

# 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	<b>10,176</b>
Assistance	<b>59,765</b>
Prevention	<b>3,149</b>
Cooperation with National Societies	<b>3,368</b>
General	-

▶ **76,458**

*of which: Overheads 4,666*

## IMPLEMENTATION RATE

Expenditure/yearly budget	<b>89%</b>
---------------------------	------------

## PERSONNEL

Expatriates	<b>136</b>
National staff (daily workers not included)	<b>1,478</b>

## KEY POINTS

**In 2010, the ICRC:**

- ▶ intensified its dialogue with US and Afghan authorities on the challenges of transferring detention operations from international to national hands while observing IHL
- ▶ visited 5 members of the Afghan security forces held by an armed group and monitored individually 2,506 people held by the Afghan authorities, US forces and the NATO-led International Security Assistance Force
- ▶ provided some 142,700 people affected by conflict or natural disaster, including IDPs, with food, some 108,800 with essential household items and some 63,800 with various support to improve their livelihood
- ▶ re-established water supplies where systems had been destroyed by the conflict, improving the quality of water consumed by affected populations, both in urban and rural areas
- ▶ opened a new physical rehabilitation centre for amputees/disabled people in Lashkar Gah, Helmand province
- ▶ acted as a neutral intermediary between parties to the conflict to facilitate the provision of medical care and the evacuation of the bodies of fallen fighters and their handover to their families

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 acting 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

The conflict in Afghanistan intensified and expanded geographically during 2010, resulting in a growing number of civilian casualties. The fragmentation of parties to the conflict – including the formation of local militias and more armed groups – posed new challenges for both the population and aid workers, who faced problems reaching victims. Drone attacks continued in the border areas with Pakistan, fighting spread in most provinces and explosions caused by bombs, mines and improvised explosive devices increased.

US authorities and NATO partners agreed to a gradual withdrawal of combat troops from Afghanistan and the transfer of security to the Afghan authorities by the end of 2014. Meanwhile, the US armed forces continued to transfer to Afghan authority internees previously held in the former Bagram Theater Internment Facility, the new US Parwan detention facility at Bagram airbase, and the US internment facility at Guantanamo Bay Naval Station in Cuba, as did several countries in the NATO-led International Security Assistance Force (ISAF) holding internees in field detention sites.

### MAIN FIGURES AND INDICATORS

#### PROTECTION

CIVILIANS (residents, IDPs, returnees, etc.)			
<b>Red Cross messages</b>	<b>Total</b>	<b>UAMs/SCs*</b>	
RCMs collected	3,868		
RCMs distributed	5,645		
Phone calls facilitated between family members	3,037		
<b>Reunifications, transfers and repatriations</b>	<b>Total</b>		
Human remains transferred/repatriated	293		
<b>Tracing requests, including cases of missing persons</b>	<b>Total</b>	<b>Women</b>	<b>Minors</b>
People for whom a tracing request was newly registered	1,404		507
People located (tracing cases closed positively)	264		
<i>including people for whom tracing requests were registered by another delegation</i>	265		
Tracing cases still being handled at 31 December 2010 (people)	1,068	141	357
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)			
<b>ICRC visits</b>	<b>Total</b>	<b>Women</b>	<b>Minors</b>
Detainees visited <sup>1</sup>	21,416		
Detainees visited and monitored individually	2,511	17	83
Detainees newly registered	916	3	60
Number of visits carried out	285		
Number of places of detention visited	113		
<b>Restoring family links</b>	<b>Total</b>		
RCMs collected	4,821		
RCMs distributed	2,638		
Phone calls made to families to inform them of the whereabouts of a detained relative	588		
Detainees visited by their relatives with ICRC/National Society support	385		
Detainees released and transferred/repatriated by/via the ICRC	4		
People to whom a detention attestation was issued	16		

\* Unaccompanied minors/separated children

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

#### ASSISTANCE

CIVILIANS (residents, IDPs, returnees, etc.)					
<b>Economic security, water and habitat</b>			<b>Total</b>	<b>Women</b>	<b>Children</b>
Food	Beneficiaries	232,877	40%	30%	
	<i>of whom IDPs</i>	91,725			
Essential household items	Beneficiaries	108,807	40%	30%	
	<i>of whom IDPs</i>	69,129			
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	63,825	40%	29%	
Water and habitat activities	Beneficiaries	334,583	30%	40%	
	<i>of whom IDPs</i>	33,458			
<b>Health</b>					
Health centres supported	Structures	11			
Average catchment population		229,433			
Consultations	Patients	162,369			
	<i>of which curative</i>		53,009	76,893	
	<i>of which ante/post-natal</i>		663		
Immunizations	Doses	128,486			
	<i>of which for children aged five or under</i>	119,062			
	<i>of which for women of childbearing age</i>	9,424			
Referrals to a second level of care	Patients	1,263			
Health education	Sessions	4,119			

## MAIN FIGURES AND INDICATORS

## ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat		Total	Women	Children
Essential household items	Beneficiaries	26,708		
Water and habitat activities	Beneficiaries	17,318		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	7		
	<i>of which provided data</i>	2		
Admissions	Patients	40,194	21,373	9,281
	<i>of whom weapon-wounded</i>	2,664	107	352
	<i>(including by mines or explosive remnants of war)</i>	1,380		
	<i>of whom other surgical cases</i>	11,969		
	<i>of whom medical cases</i>	10,622		
	<i>of whom gynaecological/obstetric cases</i>	14,939		
Operations	Operations performed	13,096		
Outpatient consultations	Patients	232,959		
	<i>of which surgical</i>	100,825		
	<i>of which medical</i>	95,807		
	<i>of which gynaecological/obstetric</i>	36,327		
First aid				
First-aid posts supported	Structures	9		
	<i>of which provided data</i>	8		
Wounded patients treated	Patients	6,427		
Water and habitat				
Water and habitat activities	Number of beds	540		
Physical rehabilitation				
Centres supported	Structures	8		
Patients receiving services	Patients	75,297	13,144	16,066
New patients fitted with prostheses	Patients	954	85	65
Prostheses delivered	Units	3,790	304	171
	<i>of which for victims of mines or explosive remnants of war</i>	2,383		
New patients fitted with orthoses	Patients	4,512	887	1,994
Orthoses delivered	Units	9,975	1,649	4,814
	<i>of which for victims of mines or explosive remnants of war</i>	34		
Crutches delivered	Units	10,382		
Wheelchairs delivered	Units	985		

## ICRC ACTION AND RESULTS

Against a background of intensifying conflict and insecurity, much of the country remained off-limits for the ICRC. Nevertheless, thanks to its contact with all parties to the conflict and their acceptance of its neutral, impartial and independent approach, the ICRC extended its activities, accessing parts of 31 of Afghanistan's 34 provinces. To assist as many conflict-affected people as possible, it relied on an extensive network of Afghan Red Crescent Society volunteers active in all provinces and provided financial, material and technical support and training to help build the National Society's capacity.

ICRC delegates collected specific allegations of IHL violations and made confidential representations to the parties concerned with a view to ending such abuses. They reminded the authorities and weapon bearers, at all levels, of their general obligations under IHL, particularly regarding the conduct of hostilities and their duty to protect people not or no longer participating in the fighting. This included in-depth dialogue with the US armed forces on the conduct of hostilities. The ICRC also supported the Afghan National Army in integrating IHL into its doctrine, training and operations and familiarized army and police personnel in the field

with the basic rules of IHL and international human rights law applicable to their functions.

The ICRC acted as a neutral intermediary, collecting fallen fighters from the battlefield and handing over their bodies to their families. Efforts were made to prevent people from being unaccounted for by disseminating information on the management of human remains to all conflict parties and enhancing local capacities to handle unidentified and unclaimed bodies correctly.

ICRC delegates visited people held by the Afghan authorities, the US authorities, NATO/ISAF and armed groups, to monitor their treatment and living conditions, including respect for their judicial guarantees. Detainees/internees maintained contact with their families by means of RCMs and/or video calls. Following visits, delegates' findings, along with any recommendations, were shared confidentially with the relevant authorities. The US armed forces, NATO/ISAF and the ICRC continued to discuss detention matters, including the transfer of detainees to Afghan custody. ICRC expertise in prison infrastructure helped the Afghan authorities use their limited resources to rehabilitate prisons and improve inmates' health and hygiene conditions.

Through a comprehensive approach to medical assistance, the ICRC and the National Society endeavoured to meet the needs of the growing number of conflict casualties, while complying with Ministry of Public Health policies. ICRC first-aid posts, ICRC-supported National Society primary health care centres and National Society/ICRC-trained first-aiders treated weapon-wounded people and referred them for further treatment when necessary. The ICRC gave ad hoc supplies to hospitals treating the wounded and continued to provide substantial and systematic support to two government hospitals, Mirwais and Shiberghan. ICRC-run or supplied physical rehabilitation centres provided services to the disabled, with a new satellite centre opened in Lashkar Gah.

Civilians' basic material needs were frequently unmet because of violence, poverty or lack of investment caused by years of conflict. The Afghan Red Crescent and the ICRC distributed food and essential household items to families displaced by conflict or natural disaster. Communities were provided with different livelihood-support programmes to enable them to protect their assets and generate income. Rehabilitation of irrigation infrastructure through food-for-work schemes helped to increase food production and improve the food security situation at community level. Water quality and sanitation in rural areas and cities improved thanks to ICRC support.

Movement components in Afghanistan coordinated their activities. While preserving its independence, the ICRC maintained close contact with other humanitarian actors to coordinate its activities with theirs, thus maximizing impact, identifying unmet needs and avoiding duplication. It also provided financial, material and technical support and training to the Afghan Red Crescent – with additional support from the German, Norwegian and Swedish Red Cross Societies – to help the National Society boost its capacity to meet the needs of conflict-affected people.

## CIVILIANS

Civilians continued to bear the brunt of the fighting. They reported IHL violations to the ICRC, which systematically followed up these allegations, confidentially, with the relevant parties, although the fragmentation of armed groups sometimes made this difficult. Parties were encouraged to take corrective action to prevent the recurrence of such incidents and to ensure hostilities were conducted in accordance with IHL, including the obligation to protect those not or no longer participating in the fighting.

Acceptance of the ICRC by all main parties to the conflict meant it was frequently requested to act as a neutral intermediary during hostage releases and the handover of human remains to the families. The ICRC used its contacts and credibility to facilitate the work of others with purely humanitarian aims, such as medical NGOs.

### Family members stay in touch

People used the National Society/ICRC's services to restore and maintain contact, mainly through RCMs, with separated or

detained relatives (see *People deprived of their freedom*). Families of Afghans held in the Guantanamo Bay internment facility spoke to their relatives by telephone and in person to ICRC delegates who had visited them. The National Society developed its capacity to restore family links with support from the ICRC and the German and Swedish Red Cross Societies.

Given the many people killed, conflict parties received guidelines on handling human remains, including on preserving data for future identification to ensure people were accounted for and on how to preserve gravesites. Morgues were rehabilitated, their capacities were strengthened and they received materials.

### Civilians strengthen their economic security

Despite security constraints limiting field access, the National Society and the ICRC ran a large-scale assistance operation for conflict-affected communities, for which the Afghan Red Crescent received training. Some 108,807 people displaced by the conflict or flooding used tarpaulins and essential household items to establish temporary homes. Food distributions (one-off food rations) helped 142,687 people meet their emergency nutritional needs.

Throughout the country, 82,882 conflict-affected villagers worked on community projects in return for food for themselves and their families. Some rehabilitated irrigation networks to improve farmland and water availability for livestock while others built terraces for pistachio and almond plantations. Some pilot projects that began in 2009 were expanded to provide long-term livelihood security to vulnerable communities. Farmers were given pistachio and almond saplings, plus training, to plant orchards – often on the terracing prepared in ICRC food-for-work programmes – which achieved an 85% success rate. Some 19 villages which had received sesame and flax seed and equipment to produce oil reported a good harvest. These initiatives – along with saffron-seed multiplication, animal husbandry and community-managed micro-credit schemes for small businesses – helped kick-start income generation for 54,614 people. Particularly vulnerable farmers received one-off food rations to help meet their families' immediate needs (7,308 total beneficiaries) and some 2,365 disabled patients benefited from schooling, vocational training and micro-credit schemes enabling them to open small businesses and generate income for their households (9,211 beneficiaries).

In districts outside government control, 200 basic veterinary workers learnt animal husbandry, and 65,000 animals were treated in a deworming campaign, helping to preserve the assets of residents in remote conflict-affected areas.

### Communities enjoy a reliable water supply

More than 330,000 people accessed safe drinking water and learnt good hygiene practices thanks to rehabilitated water facilities and a nationwide hygiene-promotion programme, both supported by the ICRC. In cities, people enjoyed safe drinking water following repairs to pumping stations and supply systems. In rural areas, water distribution improved life for villagers after hand pumps were installed on wells and they were shown how to maintain them.

### Civilians have access to vital health care

People in conflict-affected areas relied on 10 ICRC-supported Afghan Red Crescent primary health care centres for low-cost care, in accordance with the country's Basic Package of Health Services. Staff learnt about data collection and analysis through ICRC-supported training to detect and respond quickly to any deterioration in public health. The National Society's remaining 37 centres were supported by the International Federation.

The community at Qalaygal, in east Afghanistan, gained access to basic health care at one ICRC health post. Plans to establish other posts were dropped in favour of expanding a network of mobile health providers. The ICRC, with support from the Norwegian Red Cross, focused on training and equipping community-based first-aiders, who also referred patients to secondary care providers, provided ante/post-natal care and taught good hygiene practices.

### PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees/internees in Afghanistan received ICRC visits, carried out in accordance with the organization's standard procedures. Delegates monitored inmates' treatment and living conditions, including respect for judicial guarantees. Confidential reports, containing recommendations where necessary, were submitted to the authorities concerned following visits to: people in US custody in the new Parwan detention facility and field sites; people in NATO/ISAF custody prior to their transfer to Afghan custody; and people held by the Afghan authorities, including security detainees, foreign detainees, and Afghan nationals previously held at the Bagram Theater Internment Facility, the Parwan detention facility and the Guantanamo Bay internment facility.

Detainees/internees maintained contact with their families through RCMs. Those in the Parwan detention facility benefited

from face-to-face visits, video conference calls and telephone calls facilitated by the US authorities and the ICRC. The US authorities continued to inform the ICRC of new arrests, transfers and releases. Upon release, 140 vulnerable detainees/internees received clothing and funds to cover their transport home.

Before their release, five Afghan security force members detained by an armed group were visited by ICRC delegates, who shared their findings and recommendations with the captors and relayed oral greetings to the detainees' families.

The US authorities and the ICRC pursued discussions on defining the rights of individual detainees/internees, ensuring they fitted an adequate legal framework and were provided with the relevant procedural safeguards (see *Washington*). The planned transfer of detainees and detention facilities from US to Afghan authority and related challenges, involving both a legal framework and detention conditions, featured heavily in dialogue with both US and Afghan authorities. The ICRC continued to work with NATO/ISAF on humanitarian matters, including the length of detention and family links.

Respect for judicial guarantees and the provisions of IHL and international human rights law applicable to detention were discussed in bilateral meetings with the Afghan authorities. New recruits at the National Security Directorate, Afghanistan's domestic intelligence agency, were familiarized with the provisions relevant to their future functions during ICRC-run sessions (see *Authorities and Armed forces and other bearers of weapons*).

The Afghan prison authorities received help in improving detention conditions, including in seeking extra financing for infrastructure development. More than 17,300 detainees benefited from better living conditions following repair or construction work carried out by the ICRC and ICRC-trained maintenance staff. Inmates kept warm with ICRC-donated blankets and clothing.

PEOPLE DEPRIVED OF THEIR FREEDOM	HELD BY THE AFGHAN GOVERNMENT	HELD BY ARMED GROUPS	HELD BY US FORCES	IN NATO/ISAF CUSTODY PRIOR TO THEIR TRANSFER TO AFGHAN CUSTODY
<b>ICRC visits</b>				
Detainees visited <sup>1,2</sup>	19,905	5	1,506	117
Detainees visited and monitored individually <sup>2</sup>	1,471	5	1,035	11
<i>of whom women<sup>2</sup></i>	17			
<i>of whom minors<sup>2</sup></i>	40		43	3
Detainees newly registered	322	5	589	11
<i>of whom women<sup>2</sup></i>	3		0	
<i>of whom minors<sup>2</sup></i>	25		35	3
Number of visits carried out	249	1	12	23
Number of places of detention visited	99	1	2	11
<b>Restoring family links</b>				
RCMs collected	803		4,018	
RCMs distributed	464		2,174	
Phone calls made to families to inform them of the whereabouts of a detained relative	534		54	
Detainees visited by their relatives with ICRC/National Society support	23		362	
Detainees released and transferred/repatriated by/via the ICRC	4			
People to whom a detention attestation was issued	13		3	

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

2. For people in Afghan custody: all figures include those visited in NATO/ISAF custody prior to their transfer to Afghan custody



In accordance with the 2008 agreement between the Health and Justice Ministries to provide the Basic Package of Health Services to all detainees, health and hygiene conditions in places of detention received a boost. Drugs, consumables and equipment were supplied to prison clinics and sick detainees were transferred to referral hospitals. Inmates at 49 detention centres learnt better hygiene practices from ICRC-trained prison staff and peer educators and received hygiene kits. In addition to receiving leisure articles, some detainees attended vocational training, including six as bakers at Badghis provincial prison.

## WOUNDED AND SICK

While fighters were often treated or evacuated by their own, wounded and sick civilians needed support, particularly those in pre-hospital care. Weapon-wounded patients in 29 conflict-affected provinces were stabilized at first-aid posts before being evacuated to hospital, including some 6,420 at ICRC first-aid posts. Others were treated at the 10 National Society primary health centres supported by the ICRC or by community health workers (see *Civilians*), army and police personnel and other weapon bearers trained in pre-hospital care by the National Society/ICRC. Patients were evacuated to health care facilities in ICRC-funded transport, organized in agreement with local health providers and parties to the conflict.

Wounded and sick people in the Kandahar region relied on the 380-bed Mirwais Hospital, where more than 20 ICRC expatriate staff worked alongside, and trained, Afghan staff to improve the most critical services, including surgery, obstetrics and paediatrics, in line with the Health Ministry's secondary health care policy, the Essential Package of Hospital Services. The supply of drugs and consumables to all hospital departments and improvements to infrastructure in the paediatric, obstetric and general medical wards enabled better care provision to more people. Hospital maintenance staff received training and equipment to repair infrastructure. When Lashkar Gah hospital closed owing to insecurity, ICRC-funded taxis transferred numerous wounded to Mirwais. Patients in north-western Afghanistan attended the 200-bed Shiberghan Hospital, which received supplies and surgical and management training from the ICRC. Blood banks at both hospitals received year-round support. Four other hospitals received ad hoc supplies to ensure readiness for mass-casualty influxes. More than 40 surgeons in Afghanistan perfected their skills at a three-day seminar on war surgery, and medical doctors attended an emergency room trauma course.

### Disabled people improve their mobility and social reintegration

At seven ICRC-run physical rehabilitation centres, including the one newly opened in Lashkar Gah, 75,297 disabled Afghans benefited from physiotherapy and prosthetic/orthotic devices. The existing centres and the component production centre were managed by 600 disabled employees. Staff received on-the-job training and professional development through ICRC/Health Ministry and distance-learning courses. Some 2,600 disabled people were

empowered by access to vocational training, micro-credit schemes (see *Civilians*), schooling and employment programmes. Staff at four non-ICRC centres were given training, and raw materials were supplied by an ICRC-managed component factory.

For people with spinal cord injuries, children with cerebral palsy, and their carers, a home visit programme, along with counselling services and the donation of medical appliances, increased their quality of life and mental well-being.

## AUTHORITIES

As the fighting intensified, it was important that the authorities fulfilled their obligations under IHL, understood the ICRC's distinct identity and allowed it to reach people in conflict-affected areas. Through frequent bilateral meetings, prominent members of the Afghan authorities at State and provincial level throughout the country maintained a systematic dialogue with the ICRC on such issues. Meetings were backed up by ICRC-produced written materials in English, Dari and Pashto. Diplomats and representatives of international organizations also received such publications and attended briefings aimed at garnering their support for ICRC activities.

Following Afghanistan's accession to the 1977 Additional Protocols in 2009, the government began considering becoming party to other humanitarian treaties. Members of parliament and of various government ministries discussed the ratification of, among others, the Hague Convention on Cultural Property, the Convention on Cluster Munitions and the Convention on Certain Conventional Weapons at an ICRC-led seminar, using Dari and Pashto translations of the instruments prepared by the ICRC, as well as during meetings with ICRC delegates. IHL implementation was also discussed by officials and their regional counterparts at courses abroad, such as the Second South Asian Conference on IHL in Dhaka, Bangladesh (see *New Delhi*).

## ARMED FORCES AND OTHER BEARERS OF WEAPONS

Through dialogue with the ICRC, weapon bearers in Afghanistan reacquainted themselves with their obligations under IHL, including those relating to the conduct of hostilities and the protection of those not or no longer taking part in the fighting. ICRC delegates raised specific allegations of IHL violations confidentially with the forces or groups concerned. By explaining the ICRC's neutrality, impartiality and independence, they also sought to ensure safe and unhindered access to victims.

The Afghan National Army continued to implement the Defence Ministry's 2009 policy on integrating IHL into its doctrine, training and operating procedures, setting favourable conditions for greater compliance with IHL and enhancing their understanding of the ICRC's mandate and activities. Some 180 army instructors honed their skills at ICRC-run IHL training courses. Senior army officers gained greater knowledge of IHL at ICRC-run dissemina-

tion and education sessions, with several participating in overseas training. Other army officers and police personnel brushed up on their knowledge of IHL provisions applicable to their functions at ICRC presentations held at their training establishments, supported by written materials in local languages.

Regular reports and bilateral meetings between the ICRC and US armed forces fostered a systematic dialogue on the conduct of hostilities and detention matters, while NATO/ISAF and the ICRC continued to discuss the transfer of detainees to Afghan forces. At pre-deployment training exercises, troops assigned to Afghanistan in the United States of America, Canada and Europe were briefed by the ICRC on its activities and IHL.

Members of armed groups met with the ICRC and participated in training enabling them to provide first aid to weapon-wounded people and stabilize their condition before their possible transfer to hospital. This also helped to ensure safe access to victims and enhanced weapon bearers' understanding of the ICRC's activities.

## CIVIL SOCIETY

Influential community leaders, such as elders, teachers at religious schools, members of local *shura* councils, and representatives of NGOs, learnt more about the basic rules of IHL and the ICRC's neutral, impartial and independent humanitarian action during bilateral meetings and presentations. They also received ICRC publications in local languages.

Media correspondents produced articles accurately portraying humanitarian issues and ICRC activities following briefings and press releases. Journalists of print, television and radio regularly sought interviews with ICRC delegates, and more than 50 participated in workshops on their rights and obligations when working in armed conflicts. Contacts with Pashto- and Dari-speaking media were expanded and contributed to the ICRC's acceptance nationwide.

To stimulate interest in IHL in universities, lecturers received IHL teaching resources, including texts translated into local languages, and two law lecturers took the online postgraduate IHL diploma course run by NALSAR University, India. Balkh University began teaching IHL as an optional subject.

## RED CROSS AND RED CRESCENT MOVEMENT

The Afghan Red Crescent remained the ICRC's main operational partner in providing conflict victims with relief and health care (see *Civilians*) and first aid (see *Wounded and sick*). It received ICRC financial, technical and material support for these and other activities, such as mine action and medical care for sick children. ICRC-donated vehicles, including motorcycles, facilitated the National Society's distribution of RCMs and additional support aided its promotion of IHL among a variety of target audiences as part of its Safer Access approach. Volunteer management programmes were boosted by a Swedish Red Cross/ICRC project and National Society tracing staff received training and material support through a joint German Red Cross/ICRC initiative.

Movement partners present in Afghanistan and the ICRC met regularly to coordinate their activities.