



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	4,544
Assistance	37,259
Prevention	3,464
Cooperation with National Societies	4,483
General	-

▶ **49,751**

of which: Overheads 3,024

IMPLEMENTATION RATE

Expenditure/yearly budget	103%
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PERSONNEL

67 expatriates
1,132 national staff (daily workers not included)

KEY POINTS

In 2007, the ICRC:

- ▶ monitored the conduct of hostilities and made confidential representations regarding alleged IHL violations to the parties concerned
- ▶ visited and monitored individually 3,203 people held by the Afghan authorities and the US authorities in connection with the armed conflict
- ▶ supported 3 key hospitals and 8 Afghan Red Crescent Society clinics and ran 6 physical rehabilitation centres
- ▶ improved water supply and sanitation for 288,658 people
- ▶ with the Afghan Red Crescent, provided food to some 54,000 and essential household items to some 42,000 conflict-affected people
- ▶ expanded contacts with representatives of armed groups in an effort to increase acceptance of the ICRC

CONTEXT

The armed conflict in Afghanistan spread considerably in 2007, although the massive spring offensive announced by armed groups did not materialize. However, fighting between armed groups and national and international forces occurred regularly in more than half of Afghanistan's provinces, while provinces not directly affected by fighting endured roadside bombs, targeted killings, suicide bombings and deliberate intimidation of civilians. Military operations by international forces included aerial bombardments in the south and east. While the south remained the region worst affected by the conflict, the south-eastern provinces of Ghazni, Paktia, Paktika and Zabul saw a marked deterioration in the security situation. Fighting between national and international forces and armed groups also spread into western and central areas.

Rising numbers of civilian casualties and weapon-wounded were admitted to hospital, adding to the death and injury toll from mines and explosive remnants of war. 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.

The long-awaited peace *jirga* between Afghanistan and Pakistan took place in August and the two countries released a joint statement outlining their future cooperation. Political developments in Pakistan towards the end of the year further destabilized the region.

The United States continued to transfer to Afghan authority internees previously held in the US detention facility at Guantanamo Bay Naval Station in Cuba and the Bagram Theater Internment Facility, as did several countries in the NATO-led International Security Assistance Force (ISAF) holding internees in field detention sites.

MAIN FIGURES AND INDICATORS

	Total		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)			CIVILIANS AND PEOPLE DEPRIVED OF THEIR FREEDOM		
Detainees visited	13,109		<i>Economic security, water and habitat</i>		
Detainees visited and monitored individually	3,203		Food <i>Beneficiaries</i>		
		31	54,457	40%	30%
		<i>of whom females</i>	Essential household items <i>Beneficiaries</i>		
		68	42,270	40%	30%
		<i>of whom minors</i>	Water, sanitation and habitat projects <i>Beneficiaries</i>		
Number of visits carried out	317		288,658	25%	51%
Number of places of detention visited	78		<i>Health</i>		
RESTORING FAMILY LINKS			Health centres supported <i>Structures</i>		
<i>Red Cross messages (RCMs) and reunifications</i>			8		
RCMs collected	16,100		Consultations <i>Patients</i>		
RCMs distributed	13,283		86,066		
People reunited with their families	3			23,464	42,265
<i>Tracing requests, including cases of missing persons</i>				4,764	
People for whom a tracing request was newly registered	291		Immunizations <i>Doses</i>		
		84	73,748		
		<i>of whom females</i>	WOUNDED AND SICK		
		79	Hospitals supported <i>Structures</i>		
		<i>of whom minors at the time of disappearance</i>	10		
Tracing cases closed positively (persons located)	132		Admissions <i>Patients</i>		
Tracing cases still being handled at 31 December 2007 (people)	188		34,308	8,095	12,884
		50	Operations <i>Operations performed</i>		
		<i>of which for females</i>	19,306		
		49	<i>Physical rehabilitation</i>		
		<i>of which for minors at the time of disappearance</i>	Patients receiving services <i>Patients</i>		
DOCUMENTS ISSUED			60,153	9,320	13,816
People to whom travel documents were issued	2		Prostheses delivered <i>Units</i>		
People to whom a detention attestation was issued	35		4,217	293	175
			Orthoses delivered <i>Units</i>		
			9,819	1,648	4,567

ICRC ACTION

Mounting insecurity and the intensified insurgency continued to seriously impede the ICRC's movements in Afghanistan. Humanitarian aid workers faced threats to their security, particularly in the south, making it difficult for them to carry out their work. Much of Afghanistan remained off-limits to ICRC staff, with the exception of the major cities, some areas in the east and the entire north. The ICRC relied on an extensive network of Afghan Red Crescent Society volunteers to assist the population most affected by the armed conflict.

The ICRC's activities developed as the armed 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 subjects of dialogue with the detaining authorities, specifically with regard to appropriate detention conditions, treatment of detainees and respect for relevant legal provisions.

Following dialogue, ISAF took on board the ICRC's recommendations regarding the inclusion of provisions on notification and ICRC visiting procedures in its standard operating procedures for detention. Visits to people held in 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 direct part in the hostilities, reminded all parties of their obligations under the applicable rules of IHL and, when necessary, made confidential representations to the parties concerned regarding specific cases brought to its attention. The parties to the armed conflict understood the ICRC's role and mandate as a neutral and independent humanitarian organization thanks to the organization's long presence in Afghanistan and efforts to explain its work. They turned to the

ICRC for support and assistance as a neutral intermediary in situations such as the release and handover of hostages and the collection, burial and/or repatriation of human remains after fighting.

The ICRC also helped the Afghan National Army (ANA) implement its IHL training programme and provided basic IHL training to security forces and the Afghan National Auxiliary Police (ANAP).

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 upgraded its support to Mirwais Hospital in Kandahar. 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 provided services to the disabled all over the country. Emphasis was placed on extending services to and improving accessibility from conflict-affected provinces through enhanced patient referral systems, often involving the National Society. Afghan Red Crescent clinics in conflict-affected provinces received ICRC support.

The ICRC improved water quality and sanitation in the poorest neighbourhoods around major cities and in villages in remote provinces. The ICRC and the National Society also distributed food and essential household items to families displaced or otherwise affected by the armed conflict.

The ICRC played an important role in the collection of data on incidents involving mines and explosive remnants of war and in mine-risk education, as part of a programme run in close cooperation with the National Society.

CIVILIANS

Civilian security

In 2007, violence took a heavy toll on civilians. Bilaterally and in ICRC press releases, all parties were reminded of the need to respect IHL. The ICRC collected allegations of IHL violations and, when appropriate, transmitted them to the parties concerned to encourage them to take corrective action and to prevent any recurrence.

Restoring family links

Family members separated by armed conflict stayed in touch or traced relatives with whom they had lost contact with the help of the ICRC and the Afghan Red Crescent.

The parties to the armed conflict received ICRC guidelines on the handling of human remains, and several ISAF contingents revised standard operating procedures accordingly. The ANA sought the ICRC's assistance in managing cases of unidentified human remains handed over by international forces.

- ▶ 6,638 RCMs collected from and 8,266 RCMs distributed to civilians
- ▶ new tracing requests registered for 291 people (including 84 females and 79 minors at the time of disappearance); 132 people located; 188 people (including 50 females and 49 minors at the time of disappearance) still being sought
- ▶ 3 people reunited with their families
- ▶ 2 people issued with an ICRC travel document
- ▶ 5 official documents relayed between family members across front lines
- ▶ 5 sets of human remains transferred to the appropriate authorities to be returned to their families and 1 set of human remains repatriated

Health care and emergency relief

Increased violence in 2007 made it more difficult for civilians to access basic health care. The eight Afghan Red Crescent primary health care centres located in conflict-affected areas provided low-cost care with the ICRC's support. The ICRC worked with the National Society and the Ministry of Public Health to improve and monitor the services provided.

In the 8 ICRC-supported Afghan Red Crescent health centres:

- ▶ 86,066 people given consultations, including 4,764 attending ante/post-natal consultations and 81,302 attending curative consultations
- ▶ 73,748 vaccine doses administered (56,890 to children aged five or under and 16,858 to women of childbearing age)

The water authorities of Herat, Jalalabad, Kabul, Kandahar and Mazar-i-Sharif received ICRC technical and material support. Poor neighbourhoods that had grown up on the edge of cities and in which no other organizations were working benefited from most of the water and sanitation projects. Support was maintained to projects undertaken by water boards in semi-urban and rural areas. Community members learned how to improve hygiene in sessions held in their homes, mosques and other public places.

- ▶ 281,815 people benefited from water/sanitation/habitat projects, including:
 - 232,235 people from water/sanitation projects in major cities
 - 9,320 villagers from rural water projects in villages in Bamiyan province

Families who had been displaced or whose property had been destroyed were better able to cope with the effects of violence or natural disaster after receiving emergency assistance from the ICRC and the National Society.

- ▶ 54,457 people (7,555 households) received food
- ▶ 42,270 people (5,814 households) received essential household items

PEOPLE DEPRIVED OF THEIR FREEDOM

Persons in US custody

Internees in the Bagram Theater Internment Facility received regular ICRC visits. Delegates assessed their treatment and detention conditions both in the facility and, through interviews, in the places where they had previously been held. Confidential reports of the findings and recommendations were then submitted to the US authorities. Discussions continued with the US authorities on the implementation of a family visits programme and preparations were made for the installation of a video-telephone conference system, which would allow internees to maintain contact with relatives.

- ▶ 958 internees visited and monitored individually (12 minors) and 367 newly registered (7 minors), during 13 visits to 1 place of detention
- ▶ 8,366 RCMs collected from and 4,521 RCMs distributed to internees
- ▶ 6 detention certificates issued to former internees or their families

The ICRC monitored the handover by US or other coalition forces of internees released from Guantanamo Bay, Bagram and other internment facilities to Afghan authority. Released internees received clothing, accommodation and financial support for their journey home.

Persons in NATO/ISAF custody

The NATO-led ISAF arrested people as part of its military operations. The ICRC conducted visits to people in four detention facilities operated by ISAF contingents in the south and south-east of the country to monitor the conditions of detention and treatment of detainees during the short stay before their transfer to Afghan authority, in accordance with ISAF's standard operating procedures. The ICRC continued to work with ISAF on matters of humanitarian concern, such as the transfer of detainees to other security forces.

Persons in Afghan custody

Security detainees in Afghan custody were monitored individually through regular ICRC visits. They had the opportunity to correspond with their families via RCMs and, upon release, received clothing and their fares home. Because of their vulnerability, detained foreigners, regardless of the charges against them, were also followed individually. All detainees in facilities visited by the ICRC benefited from assistance to improve their material conditions of detention.

A new detention facility under the authority of the Afghan Ministry of Defence housed Afghan nationals previously held in Bagram and Guantanamo Bay. With ICRC support, the families of transferred internees visited their relatives for the first time since their arrest.

Detainees benefited from projects to improve water supply, kitchens, sanitation and medical facilities in prisons. The Central Prison Department and the ICRC continued with implementation of a project begun in 2006 to improve detainee health care through the provision of medical supplies and equipment, the rehabilitation of prison clinics, hygiene education for detainees, the training of health personnel and the promotion of more efficient management at central and provincial level.

- ▶ 12,151 detainees visited, of whom 2,245 monitored individually (including 31 females and 56 minors) and 1,381 newly registered (including 16 females and 48 minors), during 304 visits to 77 places of detention
- ▶ 1,096 RCMs collected from and 496 RCMs distributed to detainees
- ▶ 122 detainees visited by their relatives with ICRC support
- ▶ 29 detention certificates issued to former detainees or their families
- ▶ 5,733 detainees benefited from water/sanitation projects (e.g. in Pul-i-Chariki and Mazar-i-Sharif) and from the rehabilitation of kitchen and health facilities (e.g. in Sarpoza)

Other forms of detention

Foreigners detained by armed groups, including 14 Korean citizens, were released with the ICRC acting as a neutral intermediary and then handed over to their respective governments.

WOUNDED AND SICK

Support to hospital services

The Afghan authorities, with the ICRC's support, endeavoured to provide health care services in urban and provincial health establishments. Jalalabad Public Health Hospital 1 and Mirwais Hospital in Kandahar, the main surgical facility in the south, continued to administer inpatient care with the aid of medical supplies, surgical and management training, and other support provided by the ICRC. The Mirwais Hospital received support for the implementation of the government's Essential Package of Health Services. In Jalalabad, projects to improve the quality of reconstructive surgery and the care of paraplegic patients were undertaken. The infrastructure of both hospitals gained from the drilling of new boreholes equipped with pumps and the extension of the surface drainage network in Jalalabad and the rehabilitation of the sewage system and the construction of a fence at the main entrance of Mirwais.

The Shiberghan provincial hospital in the north received material assistance and had repairs made to its infrastructure. After undergoing ICRC training on mass casualty management, hospital staff were better able to manage a sudden influx of patients.

The blood transfusion services in Jalalabad, Mirwais and Shiberghan hospitals and the Herat blood bank received ICRC support. Blood donation campaigns increased the capacity of Mirwais Hospital's blood bank to deal with emergency cases.

In the aftermath of violence, the Kabul emergency hospitals and several provincial hospitals received ad hoc support. Some 125 doctors participated in ICRC-organized war-surgery seminars held in Herat, Jalalabad, Kandahar and Mazar-i-Sharif.

In the 4 ICRC-supported hospitals that provided data:

- ▶ 34,308 patients (including 8,095 women and 12,884 children) admitted: of whom 1,621 weapon-wounded (including 125 women, 313 children, and 286 people injured by mines or explosive remnants of war), 22,603 other surgical cases, and 7,601 medical and 2,483 gynaecological/obstetric patients
- ▶ 19,306 surgical operations performed
- ▶ 176,657 outpatients given consultations, including 168,274 attending surgical or medical consultations and 8,383 attending gynaecological/obstetric consultations
- ▶ 1,110 patients benefited from water/sanitation/habitat projects, including:
 - 380 from repairs to the waste disposal system and cleaning of the septic tank in Mirwais Hospital
 - 480 from improvements to the water supply and drainage system and cleaning of the septic tank in Jalalabad Public Health Hospital 1

First-aid services

First-aid activities in conflict-affected areas increased in response to the escalation of the fighting. Health workers in the south and east received basic medical supplies. The quality of care provided improved after health workers attended training sessions, including one on pre-hospital care for the weapon-wounded. They also received manuals in Pashto on first aid for weapon-wounded patients and on basic surgical care. A new transport system in the south enabled weapon-wounded who could not afford to pay transport costs to access appropriate surgical care in Mirwais Hospital. The first ICRC-run first-aid post was opened in Deroshan, Uruzgan province.

Rehabilitation of the disabled

Of the estimated several hundred thousand physically disabled people in Afghanistan, some 81,000 were registered by the ICRC. Of these, some 33,000 had lost limbs as a result of mine incidents. Disabled people were provided with physiotherapy and mobility aids and devices at the ICRC's six physical rehabilitation centres. Four rehabilitation centres run by other organizations received mobility devices, components and raw materials. The ICRC-run facilities employed 600 disabled people and organized schooling, vocational training, micro-credit schemes or job placements for some 2,000 people. Infrastructure repairs were carried out in the centres in Herat, Jalalabad, Kabul and Mazar-i-Sharif.

People with spinal cord injuries and children affected by cerebral palsy and their carers received medical assistance, equipment/appliances, physiotherapy and counselling at the ICRC-run centres and during home visits by ICRC teams. Particularly vulnerable families received economic support.

Prosthetic/orthotic technicians received on-the-job and formal training at the centres.

- ▶ 60,153 patients (including 9,320 women and 13,816 children) received services at 6 ICRC-supported physical rehabilitation centres
- ▶ 829 new patients (including 74 women and 66 children) fitted with prostheses and 4,483 (including 1,136 women and 1,530 children) fitted with orthoses
- ▶ 4,217 prostheses (including 293 for women, 175 for children and 2,905 for mine victims), 9,819 orthoses (including 1,648 for women, 4,567 for children and 67 for mine victims), 9,459 crutches and 956 wheelchairs delivered

- 4,678 home treatments for patients with spinal cord injuries administered
- 153,257 physiotherapy sessions given
- 30 prosthetic/orthotic technicians attended training courses
- 2,530 patients received support through the socio-economic reintegration programme

AUTHORITIES

The ICRC pursued its dialogue with the authorities at central and local level to promote implementation of IHL and wider acceptance of and support for the ICRC's mandate and activities. Regional branches of major political parties, local *shuras* and provincial councils were kept up to date on ICRC activities and concerns through meetings and information sessions and the distribution of newsletters, fact sheets and publications.

Regular contacts with international organizations and diplomatic missions helped to ensure efficient coordination of humanitarian action.

The 1977 Additional Protocols were translated into Pashto as part of the ICRC's efforts to promote Afghanistan's accession to IHL treaties. Government representatives attended a regional symposium on the 30th anniversary of the 1977 Additional Protocols in China (see *Beijing regional*).

- 147 members of provincial authorities participated in 10 dissemination sessions

ARMED FORCES AND OTHER BEARERS OF WEAPONS

The integration of IHL into the ANA's training programmes progressed, with assistance from the ICRC in close cooperation with ISAF's special training units. The ICRC maintained regular contact with NATO forces in Europe and US forces in the United States and participated in pre-deployment exercises.

Good relations were fostered with the Afghan National Police (ANP) and the ANAP during ICRC visits to police stations.

Developing contacts with armed groups remained a priority for the ICRC. These contacts were important in gaining acceptance of the work of the ICRC and the National Society, in ensuring the safety of their staff and in improving access to conflict victims.

- 110 ANA instructors participated in 4 IHL train-the-trainer courses
- 36 ANA senior officers participated in IHL dissemination and education sessions at the ANA Command and General Staff College
- 186 ANA and air force officers and soldiers participated in 5 IHL dissemination sessions
- 230 ANA military police officers, sergeants and guards attended 3 IHL dissemination sessions
- 2 instructors and 27 management personnel of the National Directorate of Security participated in 2 dissemination sessions on IHL and international human rights law
- some 200 ANA, Ministry of Defence and NATO/ISAF officers attending the ANA Corps Commanders Conference briefed on the integration of IHL into ANA doctrine, education and training
- 1,327 ANP/ANAP personnel attended IHL dissemination sessions at the Regional Training Centre in Kandahar

CIVIL SOCIETY

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

To promote its working principles and explain its approach, the ICRC relied on direct contact with beneficiaries and influential community leaders through its programmes. It developed new contacts and nurtured existing ones with traditional sectors of civil society, such as local *shuras*, elders and tribal leaders. In particular, the ICRC forged closer contacts with religious leaders throughout the country. It also resumed contacts with law faculties around the country to promote the teaching of IHL in these institutions.

- 374 religious leaders, 1,621 students, 118 journalists and 6,241 members of the general public attended information sessions on the ICRC and basic IHL rules

RED CROSS AND RED CRESCENT MOVEMENT

The Afghan Red Crescent benefited from ICRC support for a range of activities, including: the monitoring and collection of data relating to mine incidents; mine-risk education; community-based first aid; food-for-work schemes; vocational training; dissemination and tracing. Cooperation between the National Society and the ICRC enhanced access to conflict victims beyond the reach of other humanitarian actors.

The National Society neared completion of a long-term revision of its statutes and installed a national governance board for the first time in decades. The National Society continued to reform its transportation and financial management structure with ICRC technical, financial and material support provided in cooperation with its leadership and the International Federation.

The National Society was the ICRC's main operational partner in Afghanistan, distributing ICRC assistance to conflict-affected IDPs (see *Civilians*). It continued to expand its community-based first-aid programme for weapon-wounded people.

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

- trained and equipped 1,460 new community-based first-aid volunteers, bringing the total number of volunteers to 12,218
- carried out mine-risk education and incident data-collection in accordance with the memorandum of understanding concluded with the ICRC and the UN Mine Action Centre
- promoted IHL by distributing publications to and conducting dissemination sessions for religious leaders, teachers, students, community elders and its own staff