



ICRC

NEWS L E T T E R

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The ICRC: mission

The ICRC's mission is to protect and assist the civilian and military victims of armed conflict and internal disturbances on a strictly neutral and impartial basis.

Since 1986, the ICRC has had a permanent presence in Afghanistan. Among its many humanitarian activities the organization is visiting detainees, re-establishing family ties between loved ones separated by conflict, providing medical and other assistance to the civilian population, conducting mine action programmes, raising awareness about international humanitarian law, and helping to build the capacity of the Afghan Red Crescent Society (ARCS) to respond to people's needs.



ICRC Mine Action Programme

Mines are hidden killers. Once they have been laid, they are completely indiscriminate. Unless cleared, they continue to kill and maim long after the warring parties they target have ceased fighting.

Afghanistan is one of the most heavily mined countries on earth. Millions of mines and unexploded ordnance, (UXO), lie buried or scattered in both urban and rural areas, posing grave danger to people's lives and livelihoods, and hindering economic development.

In Afghanistan, the ICRC is working to reduce the number of mine-related injuries and deaths through mine risk education and data gathering. In this regard, it works in close collaboration with others in the International Red Cross and Red Crescent Movement, notably the Afghan Red Crescent Society (ARCS)'s mine awareness staff and volunteers. Today, about 200 ICRC and ARCS personnel, as well as community volunteers, are carrying out mine risk education and victim data collection nation-wide. The two activities are complementary in that the data is analysed to determine the cause of accidents, and to draw up appropriate messages for the education sessions. The sessions themselves help to influence changes in behaviour, so that people may live in greater safety even where there are mines.

For mine victims and other disabled Afghans, a crucial element in their recovery is for them to feel they will be able to live productive lives again in the future. The ICRC's orthopaedic centre in Kabul -- and five sister centres in Herat, Mazar-i-Sharif, Gulbahar, Faizabad and Jalalabad -- were set up with this aim in mind, and provide rehabilitation, education, and social reintegration through vocational training and micro-credit schemes for mine victims and other disabled adults and children.

Despite all that has been done, and continues to be done, to rid the planet of mines and explosive munitions, and to teach people how to live safely in their midst, this will take decades to achieve. All the more reason, therefore, to keep up the effort to achieve this aim through all available means, including data gathering, mine risk education, surveys, demining and legislation.

Philip Spoerri,
Head of Delegation,
International Committee of the Red Cross, Afghanistan.

ICRC Mine Action

Over the past 24 years of conflict, countless mines and explosive remnants of war (ERW) have been scattered all over Afghanistan, causing it to be one of the most highly contaminated countries in the world. Almost 90% of the devices are to be found on agricultural land, around irrigation systems, residential areas, roads and grazing grounds. This has been a tragedy for the civilian population who account for around 80% of victims. Each day there are up to two reports of people being maimed or killed by mine or unexploded ordnance (UXO)

The population is also affected socially and economically. Vast stretches of otherwise productive land are inaccessible because the land is contaminated, leaving people deprived of farmland, shelter, water, roads and irrigation systems. Mine victims often lose their livelihood and become permanently dependent on others.

The ICRC has been involved with the problem of mines and other explosive remnants of war in Afghanistan since 1995, first through supporting the ARCS's mine awareness activities, then in 1998 with mine victim data gathering and from 2002 with mine risk education activities.

Through mine risk education (MRE) combined

with data gathering and analysis, the ICRC endeavours to reduce the number of casualties caused by mines and UXOs. It does this in close collaboration with the mine awareness staff and volunteers of the Afghan Red Crescent Society (ARCS)

In recent years, tens of thousands of refugees have returned to Afghanistan and are living in,

or restarting activities in, mine-contaminated areas, making them especially vulnerable. Also at high risk of becoming mine victims are women and girl children who are taking an increasingly active part in life outside the home since the departure of the former regime.

Today, about 200 ICRC and ARCS staff, as well as community volunteers, are carrying out mine risk education and victim data collection in Kabul, Parwan, Kapisa, Wardak, Logar, Paktia, Nangarhar, Laghman, Kunar, Kandahar, Herat, Mazar, Faryab, Sar-e-Pul, Jowzjan, Samangan,

Baghlan, Kunduz, Takhar and Badakhshan provinces. All-female teams of mine risk education instructors have been trained to target women attending ARCS and Ministry of Health (MOH) health facilities, and school girls.



Programme in

Mine Risk Education:

The work entails mine risk education sessions with a wide range of target groups to promote safe behavior. It also involves the collection and analysis of victim data, so as to get a better understanding of the problems caused of mines and other explosive remnants of war.

The ICRC has gathered information regarding over 8,349 mine/UXO victims since it started keeping records in 1998. Of this number, 80.7% were civilians and 19.3% combatants. From this total, 1,270 people lost their lives and 7,079 were permanently disabled. In addition, a retrofit survey of 2,582 landmine victims whose accidents occurred before 1998, indicated that 1,934 were civilians and the rest (648) combatants.

During 2001 and 2002 the ICRC recorded 110-120 accidents per month, which represents 95% of the reliable recorded data available. During 2003 there was 45 % reduction in the number of accidents, due partly to successful demining and awareness raising efforts, but also possibly due to a decrease in the collection of data because of poor security.

In 2004 (until mid-September) 508 accidents have been reported of which 476 were civilians and the rest combatants. Fifty four people were killed and 454 injured.

The definitive number of casualties is always hard to establish as is it difficult to calculate exactly the number of accidents that are never reported or recorded.

Between January 2003 and August 2004, the ICRC mine action teams in close collaboration of the ARCS mine risk education instructors and volunteers conducted 17,036 mine risk education sessions to a total of 448,026 people in 8,824 affected communities, as well as during visits to health facilities and people's homes. Affected communities were identified in the provinces of Kabul, Parwan, Kapisa, Wardak, Logar, Paktia,

Nangarhar, Laghman, Kunar, Kandahar, Herat, Mazar, Faryab, Sar-e-Pul, Jowzjan, Samangan, Baghlan, Kunduz, Takhar and Badakhshan. Furthermore about 200,000 copies of different materials such as leaflets, posters, games, notebooks with specific MRE messages and other items for both illiterate and educated people were distributed.

Data collection:

The ICRC mine action programme has established a network of contacts for data gathering via about 490 health facilities supported by different organizations nation-wide. In addition, data gathering is done in affected communities. The collected data can be used for various purposes such as to :

- ♦ help to identify the extent of the mine/UXO problem in Afghanistan
- ♦ provide mine/ERW related information to other ICRC/ARCS programmes
- ♦ understand what behavior puts people at risk, for example, picking up unfamiliar metal objects, or collecting scrap metal for sale
- ♦ know who, where, when and how people are affected
- ♦ plan mine risk education tasks
- ♦ support ICRC mine-ban advocacy
- ♦ exchange information with UN and other mine action organizations and agencies in order to plan short and long-term mine action activities
- ♦ prioritize mine risk education and demining tasks

Coordination with other organizations:

In order to coordinate its mine action activities the ICRC has signed Memorandums of Understanding (MoU) with the UN-Mine Action Centre in Afghanistan (UN-MACA) and the HALO Trust, with the express aim of sharing data and passing on requests for mine clearance. It also maintains close cooperation with other demining and mine action agencies such as the Danish Demining Group, RONCO, and Handicap International, (Belgium).

Afghanistan



An Unfortunate Return

Khial Mohammad, son of Rahmatullah, had spent almost his entire childhood as an Afghan refugee in Peshawar, Pakistan.

During the long, hot nights he had heard many interesting stories about his native village in Paktia province from his mother and the other elders in his family. It was his great desire to return to his home village in Paktia's Mohammad Khel district. He was always dreaming about being back there enjoying the fresh, cool weather of that mountainous area, playing together with other children of his age, far from the annoying heat in the refugee camp in Peshawar.

In November 2003, when he was fifteen years old, Khial Mohammad's parents promised to send him to stay with some relatives for a few days in his native village, Aryub, so as to enjoy the holy days of the Eid. He reached Aryub three days before the beginning of the holiday.

Planning to visit his maternal aunt in a small, nearby village on the second day of the Eid, Khial

was joined by his cousin 20-year-old Hussian Ahmad. Like Khial, the young man had also recently returned to the village from Pakistan. It was a warm, sunny morning when they started their journey. The two boys had traveled almost half way, following a frequently-used path, when they came upon a short cut. Being anxious to reach their destination before it became too hot, and unaware of any danger they took it, failing to notice that no one else was walking there. As they were admiring the scenery, oblivious of the road beneath their feet, there was a deafening explosion. Both were hit by the blast of the mine, which tore off Khial's left leg and both Hussian's.

Hearing the explosion, villagers rushed to where Khial and Hussain were lying in a pool of blood. The two victims were carried to the nearest hospital, a distance of eight hours on foot. After being stabilized, they were transferred to Darsaman Hospital in Peshawar. It took three days for the victims to reach there and be admitted. It was two months before Khial was discharged.

Khial Mohammad and his family returned to Afghanistan earlier this year. It was a turning point in the young man's life. Since his accident, he had felt himself to be without hope, and a burden on his family. "When we returned to our village, many people advised me to go to Kabul and try and contact the International Committee of the Red Cross (ICRC). They told me I could get an artificial leg through them, so I decided to try."

Khial Mohammad was treated in the ICRC's Orthopaedic Centre in Wazir Akbar Khan, in Kabul, and given a prosthesis. Reflecting for a moment as he waited to see the physiotherapist, he said, "I wish I had known about the danger of mines before the accident. I would never have gone on that unused road if I had realized what a risk I was taking."

Contributed by M. K. Malwan

ICRC Orthopaedic Centres

Physical rehabilitation

The ICRC assists many disabled people through physical and social rehabilitation programmes. There are six ICRC orthopaedic centres in Afghanistan, one each in Kabul, Faizabad, Herat, Mazar-i-Sharif, Gulbahar and Jalalabad. They are run by six expatriates who work with and train 350 national staff, 40 of whom are women. Ninety per cent of the centres' workers are themselves, former patients.

Since 1988, over 60,000 patients have been assisted in the ICRC orthopaedic centres in Afghanistan. Over 30,000 of them were victims of mines, rocket attacks, or fighting. Seventy per cent of the victims were civilians. More and more patients are treated today because of congenital diseases such as poliomyelitis that affect their mobility. Since the project began more than 2,000 micro credits (in Kabul) have been given to patients to start their own businesses.



Ottawa Treaty on Banning Anti-Personnel Mines

- ◆ In February 1994, the ICRC issued a public appeal for a global ban on Anti-Personnel (AP) mines.
- ◆ In 1995 it launched an international public campaign against AP mines together with National Red Cross and Red Crescent Societies, thus adding its voice to that of the International Campaign to Ban Landmines (ICBL), in the call for a total prohibition of AP mines.
- ◆ In 1996 the ICRC commissioned a study on the military value of anti-personnel mines (Anti-Personnel Landmines: Friend or Foe?), which showed that the appalling human cost of using these weapons far outweighed their limited military usefulness. The ICRC played a significant role in the negotiation of a Treaty to ban anti-personnel mines, in developing the International Red Cross and Red Crescent Movement's position, and in commenting on draft texts and proposals.
- ◆ In September 1997, the Treaty was adopted in Oslo, and in December 1997 it was opened for signature in Ottawa. The ICRC and many National Societies have played a major role in efforts to achieve universal adherence to the Ottawa Convention, the adoption of national legislation, and full implementation.
- ◆ The Ottawa Treaty came into force on 1 March 1999, the fastest entry into force ever for a multilateral arms-related treaty.

ICRC operations in Afghanistan

The ICRC started working with Afghan communities in 1979 in Pakistan, providing surgical assistance to the war-wounded in Peshawar and Quetta. The organization has been present in Afghanistan since 1986. Today, the ICRC has a staff of some 80 expatriates and 1,300 national staff based in Kabul, Jalalabad, Kandahar, Herat and Mazar-i-Sharif, as well as in offices in Kunduz, Faizabad, Gulbahar, Ghazni and Bamyan

In addition to its Mine Action programme, which is the focus of this newsletter, the ICRC carries out the following activities in Afghanistan:

Protection: According to its international mandate, the ICRC visits detainees held as a result of conflict by the Afghan authorities and the US Forces, to ensure that they are treated humanely and can communicate with their families through the exchange of Red Cross Messages (RCMs).

Detention visits are made for the purpose of monitoring the humanitarian conditions of detention, checking on detainees' physical and mental health, and facilitating contact between detainees and their families. ICRC delegates conduct individual interviews in private with detainees, and submit their findings and recommendations on a confidential basis to the detaining authorities.

Health: The ICRC assists the Afghan authorities to provide training and effective surgical, obstetrics, paediatric and medical care in seven Ministry of Health urban, regional and provincial hospitals. This includes support to parallel services such as x-ray, laboratory, blood banks and blood transfusion services according to universally accepted minimum standards. The ICRC also provides medical supplies on an ad hoc basis.

Water and Habitat: One of the ICRC's core tasks is to maintain access to drinking water for populations affected by conflict. In Afghanistan, the ICRC's work includes re-establishing urban and rural water networks, sanitation projects and rehabilitation work in hospitals. This year, ICRC water and habitat teams have completed rehabilitation work in Shebergan, Samangan and Taloan hospitals, and continues the rehabilitation of Wazir Akbar Khan hospital in Kabul. The construction of waste management sites in hospitals, the installation of incinerators and maintenance services are also

undertaken as part of the programme. Small scale water supply projects, the repair of water systems, and the drilling of boreholes in Kabul, Mazar-i-Sharif, Bamyan, Herat and Kandahar are ongoing, as is a wide-ranging hygiene promotion programme with communities and individual households.

Emergency interventions to improve water and sanitation in places of detention have also been undertaken this year

Promotion of international humanitarian law (IHL): The ICRC's humanitarian mission is to protect the lives and dignity of victims of war and prevent suffering by promoting and strengthening compliance with IHL. The dissemination teams conduct law of armed conflict (LOAC) seminars and training with officers and soldiers of the Afghan National Army and the Afghan Militia Forces, as well as with the Air Force, the police, and non-military audiences such as journalists, youth, government authorities, university professors, teachers and community volunteers.

Orthopedic Services: The ICRC has been involved in orthopedic and rehabilitation assistance to disabled people; landmine victims and people suffering from poliomyelitis since 1988. During that time over 60,000 patients (including nearly 29,000 amputees) have been registered and assisted. Currently, the ICRC runs six orthopedic centres in Kabul, Mazar-i-Sharif, Herat, Gulbahar, Faizabad and Jalalabad. Approximately 80 % of the amputees assisted are mine victims.

Cooperation with the Afghan Red Crescent Society (ARCS): The ICRC, as part of the Red Cross and Red Crescent Movement, assists the ARCS technically and financially to increase its ability to be able to deliver various programmes and services to the community. The ICRC's Cooperation department is providing support for vocational training and food for work programmes, as well as undertaking capacity building with ARCS staff and volunteers at all levels.

ARCS Marastoon Programme: The ARCS marastoons are social institutions with a long history, traditionally focusing on providing temporary shelter for destitute people. With the offer of vocational training and work experience, they help people return to their communities. The German Red Cross supports this programme as a delegated project through the ICRC. There are five marastoons, in Kabul, Jalalabad, Herat, Mazar-i-Sharif and Kandahar. They currently provide shelter, food and education to over 400 people in need, of whom 241 are under 18 years of age.

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