Humanitarian Consideration with regard to Return to Afghanistan

In addition to Afghans who are or continue to be in need of international protection, there are certain Afghan individuals currently outside Afghanistan, for whom return would not constitute a durable solution and would endanger their physical safety and well-being, given their extreme vulnerability and nature of their special needs. In the context of return to Afghanistan, extremely vulnerable cases can be divided into two broad categories:

(i) Individuals whose vulnerability is the result of a lack of effectively functioning family- and/or community support mechanisms and who can not cope, in the absence of such structures.
(ii) Individuals who can not cope, either because such support structures are not available or because Afghanistan lacks the necessary public support mechanisms and treatment opportunities.

Against this background, there are Afghans for which UNHCR Afghanistan strongly advises that, at least temporarily, solutions be identified in countries of asylum and that exemptions to obligations to return are made on humanitarian grounds. This may be the case for Afghans who fall into the following categories:

Unaccompanied Females
Single females who do not have family or other close relatives in Afghanistan who are willing and able to support them, should be allowed to remain in countries of asylum, where support mechanisms are in place and a less difficult social environment for their well-being exists. Long term solutions are not available for most single females in Afghanistan unless they have effective male family support. What is necessary is that such family links are effective and that the family-members are willing and able to support the woman in question. This would need to be determined in the individual case and can not be assumed. It is also important to note that, generally, in Afghanistan, a woman, when she marries, moves to the husband's family and her in-laws. She becomes part of the in-laws family, with responsibilities for the parents of her husband and their relatives. This also, generally, applies when the woman becomes a widow. What needs consideration in such cases as well is, whether or not, family-members of the late husband of a widow would expect her to re-marry (including against her will), which is tradition in parts of the country, often a brother of the late husband even if he is married. Another more general consideration, underlining the need to establish, in the individual case, the effectiveness of family-links of unaccompanied female Afghans is the fact that decades of war and poverty have affected the traditional family protection mechanisms and relationships. Even if a woman has close relatives, they may not be ready to receive her because of poverty, difficult living conditions in terms of accommodation. Family-members, even if willing, may simply not be in a position to provide for a close female relative, and in some instances, due to the economic situation of a family, the risk of exploitation and forced marriages exist.
The vulnerability of unaccompanied female Afghans is the result of social traditions and gender values in Afghanistan, where women cannot live independently from a family. Where there is no family to take care and protect them, single women, at risk of victims of violence, can only be accommodated temporarily in safe houses run by Afghan NGOs in Kabul and Herat, which constitute but a short term “safe haven”.

Single Parents with small children and without bread-winner
Single parents (especially women) with small children who do not have the support of relatives or the community) and no member of a household with the ability to act as the breadwinner, will be unable to sustain their lives in Afghanistan.

Unaccompanied Elderly

Old people who lack support of relatives or their community of origin often are often at risk in Afghanistan. For the most part, old people cannot work or provide for themselves and are dependent on, normally existing, family support. In the rare cases that they do not have family or a social safety net, they risk extreme hardship in their places of origin. Communities may provide "*ashar*" (one or two days of voluntary work) for elderly vulnerable individuals or spend days and nights at mosques, living on charity of those attending prayers at the mosque. Other than that, they are on their own and without any options to obtain support from public sources. There are no shelters or homes for elderly persons, not in Kabul city or other locations in Afghanistan. It would, in UNHCR's view, therefore be preferable for old people without support to remain in the country of asylum unless family-members, ready and able to provide support, can be traced in Afghanistan.

Unaccompanied Children

Afghanistan acceded to the Convention on the Rights of the Child in 2002 and has strengthened legal provisions to protect children. However, in the current situation, characterized by weak rule of law and governance structures, the presence of local commanders, high levels of criminality with reports of incidences of child trafficking, as well as child labor, children continue to be exposed to exploitation. Many children are working in the streets of Kabul, Jalalabad, and Mazar-I-Sharif with numbers increasing. The child work force in Afghanistan is predominately boys aged 8-14 with a smaller numbers of girls 8-10 years old. The main reasons that children work are poverty-related.[1] The few existing orphanages in Kabul and *marastoons* in other main cities, mostly run by the government and the Afghan Red Crescent Society, are no durable solution for unaccompanied and separated children. They have very strict criteria for temporary admission. Boys 15 or over are not admitted. Children and adolescents under 18 years of age who do not have families, close relatives or extended family support in Afghanistan are therefore at risk of becoming homeless and risk further exploitation. Where family tracing and reunification efforts have not been successful and special and coordinated arrangements can not be put in place to facilitate safe and orderly return, return for unaccompanied children to Afghanistan therefore exposes them to exploitation and risk.

Victims of Serious Trauma (including sexual violence)

There is very limited to no form of psycho-social trauma support in Afghanistan.[2] The concept of 'counseling' as a profession in public health services does not yet exist. All trauma is, if at all, dealt with by discourse with family and friends. Many Afghans, however, are seriously traumatized given their experiences of war and human rights violations. Of particular concern, in this regard, is the situation of women, many of who have suffered forms of sexual violence, including rape.[3] In addition, for both women and

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[1] According to a report on "Economic and Social Rights in Afghanistan", published by the Afghanistan Independent Human Rights Commission in May 2006, of about 8,000 Afghans interviewed in 164 districts across Afghanistan, 48,8% of those interviewed, reported that at least one child in their household was working, 19.4% said that most children were working. Of the interviewees with children of primary school age in their family, the main reason given for why the boys in the family do not attend school regularly was that they have to work (36.6%).

[2] In some regional hospitals, psychiatric facilities exist, but only one hospital in Kabul city provides psychological counseling, as does an international NGO, equally in Kabul.

[3] Any manifestation of what might be termed 'depression' is treated by medical professions with drugs. Doctors lack diagnostic as well as allopathic resources, thus depression is compounded by overdoses of valium or other medication. Physical conditions that require specialist care are unlikely to find this in Afghanistan. Rape is not a socially recognized category. It is only rarely a legally recognized category; as a report by the International Commission of Jurists found, women tend not to be treated equitably to men before the law. Rather they are judged according to customary law, whereby a victim of rape is more likely to be judged a prostitute and thus face prosecution as the perpetrator of the violation. Male victims of rape are not discussed. Sexual abuse of children is known but not acknowledged. There is no in-country support for rape victims.

men who have suffered sexual violence, strong cultural taboos surrounding disclosure as a victim inhibit discussion, even with close family members. In more conservative areas, identification as a victim of rape or other sexual abuse can lead to family rejection and social ostracism, therefore it is reasonable to conclude that some victims of this form of trauma may fear return to Afghanistan on the basis that they will be discovered as a victim and face further persecution.

As a general humanitarian principle, where such trauma constitutes "compelling reasons arising out of previous persecution", it should be properly recognized even if a change of conditions in the country of origin has taken place at the time a decision on the application is taken.[4] Otherwise, traumatized Afghans who are in need of treatment and counseling, which is not available in Afghanistan, should be allowed to remain on humanitarian grounds.

Physically Disabled Persons
Physically disabled Afghans who can not work or live on their own in Afghanistan, should not return unless they have effective family or community support. Examples are persons permanently disabled by diseases such as polio or meningitis, land mine victims, persons injured during the war, accident victims, persons with severe handicaps or birth defects, including blind, deaf and mute persons.

Mentally Disabled Persons
Mentally ill persons who need long term treatment or special care will not be able to cope in Afghanistan unless they have family to take care of them. There are hardly specialized institutions and personnel. This is particularly true for severe mental illness such that the person cannot be self-sufficient. Occasional drug users may not be mentally ill, although their families may think they are. Drug demand reduction programmes, albeit part of the counter-narcotics strategy of the Islamic Republic of Afghanistan, are nascent and offer extremely limited facilities, all with long waiting lists.

Persons with Medical Illness (contagious, long term or short term)
For some medical cases, return to Afghanistan is impossible, unless effective family- or community support and care is available during the treatment period. For others, there may be no treatment possibilities and no medication in Afghanistan for the time being. Particularly secondary, depending on the location, and tertiary health care services are very limited, with the major priorities of Afghanistan's National Health Policy for the period 2005 to 2009 being the following:

Implementing health services:
- Implement the basic package of health services
- Implement the essential package of hospital services
- Establish prevention and promotion programmes

Reducing morbidity and mortality:
- Improve the quality of maternal and reproductive health care
- Improve the quality of child health initiatives
- Strengthen the delivery of cost effective integrated communicable diseases control programs.

Institutional development:
- Promote institutional and management development
- Strengthen human resources development, especially of female staff
- Strengthen health planning, monitoring and evaluation

[4] See UNHCR, "Guidelines on International Protection: Cessation of Refugee Status under Article 1C(5) and (6) of the 1951 Convention relating to the Status of Refugees (the 'Ceased Circumstances' Clauses)", HCR/GIP/03/03, 10 February 2003.

Below is the current status of health services available in Afghanistan:

The following diseases can currently **not** be treated in Afghanistan:

Name of disease(s)	**Doctors not available**	**Instruments not available**	**Medicines not available**
Cardiovascular system diseases			
Congenital heart diseases	One hospital in Kabul, supported by the international community has started to undertake the surgical operation (payment)	X	
Valvular heart diseases	X	X	
Gastrointestinal system diseases			
Liver cirrhosis	X	X	
Urinary system diseases			
Renal failure	X	X	
Blood diseases			
Thalassemia	X	X	X
Hemophilia		X	X
Leukemia	X	X	X
Immune system diseases			
AIDS	Voluntary testing and counseling centers are available in Kabul, Herat, Mazar and Jalalabad cities.		X
Encephalopathies			
Post measles encephalopathy	X	X	X
Cerebral palsy	X	X	X
Hydrocephalus	X	X	
CVA (Cerebral Vascular Accident)	X	X	
All Cancerous diseases	X	X	X
Post organ transplantation	X	X	X
Viral diseases			X

The following surgical operations can not be performed and post-operative service is unavailable in Afghanistan:

Type of surgical operation	**Doctors/professional staff not available**	**Equipment not available**
Micro-neurosurgery	X	X
Heart surgery	Only one hospital in	X

	Kabul, supported by the international community has started to undertake the surgical operation of children with congenital heart diseases (payment).	
Vascular surgery	There is only one expert in Kabul to undertake peripheral vascular surgery	X
Radiotherapy for the treatment of cancer	X	X
All kinds of organ transplantation	One hospital in Kabul has recently begun to conduct the transplantation of cornea (eye) (payment).	X
Dialysis	Available only in 3 locations in Kabul (private)	Available only in 3 locations in Kabul
Tempanoplasty (ear)	X	X
Surgery for macular diseases (eye)	X	X
Keratoplasty (eye)	X	
Posterior vitreactomy (eye)	X	X
Keratorefractive surgery (eye	X	X
Pupilorplasty (eye)	X	
Phaeko cataract surgery (eye)	X	X

<u>The following medicines are not available in Afghanistan:</u>

1. Antineoplasms
2. Antiviral drugs
3. Immunoglobulins
4. Blood factors
5. Immunosuppressant: most importantly Cyclosporine, Cellcept, Imuran, Azatuprine
6. Some antibiotics: Imipenemcilastatine, Neomycine Sulfate, Piperacillin, Pralidoxine Chlorid
7. Acnocoumarol (Anticoagulant Agent)
8. Acetylcysteine (Antidote (Acetonaminophene)
9. Colfusecril palmitate (Pulmonary Surfactant)
10. Some hormones: Corticoptopine (Hypophysical Hormone), Parathormone (Parathyroid Hormone)
11. Desoxycorticosterone Pivalate (Mineralocorticoid)
12. Dimercaprol (Antdote (Au, As, Hg, Pb)
13. Fluorometholone (Ophthalmic Gloeocorticoid)
14. Pentaerythritol Tetramitrate (Vasodilator/Anti Angina)
15. Prostaglandin E1
16. Oruinine (Anti Malaria)
17. Finasteride (Antiandrogen)

18. Isoproterenol (Antiarythmia)

The following diagnostic examinations can not be undertaken in Afghanistan:

1. MRI
2. CT Scan (only one machine available in Kabul)
3. Echocardiography (few machines available in Kabul)
4. Determination of level of hormones and electrolytes
5. Angiography
6. Bronchoscope
7. Diagnostic test for poliomyelitis

The following chronic diseases are treatable in Afghanistan but the patient requires family care and support, which varies based on the condition of the patient:

1. Leprosy
2. Myocardial infarction
3. TB
4. Bone fractures
5. Complicated diabetes
6. Complicated COPDs (Chronic Obstructive Pulmonary Diseases)
7. Osteomyelitis
8. Minor mental disabilities
9. Jeuvenile Rheumatic Arthritis

It is worth mentioning that these patients need family care both in hospital and at home. The common tasks that a family member or relative (care taker) of the patient should perform are as follows:

- The hospitals may provide only about 30% of the medicine required. The caretaker is required to purchase about 70% of the medicine in bazaar.
- The care taker should assist and accompany the patient in movement (going for laboratory tests, going to toilet, etc)
- Change and clean the cloths, clean the patient and his/her bed.
- Stay by the bed of the patient and inform the doctors when the condition of the patient deteriorates and there is need for doctor.
- The food provided by the hospitals is not a sufficient food in terms of nutritious ingredients. The care-taker needs to provide additional food and fruits for the patient.

In Afghanistan, patients are hospitalized for short periods, because of the limited space for patients in hospitals. When patients come out of a life-threatening condition, they are discharged. The family or relatives are required to take care of the patient at home.

The services and medicines available in governmental hospitals are free of charge. However, the prices for medical services in the private sector vary from Afs.100-150 (US $.2-3) for a doctor's visit fee up to Afs.100, 000 (US $.2, 000) for some basic surgeries. Ambulance services, which are only available in few private clinics in major cities, cost Afs.200 – Afs.500 (US $.4-10) within city limits. An ultrasound examination costs Afs.150 – 300 (US $.3-6) whereas a dialysis, which is only available in Kabul, costs Afs.7, 000 (US $. 140).

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