



ICRC delegation  
 ICRC sub-delegation  
 ICRC office  
 ICRC prosthetic/orthotic centre

# afghanistan

Having assisted victims of the Afghan 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; assisting the 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.

## EXPENDITURE (IN CHF ,000)

Protection	<b>4,941</b>
Assistance	<b>29,034</b>
Prevention	<b>2,905</b>
Cooperation with National Societies	<b>3,607</b>
General	-

**▶ 40,487**

*of which: Overheads 2,471*

## IMPLEMENTATION RATE

Expenditure/yearly budget	<b>92.9%</b>
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## PERSONNEL

**57** expatriates  
**1,141** national staff (daily workers not included)

## KEY POINTS

### In 2005, the ICRC:

- ▶ visited and monitored individually 2,289 security detainees or internees held by US or Afghan authorities and helped the detainees keep in contact with their families;
- ▶ assessed all 33 provincial prisons to identify priorities for rehabilitation and reconstruction, reported its findings to the Ministry of Justice and made the report available to potential donors to mobilize their support for the effort;
- ▶ supported the National Society in developing its activities and strengthening its institutional base;
- ▶ ran physical rehabilitation services around the country, upgraded water supply and promoted hygiene for over 220,000 people living in major cities and supported key hospitals that admitted over 46,000 patients;
- ▶ advised the Afghan National Army on its plan for integrating IHL into the regular training of Afghan troops;
- ▶ provided staff, materials and vehicles for the ICRC's earthquake relief in Pakistan.

## CONTEXT

Parliamentary elections in September marked the end of the political process laid out in the Bonn Accord. The new parliament met for the first time on 19 December.

Prior to the inauguration of parliament, President Karzai signed a long-term strategic security partnership with the United States, calling a *loya jirga* (grand council) to ratify the agreement.

To help stabilize the country, the NATO-led International Security Assistance Force (ISAF) expanded to cover new areas in the west of Afghanistan, with plans to extend to the south in 2006. The Afghan National Army continued to grow, reaching almost 30,000 soldiers, with units deployed throughout the country.

The first phase of the disarmament and demobilization process ended officially on 30 June, with more than 58,000 fighters reportedly disarmed. The next phase, called the Disarmament of Illegal Armed Groups, started midyear and targeted an estimated 80,000 weapon bearers.

Although there was the usual lull in violence over the winter, attacks and clashes started up again in the spring. Occurring in many areas but particularly in the south and east, the violence often targeted the government or international forces. It intensified as the year progressed, claiming some 1,500 lives in all – by far the highest casualty rate since the fall of the Taliban regime in late 2001. Kidnapping was a serious threat, and suicide attacks, previously

uncommon, increased drastically and occurred in most of the country's major cities. Political and factional rivalries, discontent among former fighters, and the drugs trade fuelled the violence.

In May, following reports of abuse of the Koran at the US detention facility at Guantanamo Bay in Cuba, 16 protesters were killed in anti-Western riots in Jalalabad. Insecurity further restricted access to many areas of the country, particularly in the south and east, and limited the reach and effectiveness of the government.

While contributing to flooding, mudslides and avalanches, heavy snow and rain refilled aquifers depleted earlier by drought, which led to a good harvest.

## MAIN FIGURES AND INDICATORS

PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)		CIVILIANS AND PEOPLE DEPRIVED OF THEIR FREEDOM		
Detainees visited	8,711	<i>Water and habitat</i>		
Detainees visited and monitored individually	2,289	Water-supply schemes and sanitation systems (completed projects)	Beneficiaries	223,987
Number of visits carried out	203	Habitat structures	Beneficiaries	948
Number of places of detention visited	74	<b>WOUNDED AND SICK</b>		
<b>RESTORING FAMILY LINKS</b>		Hospitals supported	Structures	8
<i>Red Cross messages (RCMs) and reunifications</i>		Admissions	Patients	46,166
RCMs collected	8,078	Operations	Operations performed	19,740
RCMs distributed	8,819	<i>Physical rehabilitation</i>		
<i>Tracing requests, including cases of missing persons</i>		Patients receiving services	Patients	55,877
People for whom a tracing request was newly registered	206	Prostheses delivered	Pieces	4,511
Tracing requests closed positively (persons located)	131	Orthoses delivered	Pieces	9,462
Tracing requests still being handled at 31 December 2005	169			
<b>DOCUMENTS ISSUED</b>				
People to whom travel documents were issued	3			
People to whom a detention attestation was issued	39			

## ICRC ACTION

The protection of detainees and internees remained the ICRC's first priority, and the organization continued its visits to detainees held both by Afghan and US authorities. While scaling back assistance activities as government and international programmes developed, the ICRC maintained substantial assistance programmes in 2005: its prosthetic/orthotic centres provided physical rehabilitation services to nearly 56,000 amputees and other disabled people, and its work on city water supply and sanitation improved health conditions in neighbourhoods housing hundreds of thousands of people. The ICRC also supported hospitals not yet covered by government schemes. As government coverage of hospitals increased, it scaled back its hospital assistance, handing three of the hospitals it was supporting over to the Ministry of Public Health.

ICRC activities focused largely on cities, which remained accessible throughout the year. Staff movements were seriously restricted in rural areas, especially in the south and the east of the country, where all but Kandahar and Jalalabad remained off-limits to both national and expatriate staff. ICRC property was damaged in riots in Jalalabad, and much of the expatriate staff there was temporarily withdrawn until October.

The ICRC supported the Afghan National Army in drawing up a national plan to conduct its own IHL training. The plan was formalized by ministerial order at the end of November and was due to begin implementation in 2006. The ICRC kept up contacts with government ministries to

encourage Afghanistan to accede to the 1977 Additional Protocols and offered its technical assistance in so doing.

Aiming to re-establish itself as one of the country's main humanitarian actors, the Afghan Red Crescent embarked on a process of reform at both institutional and operational levels. Both the ICRC and the International Federation backed this initiative and provided the National Society with technical and financial support.

Following the earthquake in Kashmir in October, the ICRC in Afghanistan gave substantial support to earthquake relief in Pakistan. Expatriate and national staff, vehicles and relief goods dispatched by the delegation reached Pakistan-administered Kashmir within days of the earthquake.

## CIVILIANS

### Protection of the civilian population

Few allegations of violations of IHL were reported to the ICRC by the population in 2005. However, without access to much of the south and east, the ICRC was unable to monitor first hand the impact on civilians of ongoing military operations in these areas.

### Disaster relief

By drawing on its emergency stocks of food and basic items such as blankets, tarpaulins and jerrycans, the ICRC provided material and logistical support to Afghan Red Crescent/International Federation operations for the victims of flooding and other natural disasters.

### Restoring family links

Working closely with the Afghan Red Crescent, the ICRC continued to help family members separated by conflict to maintain links through the exchange of RCMs, mostly between internees/detainees and their families. It also helped families trace relatives with whom they had lost contact.

- ▶ 6,221 RCMs delivered to and 4,466 collected from civilians
- ▶ 131 people located for their families; tracing cases opened for 206 people
- ▶ 169 tracing cases pending

### Reducing the impact of mines

Mines and explosive remnants of war (ERW) affected thousands of communities and killed or maimed an average of over two people a day. Attacks on deminers slowed mine clearance in some areas.

Some 200 ICRC and Afghan Red Crescent staff members and community volunteers combined mine-risk education with data collection, providing the UN with about 95% of the information it received on mine casualties. By reporting contaminated sites directly to UN Area Mine Action Centres, the HALO Trust, the Danish Demining Group, Handicap International and other demining agencies, they also helped prioritize clearance. The ICRC analysed the information gleaned from the data in order to identify trends, and shared its findings with others involved in mine action. There were 13% fewer incidents recorded than in 2004, but the data collected from the south and east was not complete.

ICRC/Afghan Red Crescent mine-risk education was conducted in the northern,

central and eastern provinces and focused on rural communities, women and truck and bus drivers. In Jalalabad, Kabul, Mazar-i-Sharif and Herat, the mine-action programme trained 206 community health workers from other organizations, as well as its own staff.

- 209 areas suspected of mine contamination reported to deminers
- 801 mine/ERW incidents recorded: 93% involved civilians and 44% involved children, 50% caused by unexploded ordnance
- over 311,000 people, more than half children, attended mine-risk education sessions held in some 4,000 locations

### Upgrading water supply and sanitation

Although the government and international donors had extensive plans for developing city water-supply systems, poor security and a shortage of skilled labour hampered implementation. By 2005, half of the planned projects had not been financed, and many city-dwellers still relied on shallow wells. Rising water tables filled old wells that had run dry during the drought, but the water was often contaminated. Under an agreement with the Ministry of Urban Development, the ICRC worked with the water boards in Kabul, Mazar-i-Sharif, Herat, Jalalabad and Kandahar to improve water supply in areas not covered by larger city water schemes. Such programmes concentrated on the shantytowns often inhabited by returnees and other disadvantaged groups. A survey of neighbourhoods targeted confirmed the need for better water quality and health practices: 60% of those surveyed drank contaminated water and nearly 25% walked more than 100 metres to collect water; although diarrhoea was common, 40% did not know how to prevent it and even fewer knew how to treat it.

The ICRC drilled 100 wells and equipped them with hand pumps, improved networks and municipal water schemes and conducted sessions to promote better hygiene. In most cities, residents helped dig ditches for the pipes to be laid in their neighbourhoods. Some projects were delayed by logistic or security problems, but by the end of the year work was in progress on projects expected to improve water supply for over 414,000 people. These included projects in 10 villages around Bamyan which improved the supply of water for both domestic and agricultural use.

- 224,057 people had water supply/sanitation improved by projects completed

## PEOPLE DEPRIVED OF THEIR FREEDOM

### Internees in US custody

The ICRC made regular visits to internees held by the United States in Kandahar and at the Bagram Air Base; both facilities were enlarged early in the year, although the one in Kandahar was closed in July. In accordance with its standard procedures, the ICRC assessed the treatment and conditions of the internees both in locations visited and, via interviews, in the firebases where some internees were held before arriving there. The ICRC relayed its findings, observations and recommendations to the US authorities, including to the US embassy and the commander-in-chief of the Coalition Forces in Afghanistan.

The United States released 686 internees, and the ICRC was present for their handover to the Afghan government. The ICRC repatriated 3 released internees. It continued to urge the US authorities to notify the ICRC of all arrests and to encourage them to establish a legal framework for all persons in their custody.

- 1,132 internees visited, including 1,067 monitored individually (including 31 minors; 595 newly registered) in 15 visits to 2 places of detention
- 471 internees monitored individually still in custody by end of 2005, including 20 minors
- 1,852 RCMs delivered to and 2,086 collected from internees

### Detainees in Afghan custody

The planned prison rehabilitation programme progressed very slowly, and Afghan prisons continued to fill. The ICRC followed security detainees individually, assessing their treatment and conditions and helping them keep in touch with their families via the RCM network. Once they were released, the delegation covered the cost of their transport home. Because of their special vulnerability, the ICRC also monitored foreigners, women and minors individually. At the request of foreign detainees, the ICRC notified their countries of origin of their detention and helped them to travel home after their release.

To improve the overall conditions in the prisons it visited, the ICRC upgraded water and sanitation facilities and distributed hygiene articles and winter clothes. These improvements benefited all inmates.

In order to establish priorities for prison rehabilitation and reconstruction and

mobilize donor support for the effort, the ICRC drafted a technical assessment report, making recommendations for upgrading facilities in all 33 provincial prisons in Afghanistan. It also held seminars in Kabul, Herat and Mazar-i-Sharif for senior officials of the Ministries of Justice and Public Health and the Attorney-General's Office, as well as for directors and health staff of provincial prisons. The seminars encouraged cooperation between the departments and ministries involved in detention and enhanced expertise on the treatment of detainees, prison hygiene and health care and vocational and educational activities for inmates.

- 7,579 detainees visited, including 1,222 monitored individually (including 703 newly registered, 8 women and 47 minors) in 188 visits to 72 places of detention
- 746 RCMs delivered to and 1,526 collected from detainees
- 1,635 detainees benefited from improvements to prison water supply or sanitation facilities in 15 places of detention

## WOUNDED AND SICK

### Supporting hospital services

By the end of 2005, people living in some of the poorest areas of the country still had no access to primary-health-care services, and donors backing the Basic Package of Health Services were looking for NGOs to extend coverage in underserved districts. The Essential Package of Hospital Services, the national plan for provision of secondary health care, was adopted during the year. Having supported major Afghan medical facilities for over a decade, the ICRC took part in the Hospital Management Task Force and made substantial contributions to the development of the plan.

The ICRC continued to provide medical and other supplies, blood-bank and laboratory equipment, fuel and, as needed, staff incentives to enable some key hospitals to deliver much-needed services. The ICRC handed the hospitals it supported in Ghazni, Taloqan and Kabul over to the Ministry of Public Health during the year; its support to hospitals in Shiberghan, Jalalabad (Public Health Hospital-1) and Kandahar (Mir Wais) continued all year. In Jalalabad, the ICRC started repairs to the hospital and organized a comprehensive staff training programme. Slowed by the withdrawal of expatriate staff after the riots

in May, the training was stepped up upon their return in October.

The ICRC also gave ad hoc support to other hospitals around the country and supplied medicines and medical materials to help the Ministry of Public Health fight a cholera outbreak in summer. It conducted a seminar on war surgery in Jalalabad and one emergency room training course for Ministry of Public Health doctors in Kabul. It also improved first-aid treatment for weapon-wounded victims in the south and east by giving technical support to the International Federation/Afghan Red Crescent community-based first-aid programme.

In ICRC-supported health facilities:

- ▶ 30,741 surgical patients admitted, including 2,241 weapon-wounded (250 by mines)
- ▶ 19,740 surgical operations performed and some 12,900 blood transfusions given
- ▶ 15,425 other patients admitted (4,473 medical, 2,657 obstetric/gynaecological, 8,295 paediatric)
- ▶ 207,318 outpatient consultations given

### Rehabilitation of the disabled

Extensive contamination by mines and ERW, high rates of polio and other factors have left tens of thousands of Afghans disabled. By 2005, the government had not yet begun to provide the rehabilitation services enabling them to lead active lives and avoid being a burden on their families and communities. Some areas of the south and east had no rehabilitation services, and facilities serving the rest of the country were run by international organizations or NGOs which coordinated closely and reported to the Ministry of Public Health and Ministry of Martyrs and the Disabled.

Having played the leading role in the provision of rehabilitation services in Afghanistan for over 15 years, by 2005 the ICRC had fitted some 80% of all the prostheses and orthoses worn in the country. In addition to fitting appliances and providing physiotherapy, the ICRC's six centres around the country organized schooling and offered vocational training, micro-credit schemes or job placement to help patients reintegrate into society. The centres themselves employed more than 500 disabled people.

The ICRC also supplied raw materials and parts to four centres run by other organizations: International Assistance Mission (Maimana), Swedish Committee for

Afghanistan (Taloqan and Ghazni) and Handicap International Belgium (Kandahar). It also trained 33 prosthetic/orthotic technicians in four locations and gave on-the-job training at the centres.

Specialized teams working from the centres made home visits to people with spinal-cord injuries, providing medical care/equipment, physiotherapy and counselling. The ICRC also supported the only centre specializing in the treatment of cerebral palsy, which it set up at the Indira Gandhi Hospital, the main paediatric facility in Kabul.

- ▶ 55,877 patients provided with physical rehabilitation services (including 16,130 amputees)
- ▶ 1,066 new patients fitted with prostheses and 4,680 with orthoses
- ▶ 4,511 prostheses (3,186 for mine victims) and 9,462 orthoses (32 for mine victims) delivered
- ▶ 927 wheelchairs and over 11,063 crutches/canes delivered
- ▶ 5,779 appliances repaired
- ▶ 3,200 patients with spinal-cord injuries and 1,789 with cerebral palsy given therapy and care
- ▶ 2,691 people benefited from education, vocational training, micro-credits or job placement
- ▶ some 1,500 components delivered to non-ICRC workshops

### AUTHORITIES

With accession to the 1977 Additional Protocols under consideration by the government, the ICRC met key officials and, to facilitate the process, translated the Geneva Conventions into Dari and Pashto.

The ICRC frequently met high-level officials to discuss the practical application of IHL in policy development and implementation, especially regarding detainees. Attentive to the need to stay neutral and independent, it coordinated with advisory groups set up to support the government in areas pertaining to IHL. Through its sub-delegations, the ICRC kept up a dialogue with provincial authorities and international organizations working at regional level.

### ARMED FORCES AND OTHER BEARERS OF WEAPONS

By the end of the year, the Afghan National Army had 48 commissioned battalions and three training institutes. Because of the need to shorten training for quick deployment,

some troops had not yet received instruction in IHL. The army continued to develop its IHL instruction and to integrate it into its training programmes, making good progress over the year. Following a seminar for 33 senior officers in June, the army set up an expert panel, which developed a curriculum approved in November, signed by the Minister of Defence and introduced in military training institutions and field units. IHL training activities conducted with support from the ICRC included:

- ▶ a four-day workshop for 18 officers;
- ▶ sessions for over 400 officers in training facilities and over 500 soldiers in the field;
- ▶ follow-up of instructors in field units;
- ▶ translation of IHL teaching materials into Dari and Pashto;
- ▶ sponsorship of 3 officers attending an IHL course in San Remo.

### CIVIL SOCIETY

Over 2,000 international and national NGOs and UN bodies were working in Afghanistan. Military provincial reconstruction teams were also involved in humanitarian projects. The Afghan media continued to grow and develop.

To promote its principles and explain its approach, the ICRC relied largely on direct contact with the public through its programmes. It organized information sessions in Kabul, Herat, Jalalabad, Kandahar and Mazar-i-Sharif for over 700 community leaders, elders and religious figures, as well as for 132 journalists and over 1,800 students and teachers.

### RED CROSS AND RED CRESCENT MOVEMENT

#### National Society restructuring

With the appointment of a new president in January, the Afghan Red Crescent Society embarked on wide-ranging reforms, which included:

- ▶ re-introducing countrywide membership;
- ▶ formally distinguishing between management and governance by appointing a secretary-general;
- ▶ restructuring headquarters and drafting a new constitution.

The ICRC and the International Federation gave financial and technical support for these initiatives.

## Support to Afghan Red Crescent programmes

The ICRC conducted “Safer Access” workshops in several Red Crescent branches. It also provided technical, financial and/or material support to the National Society’s activities including:

- ▶ 59 food-for-work projects benefiting almost 26,000 families: designed to help communities affected by insecurity, these involved repairs to essential infrastructure such as canals while providing temporary income (rations);
- ▶ 587 vocational training projects for over 1,200 trainees: vocational training in tailoring, bicycle or radio repair and carpentry involved almost 600 trainers; trainees received basic tools at the end of the course;
- ▶ maintenance of the RCM network and promotion of the Fundamental Principles and IHL;
- ▶ joint Afghan Red Crescent/International Federation emergency relief operations;
- ▶ mine action (see *Civilians*).