

AFGHANISTAN



+ ICRC delegation + ICRC sub-delegation + ICRC office/presence + ICRC-supported hospital
+ ICRC regional logistics centre + ICRC-supported prosthetic/orthotic centre
 * Hospital run fully by the ICRC ** Map shows structures supporting ICRC operations in Afghanistan

EXPENDITURE (IN KCHF)	
Protection	12,547
Assistance	66,957
Prevention	4,492
Cooperation with National Societies	2,296
General	-

▶ 86,292
 of which: Overheads **5,267**

IMPLEMENTATION RATE	
Expenditure/yearly budget	97%

PERSONNEL	
Expatriates	139
National staff (daily workers not included)	1,636

KEY POINTS

- In 2012, the ICRC:**
- ▶ in the changing political/security landscape, stepped up dissemination to key actors (traditional and new), to promote National Society/ICRC acceptance and respect for IHL, including confidential follow-up of alleged violations
 - ▶ monitored the conditions of some 33,000 detainees, giving structural/individual assistance and support as required, including mobilizing Afghan, US and international actors to adapt 6 facilities to suit local capacities and customs
 - ▶ after a security incident in June, reviewed its role in Health Ministry-run hospital operations, while maintaining support to health centres and community-based programmes in delivering quality services to the wounded and sick
 - ▶ with the National Society and/or local partners, helped conflict-affected people access better quality water (327,000 people), meet emergency food needs (250,000 people) and preserve/improve their livelihoods (430,000 people)
 - ▶ helped more than 80,500 disabled people improve their quality of life through treatment and social reintegration support, including to wheelchair users playing at a new adapted basketball court in one physical rehabilitation centre
 - ▶ helped the National Society consolidate its legal base by supporting its first general assembly, at which its constitution was approved

Having assisted victims of the Afghan armed conflict for six years in Pakistan, the ICRC opened a delegation in Kabul in 1987. Its current operations focus on: protecting detainees and helping them keep in contact with their families; monitoring the conduct of hostilities and working to prevent IHL violations; assisting the wounded and disabled; supporting hospital care; improving water and sanitation services; promoting accession to and implementation of IHL treaties and compliance with IHL by military forces; and strengthening the Afghan Red Crescent Society.

CONTEXT

Afghanistan entered a period of transition affecting Afghan authorities and security forces. Responsibility for prisons was transferred from the Justice Ministry to the Interior Ministry. The handover of responsibility for security from the NATO-led International Security Assistance Force (ISAF) to Afghan forces began, and international troops started their pull-out. In September, the US forces began the transfer of more than 3,000 detainees/internees held at the Parwan facility to Afghan authority.

The security situation in the country worsened and humanitarian needs grew. Civilians continued to bear the brunt of the fighting, which caused death, injury and displacement and impeded access to essential services. Against a backdrop of continued conflict/harsh environmental conditions, the emergence of more armed groups and the fragmentation of the political/military landscape complicated matters, blurred channels of communication and further restricted humanitarian access. Many humanitarian organizations left the country. In June, an improvised explosive device detonated in the ICRC parking area of Mirwais hospital in Kandahar.

ICRC ACTION AND RESULTS

As a result of the deteriorating security situation, the ICRC faced increasing difficulty in reaching many parts of the country and in carrying out its activities. It therefore stepped up efforts to maintain/develop dialogue with authorities, weapon bearers and civil society representatives to build understanding of IHL and the ICRC. It did so at all levels, from the Afghan president and international, national and provincial detention authorities, down to local religious/community leaders with influence over armed groups. The aim was to impress upon the parties to the armed conflict the need to respect their obligations under IHL, including by calling their attention to allegations of violations, and to improve the organization's access to people in need.

Despite the constraints, the ICRC managed to reach conflict/disaster-affected people in all 34 provinces, thanks to its strong partnership with the Afghan Red Crescent Society and general acceptance/recognition by most parties to the conflict of its neutral, impartial and independent humanitarian approach. However, delivery of services, for example at Mirwais hospital, and/or access to certain populations suffered where key actors/groups had little understanding of IHL and the ICRC or where no dialogue could be established at all.

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		10,603	UAMs/SCs*	
RCMs distributed		18,328		
Phone calls facilitated between family members ¹		7,433		
Reunifications, transfers and repatriations				
Human remains transferred/repatriated		1,172		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		2,982	Women	Minors
People located (tracing cases closed positively)		2,405	137	331
Tracing cases still being handled at the end of the reporting period (people)		494	67	165
Documents				
Official documents relayed between family members across borders/front lines		337		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)²				
ICRC visits				
Detainees visited		33,165	Women	Minors
Detainees visited and monitored individually		4,055	8	182
Detainees newly registered		1,766	3	102
Number of visits carried out		378		
Number of places of detention visited		109		
Restoring family links				
RCMs collected		15,509		
RCMs distributed		10,338		
Phone calls made to families to inform them of the whereabouts of a detained relative		1,780		
Detainees visited by their relatives with ICRC/National Society support		3,359		
Detainees released and transferred/repatriated by/via the ICRC		2		
People to whom a detention attestation was issued		17		

* Unaccompanied minors/separated children 1. Mainly phone or video calls between detainees and their families abroad

2. For people in US custody: all detainees known through the authorities' notifications and followed up by the ICRC

Meanwhile, National Society/ICRC teams distributed food and household items to help sustain conflict- or drought-affected families, some of whom were underserved by overstretched/weak government services or unreachable by the otherwise diminishing pool of humanitarian actors in the country. The teams helped communities revive or protect income-generation through agricultural or livestock support and small loans, including for women. Rehabilitation of irrigation channels improved food security, while the ICRC's projects with water committees contributed to better water quality and sanitation conditions.

The National Society/ICRC helped address medical needs through a comprehensive approach involving every stage in the casualty care chain. First-aid training enabled volunteers, including women, and weapon bearers to save lives, while an ICRC-funded transport system evacuated the wounded to hospital. National Society clinics and community-based first-aiders offering preventive and curative primary health care for the local population benefited from ICRC support, including through assistance with medical logistics and procurement management and through training, material and equipment provided in coordination or together with other Movement partners. Systematic support to the Health Ministry-run Mirwais and Shiberghan regional hospitals, as well as the provision of ad hoc supplies to other hospitals and training, helped boost the quality of treatment. After the withdrawal of its medical team from Mirwais hospital in June following a security incident (see *Context*), the ICRC reviewed its involvement with the Health Ministry, moving from substitution to more of a supporting role in hospital operations. ICRC-run physical rehabilitation centres continued to provide services to the disabled, including conflict amputees.

Delegates visited detainees under Afghan, NATO/ISAF and US authority, according to standard ICRC procedures, and shared their findings and recommendations confidentially with the

authorities concerned. They enabled detainees/internees to contact their families through RCMs, family visits and/or video/telephone calls. In the neediest Afghan-run facilities and where the detaining authorities were unable to do so, the ICRC rehabilitated detention facilities to improve the detainees' health and sanitation conditions. With the authorities' backing, it mobilized greater support both within and outside the country to adapt Afghan detention facilities according to local needs and capacities. The ICRC also served as a reference organization throughout the major transfer of responsibility between authorities for detainees and detention facilities in Afghanistan, ensuring, through briefings and dialogue, that the rights and dignity of detainees were protected and respected during and after the handover.

While preserving its independence, the ICRC maintained close contact with other humanitarian actors to avoid duplication of efforts and to ensure maximum coverage of needs.

CIVILIANS

Civilians continued to suffer the effects of the fighting, with many killed, wounded or displaced. People reported IHL violations to the ICRC, which followed up the cases confidentially with the alleged perpetrators, although the presence of multiple actors made this difficult. Parties to the conflict were encouraged to take corrective action to prevent the recurrence of such incidents and meet their obligations under IHL (see *Armed forces and other bearers of weapons*).

The main parties generally accepted the ICRC and frequently requested it to act as a neutral intermediary in the handover of the remains of people killed in the conflict to their families. Families received the remains of some 1,170 relatives and, in some cases, buried them with ICRC help. The identification/location of the families often required active tracing efforts by National Society/ICRC teams. Relatives separated by the conflict used Movement

Main figures and indicators		ASSISTANCE	Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)					
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)					
Food commodities ¹		Beneficiaries	379,155	32%	38%
	<i>of whom IDPs</i>	Beneficiaries	107,315		
Essential household items ¹		Beneficiaries	151,028	25%	29%
	<i>of whom IDPs</i>	Beneficiaries	104,290		
Productive inputs ¹		Beneficiaries	431,036	34%	36%
	<i>of whom IDPs</i>	Beneficiaries	8,577		
Cash ¹		Beneficiaries	14,171	30%	31%
Work, services and training ¹		Beneficiaries	12,120	5%	5%
	<i>of whom IDPs</i>	Beneficiaries	5		
Water and habitat activities		Beneficiaries	327,199	30%	40%
Health					
Health centres supported		Structures	50		
Average catchment population			671,145		
Consultations		Patients	597,980		
	<i>of which curative</i>	Patients		78,324	248,637
	<i>of which ante/post-natal</i>	Patients		38,357	
Immunizations		Doses	331,834		
	<i>of which for children aged five or under</i>	Doses	270,978		
Referrals to a second level of care		Patients	1,060		
Health education		Sessions	5,239		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
Economic security, water and habitat (in some cases provided within a protection programme)					
Essential household items ¹		Beneficiaries	49,225		
Cash ¹		Beneficiaries	59		
Work, services and training ¹		Beneficiaries	938		
Water and habitat activities		Beneficiaries	17,202		
WOUNDED AND SICK					
Hospitals					
Hospitals supported		Structures	35		
	<i>of which provided data</i>	Structures	2		
Patients whose hospital treatment has been paid for by the ICRC		Patients	54		
Admissions		Patients	44,413	27,138	4,535
	<i>of whom weapon-wounded</i>	Patients	2,791	485	189
	<i>(including by mines or explosive remnants of war)</i>	Patients	978		
	<i>of whom other surgical cases</i>	Patients	12,619		
	<i>of whom medical cases</i>	Patients	9,195		
	<i>of whom gynaecological/obstetric cases</i>	Patients	19,808		
Operations performed			11,385		
Outpatient consultations		Patients	216,618		
	<i>of which surgical</i>	Patients	74,039		
	<i>of which medical</i>	Patients	88,339		
	<i>of which gynaecological/obstetric</i>	Patients	54,240		
First aid					
First-aid posts supported		Structures	1		
	<i>of which provided data</i>	Structures	1		
Wounded patients treated		Patients	1,300		
Water and habitat					
Water and habitat activities		Number of beds	686		
Physical rehabilitation					
Centres supported ²		Structures	8		
Patients receiving services		Patients	80,528	13,463	20,469
New patients fitted with prostheses		Patients	1,136	112	90
Prostheses delivered		Units	4,046	351	219
	<i>of which for victims of mines or explosive remnants of war</i>	Units	2,495		
New patients fitted with orthoses		Patients	4,939	1,001	1,851
Orthoses delivered		Units	10,754	1,782	4,848
	<i>of which for victims of mines or explosive remnants of war</i>	Units	32		
Number of patients receiving physiotherapy		Patients	53,408	8,187	19,904
Crutches delivered		Units	12,544		
Wheelchairs delivered		Units	1,145		

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect all activities carried out during the reporting period

2. Including a component factory

family-links services to restore/maintain contact (see *People deprived of their freedom*). Thanks to strengthened capacities, the National Society responded to some 250 tracing requests from Afghans abroad and progressively took responsibility for these services in the north.

To limit the number of new cases of missing persons, stakeholders received ICRC advice on proper human remains management. ISAF drafted standard procedures in this regard.

Affected civilians' needs are better met

Insecurity limited access of National Society/ICRC teams to certain populations and hampered needs assessment and the delivery and monitoring of services/assistance programmes. However, some of the most-affected populations received aid to meet their needs, including through local partners. Further training of National Society volunteers and emergency teams in managing assistance activities, coupled with remote management approaches to some activities and adapted monitoring procedures ensuring accountability, allowed assistance to reach all 34 provinces.

Communities receive food and restore their livelihoods

Life-saving assistance benefited in priority newly displaced people and, in the north, drought-affected households. Over 107,000 IDPs and 147,826 drought-affected individuals met their nutritional needs with food rations for up to two months. Some 115,800 individuals (16,545 households), including 104,290 IDPs and 1,159 returnees, improved their living conditions with ICRC-donated shelter kits and other essentials.

In conflict-affected areas, over 40,000 particularly vulnerable people received food for themselves and their families (300,000 people) in exchange for work repairing roads, irrigation systems and other vital community infrastructure. Despite adapted working procedures, the prevailing security and access situation hampered the identification and planning of such projects, resulting in fewer beneficiaries than intended.

Meanwhile, 17,163 households (120,078 residents) in conflict-affected areas better protected/restored their livelihoods through various forms of support. Some 15,300 pastoral farmers in the south and central regions improved their animals' health with help from ICRC-trained and -equipped community-based veterinary workers and a deworming programme, resulting, for instance, in a 25% productivity increase for beneficiaries in Kandahar. Some 1,200 households, including 400 vulnerable households in the east, accessed food and increased their incomes with vegetable seed, tools and fertilizer. Six hundred women from northern communities boosted their self-sufficiency by raising poultry after receiving training and materials. Some 2,000 farmers also pursued small-business ventures using micro-loans.

Disabled patients at ICRC-supported physical rehabilitation centres (see *Wounded and sick*) received ICRC support enabling them to generate income and support themselves and their families. They included 2,621 individuals who received vocational training and 1,878 who received stationary kits in support of their scholarships. In total, 309 breadwinners (with 1,854 family members) increased their income after boosting or starting their livelihood activities with micro-loans. In total, 4,711 homebound individuals and their families (28,266 people), including people with spinal cord injuries, received food rations and hygiene items.

Communities enjoy a reliable water supply

More than 300,000 people in rural areas accessed safe drinking water thanks to new/rehabilitated hand pumps maintained by ICRC-trained and -equipped water management committees. In remote areas with no access to underground water, ICRC engineers installed sand filters to make surface water drinkable. Some 25,000 people in six semi-urban areas accessed better quality water after the rehabilitation of their water supply systems, while preparations began for future repairs/improvements to suburban water networks in Kandahar and Kunduz.

Civilians access health care

Thanks to the Afghan Red Crescent's community-based health and first-aid programme, some 85,000 people obtained first aid or general health care, while 57,000 learnt more about good health/hygiene practices from some 14,000 trained National Society volunteers across the country. The National Society received help from the Norwegian Red Cross/ICRC to strengthen these services. In addition to the provision of equipment, including 20,300 first-aid kits, to people delivering such services, training took place regularly for new recruits and experienced first-aiders, while some 80 instructors, including 16 women, attended advanced workshops.

General health was also maintained through preventive/curative health care provided by, on average, 50 primary health-care facilities, including 47 National Society clinics, 3 of which had closed by year-end for relocation or conversion to an emergency unit, and four ICRC-supported health care centres, three of which closed later in the year owing to insecurity. Nevertheless, people continued to benefit from services at the health centre in Korengal after the community's *shura* council took responsibility for its management.

PEOPLE DEPRIVED OF THEIR FREEDOM	HELD BY THE AFGHAN GOVERNMENT	HELD BY US FORCES	IN NATO/ISAF CUSTODY PRIOR TO THEIR TRANSFER TO AFGHAN CUSTODY
ICRC visits			
Detainees visited	29,878	3,162	125
Detainees visited and monitored individually	1,993	2,057	5
<i>of whom women</i>	8		
<i>of whom minors</i>	99	83	
Detainees newly registered	524	1,237	5
<i>of whom women</i>	3		
<i>of whom minors</i>	48	54	
Number of visits carried out	336	12	30
Number of places of detention visited	98	2	9
Restoring family links			
RCMs collected	8,105	7,404	
RCMs distributed	5,798	4,540	
Phone calls made to families to inform them of the whereabouts of a detained relative	718	1,062	
Detainees visited by their relatives with ICRC/National Society support	1,695	1,664	
Detainees released and transferred/repatriated by/via the ICRC		2	
People to whom a detention attestation was issued	13	4	

Some 598,000 patients attended consultations while children under five years old received vaccines (some 271,000 doses) at the clinics (although most clinics did not provide complete data). The National Society received ICRC support and training at central level to help it independently manage medical logistics and procurement processes and achieve service levels in line with the government's Basic Package of Health Services.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees/internees under Afghan, NATO/ISAF and US authority received visits, conducted according to the ICRC's standard procedures, from delegates, who monitored their treatment, living conditions and respect for their judicial guarantees and shared findings and recommendations confidentially with the authorities. Particular attention was paid to vulnerable groups such as foreigners, women, minors and the mentally ill. To ensure the smooth conduct of visits, troops newly assigned to the US-run Parwan detention facility and recruits of the Afghan National Directorate of Security (NDS) attended briefings on ICRC activities for detainees.

Notification of new arrests, transfers and releases given by US and NATO/ISAF authorities to the ICRC, along with information collected from visits, kept families informed of their detained relatives' whereabouts. Detainees/internees held at Parwan or in the US internment facility at Guantanamo Bay Naval Station in Cuba communicated with their families via RCMs, telephone/video calls, through delegates during visits or, in the case of Parwan, in person, through ICRC-organized family visits to some 3,300 inmates.

Afghan and US authorities, other stakeholders and the ICRC maintained dialogue to ensure that the rights and dignity of detainees were respected, including during the transfer of US-held persons and US-run detention facilities to Afghan control. Discussions touched on the legal frameworks and procedural safeguards required to establish an internment/detention system according to internationally recognized standards, the continuation of family visits at Parwan and the sustainability of prison infrastructure. Dialogue with the NDS and other Afghan authorities specifically sought to ensure progress on judicial guarantees for detainees and adherence to IHL provisions and applicable Afghan laws, also in light of the transfer of responsibility for district and provincial prisons from the Ministry of Justice to the Ministry of Interior Affairs.

Relevant stakeholders received a report of the ICRC's 2011 assessment of Afghan detention facilities, proposing solutions to water/sanitation problems in each facility, in addition to 1,000 related publications in English and Dari. With its intimate knowledge of the Afghan detention system, the ICRC secured the support of Afghan and US authorities to mobilize, in both Kabul and Washington, United States of America (see *Washington*), international and local actors involved in prison construction/rehabilitation to adapt detention facilities to suit local custom and the authorities' maintenance capacities. This resulted in the improvement of five provincial prisons and one juvenile rehabilitation centre.

Under ICRC programmes in four juvenile rehabilitation centres and in the most critical/needy detention facilities in the country (1 district-level and 13 provincial prisons), some 8,100 detainees had better living conditions thanks to prison infrastructure construction/rehabilitation work. Over 17,000 improved their hygiene using kits and information learnt from health promotion sessions. They included more than 1,700 detainees facing fewer health risks following scabies and bloody diarrhoea treatment campaigns.

In line with the government's Basic Package of Health Services, prison health staff received training and supplies to help them treat sick inmates, who were transferred to hospital when necessary. Mentally ill detainees at Pul-i-Charkhi central prison, including 14 severe cases, received adapted drug therapy and monthly visits by a psychiatrist.

Vulnerable inmates received clothing, hygiene items and other essentials, as well as recreational items, on an ad hoc basis to make their confinement more comfortable.

WOUNDED AND SICK

Obtaining appropriate and timely medical treatment in conflict-affected areas remained difficult for much of the population; attacks on medical personnel and facilities impeded services further. The security incident at Mirwais hospital in Kandahar (see *Context*) prompted a discussion between the Health Ministry and the ICRC on the need to safeguard the neutrality and impartiality of health facilities. The two organizations also considered adjustments to their mode of cooperation in the provision and improvement of health care services, with the ministry assuming greater ownership and the ICRC taking on a more supporting role.

Despite the challenges, wounded and sick patients benefited from improved treatment from ICRC partners throughout the casualty care chain.

Thousands of weapon-wounded people received immediate care thanks to the upgraded first-aid skills of National Society volunteers (see *Civilians*) and some 2,300 government workers, taxi drivers and police personnel/weapon bearers provided with first-aid kits by the ICRC. Once stabilized, more than 3,300 patients in southern Afghanistan were evacuated to hospital through ICRC-funded transport systems.

In the south, wounded and sick people relied on the 420-bed Mirwais hospital for treatment and care, including in surgery, obstetrics and paediatrics, in line with the Health Ministry's Essential Package of Hospital Services. Patients benefited from better services at Mirwais following ICRC donations of drugs and consumables and rehabilitation and renovation work on the premises. Until June, the support also included skills upgrading of medical staff through theoretical and bedside teaching and weekly teleconferences with Geneva University Hospital, Switzerland.

Patients in northern Afghanistan sought care in the 200-bed Shiberghan hospital, which also received supplies, equipment and training.

The two hospitals treated a total of 44,413 inpatients and 216,618 outpatients. Thirty-three other hospitals in different regions received ad hoc medical supplies from the ICRC, enabling them to cope with mass-casualty influxes. Owing to logistical and security issues, planned support to Ghazni hospital was called off.

Disabled people improve their mobility and reintegration into society

Some 80,500 disabled Afghans benefited from prosthetic/orthotic devices and physiotherapy provided by one component factory and seven ICRC-run physical rehabilitation centres managed by disabled employees educated and trained with ICRC assistance. Patients from remote areas were transported to the centres or referred to specialist care, while those with spinal cord injuries

benefited from 7,083 home visits. Patients received support in gaining self-sufficiency (see *Civilians*). Wheelchair users practised or played at the newly constructed adapted basketball court at the Kabul centre, with some competing in national tournaments and the Paralympic Games.

Patients at other centres were fitted by trained technicians with devices produced using materials from an ICRC-managed component factory. Meanwhile, construction of a new centre in Faizabad continued.

National medical practice boosted

Twenty Afghan doctors sharpened their skills at an emergency room trauma course, as did 41 surgeons attending a war-surgery seminar organized with Kabul Medical University. The first batch of 21 prosthetic/orthotic technicians gained international certification upon their completion of the Health Ministry/Institute of Health Science/ICRC three-year course.

AUTHORITIES

Dialogue with Afghan authorities at national, provincial and local level, including with new actors, focused on the protection of civilians, the importance of allowing safe access to health care and humanitarian aid, and enhancing understanding of the ICRC's mandate and Movement activities.

The authorities were encouraged to translate IHL, particularly recognition/protection of the Movement's emblems, into domestic legislation, although their preoccupation with the conflict and the transfer of responsibility for security stalled progress in this regard. Nevertheless, the authorities received ICRC publications and Dari and Pashto translations of humanitarian treaties to assist them in the implementation process and to advance accession to these instruments, particularly to the Convention on Certain Conventional Weapons and the Hague Convention on Cultural Property. Officials discussed IHL implementation with civil society representatives at a round-table, while others who attended IHL conferences abroad, including the Fourth South Asian Regional Conference (see *New Delhi*) and two IHL teaching sessions (see *Iran, Islamic Republic of* and *Sri Lanka*), helped facilitate meetings with relevant authorities.

Diplomats and representatives of international organizations also received ICRC publications during briefings, with a view to enlisting their support for the Movement.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Given the changes in the security environment, dialogue with weapon bearers remained more essential than ever. Through direct contact with delegates and aided by local-language publications, weapon bearers were reminded of their obligations under IHL to protect those not or no longer participating in the fighting, to respect the principles of distinction and proportionality, to allow civilians access to basic necessities and to protect medical personnel, transport and infrastructure. Despite insecurity and growing fragmentation making some parties difficult to reach, meaningful dialogue with armed groups was sought, even indirectly, through contacts with influential members of civil society such as traditional/religious leaders (see *Civil society*).

Officers of the armed and police forces attending the Command and Staff College enhanced their knowledge of IHL/humanitarian principles through ICRC presentations and materials. Meetings and

briefings with over 2,000 Afghan National Security Force and NDS personnel and members of armed groups throughout Afghanistan served to reinforce the importance of IHL compliance.

The ANA took further steps to integrate IHL into its doctrine, education and operations by including, for the first time, an IHL module in its yearly training manual and briefing 216 instructors on the topic.

Relations with key/elite Afghan and international forces developed further during training and through regular meetings/contact in Afghanistan and abroad (see *Brussels* and *Washington*). Topics discussed included the conduct of hostilities, detention matters and the transition. Predeployment training exercises for Afghanistan-bound international personnel included briefings on IHL and the Movement.

CIVIL SOCIETY

Some 3,600 influential community leaders, including elders, religious teachers and *shura* council members, learnt more about IHL and the Movement during ICRC presentations and from local language publications, deepening their understanding and support. For example, about 30 imams and religious leaders participated in round-table discussions in Herat, while over 20 eminent religious scholars attended seminars relating to IHL and Islam in Afghanistan and abroad (see *Iran, Islamic Republic of* and *Lebanon*). Law/sharia law students enhanced their knowledge at an IHL workshop. Independent humanitarian action was the topic of the first ICRC round-table with youth associations.

International and national media used ICRC sources, such as briefings, operational updates and press releases, for their stories, including on Mirwais hospital, human remains recovery by a National Society volunteer and the lack of access to health care. A study on the impact of a 2011 BBC World Service/ICRC radio programme also discussing access to health care showed a marked increase in rural communities' awareness of their rights and obligations under IHL. Students at the Kabul University medical faculty used the delegation library to research issues covered by the Health Care in Danger project. National Society communication officers attended a workshop enabling them to support dissemination needs in the field.

RED CROSS AND RED CRESCENT MOVEMENT

The Afghan Red Crescent remained the ICRC's main operational partner in providing relief and medical care to victims, many of whom were underserved by overstretched/unreliable government services or beyond the reach of other humanitarian actors (see *Civilians* and *Wounded and sick*). The National Society received technical, financial and material support for its activities for vulnerable people, as well as for its own institutional development. It strengthened its legal base by approving its constitution during its first general assembly. It developed its organizational skills, financial management capacity and, with additional Swedish Red Cross support, volunteer management programme.

The National Society established a pool of 18 trainers to teach the Safer Access approach to volunteers in all regions and at headquarters, using supplementary materials translated in Dari and Pashto.

Movement partners in Afghanistan met regularly to coordinate activities.