



# 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 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.

## EXPENDITURE (IN KCHF)

Protection	3,628
Assistance	30,607
Prevention	3,298
Cooperation with National Societies	3,337
General	-76

► **40,794**

of which: *Overheads* 2,489

## IMPLEMENTATION RATE

Expenditure/yearly budget	104%
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## PERSONNEL

54 expatriates  
1,113 national staff (daily workers not included)

## KEY POINTS

### In 2006, the ICRC:

- visited and monitored individually 2,424 people held by the Afghan authorities, the US authorities and the NATO-led International Security Assistance Force (ISAF) in connection with the armed conflict and helped them keep in touch with their families; assisted ISAF in drafting standard operating procedures for detention; participated in discussions with relevant authorities on the legal framework for depriving people of freedom;
- supported key hospitals and Afghan Red Crescent clinics providing care for more than 190,000 people; supported the National Society's community-based first-aid programme;
- with the National Society, provided improved water supply and sanitation for some 192,000 people; ran 6 physical rehabilitation centres providing services for 58,566 disabled people;
- expanded contacts with religious circles and sought contacts with representatives of the armed opposition in an effort to increase acceptance of the ICRC and improve security and access of its staff in conflict areas.

## CONTEXT

The year was marked by an increase in the scope and intensity of the armed conflict in Afghanistan. Roadside bombs, targeted killings, suicide bombings and military operations multiplied, particularly in the south and east of the country. As the conflict broadened and took on a new character, military operations intensified in rural areas where the armed opposition extended its control over parts of the rural south and east. Greater numbers of war-wounded were admitted to hospital, and more people moved to urban areas or over the border to Pakistan to escape violence or intimidation or as a result of disruption to security and trade. Discontent with the pace of government efforts to disarm unofficial militias and eradicate poppy production and the absence of lasting social and economic change fuelled tribal, factional and religious tensions and sparked demonstrations and riots.

In August and October respectively, the NATO-led International Security Assistance Force (ISAF) took over responsibility for the south and east of Afghanistan. British, Canadian and Dutch ISAF troops were deployed in the south and US coalition forces operating in the east integrated the ISAF command. By the end of 2006, 32,000 international troops were operating in Afghanistan, of which 10,000 US troops remained under a counter-“terrorism” mandate independent of the ISAF.

The Afghan National Army (ANA) and Afghan National Police (ANP) took on more combat responsibility, and the government pressed ahead with its decision to support former tribal militias in reinforcing local law and order, forming the Afghan National Auxiliary Police (ANAP). The United States continued the process of transferring to Afghan authority Afghan internees being held at the Guantanamo Bay Naval Station in Cuba and the Bagram Theater Internment Facility in Afghanistan.

Relations between Afghanistan and Pakistan deteriorated towards the end of the year, with Pakistan planning to fence and mine sections of its border with Afghanistan.

The Afghan national parliament convened and approved most of the cabinet proposed by President Hamid Karzai. At the beginning of the year, Afghanistan signed a “compact” with key donor countries clarifying the main conditions for a five-year donor commitment in the areas of security, governance, the rule of law, human rights and economic and social development. In addition, the UN Security Council renewed and expanded the mandate of the UN Assistance Mission in Afghanistan.

## MAIN FIGURES AND INDICATORS

PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)		CIVILIANS AND PEOPLE DEPRIVED OF THEIR FREEDOM		
Detainees visited	10,510	<i>Economic security, water and habitat</i>		
Detainees visited and monitored individually	2,424	Food	Beneficiaries	38,500
Number of visits carried out	244	Essential household items	Beneficiaries	38,500
Number of places of detention visited	79	Water supply schemes and sanitation systems (completed projects)	Beneficiaries	192,200
<b>RESTORING FAMILY LINKS</b>		Habitat structures	Beneficiaries	2,896
<i>Red Cross messages (RCMs) and reunifications</i>		<b>Health</b>		
RCMs collected	10,597	Health centres supported	Structures	8
RCMs distributed	10,815	Consultations	Patients	36,427
People reunited with their families	3	Immunizations	Activities	28,949
<i>Tracing requests, including cases of missing persons</i>		<b>WOUNDED AND SICK</b>		
People for whom a tracing request was newly registered	257	Hospitals supported	Structures	14
Tracing requests closed positively (persons located)	99	Admissions	Patients	34,493
Tracing requests still being handled at 31 December 2006	137	Operations	Operations performed	17,605
<b>DOCUMENTS ISSUED</b>		<i>Physical rehabilitation</i>		
People to whom travel documents were issued	25	Patients receiving services	Patients	58,566
		Prostheses delivered	Pieces	4,321
		Orthoses delivered	Pieces	9,969

## ICRC ACTION

Mounting insecurity and the intensified insurgency continued to seriously impede the ICRC's movements in Afghanistan in 2006. Humanitarian agencies faced enormous challenges in gaining acceptance and security guarantees and aid workers were increasingly targeted. Much of Afghanistan remained off-limits to ICRC staff, with the exception of the major cities. The ICRC relied on an extensive network of Afghan Red Crescent volunteers to assist the population most affected by conflict.

The ICRC's presence and activities developed as the conflict intensified. The organization continued its visits to people held by Afghan and US authorities. Ongoing US detention in Afghanistan and the transfer of internees from US to Afghan custody were the subject of dialogue with the detaining authorities with regard to appropriate detention conditions, treatment of detainees and respect for relevant legal provisions.

With the expansion of its responsibilities in the south and east, NATO/ISAF began to arrest people as well. Following an extensive dialogue during bilateral meetings and pre-deployment exercises both at its headquarters and in the field, ISAF took on board the ICRC's recommendations regarding the inclusion of provisions on notification and visiting procedures in its standard operating procedures for detention. Initial ICRC visits to ISAF detention facilities were conducted in the south.

The ICRC collected allegations of violations of IHL with respect to people not or no longer taking part in the hostilities, reminded all parties of their obligations under the applicable rules of IHL and, wherever necessary, made confidential representations to the parties concerned regarding specific cases brought to its attention.

In response to the growing number of conflict casualties in the south and east, the ICRC, in cooperation with the National Society, developed a comprehensive approach to medical assistance, ranging from first aid to surgical care. It maintained support to the Shiberghan and Jalalabad hospitals and was in the process of upgrading support, initially limited to the surgical wing, to the entire Kandahar regional referral hospital. Medical and physical rehabilitation programmes for conflict victims in the south and east were closely coordinated with similar ICRC programmes in Pakistan's border areas. Six ICRC physical rehabilitation centres continued to provide services to the disabled all over the country. Special emphasis was placed on extending services to and improving accessibility from conflict-affected provinces through enhanced patient referral systems, often involving the National Society.

The ICRC improved water quality and sanitation in the poorest neighbourhoods around major cities. It also played an important role in the collection of data on incidents involving mines and other explosive remnants of war and in mine-risk education as part of a programme run in close cooperation with the Afghan Red Crescent

Society. The ICRC and the National Society distributed food and essential household items to 5,500 families displaced or otherwise affected by conflict.

The ICRC also helped the ANA implement its IHL training programme and provided basic IHL training to a number of security forces.

## CIVILIANS

### Civilian security and emergency relief

Increasing violence continued to take a heavy toll, particularly among civilians. Bilaterally as well as in ICRC press releases, the parties were reminded of the need to respect IHL. The ICRC collected allegations of IHL violations and transmitted them to the parties concerned when appropriate. Through ICRC/Afghan Red Crescent distributions, 38,500 people (5,500 households) who had been displaced or whose property had been destroyed were better able to cope with the effects of the violence after receiving food and essential household items such as jerrycans, tarpaulins, buckets and soap.

### Restoring family links

Family members separated by conflict, including internees/detainees, were able to maintain contact through the RCM network operated by the ICRC in close cooperation with the National Society. With the help of the ICRC, families traced relatives with whom they had lost contact. One Iranian minor was reunited with his family.

- ▶ 5,629 RCMs collected from and 6,931 RCMs distributed to civilians
- ▶ new tracing requests registered for 257 people (117 females, 114 minors at the time of disappearance); 99 people located; 137 people (61 females, 58 minors at the time of disappearance) still being sought
- ▶ 3 people reunited with their families
- ▶ 1 person issued with an ICRC travel document

### Upgrading water supply and sanitation

The water boards of Herat, Jalalabad, Kabul, Kandahar and Mazar-i-Sharif benefited from ICRC technical and material support in expanding their water networks. Most of the projects covered poor neighbourhoods that had grown up on the edge of major cities as returnees, IDPs and rural populations flocked to urban areas. These communities were not covered by water systems funded by major donors (whose plans focused mainly on town centres) or NGOs (which worked mostly on rural water schemes). The communities were involved in the planning and implementation of the projects.

In areas where water projects were in progress, community councils (*shura*) were mobilized to improve drainage, garbage collection and waste disposal systems for emptying latrines, and community members learned how to improve hygiene in sessions held in their homes, mosques and other public places.

The Central Water Authority established a water-testing laboratory in Kabul. The ICRC rehabilitated the facility and trained staff.

- ▶ 272,200 people benefited from completed (192,200 people living in the outskirts of major cities: 95,000 people in Kabul, 80,000 in Herat, 7,200 in Bamyan, 5,000 in Kandahar and 5,000 in Jalalabad) and ongoing (80,000 people living in the outskirts of Herat, Jalalabad, Kabul and Mazar-i-Sharif) water and sanitation projects

## PEOPLE DEPRIVED OF THEIR FREEDOM

### Persons in US custody

Internees at the Bagram Theater Internment Facility continued to receive ICRC visits every four to six weeks. Delegates assessed their treatment and detention conditions

both in the facility and, via interviews, in the places where some had been held before being taken to Bagram. The ICRC regularly submitted confidential reports of its findings, observations and recommendations to the US authorities.

- ▶ 1,035 internees visited, 862 of them monitored individually (16 minors), including 409 newly registered (7 minors), during 10 visits to 1 place of detention
- ▶ 4,322 RCMs collected from and 3,411 RCMs distributed to internees
- ▶ 4 detention certificates issued to former detainees or their families

Seventy-seven of the internees released from the Bagram facility and handed over to the ICRC were given clothing and financial support to cover the cost of their transport home. Coalition forces released 218 internees under the “Strengthening of Peace” programme and handed them over to the Afghan government in the presence of the ICRC. Two Iranian internees were flown aboard a Red Cross plane to Tehran to rejoin their families after being released from US custody in Guantanamo Bay and Bagram. The ICRC monitored the handover from US to Afghan authority of 36 internees released from Guantanamo Bay and provided them with clothing, accommodation and financial support before they were reunited with their families.

### Persons in Afghan custody

Security detainees were monitored individually through regular ICRC visits and given the opportunity to correspond with their families via RCMs. Upon release, the delegation paid their fares home. Because of their special vulnerability, detained foreigners, regardless of the charges on which they were held, were also followed individually.

Detainees in Afghan prisons benefited from improved water and sanitation conditions with the help of ICRC technical expertise, materials and financial support. An ICRC technical assessment report on 33 provincial prisons helped the authorities to identify needs and priorities for upgrading prisons and made donors more aware of some of the problems that needed addressing.

- ▶ 9,475 detainees visited, 1,562 of them monitored individually (20 females, 44 minors), including 1,042 newly registered (20 females, 34 minors), during 234 visits to 78 places of detention

- ▶ 646 RCMs collected from and 473 RCMs distributed to detainees
- ▶ 21 detention certificates issued to former detainees or their families
- ▶ 3,376 detainees benefited from completed (2,896 detainees) and ongoing (480 detainees) water and sanitation projects

During an uprising at Pul-i-Charki prison in Kabul in February, the ICRC acted as a neutral intermediary, facilitating communication between the parties, supervising the relocation of 2,000 detainees and providing assistance after the revolt ended. It later helped locate the family of one of the deceased detainees and assisted the detainees who had been relocated.

### Persons in NATO/ISAF custody

The ICRC established contacts in Kabul with the incoming NATO-led ISAF IX, as well as with the forces of the contributing nations and their embassies, especially those deployed in southern Afghanistan.

NATO used the ICRC’s input to develop its standard operating procedures for detention. The ICRC subsequently monitored its implementation by ISAF headquarters and the national contingents.

Pursuant to the standard operating procedures and agreements between the Afghan government and countries contributing troops, news of arrests, releases or handovers of detainees by ISAF troops to Afghan forces were transmitted to the ICRC. Five visits took place to people in temporary holding facilities under ISAF authority.

### Legal framework

Discussions were held with the relevant authorities regarding the legal framework for depriving people of freedom, with an emphasis on those arrested or held by international forces and for whom a transfer to Afghan authority was planned in 2007.

## WOUNDED AND SICK

### Support to hospital services

Afghanistan developed a comprehensive primary health care programme with the objective of offering health services to 82% of the population by the end of 2006. Implementation of the Essential Package of Hospital Services (EPHS) began in the first half of 2006. The first phase, human resources reform, was completed in 10 provincial hospitals.

Jalalabad Public Health Hospital 1 –JPHH1–, (500 beds) and Mirwais hospital (300 beds) in Kandahar continued to provide in-patient care with the support of the ICRC in the form of medical supplies, surgical training and other services. Emphasis was placed on building management capacities and improving the quality of care through teaching, particularly in JPHH1. The hospital's electricity supply system and kitchen were renovated, sanitary conditions were improved in the laboratory and disinfection facilities, and rooms and corridors of the surgical, paraplegic and orthopaedic wards upgraded, benefiting patients and staff. Mirwais remained the only functioning hospital in the south, and as military activity escalated in the region, the number of wounded people being treated at the hospital, with ICRC support, grew. Shiberghan hospital received ICRC material assistance for clinical activities, as well as for the general running of the hospital.

Wazir Akbar Khan, Ibn Sinai and Aliabad hospitals in Kabul received ad hoc support, and the Ministry of Public Health was supplied with emergency stocks. The ICRC maintained its supply line to and supervision of the Herat and Wazir Akbar Khan blood banks until the end of 2006.

The Maimana and Shiberghan provincial hospitals in the north received ICRC training and material support to prepare for a potential influx of surgical cases.

In the 14 ICRC-supported facilities:

- ▶ 34,493 patients (8,262 women and 9,869 children) admitted:
  - 1,744 weapon-wounded (252 women, 322 children, 249 people injured by mines/explosive remnants of war);
  - 23,927 other surgical cases;
  - 2,066 medical, 2,338 gynaecological/obstetric, and 4,418 paediatric patients;
- ▶ 17,605 surgical operations performed;
- ▶ 123,300 outpatient consultations given.

### Rehabilitation of the disabled

Of the estimated several hundred thousand physically disabled people in Afghanistan, 35,000 had lost limbs as a result of mine incidents, with the number rising. International and non-governmental organizations fitted them with artificial limbs and provided follow-up care. They submitted reports to the government in the hope of persuading it to take on a greater role in caring for the mine-injured, especially in the south and east, where access to such services had thus far been lacking.

Thousands of disabled people were provided with physiotherapy, mobility aids (crutches, wheelchairs) and devices (prostheses, orthoses) at the ICRC's six physical rehabilitation centres. The facilities also organized schooling and vocational training, micro-credit schemes or job placements for many of their patients. Some 500 disabled people were employed in the centres themselves.

People with spinal cord injuries and their carers received medical assistance, equipment/appliances, physiotherapy and counselling during home visits by ICRC teams. Those in especially difficult circumstances also received financial support. Children affected by cerebral palsy were given physiotherapy and the necessary equipment, while their parents received counselling.

On-the-job and formal training for prosthetic/orthotic technicians was provided in the six centres.

- ▶ 58,566 patients (8,511 women and 13,130 children) received services at the ICRC-supported physical rehabilitation centre
- ▶ 1,021 new patients (95 women and 73 children) fitted with prostheses and 5,108 (1,257 women and 1,837 children) with orthoses
- ▶ 4,321 prostheses (315 for women and 196 for children; 2,967 for mine victims), 9,969 orthoses (1,738 for women and 4,767 for children; 50 for mine victims), 9,876 crutches and 973 wheelchairs delivered
- ▶ 140,797 physiotherapy sessions carried out, including for 3,757 patients with spinal cord injuries
- ▶ 2,130 people given schooling, vocational training, micro-credits or job placements
- ▶ 65 prosthetic/orthotic technicians attended a training course

### AUTHORITIES

The ICRC pursued its dialogue with the authorities at central and local level to promote implementation of IHL. In its relations with the government and parliament, the organization emphasized the importance of ratifying the 1977 Additional Protocols, but parliament's other priorities took precedence in 2006. The 1949 Geneva Conventions and their Additional Protocols were published in the Dari language.

The ICRC continued to provide information on its mandate and activities to provincial authorities. It supplied regional branches of major political parties, local *shuras* and the new provincial councils with periodical and ad hoc publications and kept them updated on ICRC activities through meetings and briefings. ICRC calendars for the 2006–07 solar Islamic year were distributed to political authorities.

- ▶ 123 members of the provincial authorities participated in 6 dissemination sessions and 8 briefings

### ARMED FORCES AND OTHER BEARERS OF WEAPONS

By the end of 2006, the ANA was 35,000 strong. ANA training benefited from ISAF involvement and technical and financial support. The integration of IHL into the ANA's training programmes progressed with assistance from the ICRC, in close cooperation with the special training units of ISAF. The ICRC maintained regular contact with NATO forces in Europe and participated in pre-deployment exercises.

IHL was included in the curriculum of the Afghan National Military Academy (ANMA) and Kabul Military Training Centre (KMTC) and taught by ICRC-trained instructors. In order to facilitate IHL teaching in military units, a teaching manual for instructors and IHL teaching files were published in Pashto and Dari. Presentation packages and case studies in Dari were prepared and introduced at the ANA corps level.

The ICRC regularly visited police stations in order to maintain contact with the ANP. Police personnel attended dissemination sessions, mainly in the northern provinces.

- ▶ 18 instructors from the KMTC, ANMA and the Command and General Staff College and 120 officers from ANA training institutions and military units attended IHL courses
- ▶ ANA officers and international mentors/advisers attended 6 information sessions, 16 meetings and 9 briefings
- ▶ 283 ANA officers and soldiers participated in 7 dissemination sessions on ICRC activities and the basics of IHL
- ▶ 443 officers of the police and security forces, mainly in the northern provinces, attended 15 dissemination sessions and 2 briefings



## CIVIL SOCIETY

Regular meetings, newsletters, fact sheets, press releases and other publications in English, Dari and Pashto kept major international and local media representatives in Kabul, as well as NGOs and international organizations, abreast of the ICRC's activities.

The ICRC continued to promote IHL teaching in universities. A lecturer from the law faculty of Nangarhar University in Jalalabad participated in an IHL and Refugee Law course in Bangalore, India, co-organized by the ICRC and UNHCR (see *New Delhi*).

To promote its principles and explain its approach, the ICRC relied on direct contact with the public through its programmes. It stepped up efforts to establish new contacts and maintain existing ones with traditional sectors of civil society, such as local *shuras*, elders and tribal leaders. In particular, the ICRC fostered closer contacts with religious leaders throughout the country.

- 42 spiritual leaders from 32 provinces attended an ICRC-organized Islamic conference and discussed ICRC activities in Afghanistan, IHL and its compliance with Islam
- some 600 religious leaders, 1,100 students, 100 journalists and 2,000 members of the general public attended information sessions on the ICRC and IHL

## RED CROSS AND RED CRESCENT MOVEMENT

Afghan Red Crescent activities, including mine-risk education, community-based first aid, food-for-work schemes, vocational training, dissemination activities and tracing, benefited from ICRC support. Cooperation between the ICRC and the National Society enhanced access to victims beyond the reach of other humanitarian actors. The National Society pursued efforts to reform its transportation, human resources and financial management structure with ICRC technical, financial and material support provided in cooperation with the National Society leadership and the International Federation.

Red Crescent branches distributed ICRC assistance to conflict-affected IDPs, principally in the south. The National Society extended its community-based first-aid programme for war-wounded to 16 provinces, bolstered by some 10,000 volunteers. The ICRC assisted it in so doing through training in neutral humanitarian conduct, provision of first-aid materials to volunteers and help with the recruitment of staff and volunteers.

With funding and/or technical/material assistance from the ICRC, the Afghan Red Crescent Society:

- distributed essential household items and/or food to 5,500 families affected by conflict;
- offered refresher training and 677 first-aid kit refills to 512 first-aid team leaders, provided 2,174 first-aid kits to volunteers, and 17 ICRC dressing kits for 50–200 war-wounded in areas with exceptionally high need;
- ran 361 vocational training projects and 115 food-for-work projects nationwide, of which 47% and 66% respectively were in conflict-affected areas;
- expanded the National Society's mine-action programme to 110 staff to provide national coverage.