

MAIN TARGETS FOR 2015

- ▶ the authorities, weapon bearers and community/religious leaders show support for IHL and Afghan Red Crescent Society/ICRC activities, primarily by facilitating these organizations' access to conflict-affected people
- ▶ in addition to benefiting from physical rehabilitation services at ICRC-run centres, disabled persons ease their social and/or economic reintegration with the help of essential household items, livelihood inputs and sports activities
- ▶ weapon-wounded patients receive life-saving care from first-aiders – trained and equipped by the National Society/ICRC – and through ICRC-supported transportation/evacuation services to medical facilities
- ▶ vulnerable communities and IDPs in rural areas become more resilient to the effects of the conflict by boosting their income-generating and food production capacities through productive inputs and cash-for-work activities
- ▶ with ICRC support, prison authorities tackle the causes and effects of overcrowding, notably by establishing a judicial files management system in the country's main prison and providing health services according to local standards
- ▶ through family-links services, people separated from their families, including detainees, are able to communicate with relatives or collect the remains of family members killed during the fighting

ASSISTANCE		Targets (up to)
CIVILIANS (RESIDENTS, IDPs, RETURNEES, ETC.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	54,600
Essential household items	Beneficiaries	58,100
Productive inputs	Beneficiaries	212,100
Cash	Beneficiaries	145,250
Work, services and training	Beneficiaries	3,899
Water and habitat activities	Beneficiaries	250,000
Health		
Health centres supported	Structures	47
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	2
Water and habitat		
Water and habitat activities	Number of beds	834
Physical rehabilitation		
Projects supported	Structures	8
Patients receiving services	Patients	95,000

CONTEXT

Following presidential elections in 2014, Afghanistan's new government faces longstanding political and economic issues, while taking on full responsibility for internal security.

The conflict between the Afghan government and armed groups is intensifying. Humanitarian needs are great; civilians bear the brunt of the fighting, which continues to cause death, injury and displacement and impede access to basic services. Also as a result of the fighting, many have lost their mainly agriculture-based livelihoods; infrastructure, when not destroyed, is dilapidated. The fragmentation of the political/military landscape is complicating matters, blurring channels of communication and further restricting humanitarian access.

The remaining international forces focus on training and advising Afghan troops.

HUMANITARIAN RESPONSE

In 2015, the ICRC in Afghanistan will maintain its focus on ensuring respect for IHL and addressing the needs of conflict-affected communities. In light of security-related issues and the relocation of some ICRC staff to a support office in Tajikistan in 2013 for security reasons, the organization will strengthen its partnerships with the Afghan Red Crescent Society and other local actors in order to implement its activities. Through training and material input, and with the help of pre-defined means to ensure accountability, the ICRC will support these partners as they carry out certain assistance projects and/or information campaigns.

By conducting dissemination sessions for and fostering contacts with all parties to the conflict and other influential actors, the National Society/ICRC will endeavour to secure acceptance of their neutral, impartial and independent approach, with a view to gaining safe and unrestricted access to vulnerable populations. The ICRC will also continue to raise the issue of civilian casualties and remind parties to the conflict of their obligations under IHL, encouraging them to end abuses and to protect those not or no longer participating in hostilities, as well as medical personnel. With the withdrawal of foreign troops, the emphasis of these discussions will shift to local forces. The ICRC will work with the Afghan National Army (ANA), the Afghan National Police (ANP) and the Afghan Local Police (ALP) in conducting briefings on/training in IHL/international human rights law and in advancing the integration of pertinent provisions of these bodies of law into their training and operations. It will also support the government in incorporating IHL provisions into domestic law.

Wounded people will receive life-saving care from first-aiders – including community-based volunteers and weapon bearers – trained and equipped by the National Society/ICRC; where possible, ICRC-funded transport will be used to evacuate patients to hospital. In a supporting role to the Health Ministry, the ICRC will provide medical supplies, training and financial incentives to staff of two hospitals to help them enhance their services. It will help upgrade the skills of local medical personnel stationed elsewhere through training and provide other hospitals with supplies/equipment during emergencies. In view of the lack of public services in many areas, the ICRC will support existing primary health-care services at the community level, par-

ticularly the National Society's countrywide network of clinics. Disabled people will continue to have access to rehabilitative care at centres run or supported by the ICRC; livelihood and educational opportunities and sports activities will facilitate their social and economic reintegration.

Mainly in rural areas, the National Society/ICRC will continue to provide emergency relief to newly displaced people, and cash or other material inputs to help conflict-affected households restore/boost their livelihoods and food production. Work will continue with residents to repair hand pumps, improving their access to clean water.

Delegates will continue to visit detainees/internees to monitor their treatment and living conditions and report their findings confidentially to the authorities, focusing on addressing the causes and consequences of overcrowding. They will support the authorities in ensuring respect for judicial guarantees – for instance, by helping set up a system for managing judicial files in the country's main prison – and in providing detainees with good-quality health care and basic material assistance. Dialogue with the detaining authorities will also centre on the need to inform stakeholders of the whereabouts of people arrested/transferred. Where possible, the ICRC will remind armed groups of the treatment and conditions due to persons detained under their responsibility.

National Society/ICRC family-links services will remain available to detainees/internees and family members separated by conflict/disaster. When requested, the ICRC will act as a neutral intermediary in the evacuation of the remains of fallen fighters from the battlefield.

While preserving its independence, the ICRC will coordinate with Movement partners and other humanitarian actors to maximize the impact of activities, identify unmet needs and avoid duplication.

HUMANITARIAN ISSUES AND ICRC OBJECTIVES

CIVILIANS

Civilians and infrastructure, notably health services, are continuously subjected to indiscriminate attacks/abuses by weapon bearers, which result in casualties and displacement and prevent people from covering their basic needs. Health, water and agricultural facilities and other public services in rural areas remain insufficient and dysfunctional owing to the fighting and economic instability.

Conflict, natural disasters and migration disperse families and some people are left without news of the fate of missing relatives. Families need help to recover, across front lines, the remains of dead relatives; the limited national capacity for managing human remains makes it difficult to identify the deceased.

Objective

People not or no longer taking part in the fighting are protected in accordance with IHL and are able to meet their basic needs. Family members separated by conflict, natural disasters or migration are able to keep in touch. Families receive information on the fate of missing relatives from the parties to the conflict and, if their relatives are dead, take possession of the remains.

Plan of action and indicators

Protection

▶ through dialogue and confidential representations made on the basis of documented allegations of IHL violations, urge the parties to the conflict to uphold their obligations (see also *Actors of influence*), particularly in relation to:

- respect for the principles of distinction, precaution in attack and proportionality
- the protection due to civilians and medical infrastructure and/or personnel; people's access to basic services
- the unhindered collection and evacuation of wounded or sick people – as advocated by the Health Care in Danger project – and of human remains
- the development of mechanisms that investigate IHL violations and punish those responsible

▶ through technical/financial support, help the National Society enhance its capacities in restoring family links and managing human remains

With the National Society:

Restoring family links

- ▶ via family-links services, enable relatives separated by conflict, natural disasters or migration, and families with relatives detained/interned in Afghanistan or abroad, to restore/maintain contact; where appropriate, help vulnerable people rejoin their families or resettle elsewhere
- ▶ to facilitate the follow-up of cases of disappearance, collect tracing requests and gather ante-mortem data on missing individuals from their families
- ▶ act as a neutral intermediary in the collection of the remains of fallen fighters and/or facilitate their transfer to their families, to the parties concerned or to morgues

Assistance

- ▶ support victims of violence in applying for compensation from pertinent services; if such services are not available, provide them with ad hoc material assistance
- ▶ help the National Society:
 - improve services offered by its countrywide network of clinics by guiding/supporting its health department in logistics and in standardizing the management and monitoring of activities at all units/branches
 - develop its capacities to assess needs and to design, implement and review assistance operations, particularly by training regional/branch disaster response teams

With the National Society:

- ▶ promote awareness of best practices in human remains management among local stakeholders; help enhance their capacities by providing equipment and technical support and organizing workshops

Health

- ▶ to enhance health-care provision for conflict-affected civilians, in accordance with the government's Basic Package of Health Services:
 - regularly provide medical supplies and training (see also *Wounded and sick*) for the National Society's emergency mobile teams and 47 clinics; refurbish 1 National Society warehouse
 - donate supplies to and help monitor the quality of care at a community-run primary health-care centre in Kunar

Water and habitat

- ▶ train/equip community water management committees to repair hand pumps, making safe water available within 2 kilometres for some 250,000 people in rural areas

Economic security

- ▶ to help them cope with the immediate effects of conflict/disaster, distribute essential household items and four-week food rations to up to 49,000 IDPs and members of host communities (7,000 households)
- ▶ help vulnerable rural households increase their food production, or their income by at least 30%, by:
 - implementing cash-for-work projects (upgrading agricultural and rural infrastructure) to be carried out by up to 20,000 participants, benefiting their families (140,000 people) and communities
 - providing up to 30,000 pastoral farmers and other heads of households with training and fodder kits to improve their animals' health
 - granting loans and/or distributing productive inputs to up to 3,000 households (benefiting 21,000 people)
- ▶ help disabled people:
 - notably paraplegics, ease their living conditions through food and essential items (up to 800 patients' households, totalling 5,600 people) and winter home kits (up to 500 patients and their families, totalling 3,500 people)
 - enhance their earning potential and mental well-being by: providing up to 80 with access to employment, 270 with vocational training and 750 with micro-credits (totalling 7,700 people), and contributing to the school fees of some 1,200 students and to home tuition for 270 housebound young people

PEOPLE DEPRIVED OF THEIR FREEDOM

People arrested in relation to the conflict are held by the Afghan authorities or, in the case of foreigners, under the custody of the United States of America (hereafter US). The withdrawal of international troops has increased the local authorities' responsibilities with regard to ensuring proper treatment for detainees and maintaining prison conditions in compliance with IHL and other internationally recognized standards.

Delays in judicial procedures and dysfunctional court systems contribute to prison overcrowding, which speeds up the deterioration of facilities, increases the risk of disease and raises tensions among inmates. Some detainees lack the means to communicate with their families or to acquire skills to help them reintegrate into society upon their release.

Objective

Detainees/internees are afforded treatment and living conditions, including respect for procedural safeguards and judicial guarantees, that meet internationally recognized standards. They can keep in touch with their families.

Plan of action and indicators

Protection

- ▶ visit, in accordance with standard ICRC procedures, people held in connection with the conflict under Afghan authority and any remaining in US custody, to monitor their treatment and living conditions; provide

the authorities with confidential feedback, including any recommendations

- ▶ work with the Afghan authorities to ensure:
 - detainees' proper treatment and living conditions during interrogation or in prisons, paying particular attention to the most vulnerable, such as those who face risks related to sexual violence
 - respect for judicial guarantees, including in connection with death sentences, by: sponsoring local forensic specialists' participation in workshops to facilitate determination of suspects' age/identity in relation to criminal responsibility; and helping set up – through staff training and the provision of office equipment/materials – a system to manage judicial files in the country's main prison
- ▶ with the National Society, support the authorities in enabling family contact for detainees/internees, especially the most vulnerable, through RCMs, phone/video calls and face-to-face visits; facilitate transport home or repatriation for those released, if they so wish
- ▶ pursue discussions with the authorities concerned, urging them to inform the relevant ministries/consular representatives, the families and the ICRC of the whereabouts of people arrested/transferred to allow individual follow-up; seek authorization to visit detainees to whom the ICRC does not yet have access
- ▶ on the basis of reported arrests and where dialogue is forthcoming, remind members of armed groups to ensure that treatment and conditions for people held by them are in line with internationally recognized standards; where necessary, offer family-links services and material assistance

Assistance

- ▶ help ease the living conditions of up to 34,000 detainees and staff in prisons by distributing hygiene kits during hygiene-promotion sessions, and winter clothing and/or bedding
- ▶ with local teams, construct/rehabilitate premises (including kitchens and dispensaries), water supply systems and sanitation facilities, benefiting roughly 25,000 detainees; provide maintenance teams with tools/technical support
- ▶ share with the Health and Interior Ministries an assessment of the health situation in prisons and work with them to continue implementing the Prison Package of Health Services in some 15 facilities, particularly the 3 largest prisons; provide training/technical input and incentives to health staff and, in an emergency or when needed, medical/nutritional care and medical equipment
- ▶ encourage the authorities to work with the Commerce and Education Ministries to increase educational, vocational and recreational opportunities for detainees; donate books and games as needed

WOUNDED AND SICK

People wounded during the fighting are unable to receive first aid and hospital care because of the insecurity and the lack of qualified personnel or properly equipped facilities.

Disabled persons receive insufficient rehabilitative assistance, which includes specialized care and social reintegration services.

Objective

Sick or wounded people, including the weapon-wounded, have access to effective medical services. Disabled people become more mobile and are able to find work and participate in family/community life.

Plan of action and indicators**Assistance***Medical*

- ▶ discuss the need to protect health infrastructure/personnel with all parties to the conflict, the ministries concerned, staff of health facilities and other stakeholders
- ▶ with the National Society, ensure wounded people receive immediate care by equipping and providing training/refresher courses for at least 3,000 first-aiders, including male and female community-based National Society volunteers and instructors, as well as weapon bearers
- ▶ enable wounded patients to reach hospital by covering their transport/evacuation costs
- ▶ help the Health Ministry ensure the sustainability of free good-quality hospital services for conflict-affected people by supplying drugs/consumables to and/or contributing to the running costs of the Mirwais (Kandahar) and Shiberghan (Jowzjan) hospitals; notably in Mirwais, provide training and financial incentives to help medical staff boost the quality of care and administrators streamline hospital management
- ▶ train staff from other hospitals in emergency medical care/surgery
- ▶ during emergencies, provide medical/surgical supplies to help hospitals cope with mass-casualty influxes; cover patients' treatment costs

Physical rehabilitation

- ▶ offer prosthetic/orthotic and physiotherapy services to some 95,000 patients, including 400 detainees, at 7 ICRC-run centres and 1 components factory; enable more patients to benefit from such services by providing materials/training for other rehabilitation centres and running outreach programmes
- ▶ work on the sustainability of services, in particular: facilitate infrastructure maintenance; sponsor professional staff training; hand over management responsibilities progressively to Afghan personnel; and encourage authorities to incorporate support for spinal-cord injuries into national health services
- ▶ deliver home-care assistance to some 1,600 paraplegics and specialized medical equipment to around 2,200; offer house adaptation services (see *Civilians*)
- ▶ help facilitate patients' social reintegration by enabling them to participate in sports activities and providing them with education, employment, vocational training or micro-credits (see *Civilians*)

Water and habitat

- ▶ with local teams, enable health facilities to provide good-quality services and/or help patients and staff stay safe by:
 - ensuring regular maintenance of the Mirwais and Shiberghan hospitals; rehabilitating, among others, paediatric, gynaecological and emergency wards
 - building/upgrading wheelchair basketball courts at 2 ICRC-supported rehabilitation centres

- continuing construction of the new Faizabad rehabilitation centre

ACTORS OF INFLUENCE

The ANA, ANP and ALP are responsible for security in the country. Some international forces remain for training/mentoring missions with their Afghan counterparts.

Major deficiencies exist in observance of IHL among parties to the conflict.

Community/religious leaders have influence within and beyond their respective communities, and among armed groups. Local media interest in reporting on conflict-related issues remains high.

Afghanistan is party to several IHL instruments, but has yet to incorporate them into domestic legislation. The authorities have expressed interest in establishing a national IHL committee.

Objective

The parties to the conflict know and respect IHL and other fundamental rules protecting people in armed conflict, and incorporate these into their decision-making processes. The media, community/religious leaders and academics help foster awareness of humanitarian issues and IHL among decision-makers and the wider public, thus ensuring greater respect for human dignity. Civilians and everyone involved in the conflict understand the ICRC's mandate and support the Movement's work.

Plan of action and indicators**Prevention**

- ▶ with the National Society, to increase support for humanitarian principles, IHL and the Movement's neutral, impartial and independent humanitarian activities, expand contacts with all parties to the conflict and with influential groups/individuals; support such contacts through:
 - dialogue/dissemination sessions with religious leaders, consultation/*shura* council members, the media, female actors of influence, and beneficiaries
 - information campaigns on humanitarian issues, including those covered by the Health Care in Danger project and that encourage the formation of a related community of concern
 - assistance in IHL instruction and research for universities, and sponsorship for religious scholars/academics to participate in events abroad
 - the distribution of newsletters/press releases and audiovisual materials in local languages
- ▶ to enhance understanding of and respect for IHL and international human rights law, and to raise awareness of the protection due to medical services:
 - through dialogue, dissemination sessions and training, remind all weapon bearers of their obligations under IHL (see *Civilians*)
 - work with the ANA, ANP and ALP, in coordination with their international partners, to incorporate relevant norms into their doctrine, training and operations; help train additional IHL instructors and provide them with reference materials; support the creation of respective IHL training units; sponsor the participation of senior officers in courses/events abroad

- urge international forces to help reduce weapon contamination
- ▶ encourage national authorities to ratify/implement IHL instruments by:
 - providing technical support for incorporating into domestic legislation the provisions of the 1949 Geneva Conventions and their 1977 Additional Protocols and other instruments to which Afghanistan is party, and for adopting the combined National Society/Emblem Law
 - facilitating officials' participation in national/international seminars/events, especially on the Arms Trade Treaty and other weapon-related treaties, and on the Hague Convention on Cultural Property
 - supporting the establishment of a national IHL committee

RED CROSS AND RED CRESCENT MOVEMENT

The Afghan Red Crescent is the ICRC's main partner in delivering humanitarian services throughout the country (see above).

Objective

The National Society has a strong legal basis for independent action. It is able to carry out its core activities effectively. The activities of all Movement components are coordinated.

Plan of action and indicators

Cooperation

- ▶ provide funding and technical support to the National Society, enabling it to:
 - develop policies/tools to strengthen emergency response, programme structure, operations, financial management and staff development at all its regional units/branches
 - with other Movement partners, enhance service delivery through a fleet management system and a security mechanism based on the Safer Access Framework
- ▶ with the National Society, advocate for the approval of the combined National Society/Emblem Law
- ▶ continue to coordinate and enhance Movement activities, including through programme reviews