
Afghanistan: An ICRC perspective on bringing assistance and protection to women during the Taliban regime

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The fall of the Taliban regime in Afghanistan has opened the way for considerable debate on the country's future, and the part to be played by women in that future is now being widely analysed and discussed. Much has been written about the fate of women under the Taliban. This short article aims to review the activities of the International Committee of the Red Cross (ICRC) in Afghanistan during the Taliban rule, with particular focus on its impact on women to see what lessons could be learned in terms of how to provide the widest and most effective humanitarian assistance despite massive political and logistical constraints. Before continuing, it should be pointed out that prior to Taliban rule the situation of women in Kabul and other large towns (where their access to education and work and their freedom of movement were greater) differed considerably from that of women in rural areas (where the approach towards them was generally more conservative). So when the Taliban took power, their impact varied throughout the country.

The ICRC has a long history of humanitarian work in Afghanistan, where it has been present since 1986, and has seen political and military factions come and go. It was based in Kandahar when the Taliban first came to power there before taking Kabul, and thus already had some experience of working in an area controlled by an authority with extreme views on the role of women. Its “all-victims approach” — i.e. to provide a comprehensive response to the needs of all populations affected by armed conflict or internal disturbances — has been viewed by some outside the ICRC as precluding the targeting of assistance and protection specifically for women in situations

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such as that which prevailed under the Taliban in Afghanistan. From the ICRC's point of view, this approach is crucial in enabling it to come to the aid of the most vulnerable, whoever they may be. However, the very notion of vulnerability calls for an understanding of what makes people vulnerable. This can differ according to whether they are male or female, adults or children, and the particular circumstances of the persons concerned, such as detention or displacement. The aforesaid approach should therefore allow the ICRC to better assess and respond to the needs of women, and should not in any way exclude them.

The situation of women in Afghanistan has long been of concern to the ICRC's Women and War Project and the subject of numerous discussions on what policies and actions would be in the best interests of those whom the ICRC was trying to help. The basic question was how could the ICRC, whose predominantly male staff based in Afghanistan were severely restricted in their access to Afghan women, know just what was in the best interests of women there? The ICRC's Women and War Project made two visits to Afghanistan to try to assess whether the needs of women were being met through the ICRC's programmes. In the absence of quality access to female members of the Afghan population, the only way to carry out the assessment was to examine some examples of the ICRC's work in Afghanistan during the period of Taliban control in Kabul, namely detention-related and medical activities, assistance, protection, restoring family contact, and dissemination.

Women in detention

The situation of detained persons in Afghanistan was complex because of the large number of detainees spread throughout the country in a variety of places of detention, many of them completely makeshift. The ICRC visited approximately 80 places of detention in the year 2000, of which 15 held women. Out of the several thousand detainees being held, only 100 were women. The ICRC's visits to detained women had shown that they were not deprived of their liberty for reasons related to the armed conflict — as were security detainees or civilian internees. They were being held for offences or common law crimes which could, for instance, include being seen in a taxi with a man who was not a member of their family. These women were neither clearly within the traditional mandate of the ICRC, which visits persons deprived of their liberty for reasons related to an armed conflict or internal disturbance, nor were they housed among a population normally visited

by the ICRC. However, they were clearly in need.¹ For security reasons or because the means of communication had been severed, relatives had been prevented from visiting them by the armed conflict and/or the Taliban. This restricted or eliminated the possibility for detainees, particularly women, to receive the necessary physical and psychological support to cope with their detention — food, medical care, contact with family members, etc. Out of necessity, many of these women also had their children in detention with them, which increased their humanitarian needs. For several months the ICRC was unable to visit women in detention because of a lack of female staff, particularly those with the necessary language skills to be able to interact with Afghan women.

The ICRC often relies on hiring national staff for translation, interpreting and field officer roles, but owing to the Taliban ban on female employment these were roles from which women were excluded. In Kabul the ICRC had one of its female health delegates learn Dari in order to facilitate visits to detained women, but this solution was not as practicable as anticipated. The Women and War Project therefore proposed that a female delegate and an interpreter be sent to Afghanistan with the specific task of conducting a full evaluation of the situation of women detainees there. Within weeks two women, one a Farsi speaker, left for Afghanistan for three months with a countrywide brief not only to examine the situation of women in detention, but also to decide what further action the ICRC could take to alleviate the plight of women in general. In this way a Farsi-speaking female ICRC delegate was able to speak directly with Afghan women about the problems facing them as a result of the armed conflict.

Women in need of medical help

The ICRC had already been providing surgical and other medical supplies and some personnel for hospitals and medical facilities throughout Afghanistan, including substantial assistance to two hospitals in Kabul which had originally been set up by the ICRC.² In October 1996, the

¹ As a general policy, the ICRC does consider that its mandate includes people held in detention (not necessarily for reasons related to the armed conflict) whose basic humanitarian needs are jeopardized by the armed conflict, owing to the breakdown in the normal functioning of the State.

² The ICRC also runs a major orthopaedic rehabilitation centre in Kabul which has continued to employ Afghan women, even throughout the Taliban regime, and provides prosthetic and rehabilitation services for women. Women account for approximately 7% of the beneficiaries, and girls under 14 years of age for 3% of the beneficiaries.

Taliban took control of Kabul and the Committee to Promote Good and Fight Evil decreed 16 rules of conduct, one of which prohibited women from working anywhere other than in the medical professions; even there they were subject to restrictions. This provoked a variety of reactions by international organizations. Some completely suspended activities which under this decree had become inaccessible to women. Others closed down non-essential projects, with threats that they would review their other programmes. Yet others, the ICRC among them, sought “innovative solutions in harmony with local customs, while at the same time endeavouring to sensitize the Taliban leadership to the problem with the aim of bringing about a more flexible government policy”.³ This was never an easy or comfortable position to be in — engaging in a policy of dialogue whilst trying to uphold the fundamental principles which govern the work of the ICRC and the International Red Cross and Red Crescent Movement as a whole, in particular, non-discrimination which forms part of the principle of impartiality.⁴ What the dialogue policy meant in practice was the need to somehow balance principle with pragmatism.

This policy was put to the test in September 1997, when the Afghan Ministry of Public Health issued a new decree that all female patients and female medical staff would have to use a specific “women only” medical facility. The ICRC was totally opposed to this idea because: the proposed building could accommodate only 120 beds, well below the number required for an estimated female population in Kabul of 500,000. Moreover, the location of the hospital made it almost inaccessible, and for

³ ICRC press statement, quoted in C. von Flüe and P. Daudin (eds), *Protection Toward Professional Standards, Report of the Workshop*, 17-19 March 1998, ICRC, Geneva, 1998, p. 116.

⁴ The principle of impartiality requires the ICRC to make no discrimination as to nationality, race, religious beliefs, class or political opinions. In endeavouring to relieve the suffering of individuals, it is guided solely by needs and gives priority to the most urgent cases. In terms of humanitarian ethics, non-discrimination requires that any objective distinction between individuals be ignored. In practice, all the components of the International Red Cross Movement (composed of the ICRC, the National Red Cross and Red Crescent Societies and the International Federation of Red Cross and Red Crescent Societies) must strictly avoid any form of discrimination when providing medical treatment or other humanitarian aid. See generally, *The Fundamental Principles of the Red Cross*, ICRC, Geneva, 1996. The International Court of Justice has held that “if the provision of ‘humanitarian assistance’ is to escape condemnation as an intervention in the internal affairs of another State, it must be limited to the purposes hallowed in the practice of the Red Cross, and above all be given without discrimination.” See *Military and Paramilitary Activities in and against Nicaragua (Nicaragua v. United States of America)*, *Merits, Judgment*, ICJ Reports 1986, paras. 239-245.

people with serious illnesses the time it took to get there could prove fatal; there were not enough female medical personnel to staff the facility; and, with women banned from education, there would be no future prospects of recruiting female staff. These difficulties were compounded by the fact that the proposed building was in ruins, with no running water, no windows, no operating theatre and an inadequate electricity supply. The ICRC was convinced that the idea of a medical facility solely for women would deprive them of access to normal medical care, and would thus be a violation of international humanitarian law⁵ and contrary to the principles of humanity and impartiality. The ICRC did not suspend its activities, choosing instead to continue dialogue with the Taliban authorities with the aim of ensuring that women received appropriate medical treatment. It publicly stated that it “considers that such practices, which endanger the lives of many ill and war-wounded women, are unacceptable (...)” and requested “that the Taliban in Kabul reconsider their decision.” Its view was that the “measures taken by the Taliban authorities are in violation of the written agreement concluded between representatives of the organization and the representatives of the Ministry of Public Health of the Islamic Republic of Afghanistan on 1 May 1997, which stipulates that care provided at establishments supported by the ICRC must be free of any discrimination based on gender, political views or ethnic affiliation.”⁶ It is important to note that the ICRC had formally informed the Taliban authorities that, under the conditions imposed by them with regard to female access to medical care, it would not be able to continue its assistance. The ICRC risked, and was threatened with, expulsion from Afghanistan, but stood its ground. It thereby helped to bring about the change in the Taliban’s position on this issue, the re-engagement of a significant number of female personnel to work in medical structures in Kabul and an increase in the number of female patients admitted to hospitals. This result showed that engaging in dialogue with the Taliban was not completely fruitless. It also

⁵ As a State party to the Geneva Conventions of 1949, Afghanistan was bound during the rule of the Taliban to apply Article 3 common to those Conventions, which is applicable in the case of armed conflicts not of an international character. This provision guarantees that persons taking no active part in the hostilities shall in all circumstances be treated humanely, without any adverse distinction founded, *inter alia*, on their sex (Art. 3(1)). In particular, the wounded and sick must be collected and cared for (Art. 3(2)).

⁶ Quoted in C. von Flüe and P. Daudin (eds), *op. cit.* (note 3), p. 116.

demonstrated that the ICRC could use the Fundamental Principles, together with its legal mandate,⁷ as an effective platform from which to negotiate on policy and practical issues with the regime.

It took two months of negotiations with the Taliban authorities through a specially appointed committee⁸ to arrive at a tenable solution. In reality, this meant a Taliban-imposed strict segregation of the wards separating men and women in hospitals in Kabul, with wards for women completely closed off to men, including male relatives, and the provision of a separate emergency room and outpatients department for women. There was also a separation of male and female medical personnel in hospitals, although there was some contact between male and female colleagues for professional reasons.

The ICRC had taken a strong position with regard to the Taliban decrees on medical care for women, but the overall medical situation of Afghan women in Kabul was still very serious. The two main hospitals in Kabul now provided a separate place within the hospital to accommodate women. For most of the time these beds were always full and there was a waiting list, with some non-priority cases — maternity, malarial and orthopaedic cases, TB, non-urgent elective cases such as bowel problems, bladder and kidney stones, and untreatable cases (cancer) — turned away by the hospital for lack of space. These hospitals were also outside the centre of the town and approximately 20-25 minutes away by car, which placed constraints on access for patients.⁹ Moreover, women invariably needed a male relative's permission to go to hospital and had to be accompanied by a male relative. This meant that illnesses often went untreated for a long period of time, making eventual treatment more difficult. There was no possibility for women to seek assistance for any psychological problems related to illness, the armed conflict, their loss of independence or any other trauma with which they had to contend.

⁷ Under common Article 3 of the Geneva Conventions of 1949, an impartial humanitarian body, such as the ICRC, may offer its services to the parties to a conflict (Art. 3(2)). While this does not mean that the said parties are bound to accept the offer of service, in practice it is rarely refused.

⁸ The committee, composed of the Ministry of Public Health, the United Nations, the ICRC and various NGOs, was set up by the Afghan government to find practical solutions allowing both sexes to be present in hospitals.

⁹ For example, the price of a taxi shared by 3-4 people cost 4,000 Afghan roubles to travel from the centre of town to hospital in May 2000. Finding such a sum of money was out of the question for most people, who took a bus or walked.

Protection of women

Women in detention and medical facilities were relatively speaking “easier” to reach and assist in that their location was known and evaluation of their needs was theoretically possible, though often subject to restrictions. Outside such facilities the situation of women was much more difficult to assess for several reasons, among them the very real security concerns linked to the ongoing conflict and to the Taliban decrees which forbade and/or strictly limited the potential for contact with women by humanitarian organizations. For the ICRC this resulted in an almost total lack of information on the civilian population’s needs for protection, and particularly those of women. “ICRC protection activities aim at protecting people caught up in armed conflict or internal disturbances from the dangers, abuses and suffering to which they are exposed in order to preserve their rights, offer support and ensure that they are heard.”¹⁰ For the ICRC it was very difficult to separate what was happening to women as a result of the armed conflict from the problems besetting women as a result of the Taliban regime and policies. Certainly, the fact that the Taliban were one of the parties to the armed conflict meant that these factors were inextricably linked. It was important to bear in mind that the ICRC’s job was to help as many war-affected women as possible and not to take a stance on the Taliban’s treatment of women, except insofar as this treatment violated rules and principles of international humanitarian law or, in terms of the ICRC’s work, the Fundamental Principles, particularly humanity and impartiality. This approach of the ICRC, which is based both on its legal mandate under the Geneva Conventions of 1949 and its working principle of neutrality,¹¹ reflects the specific and unique function of the organization in conflict situations. It contrasts sharply with that of human rights or other humanitarian organizations which adopt policies of publicly identifying and denouncing human rights violations by governments and rebel groups. Furthermore, the ICRC’s principle of neutrality meant that women against whom serious violations had been committed by the other parties to the armed conflict also came within the purview of the ICRC’s protection programmes.

¹⁰ *Women Facing War*, ICRC study on the impact of armed conflict on women, ICRC, Geneva, 2001, p. 61.

¹¹ The Fundamental Principle of neutrality means that the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature. See *The Fundamental Principles of the Red Cross*, *op. cit.* (note 4).

The situation of women was also linked to the impact of the armed conflict on Afghan men, particularly civilian men, who were their relatives, breadwinners, “protectors” and often their lifeline to the outside world. The men in Afghanistan were likewise severely affected by the armed conflict and the Taliban regime — as a result of the hostilities many men were missing, detained, wounded, or had died — generating enormous humanitarian needs for the entire population.

For the ICRC the main problems in carrying out protection activities for men and women stemmed from restrictions on access for security reasons, refusal by military commanders or inability to meet with the latter in order to try to put an end to violations being committed. In particular, assessment of the security situation of women necessarily involved talking with the women concerned, and this meant that the presence of female ICRC personnel with local language skills was crucial because of the restrictions placed on the employment of local female interpreters (who anyway would not have been allowed to travel). In addition, female personnel were not able to meet and discuss with Afghan male interlocutors, and thus a male delegate was also needed in order to deal with such contacts in Taliban-controlled areas. Alternative sources of information on the situation of women therefore had to be found. This included contact with women in facilities where access to them was less limited, for example, medical and orthopaedic facilities. Since the fall of the Taliban regime accusations have abounded of serious violations committed against women, such as their being kidnapped and forced to be “wives” to commanders, raped, or abducted and forced into servitude in third countries, and of children being sold by families in order to buy food and other commodities. During the Taliban regime there were rumours of rapes and abductions of women by all parties to the armed conflict, but the ICRC had no means of verifying these at the time and was not approached by victims or victims’ families.¹²

¹² There were various reasons for the non-reporting of sexual violence against women, including the long duration and severity of the conflict which had made seriously violent crimes seem commonplace to many Afghans; the fear (especially of women) to approach international organizations, the lack of belief that any action would be taken as a result of reporting, and the shame and dishonour that might be brought on the victim and her family if the offence was made public.

Family reunification

Besides protection, the ICRC also had to cope with particular difficulties when arranging for the reunification of families. In Afghanistan this generally involved transporting vulnerable persons — considered to be unaccompanied women, children under 16 years of age, persons aged over 60 and persons with disabilities — across front lines to reunite them with family members in “safer” areas. Again there were particular problems in transporting women because they were not able to travel by themselves; the ICRC therefore had to bring the women’s male family members to collect them. This was not always possible if the journey involved crossing a front line as the family member’s life could be endangered, a risk which was considered too high. This situation further demonstrated the need for the ICRC to negotiate security measures with the authority in power and highlighted the importance of good information as to the location of front lines.

Dissemination

Throughout the armed conflict the ICRC endeavoured to teach basic humanitarian principles and where possible the rules of war (international humanitarian law) to combatants. The main message passed with regard to women was that as non-combatants women should be protected and respected.¹³ During the years of the Taliban regime when there was little fighting in many Taliban-controlled areas, the main problems for women were related to their essential rights (they were not allowed to work or to be formally educated, had limited freedom of movement, and lacked access to medical facilities). In areas where there was ongoing fighting, women were victims of indiscriminate attacks in that the warring parties considered all people on the “other side” as the enemy, whether or not they were civilians. They were also denied access to medical care, food, shelter, and water — the basic means for survival. The ICRC came up against many difficulties in spreading information in Afghanistan: there was a largely illiterate populace restricted from seeing pictures of the human form, thus limiting the material which would normally be used to convey humanitarian messages to those lacking reading and writing skills; it was very hard to gain access, for dissemination activities, to those who were fighting; and the Taliban’s suspicion as to the purpose of such dissemination activities also hampered efforts. To convey messages about the specific protection of women was also particularly

¹³ In Afghanistan in recent years women have not taken part in the armed conflict as combatants.

problematic because of the whole outcry provoked by the Taliban edicts, which caused the Taliban to distrust and react negatively to any activity that involved discussion of the subject of women. To inform women themselves about the laws protecting them was practically impossible, owing to the fact *inter alia* that women could not gather publicly and were barred from education. As for the issue of sexual violence, even very basic messages about its prohibition were taboo.

Humanitarian assistance

Humanitarian assistance programmes were to some extent easier to carry out, although also subject to Taliban restrictions. For example, for several years the ICRC ran a programme for widows and disabled persons in Kabul, assisting nearly 15,000 widows and 8,000 households headed by disabled persons to try to improve their food security; a project to provide highly nutritional bread (with a low commercial value) for the destitute; a poultry project to provide a source of income for vulnerable persons, improve household economic security and prevent malnutrition; and a kitchen garden programme in Kabul — started in 1998 for widows and households headed by disabled persons who had uncultivated gardens — in order to decrease dependency on food aid, improve food availability, create income, reduce living costs and strengthen coping mechanisms. The ICRC also carried out major food programmes, such as bringing food — rice, wheat and ghee — to remote areas to feed hundreds of thousands of men, women and children.

Female personnel

This article has focused thus far on the impact of the Taliban regime on Afghan women as victims or beneficiaries of ICRC programmes. Another interesting angle is the impact on women as staff of the ICRC. First and foremost there was the situation of the Afghan female staff. Prior to the arrival of the Taliban, the ICRC had employed a significant number of Afghan women in Kabul. Under the decree forbidding women to work (except in medical programmes) it had to replace them with men. However, it continued to pay the salaries of these women and many of them carried out paid work in their homes for the ICRC, for example, doing the laundry of ICRC personnel. It also negotiated with the authorities to allow some of its female Afghan personnel to go and work in Mazar-i-Sharif and Peshawar, Pakistan, where women could be employed in its offices. The ICRC furthermore paid

financial incentives to female hospital employees employed by the authorities in Kabul, thus enabling them to earn some money as salaries were rarely paid. As for international female staff, most of them could not be given a post in Afghanistan because of the Taliban-imposed constraints and/or serious security concerns with regard to women's work in many parts of the country. Much of the ICRC's work is carried out through painstaking negotiation with the parties — all the parties — to an armed conflict. By virtue of being female, the majority of women in the ICRC were precluded from such roles. Not being able to go to a country where the needs of women were so enormous was hugely frustrating for female ICRC staff. Their inability to work there was also harmful for women within Afghanistan, given that any direct assistance was dependent on female humanitarian workers because the interaction of Afghan women with men outside their family was forbidden. Those international women who were able to go to Afghanistan during the Taliban rule worked predominantly in the health sector, where needs were tremendous, but this meant that the possibilities to respond to the other needs of women who were victims of violations, threats, detention or displacement, etc. were limited.

Conclusion

In bringing assistance and protection to women during the Taliban regime, the ICRC constantly had to strike a balance between maintaining international standards for the rights of women and working within the framework of the sensitivities of Afghan culture and the policies of the Taliban authorities. A number of points were pre-eminent for the ICRC, namely to have independent access to female victims of the armed conflict; to make sure that women received the same standard of treatment as men in hospitals and orthopaedic centres supported by the ICRC; to ensure that women were able to work in medical and orthopaedic structures; and to find ways of guaranteeing that ICRC assistance programmes reached female beneficiaries. Working within the constraints imposed by the Taliban regime, the ICRC was able to improve the situation of women to some extent – most notably with regard to detention and access to medical services, but also by bringing vitally needed food, water, hygiene necessities and agricultural supplies to populations in need, including women. Could more have been done? With hindsight, it is easy to say certainly. But in reality, war is uncertain. The ICRC had to juggle many competing humanitarian priorities with limited resources while working in a situation unparalleled in the rest of the world.

It is, however, possible to identify some important lessons learned from that experience. Every crisis situation is different, but past experience can always be used as a guide for future practice, whether by negative or positive example. In the case of the ICRC's work to protect and assist women under the Taliban regime, the following points can be made. Where the ICRC is faced with a regime with extreme policies on women, objectives must be prioritized with a view to bringing assistance to as many war-affected women as possible. This means concentrating on policies and activities which are feasible and effective. Maintaining a dialogue with the authorities is vital to negotiate tenable working conditions. For the ICRC, use of the Fundamental Principles as a platform for negotiations helped to allay the suspicions of the Taliban about humanitarian assistance to women and to secure work for female personnel in medical establishments. The experience in Afghanistan also underscored the need for the ICRC to stay keenly aware of its specific mandate, but to interpret that mandate broadly, so that women whose rights are seriously impaired by armed conflict can seek assistance from it.