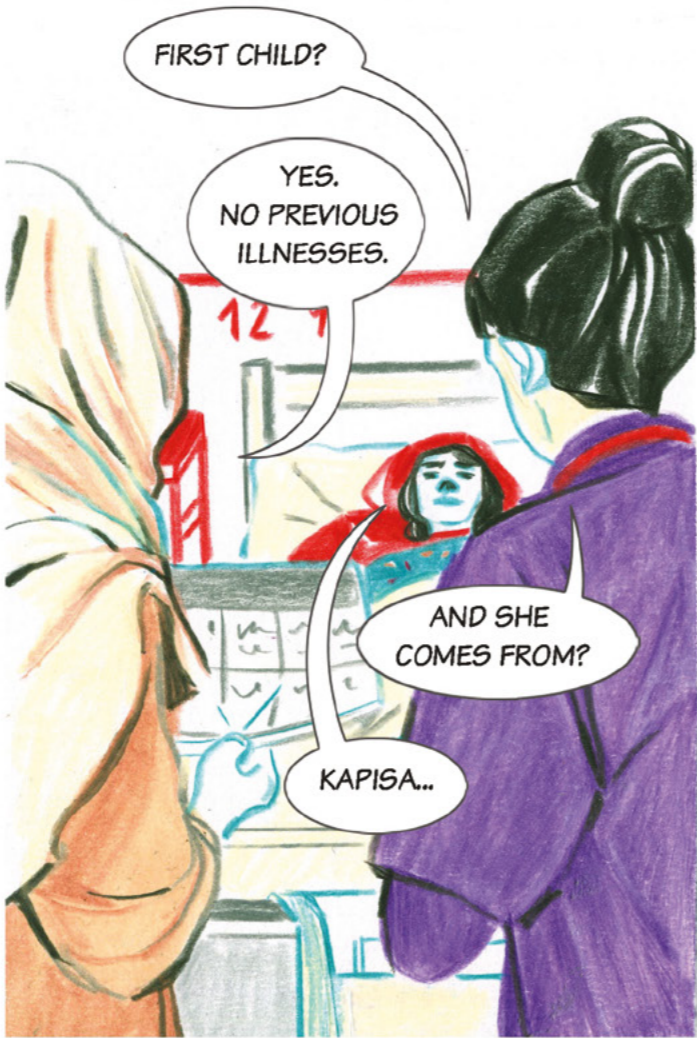
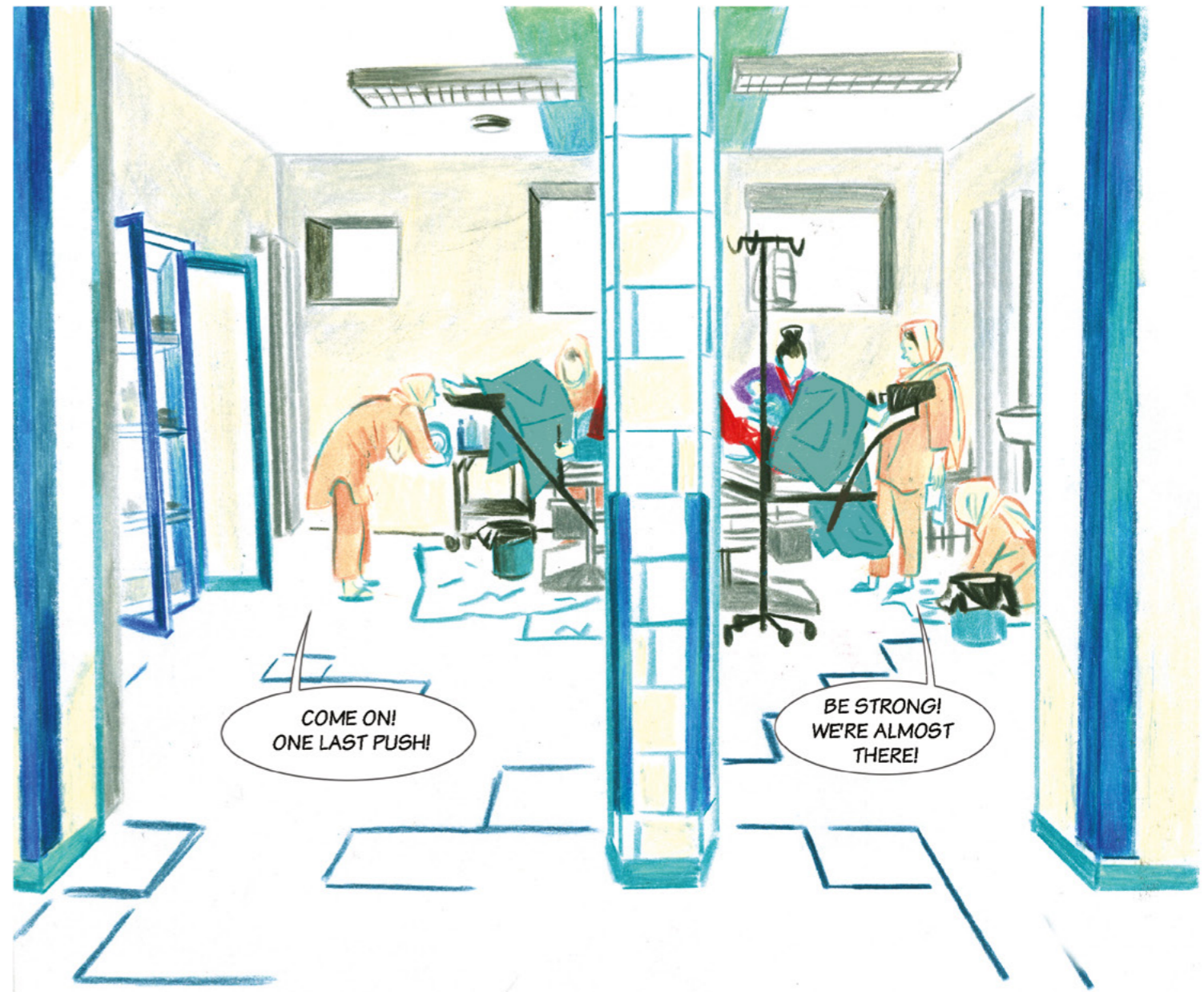
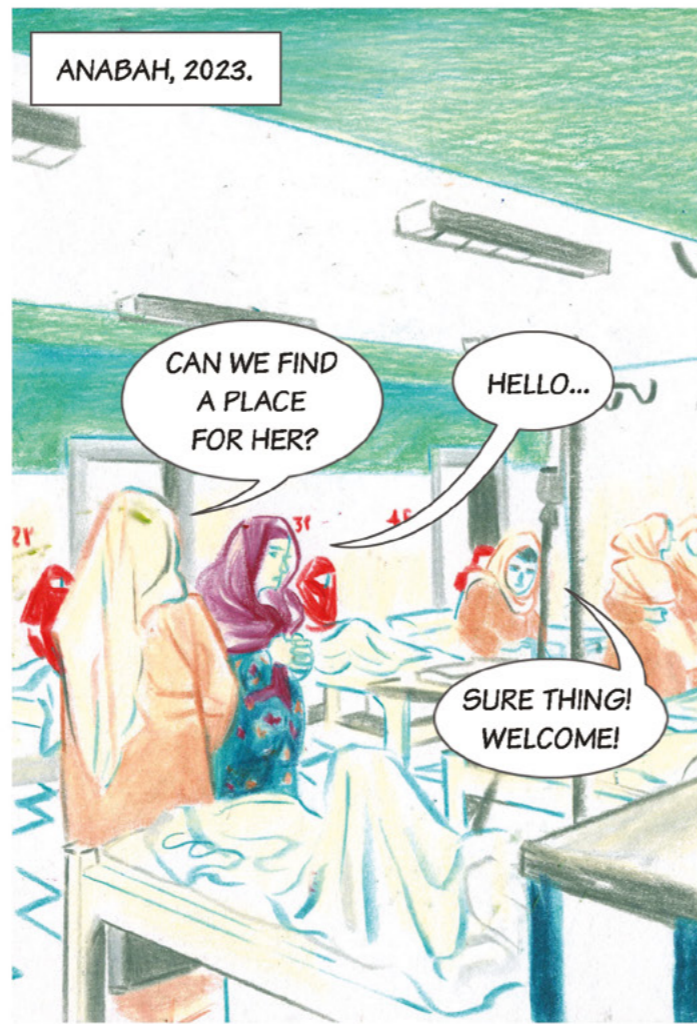


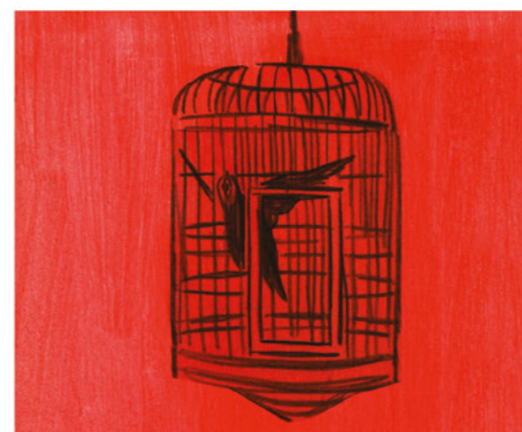
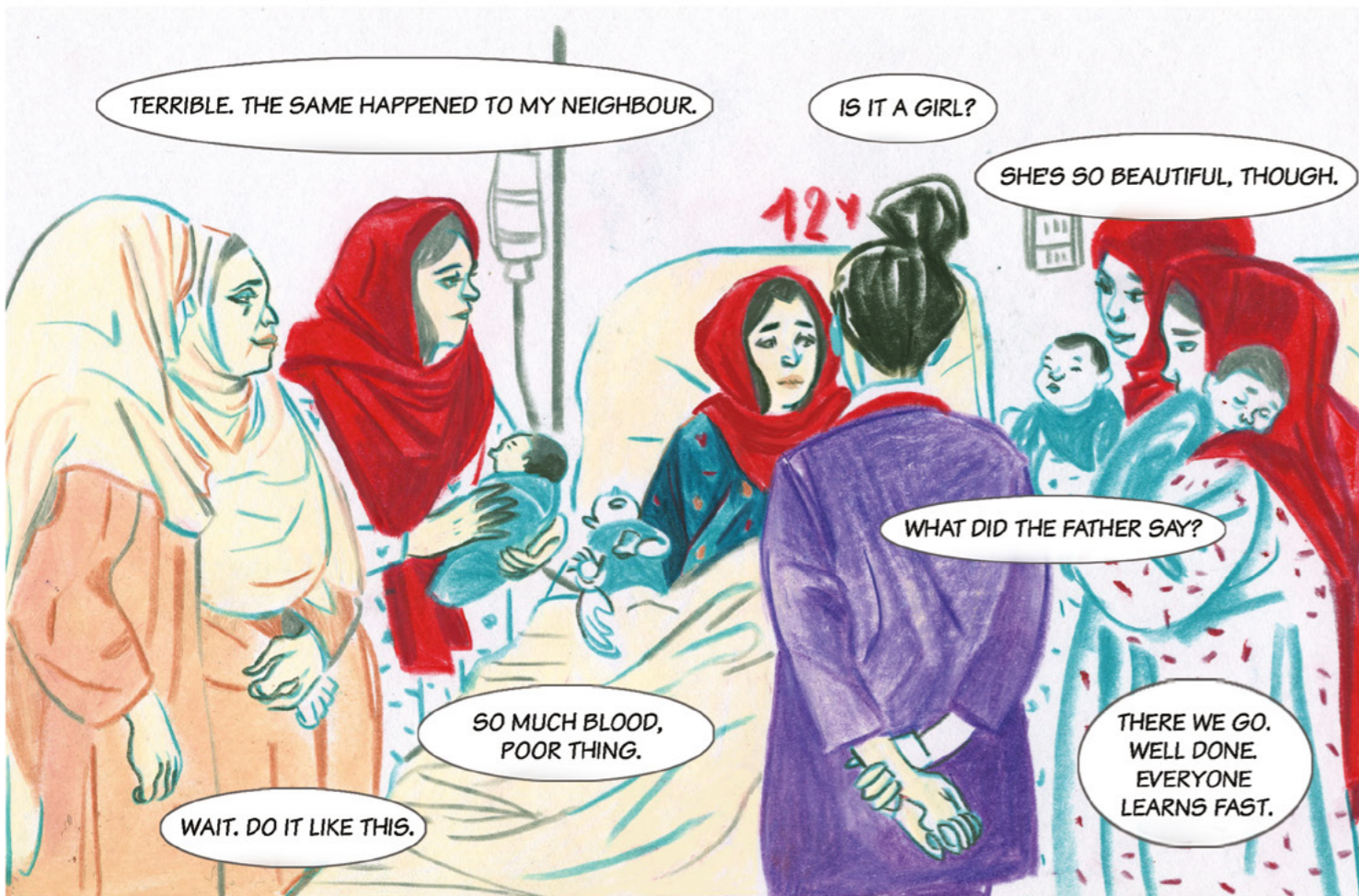
GIRLS, IS ANYONE FREE TO COVER A SHIFT TOMORROW? NAZIA IS OFF SICK.

IS IT THAT TRAINING COURSE? YOU NEVER STOP.

I CAN'T, I'M AFRAID. I HAVE A CLASS IN KABUL TOMORROW.









GIRLS,
I AM HOME.

HI DAD.

IT'S ALMOST READY!



DID YOU STUDY, TAHIRA? OR DID YOU
PLAY ALL DAY WITH THE GOLDFINCH?

I HAVE
STUDIED
WITH THE
GOLDFINCH.

SOMETHING
ARRIVED FOR YOU!

I'LL GET IT.



RAHIMA,
WHAT
ABOUT
YOU?
HOW WAS
YOUR DAY?

PRETTY
HARD...
BUT IT'S
ALL RIGHT.



HERE YOU GO!



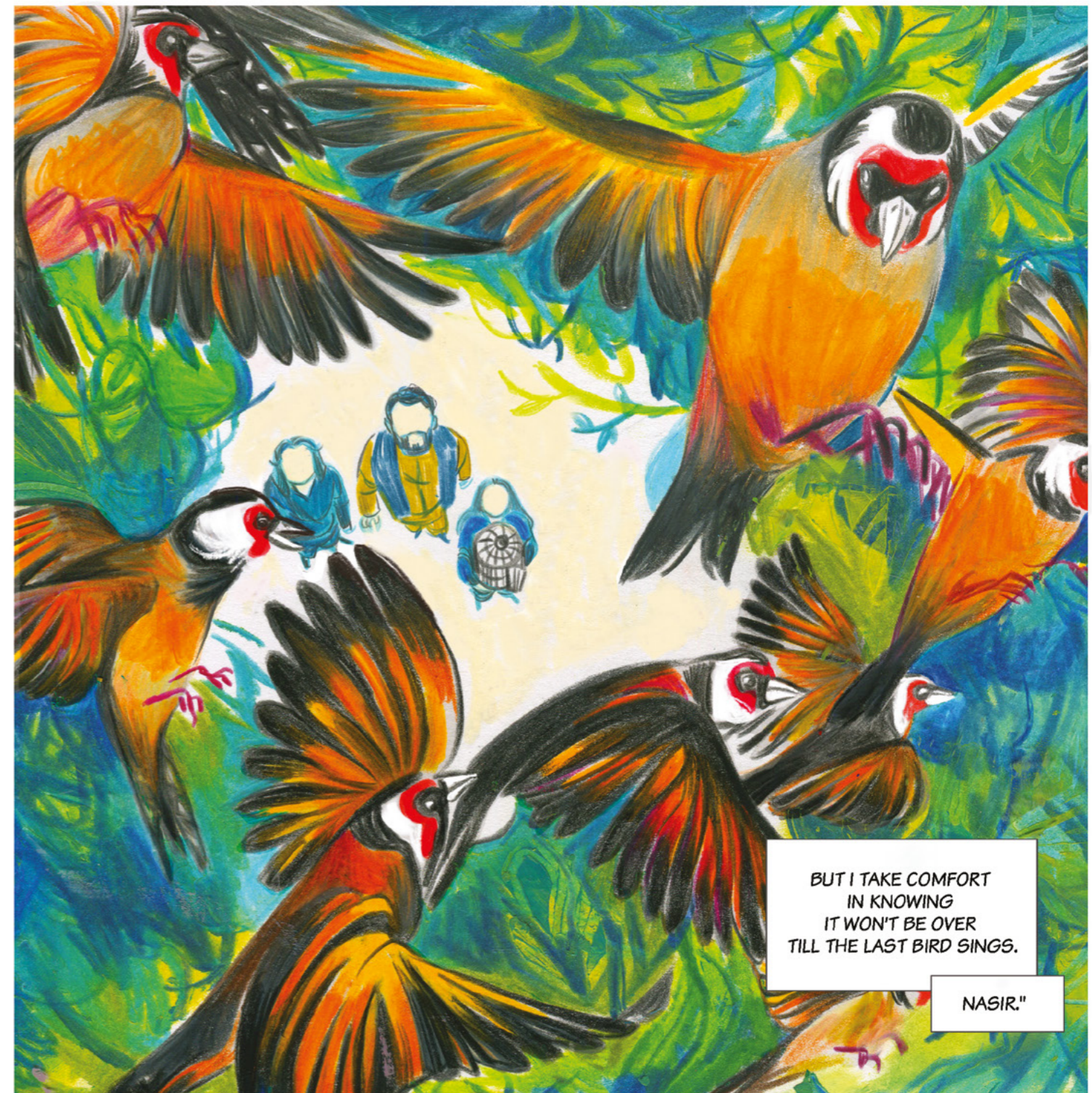
"MY FRIEND, I MISS
THE SOUNDS OF HOME..."

Khan Ishtaq
Tcher street
Pakistan



"NOT THE HELICOPTERS
AND THE TRAFFIC..."

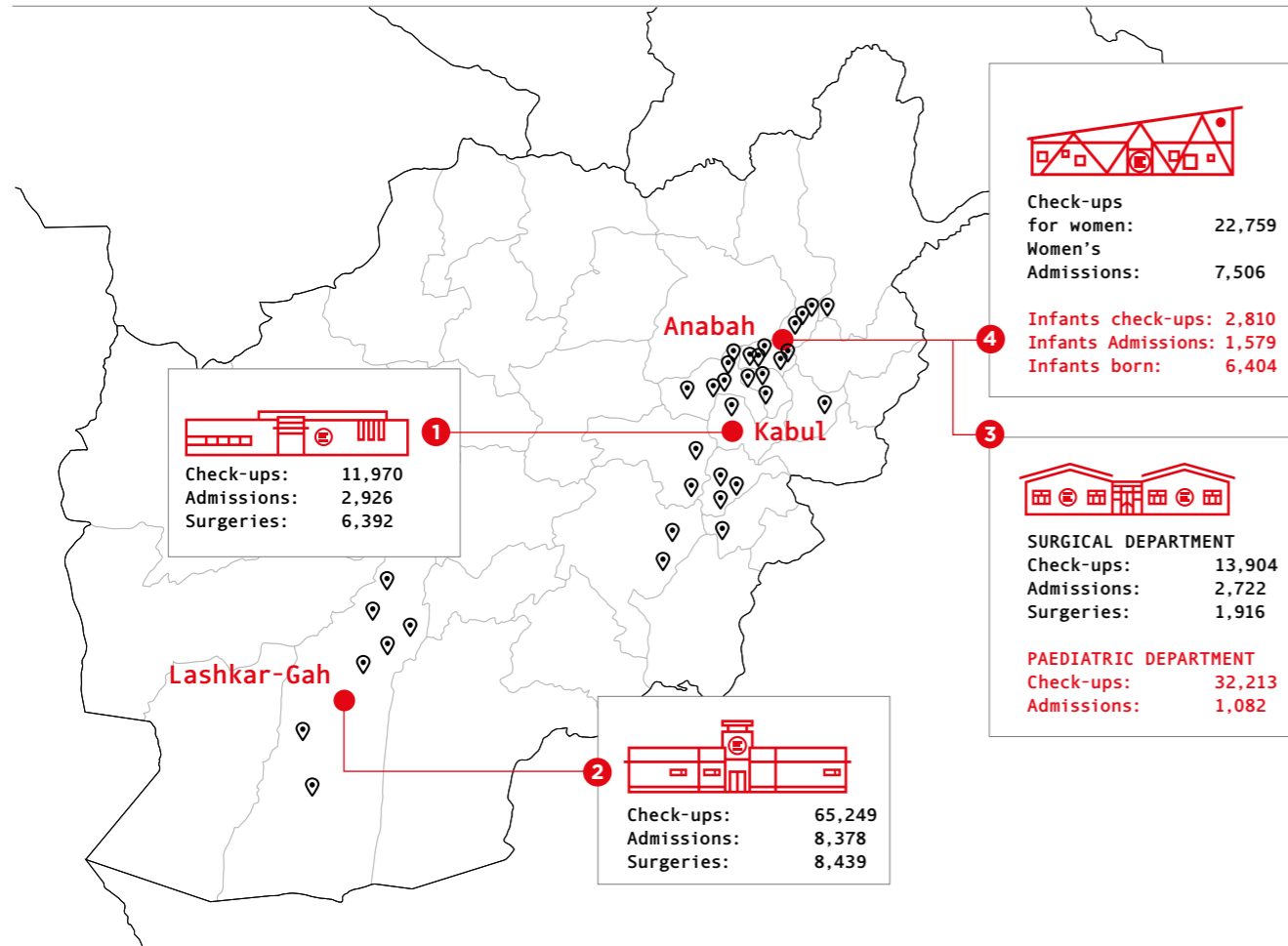
"...BUT THE MOUNTAINS
AND THE GOLDFINCHES.



BUT I TAKE COMFORT
IN KNOWING
IT WON'T BE OVER
TILL THE LAST BIRD SINGS.

NASIR."

EMERGENCY IN AFGHANISTAN



● HOSPITALS 📍 FAPs (FIRST AID POSTS) / PHCs (PRIMARY HEALTHCARE CENTRES) Data from 2023 activities

FAPs AND PHCs

Since 1999

7 PHCs in the surroundings of Anabah: Abdara, Anabah, Dashtak prison, Hesarak, Koklami, Oraty, Sanji Khan; **5 PHCs also serving as FAPs:** Anjuman, Dara, Khinch, Kapisa, Pul-e-Sayyad; **4 FAPs:** Parjan, Dashte-Rewat, Gulbahar, Said Khil; **10 FAPs in the surroundings of Kabul:** Andar, Barakibarak, Gardez, Ghazni, Ghorband, Jalreez, Laghman, Pul-e-Alam, Sheikhabad, Tagab; **2 FAPs also serving as PHCs:** Chark, Mirbachakot; **7 PHCs in Kabul in 2 orphanages (male and female) and 5 prisons;** **4 FAPs in the surroundings of Lashkar-Gah:** Garmsir, Grishk, Marjia, Nad Ali; **3 FAPs also serving as PHCs:** Sangin, Musa Qala, Shoraki.



🏠 PRIMARY HEALTHCARE 👤 OVER 400 LOCAL STAFF

SURGICAL CENTRE FOR WAR VICTIMS ①

Kabul, since 2001

Emergency room, follow-up clinic, 3 operating theatres, sterilisation unit, intensive care, high-dependency unit, wards, laboratory and blood bank, digital radiology with ultrasound lab and computerised tomography (CT), pharmacy, physiotherapy, classrooms, play room, technical and cleaning services.

🏥 WAR SURGERY AND TRAUMATOLOGY SURGERY

🛏️ 100 BEDS 👤 OVER 400 LOCAL STAFF



SURGICAL CENTRE FOR WAR VICTIMS ②

Lashkar-Gah, since 2004

Outpatient department, 3 operating theatres, sterilisation unit, intensive care, high-dependency unit, wards, physiotherapy, radiology, ultrasound lab, laboratory and blood bank, pharmacy, classrooms, play room, technical and cleaning services.

🏥 WAR SURGERY, TRAUMATOLOGY

🛏️ 93 BEDS 👤 OVER 320 LOCAL STAFF



SURGICAL AND PAEDIATRIC CENTRE ③

Anabah, since 1999

Emergency room, 2 operating theatres, sterilisation unit, intensive care, wards, paediatric isolation room, physiotherapy, digital radiology, laboratory and blood bank, pharmacy, classrooms, play room, technical and cleaning services.

🏥 WAR SURGERY, EMERGENCY SURGERY, GENERAL SURGERY, TRAUMATOLOGY, PAEDIATRICS

🛏️ 78 BEDS 👤 OVER 300 LOCAL STAFF



MATERNITY CENTRE ④

Anabah, since 2003

Obstetric and gynaecological outpatient department with ultrasound, labour room, delivery rooms, post-partum room, 2 operating theatres, intensive care, gynaecological ward, obstetric ward, neonatal outpatient department, neonatal intensive care, neonatal isolation room, neonatal high-dependency unit, kangaroo room, neonatal observation room. The ancillary services are shared with the Surgical and Paediatric Centre.

🏥 OBSTETRICS, GYNAECOLOGY, NEONATOLOGY

🛏️ 99 BEDS 👤 OVER 200 LOCAL STAFF



ACCESS TO CARE IN AFGHANISTAN

In March 2023, EMERGENCY, in collaboration with the research centre CRIMEDIM, published the report 'Access to Care in Afghanistan: Perspectives from Afghan People in 10 Provinces,' available on EMERGENCY's website, which assessed barriers to care and changes since August 2021.

Through interviews and questionnaires, the report gives voice to over 1,800 Afghans. Patients at facilities across EMERGENCY's network participated in the research, including three EMERGENCY hospitals, 17 EMERGENCY First Aid Posts and Primary Healthcare Centres in remote areas, and 11 national and provincial public hospitals.

Over 42% of participants encountered obstacles when accessing care within the last year, and more than one in five lost at least one relative or friend due to a lack of access to care. However, overall access to care cannot be said to have improved or worsened since August 2021: Afghans' ability to access health information, reach care, and general sense of safety have increased, while most participants' ability to pay for care decreased. Indeed, economic stability and conflict are the two most important factors influencing access to care in Afghanistan.

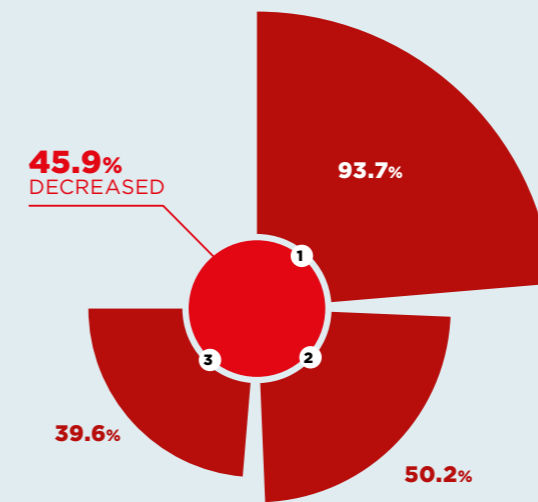


FINANCIAL BARRIERS AND AFFORDABILITY

Financial barriers were frequently mentioned by participants. Up to 51.3% of participants said they had spent less money on food and clothes in the past year in order to pay for healthcare, 86.6% faced financial difficulties due to spending on healthcare, and more than 50% considered healthcare costs "very expensive".

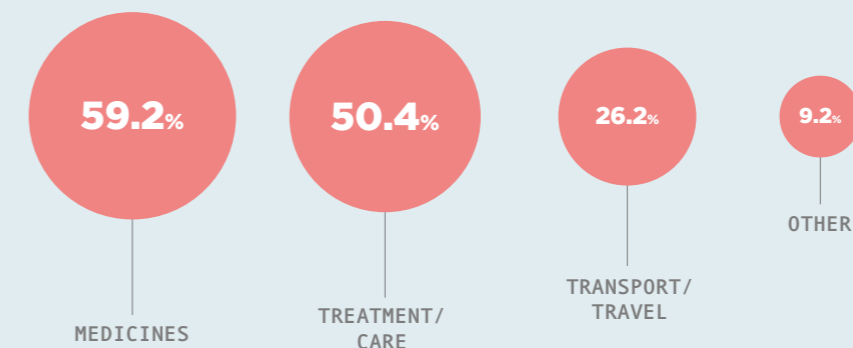
Over the past year, day labourers and subsistence farmers were significantly more likely than public sector workers to spend less money on food or clothes to pay for healthcare and to postpone care due to costs.

When asked what they had spent the most money on, participants mentioned medicines (59.2%), treatment/care (50.4%) and transport/travel (26.2%). Notably, 70.3% of participants said that they had postponed care due to costs and 86.5% had needed to borrowing money to pay for healthcare in the past year.



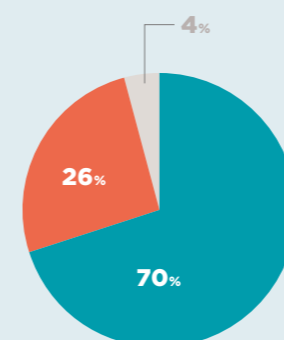
THE MAIN REASONS FOR A DECREASED ABILITY TO PAY FOR HEALTHCARE

- 1 WORSENERD INCOME
- 2 HIGHER COSTS
- 3 MORE EXPENSIVE TRANSPORT

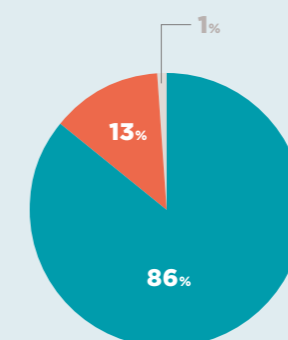


WHAT DID PEOPLE SPEND MOST MONEY ON?

DID PEOPLE POSTPONE CARE DUE TO COSTS IN THE PAST YEAR?



WERE PEOPLE FORCED TO BORROW MONEY TO PAY FOR HEALTHCARE IN THE PAST YEAR?



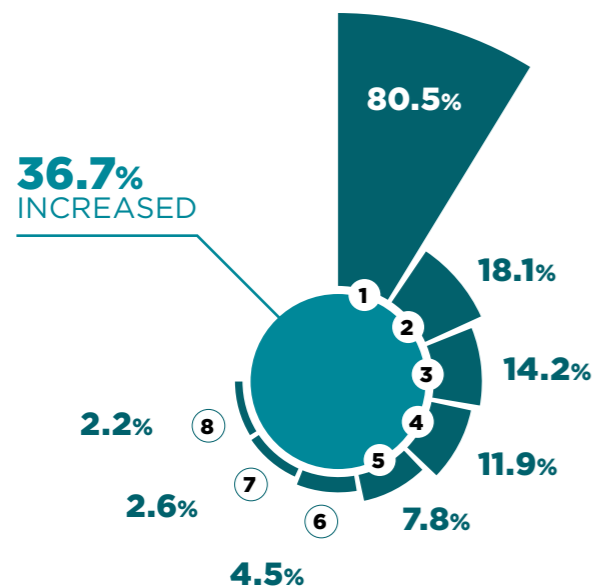
- YES
- NO
- I DON'T KNOW

SENSE OF SAFETY

Since August 2021, security conditions in Afghanistan have generally improved. Due to decreased levels of conflict, re-opening of roads and demining efforts, mobility has increased in former hubs of fighting, like Ghazni and Helmand provinces. Where episodes of conflict continue, like the Panjshir Valley, people feel less safe, causing healthcare workers to leave the area and presenting a barrier for patients seeking care.

Overall, most participants (54.2%) reported an improved sense of safety and more than a quarter (28.4%) reported no change. However, this was highly dependent on geography: nearly all (99.7%) participants in Helmand, once a major centre of conflict, said their sense of safety had improved or remained the same. Conversely, more than half (51.7%) in Panjshir said their sense of safety had decreased.

The impact of improved security is clear: for participants who said their ability to reach care had increased in the last year, their main given reason was “less fear.”



THE MAIN REASONS FOR AN INCREASED ABILITY TO REACH CARE

- 1 LESS FEAR
- 2 CLOSER FACILITIES
- 3 BETTER OPENING HOURS
- 4 BETTER MOBILITY
- 5 BETTER TRANSPORT
- 6 LOWER COSTS
- 7 BETTER APPOINTMENT MECHANISMS
- 8 BETTER AMBULANCE SYSTEMS

GENDER

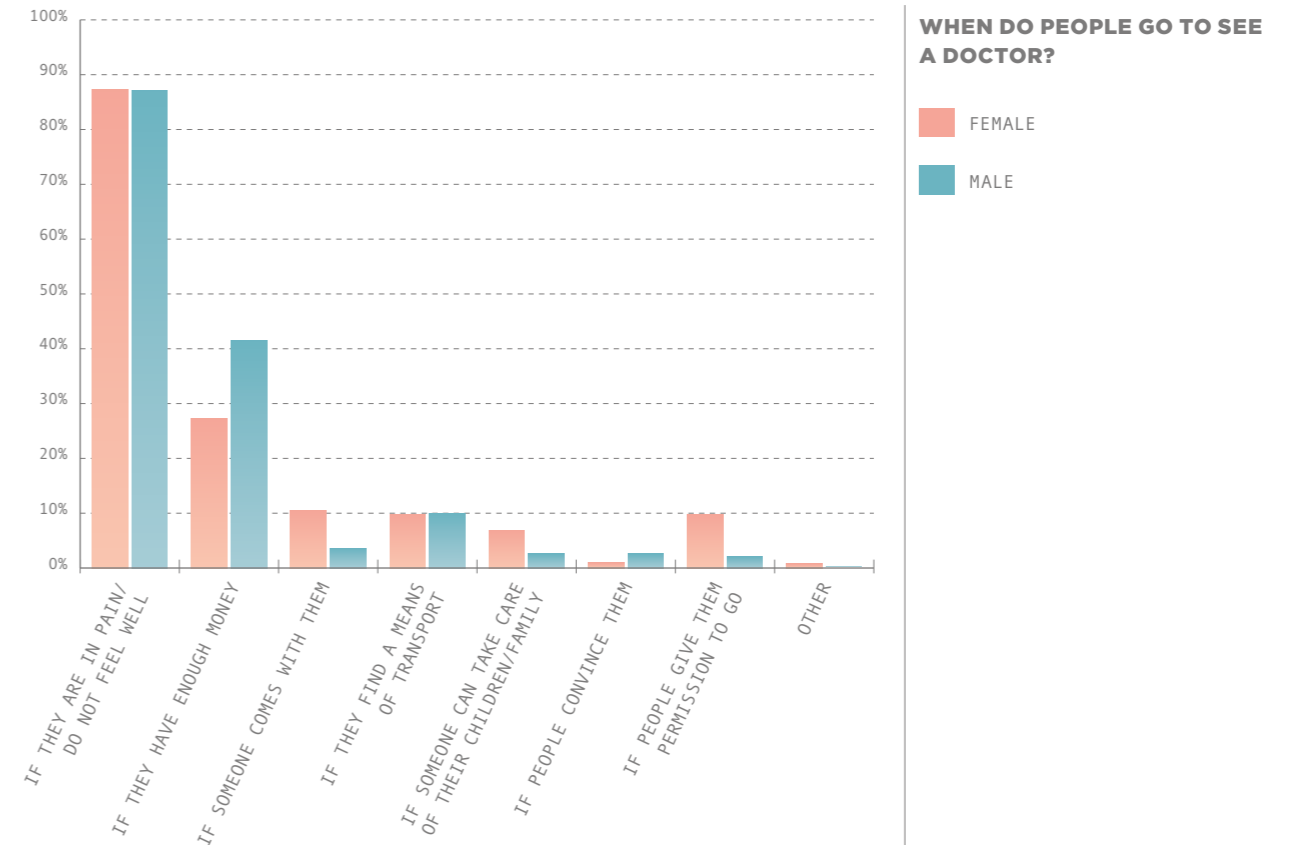
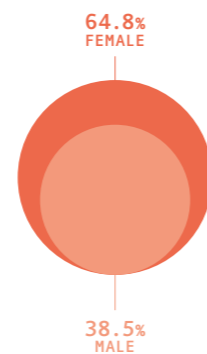
Women in Afghanistan face specific obstacles when accessing care, with increasing restrictions on work and education placing the state of women's healthcare in the country on an unsustainable path.

A greater proportion of women participants compared to men reported that going to the doctor was dependent on another person accompanying them, watching their children, or giving them permission to go.

While sense of safety improved overall, female participants were four times as likely to say their sense of safety when seeking care had decreased. In terms of financial barriers, nearly two-thirds of women (64.8%) reported their ability to pay for healthcare had worsened, compared to about one-third of men (38.5%).

Pregnancy is a particularly vulnerable condition. Pregnant women in Afghanistan often do not receive any antenatal care, while financial problems can impede adequate nourishment.

Although women working in health are currently exempt from employment restrictions imposed by the authorities, attempts to prohibit education and work for Afghan women and girls are expected to cause a long-term shortage of female healthcare workers and impact the sustainability of both maternal and paediatric health services across the country.



HEALTH SYSTEM

Improved mobility and security has led to an increase in the number of people accessing public health services, particularly around Kabul and Lashkar-Gah. However, Afghanistan's health system is ill-equipped to respond to the rising needs of the population.

Many healthcare workers left the country after August 2021 and training is insufficient, contributing to wide-spread understaffing. Facilities, housed in buildings that were not originally designed for medical use, lack essential equipment and supplies in relation to their catchment area. Afghans often bypass their local facilities, which struggle to provide basic services. This ultimately exacerbates problems of congestion in public hospitals which are intended to provide tertiary care, as well as those in urban areas.

More and more patients are turning to EMERGENCY's facilities to supplement the struggling public health system.

Developing a sustainable healthcare system in Afghanistan has been a long-standing difficulty. Despite 20 years of foreign presence, the international community has been unable either to increase Afghanistan's independence from international aid or to improve the resilience of local communities, who are extremely vulnerable to various shocks that the country continues to face. When asked what would happen if the international community left Afghanistan, the majority of interviewees agreed that the entire health system would collapse.



 **EMERGENCY**
MEDICINE, HUMAN RIGHTS AND EQUALITY

