

OUR WORLD. VIEWS FROM THE FIELD.

# AFGHANISTAN

OPINION SURVEY, 2009

**This document contains the second set of research results,  
released to coincide with the 60th anniversary of the Geneva  
Conventions. Part 1 was released on 23 June 2009.**



**Our world is in a mess.  
It's time to make your move.**

**Ipsos**



**ICRC**

#### LEGAL NOTICE AND DISCLAIMER

© 2009 Ipsos / ICRC – all rights reserved.

No part of this publication may be reproduced or transmitted in any form or by any means without prior permission from Ipsos and the International Committee of the Red Cross (ICRC).

The opinions expressed in this report do not necessarily reflect those of the ICRC. Ipsos compiled and analysed the results, and is responsible for the content and interpretation.



**ICRC**

International Committee of the Red Cross  
19, avenue de la Paix  
1202 Geneva, Switzerland  
**T** +41 22 734 60 01 **F** +41 22 733 20 57  
E-mail: [shop.gva@icrc.org](mailto:shop.gva@icrc.org) [www.icrc.org](http://www.icrc.org)  
August 2009

# Contents

<b>Executive Summary .....</b>	<b>1</b>
<b>Introduction .....</b>	<b>4</b>
The Solferinos of Today .....	4
Research.....	4
Background & Objectives .....	5
Afghanistan – Research Methodology .....	5
Afghanistan in Context .....	6
The ICRC in Afghanistan.....	7
<b>Part 2-Behaviour During Armed Conflict .....</b>	<b>10</b>
Limits to Behaviour.....	10
Threats to Civilians.....	11
Health Workers and Ambulances.....	13
Health Workers and Services: The Right to Health Care .....	15
The Geneva Conventions.....	16
<b>Appendices .....</b>	<b>18</b>
Sample Profile.....	18
Sampling Details .....	20
Marked-Up Questionnaire .....	21

# **Executive Summary**

## Executive Summary

This research was undertaken in eight countries that are currently experiencing or have experienced armed conflict or other situations of armed violence. The aim was to develop a better understanding of people's needs and expectations, to gather views and opinions, and to give a voice to those who have been adversely affected by armed conflict and other situations of armed violence.

The eight country opinion surveys will be complemented by more in-depth research (qualitative survey).

This research has been commissioned by the International Committee of the Red Cross (ICRC) within the framework of the **Our world. Your move.** campaign. Launched in 2009, the campaign's goal is to draw public attention to the vulnerability and ongoing suffering of people around the world. The intention is to emphasise the importance of humanitarian action and to convince individuals that they have the ability to make a difference and reduce suffering.

2009 is an important year for the International Red Cross and Red Crescent Movement with three significant anniversaries (the 150th anniversary of the Battle of Solferino, the 90th anniversary of the founding of the International Federation of Red Cross and Red Crescent Societies, and the 60th anniversary of the Geneva Conventions).

In 1999, the ICRC undertook a similar survey entitled People on War, which serves as a basis for comparison and as a means of highlighting trends in opinions 10 years on.

## Behaviour During Armed Conflict

### Acceptable Behaviour

Most people in Afghanistan (78%) cite some behaviour that is not acceptable during armed conflict.

As in 1999, people are widely opposed to attacking religious or historical monuments (93% say it is 'not OK' in 2009, 92% in 1999).

Regarding the taking of civilian hostages, 89% are opposed and 87% are against the planting of landmines which could potentially kill civilians, or attacking enemy combatants in civilian towns/villages (86%).

However, more people now see civilians who voluntarily help the enemy as acceptable targets. Forty-five per cent think it is 'OK' to attack those who 'transport ammunition for the enemy' (up from 31% in 1999), and 43% say this of those who 'give food and shelter to the enemy' (against 21% in 1999).

Almost everyone (93%) says that civilians should be left alone or avoided as much as possible in times of armed conflict. Opinions are divided on whether civilians should be spared in all circumstances, or simply 'as much as possible' (46% and 47%). Since 1999, people's views have shifted towards the latter. Very few people (6%) see civilians as equally acceptable targets as combatants – but the figure has risen from 3% in 1999.

## **Health Workers, Ambulances and the Right to Health Care**

There is a general consensus that health workers (65%) and ambulances (60%) should not be targeted in any circumstances.

A quarter (27%) and a third of respondents (32%) respectively say health workers and ambulances can sometimes be acceptable targets for combatants – and often for similar reasons. Firstly, people and vehicles involved in the delivery of health care must be clearly identified as such. Secondly, they must be neutral. Whether it is enemy combatants or civilians who receive treatment is less of an issue.

Similarly, most people (84%) say that health workers should treat wounded civilians from all sides in a conflict. Nine people in 10 (91%) agree that 'everyone wounded or sick during an armed conflict should have the right to health care'.

## **The Geneva Conventions**

One person in three (31%) has heard of the Geneva Conventions. Most of them (70%) feel the Geneva Conventions can be effective 'on the ground' in limiting civilian suffering in times of war.

# Introduction

# Introduction

## The Solferinos of Today

To raise awareness of the impact of armed conflict or other situations of armed violence on civilians, the ICRC decided to launch a vast research programme. This research focused on some of the most troubled places in the world – the Solferinos of today – which are either experiencing situations of armed conflict or armed violence or suffering their aftermath:

- Afghanistan (covered in this report)
- Colombia
- Democratic Republic of the Congo (DRC)
- Georgia
- Haiti
- Lebanon
- Liberia
- The Philippines

## Research

The ICRC commissioned Ipsos, a polling firm, to conduct quantitative (statistical) research surveys in all eight countries. A broadly representative sample of the adult general public was interviewed, either in person or by telephone, in each country. The specific sampling methods and any groups/areas excluded are described in the relevant country reports.

The aim of the questions – given in full together with overall results in the appendices – was to determine whether the respondents had personal experience of armed conflict or armed violence and, if so, the specific impact it had on them. Questions also explored respondents' views on what conduct is acceptable for combatants, the effectiveness of various groups and organizations in helping to reduce suffering during armed conflict or armed violence, the actions expected of the international community, awareness of the Geneva Conventions, and the role of health workers during armed conflict or armed violence.

Details of the survey carried out in Afghanistan are given in the next section.

The eight Ipsos national surveys were but one element of a broader research programme undertaken by and for the ICRC, which also involved:

- **Statistical research carried out (by Ipsos) on the basis of the results of the eight national surveys.** This has yielded powerful insight into the experiences and opinions of civilians in some of the most troubled places in the world. The work was co-ordinated by the Ipsos office in Geneva.
- **In-depth (qualitative) research.** This has enabled the ICRC to deepen its understanding of the values, motivations, fears and aspirations of those who have been direct victims of armed conflict or armed violence. The research was carried out through focus groups and one-to-one in-depth interviews moderated by ICRC staff. Those covered include people separated from other members of



their families, displaced people, first respondents and others directly affected by armed conflict or armed violence.

In 1999, ICRC carried out broadly similar opinion research as part of its People on War project. The programme covered some of the countries being reported on in 2009 – including Afghanistan – and several of the 1999 questions have therefore been revisited in order to provide trendlines. These are highlighted in the report where applicable.

## Background & Objectives

The year 2009 has great significance for the ICRC and the entire International Red Cross and Red Crescent Movement ("the Movement"), as two major anniversaries in the history of humanitarian work will be celebrated:

- **The 150th anniversary of the Battle of Solferino** (24 June 1859). Exactly 150 years ago, Henry Dunant, a Swiss businessman, happened to witness the aftermath of one of the most brutal battles of the 19th century – at Solferino, in what is now northern Italy – and the carnage left on the battle field. The suffering he saw there prompted him to take the first steps towards the creation of the Movement. His book *A Memory of Solferino* led to the founding of the ICRC in 1863. In recognition of his work, Dunant was the joint first recipient of the Nobel Peace Prize, in 1901.
- **The 60th anniversary of the Geneva Conventions** (12 August 1949). The four Geneva Conventions are the cornerstone of international humanitarian law. They protect, respectively, wounded and sick members of armed forces on the battlefield; wounded, sick and shipwrecked members of armed forces at sea; prisoners of war; and civilians in time of war.

To mark these anniversaries, as well as the 90th anniversary of the founding of the International Federation of Red Cross and Red Crescent Societies, the Movement launched a campaign – **Our world. Your move.** – to remind everyone of their individual responsibility to relieve human suffering.

The campaign is based on the premise that **Our world** faces unprecedented challenges, from conflict and mass displacement to climate change and migration; it contends that **Your move** reminds us of our collective responsibility to make the world a better place. Like Henry Dunant, we can all make a difference, even through the simplest of gestures.

Throughout 2009, the ICRC will be undertaking various activities to mark both these historic milestones, by highlighting the ongoing plight of people – particularly those who are most vulnerable – caught up in armed conflict or armed violence around the world.

## Afghanistan – Research Methodology

A total of 535 people aged 18 or over were interviewed in person (face-to-face) during the month of February 2009. Random probability sampling was used to ensure that the final sample would be broadly representative of the Afghan population (aged 18 years or over) as a whole. In addition, the results have been statistically 'weighted' to correct for any discrepancies between the sample profile and that of the equivalent population.

According to 2009 estimates, Afghanistan's population is around 33,000,000. It is heavily skewed towards younger people (the median age is just 18 years old, life expectancy is 45 years for both men and women – and those aged 14 or below make up almost half

the population (45%)). By contrast, those aged 65 or over make up just 2% of the population.

On this basis, this survey of people aged 18 and over is representative of approximately 15,000,000 people.

Because a sample was interviewed – not the whole population – the results are subject to ‘sampling tolerances’. These show how accurately a result from the sample reflects the result that would have been obtained from the whole population had it been interviewed.

Please see the appendices for details on sampling tolerances.

On the charts, a ‘\*’ sign refers to a percentage of less than 0.5%, but greater than zero.

- **Report Structure**

The report has been written to be accessible and relevant.

An Executive Summary with the main findings is followed by the main body of the report, covering each broad subject area in turn. Charts in the report draw on the overall findings from the Afghanistan survey and on a selection of key sub-group comparisons, e.g. between men and women, and between people of different ethnic groups. (Please note that only the Pashtun and Tajik groups can be reliably commented on, as they are the only groups for which we have a large enough number of respondents.)

The Appendices contain the sample profile and ‘marked up’ questionnaire (i.e. the full questions, with overall results for Afghanistan added in – including the 1999 trend comparisons where applicable).

Please note that no country comparisons are made in this report. (These can be found in a separate Summary Report covering all eight countries.)

## Afghanistan in Context

Afghanistan's recent as well as past history has been marked by frequent turmoil. Life in the country has been extremely hard, with the burden of warfare often amplified by periods of drought.

The last 30 years of war in Afghanistan can be divided into several distinct phases:

- The 1979 invasion of the country by the Soviet Union and the decade of war that followed until the Soviet departure in February 1989;
- Three years of armed conflict between the *mujaheddin* (resistance fighters) and the Soviet-supported communist government until its collapse in April 1992;
- Two years of civil war between Afghan factions;
- Five years of fighting between the Northern Coalition – an alliance of factions drawn mainly from Afghanistan's minority populations – and the Taliban, a conservative Sunnite Pashtun group, that draws its name from a Persian word meaning "seekers of the truth" (meaning, in Pashto, "students"). The Taliban forces seized power in Kabul in late September 1996 and were in control of much of Afghanistan until late 2001;

- The armed conflicts initiated in the wake of the attacks on the US on 11 September 2001. After the Taliban refused to hand over Osama bin Laden, accused by the US of masterminding the bombing of their embassies in Africa in 1998 and the attacks on the US mainland on 11 September 2001, the US military launched aerial attacks that paved the way for Afghan opposition groups to drive the Taliban from power. These events were followed by the Bonn Agreement, the setting up of a provisional administration, the presidential elections held in October 2004 and won by Hamid Karzai, the ratification of the Afghan Compact (a cooperation framework with the international community replacing the Bonn Agreement), and the official transfer of power to the elected Afghan government;
- The armed conflict pitting Afghan armed forces supported by international military forces against various Afghan armed factions in the country.

In 2009, the armed conflict in Afghanistan has been intensifying and affecting more areas of the country. Fighting between armed groups and national and international forces has taken place regularly in more than half of Afghanistan's territory. Even provinces not directly affected by the fighting have endured roadside bombs, targeted killings, suicide bombings and deliberate intimidation of civilians. While the south and the south-east remain the regions hardest hit by the conflict, the security situation has also deteriorated in the eastern and in particular the western provinces.

Military operations by international forces have involved aerial bombardments and night-raid operations in the south, west and east. In the north, which had remained calm in recent years, armed confrontations, rocket attacks, ambushes and explosions of roadside bombs increased sharply at the beginning of spring but calmed again at the end of April.

The daily lives of people living in areas where the fighting is taking place are being disrupted by air strikes, night raids, suicide attacks, the use of improvised explosive devices, and intimidation by the various parties to the conflict.

Rising food prices have aggravated the already chronic food insecurity faced by many Afghans. In addition, a drought is expected to affect the planting season.

Political and military developments in Pakistan have continued to destabilize the region.

## The ICRC in Afghanistan

The ICRC has been assisting victims of the Afghan conflict since the 1979 Soviet invasion, initially through its delegation in Pakistan and then through a delegation opened in Afghanistan itself in 1987. It has carried out a broad range of humanitarian activities uninterrupted ever since.

The ICRC continues to respond to the needs of people adversely affected by the armed conflict, though security constraints still limit its operational range and hamper its humanitarian work in many areas. Its current operations focus on:

- Visiting detainees and submitting reports to the detaining authorities on conditions of detention and treatment. In particular, the ICRC has continued its visits to people held by Afghan and US authorities and by the NATO-led ISAF. Ongoing US and ISAF detention in Afghanistan and the transfer of internees from US and ISAF authority to Afghan custody have been the subject of dialogue with

the detaining authorities. These talks have focused on detention conditions, the treatment of detainees and compliance with applicable legal provisions;

- Helping detainees to maintain contact with their families, for example through Red Cross messages and – for internees held in one US-run internment facility – video teleconferencing and face-to-face visits;
- Collecting allegations of violations of international humanitarian law concerning the conduct of hostilities and people not or no longer taking direct part in the hostilities, and reminding all parties (Afghan authorities, international military forces and armed opposition groups) of their obligations under international humanitarian law and, when necessary, making confidential representations to the parties concerned regarding specific cases of violations;
- Assisting the wounded and disabled. In particular, six ICRC physical rehabilitation centres provide services for the disabled all over the country, with emphasis placed on extending services to and improving accessibility from conflict-affected provinces through enhanced patient referral systems, often involving the Afghan Red Crescent Society;
- Supporting hospital care, with emphasis on responding to the needs of conflict casualties and developing, in cooperation with the Afghan Red Crescent, a comprehensive approach to medical assistance, ranging from community-based first aid to surgical care; maintaining support for hospitals in several areas; and coordinating medical and physical rehabilitation programmes for conflict victims in the south and east with similar ICRC programmes in Pakistan's border areas;
- Improving water and sanitation services – for example, by completing urban water-supply projects which have been handed over to the authorities;
- Distributing emergency food and other aid to conflict-affected people;
- Promoting accession to and implementation of treaties of international humanitarian law, and compliance by military forces with that body of law;
- Meeting with representatives of local *shuras* in conflict-affected areas to discuss humanitarian issues;
- Strengthening the Afghan Red Crescent Society through support for first-aid and primary health-care programmes for weapon-wounded patients, and through support for their primary health-care centres in conflict-affected provinces.

In recent months, persistent insecurity and the high number of armed confrontations have continued to seriously impede the ICRC's movements in Afghanistan. Humanitarian aid workers have faced increasing threats to their security, particularly in the south and east, but also in the north, making it difficult for them to carry out their work. Much of southern and eastern Afghanistan, with the exception of the major cities, has remained off limits to ICRC staff, although they have had a greater degree of accessibility elsewhere. The ICRC has relied on an extensive network of Afghan Red Crescent Society volunteers to help the people worst affected by the conflict.

The parties to the armed conflict recognise the ICRC's role and mandate as an impartial, neutral and independent humanitarian organization thanks to the organization's long presence in Afghanistan and the pains it has taken to explain its work. They turn to the ICRC for support and assistance as a neutral intermediary in situations involving the release and handover of prisoners, or the collection, burial and/or repatriation of mortal remains after fighting.

## **Part 2 – Behaviour During Armed Conflict**

## Part 2-Behaviour During Armed Conflict

### Limits to Behaviour

**In Afghanistan, around three quarters of people (78%) say that certain limits should apply to what combatants are allowed to do. Virtually nobody (only 3%) feels that armed conflict should have 'no limits'.**

More people than in 1999 feel that there should be limits for combatants in fighting their enemies (up from 63% to 78% in 2009), but the proportion who say nothing is off limits is effectively unchanged (2% in 1999, 3% now). What *has* changed are the numbers of people who collectively either do not know or who refused to give an answer (down from 35% to 19% in 2009).

Respondents were asked a completely open question, where they were unprompted and free to say whatever came to mind. Of the actions which are felt to be unacceptable, those mentioned the most are 'killing civilians' (cited by 20% of all respondents) and 'killing the innocent' (12%).

One person in five (18%) cites the destruction of buildings/specific areas as unacceptable, and 15% specific types of violence against/injury to people.

What do respondents mention as the basis for imposing limits?

Among those who advocate some limits to behaviour, almost half (48%) say the limits should be imposed on the basis of what is/would be against their religion.

Two fifths (41%) say that certain actions should be forbidden on grounds of human rights.

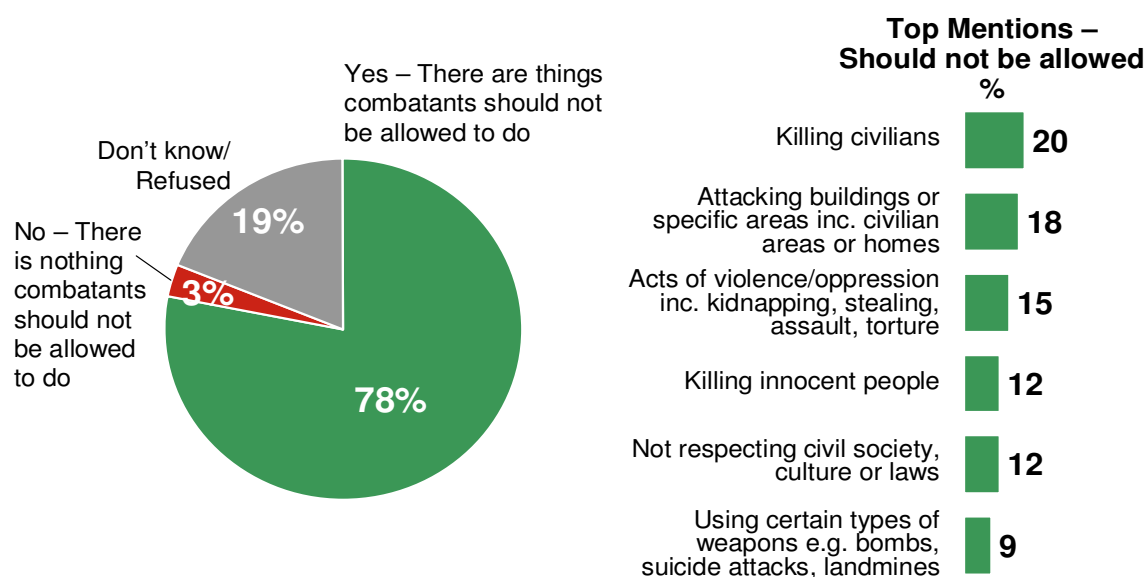
Other bases include the law (37%) and cultural norms (29% – 37% among women).

Personal codes/ethics are mentioned by only 21% of respondents – but are perhaps covered by a combination of the other factors.

Some people feel that certain kinds of behaviour should not be allowed on the basis of the harm they cause. For example, because certain behaviour produces too much destruction (27% say this is a yardstick for actions deemed to be unacceptable) or because it produces too much hate and division (22%).

## Limits to behaviour

Q12. Is there anything that combatants should not be allowed to do in fighting their enemy?



Base: All respondents (535)

Where total does not sum to 100%, this is due to multiple responses, computer rounding or to the exclusion of "don't know" responses

## Threats to Civilians

**In Afghanistan there is clear evidence that attitudes towards civilians who choose to assist the enemy have changed since 1999.**

**Nevertheless, almost everyone (93%) says that civilians should be left alone or avoided as much as possible.**

Respondents were asked if it is acceptable to attack civilians in order to 'weaken the enemy'.

Ninety-three per cent feel that civilians should be either 'left alone' or 'avoided as much as possible'. Very few people (6%) feel that civilians and combatants are equally acceptable targets. However, this figure has doubled from 3% since 1999.

This trend is also evident in the 47% who feel that civilians should be left alone 'as much as possible'. This has risen from 32% in 1999.

Correspondingly, far fewer people in 2009 feel that civilians should be entirely 'off limits' (46% in 2009, against 62% in 1999).

Women take a somewhat less strong view than men. Nevertheless, over half (53%) now say that civilians should be entirely left alone.

The shift in attitudes towards civilians was also apparent when people were asked (as they were in 1999) about the acceptability of specific behaviour of combatants in fighting the enemy.

Increasingly, civilians who voluntarily support the enemy are seen as acceptable targets:

- 45% say it is 'OK' to attack civilians who voluntarily transport ammunition for the enemy. This is up from 31% in 1999.
- 43% say it is 'OK' to attack civilians who voluntarily give food and shelter to the enemy. This has doubled from 21% in 1999.

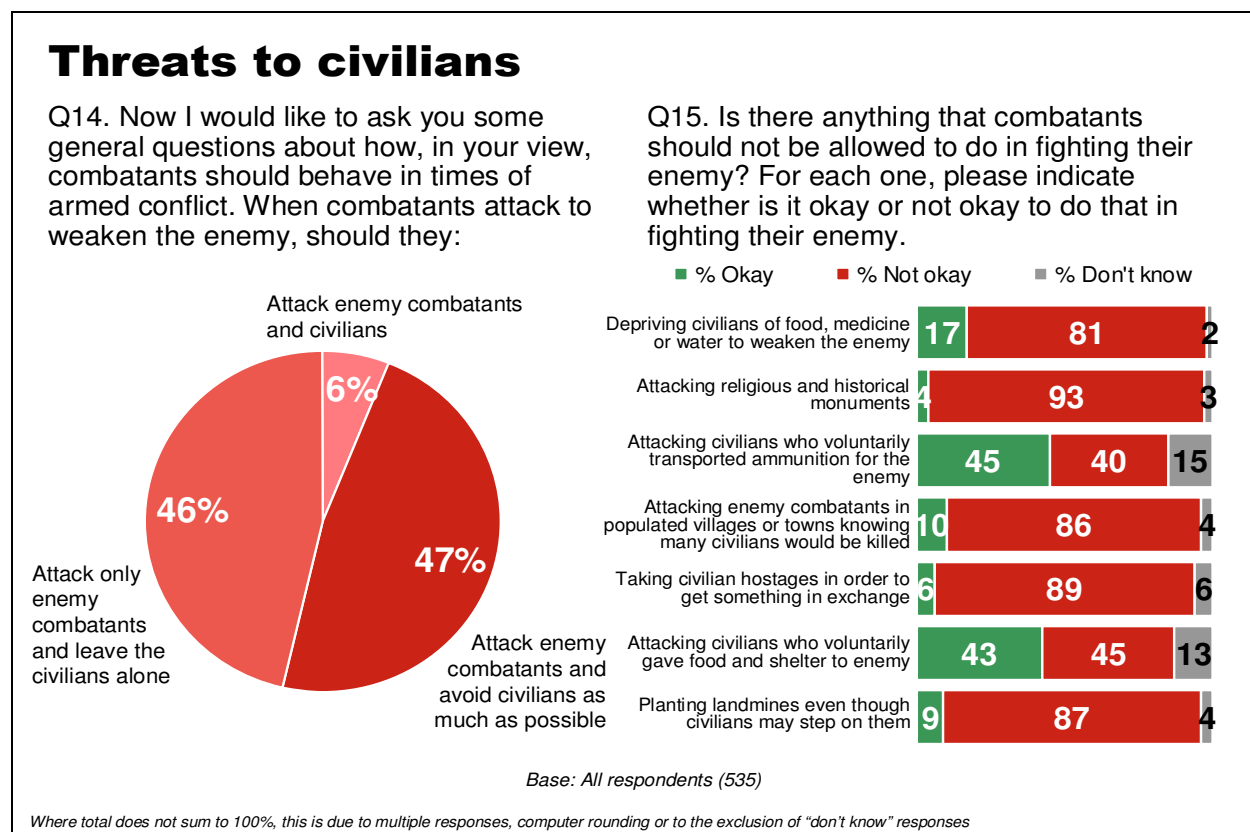
People are also now marginally more willing to see civilians deprived of food, medicine or water in order to weaken the enemy (17% now, 11% in 1999).

It is felt by nearly all that it is unacceptable to:

- attack enemy combatants in villages or towns knowing that many civilians would be killed (86% both in 1999 and 2009).
- plant landmines that may harm civilians (87% in 2009, 86% in 1999).

Almost all respondents are resolute in opposing any attacks on religious and historical monuments: 93% say it is 'not OK' (just 4% say this is 'OK' – exactly the figure recorded in 1999).

Taking civilians hostage in order to get something in exchange is opposed by an overwhelming majority of respondents (89%).





## Health Workers and Ambulances

**There is a general consensus that health workers (65%) and ambulances (60%) should not be targeted in any circumstances.**

**Nevertheless, 27% say that health workers may not be entirely 'off limits' in times of armed conflict, and 32% say that ambulances are not.**

Some people (27%) say health workers may sometimes be acceptable targets for combatants. Women are more inclined to take this view (31%, against 22% of men).

Why might health workers be perceived as vulnerable to attack?

Among the respondents who felt that there are circumstances in which it is acceptable to target health workers, it was felt that they were most vulnerable if not clearly identified as such (52%). Any failure to do so is viewed by many people (particularly women) as a justification for their being targeted.

In addition to making their role clear, health workers must also be seen as neutral in any conflict. Indeed, 'taking sides' is the single most powerful justification (55%) for their becoming acceptable targets.

37% feel it is not acceptable to target health workers treating sick and wounded enemy combatants – and little distinction is made between treating enemy combatants and enemy civilians (35%).

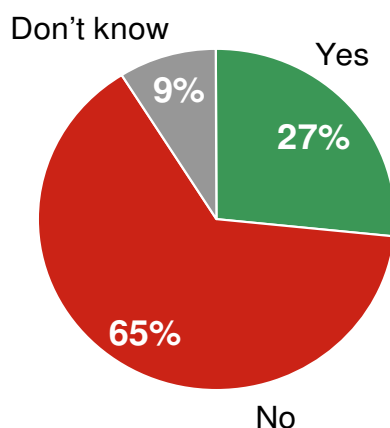
For some people (32%), ambulances might be acceptable targets in times of armed conflict.

Usually, the justification given for targeting an ambulance is if it is used 'for hostile purposes' (68%).

However, any ambulance not clearly identified as such is viewed as an acceptable target by 59% of respondents – far more than those justifying attacks on the grounds that they are carrying enemy combatants (39%) or enemy civilians (26%).

## Targeting health workers

Q16. In a situation of armed conflict, are there any circumstances in which you think it is acceptable for combatants to target health workers?



Base: All respondents (535)

Where total does not sum to 100%, this is due to multiple responses, computer rounding or to the exclusion of "don't know" responses

Q17. In which, if any, of the following circumstances do you think this is acceptable?

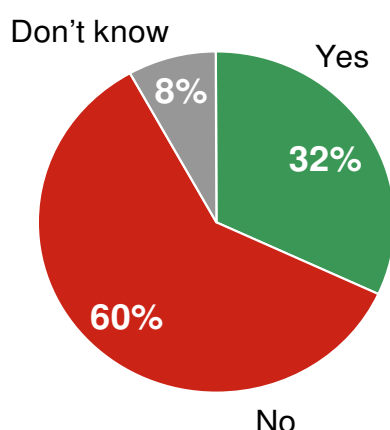
■ % Acceptable ■ % Not acceptable ■ % Don't know



Base: All who think that some circumstances are acceptable to target health workers (145)

## Targeting ambulances

Q18. In a situation of armed conflict, are there any circumstances in which you think it is acceptable for combatants to target ambulances?

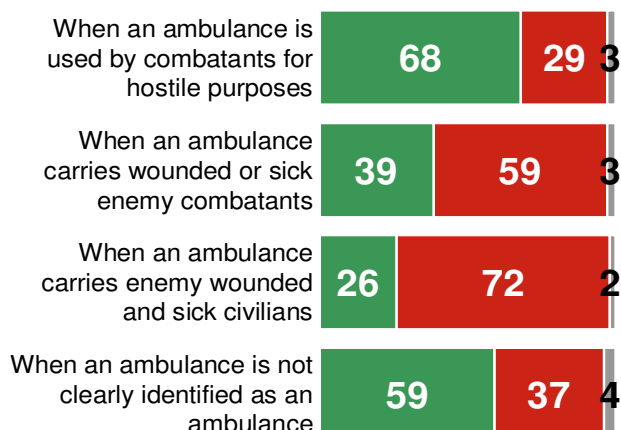


Base: All respondents (535)

Where total does not sum to 100%, this is due to multiple responses, computer rounding or to the exclusion of "don't know" responses

Q19. In which, if any, of the following circumstances do you think this is acceptable?

■ % Acceptable ■ % Not acceptable ■ % Don't know



Base: People who think that some circumstances are acceptable to target ambulances (180)

## Health Workers and Services: The Right to Health Care

**91% of respondents agree that 'everyone wounded or sick during an armed conflict should have the right to health care'.**

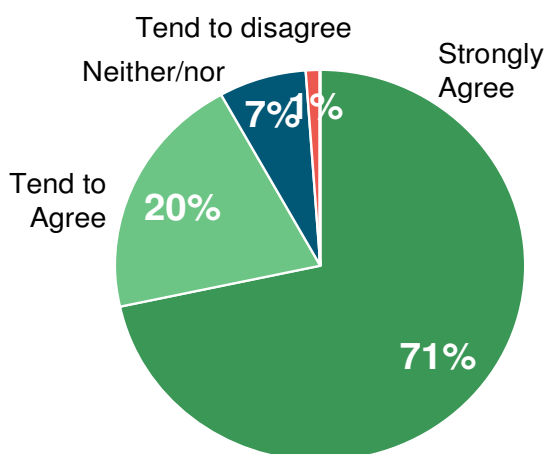
This has to be viewed in the context of a country where lack of health care is a daily reality for many people.

Most people (84%) reject the proposition that health workers should limit themselves to treating only wounded and sick civilians from 'their' side in a conflict. Views are broadly similar among men and women.

Again, the importance of neutrality comes to the fore.

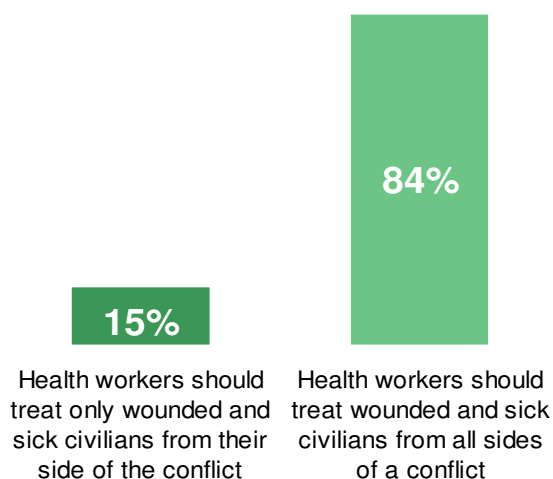
### The right to health care

Q25. To what extent do you agree or disagree with the following statement:  
"Everyone wounded or sick during an armed conflict should have the right to health care"



Base: All respondents (535)

Q26. In the context of an armed conflict, what best describes your personal views:



Base: All respondents (535)

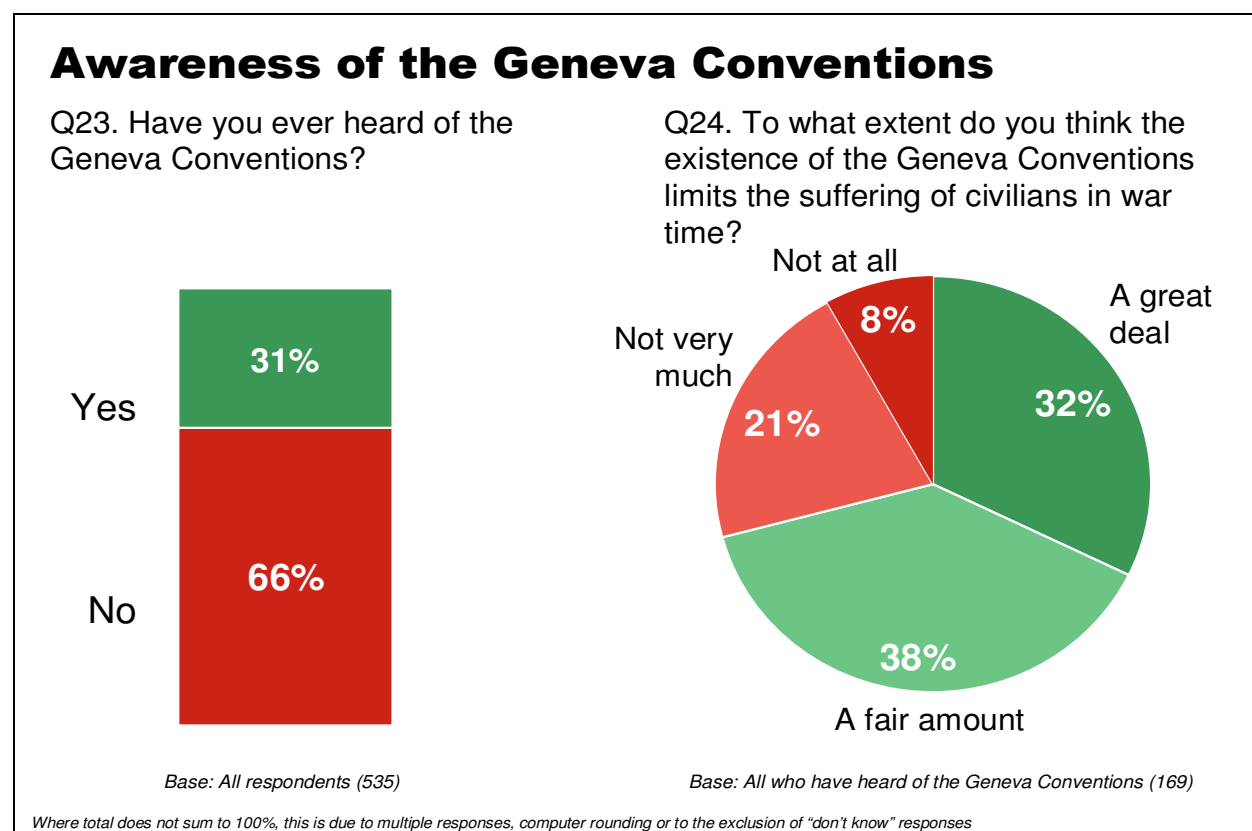
Where total does not sum to 100%, this is due to multiple responses, computer rounding or to the exclusion of "don't know" responses

## The Geneva Conventions

**Only one person in three (31%) has heard of the Geneva Conventions – but among those who have heard of the Geneva Conventions, most (70%) feel they have at least some impact in limiting civilian suffering in war.**

Most people (66%) have not heard of the Geneva Conventions.

70% of those aware of the Geneva Conventions feel they have at least a fair amount of success in limiting civilian suffering in time of war. By contrast, 8% consider they have no impact at all – and a fifth (21%) not very much.



**This summary represents what respondents think of international humanitarian law (IHL), health care and their views on acceptable behaviour during times of armed conflict. Part 1 of this research study, representing the views of respondents regarding the impact of armed conflict or armed violence on their lives, was released on 23 June 2009.**

# Appendices

# Appendices

## Sample Profile

<b>Afghanistan (Weighted Profile)</b>		
	N	%
<b>Total</b>	535	100
<b>Gender</b>		
Male	273	51
Female	262	49
<b>Age</b>		
18-24	167	31
25-29	64	12
30-34	68	13
35-39	52	10
40-44	58	11
45-49	40	8
50-64	63	12
65 or over	22	4
<b>Ethnicity</b>		
Pashtun	241	45
Tajik	194	36
Uzbek	31	6
Turkmen	8	2
Hazara	43	8
Baloch	5	1
Nuristani	2	*
Arab	11	2

<b>Afghanistan (Weighted Profile)</b>		
	N	%
<b>Total</b>	535	100
<b>Area</b>		
Urban	115	22
Rural	420	78
<b>Province</b>		
Kabul	77	14
Kapisa	9	2
Parwan	14	3
Wardak	12	2
Logar	8	2
Ghazni	26	5
Paktia	12	2
Paktika	9	2
Khost	12	2
Nangarhar	31	6
Laghman	9	2
Kunar	10	2
Nooristan	3	1
Badakhshan	20	4
Takhar	20	4
Baghlan	19	3
Kunduz	21	4
Balkh	27	5
Samangan	8	2
Juzjan	11	2
Faryab	21	4

<b>Afghanistan (Weighted Profile)</b>		
	N	%
<b>Total</b>	535	100
<b>Province (cont'd)</b>		
Herat	38	7
Farah	11	2
Nimroz	3	1
Helmand	19	4
Kandahar	25	5
Zabul	6	1
Uruzgan	7	1
Ghor	14	3
Bamyan	10	2
Panjshir	3	1
Dehkundi	10	2

<b>Afghanistan (Weighted Profile)</b>		
	N	%
<b>Total</b>	535	100
<b>Education</b>		
Illiterate	332	62
Up to 5 years	38	7
6-10 years	80	15
11-12 years	75	14
Graduate / Post Graduate	10	2

## Sampling Details

Sampling tolerances vary with the size of the sample and the percentage figure concerned. For example, for a question where 50% of the people in the full sample of 535 give a particular answer, the chances are 95 in 100 that this result would not vary by more than 4 percentage points plus or minus (ie between 46% and 54%) from the result that would have been obtained from a census of the *entire* population (using the same procedures).

Some examples of the tolerances that may apply in this report are given in the table below.

<b>Approximate sampling tolerances applicable to percentages at or near these levels (at the 95% confidence level)</b>			
<i>Unweighted base (535)</i>	<b>10% or 90%</b> $\pm$	<b>30% or 70%</b> $\pm$	<b>50%</b> $\pm$
<b>Size of sample on which survey result is based</b>			
535 (All respondents)	3	4	4
264 (Men affected by armed conflict)	4	6	6
183 (Tajik people affected by armed conflict)	4	7	7
<i>Source: Ipsos</i>			

Tolerances are also involved in the comparison of results between different elements (sub-groups) of the sample – and between the 1999 and 2009 results. A difference must be of at least a certain size to be statistically significant. The table below shows the sampling tolerances applicable to comparisons of sub-groups and between the 1999 & 2009 research.

<b>Differences required for significance at the 95% confidence level at or near these percentages</b>			
<i>Unweighted base (535)</i>	<b>10% or 90%</b> $\pm$	<b>30% or 70%</b> $\pm$	<b>50%</b> $\pm$
<b>Size of 2009 sub-groups and 1999 vs. 2009 samples involved in this survey</b>			
264 (Men affected by armed conflict) vs. 250 (Women affected by armed conflict)	5	8	9
995 (1999 full sample) vs. 535 (2009 full sample)	3	5	5
<i>Source: Ipsos</i>			



## Ipsos / ICRC

### “Our World: Views from Afghanistan”

### Marked-Up Questionnaire

- Interviews with 535 people
- Aged 18+
- Conducted face-to-face, between February the 13<sup>th</sup> and February the 21<sup>st</sup> 2009
- Results are weighted
- 'POW' indicates a question also asked in 1999
- An asterisk ( \* ) indicates a result of less than 1% (but not zero)
- A "n/a" denotes "not asked"
- Base for each question is all (535), unless shown otherwise

#### INTRODUCTION

Good morning/afternoon/evening. I am from Acsor, an independent social research agency. We are conducting interviews in this area would like your help with this. The interview will last around 15 minutes and is about your experiences and opinions on the armed conflict in Afghanistan.

Results for questions Q1 to Q11 representing the views of respondents regarding the impact of armed conflict or armed violence on their lives, were released in Part 1 of this research study, on 23 June 2009.

#### CC) WARFARE / COMBATANTS

##### ASK ALL →

**Q12. Is there anything that combatants should not be allowed to do in fighting their enemy? And what else? (POW)**

OPEN-ENDED QUESTION. DO NOT PROMPT – BUT PROBE FULLY

TOP MENTIONS (> 5% of respondents)	YES
	%
TOTAL MENTIONS - KILLING/ TARGETING CERTAIN KINDS OF PEOPLE	37
Kill civilians	20
Kill the innocent (unspecified)	12
TOTAL MENTIONS - ATTACK BUILDINGS/ DESTROY SPECIFIC AREAS	18
Attack civilian areas	5
Attack civilians' homes	5
TOTAL MENTIONS - TYPES OF VIOLENCE/ OPPRESSION	15

TOTAL MENTIONS - NOT RESPECT CIVIL SOCIETY/ CULTURE/ SOCIETY/ LAWS	12
TOTAL MENTIONS - Infrastructure / Facilities damaged	10
Should be able to get food/ Shouldn't attack food lines/ Block food/ Water	5
TOTAL MENTIONS - TYPES OF WEAPONS	9
Use bombs	5

	%
There is nothing they should not be allowed to do	3
Don't know	19
Refused	0

**ASK ALL WHO ANSWER SOMETHING AT QUESTION 12 →****Q13. And why do you think that combatants should not be allowed to do this? Is that because it...?**

READ OUT. ROTATE ORDER. MULTICODE OK

	<i>Base: All who identify some action/s that combatants should <u>not</u> be allowed to do – 409</i>	
		%
<input type="checkbox"/>	<b>Is against your religion</b>	48
<input type="checkbox"/>	<b>Is against your personal code/ethics</b>	21
<input type="checkbox"/>	<b>Is against the law</b>	37
<input type="checkbox"/>	<b>Is against your culture</b>	29
<input type="checkbox"/>	<b>Is against human rights</b>	41
<input type="checkbox"/>	<b>Produces too much hate and division</b>	22
<input type="checkbox"/>	<b>Produces too much destruction</b>	27
<input type="checkbox"/>	<b>Other (specify)</b>	0
<input type="checkbox"/>	<b>Do not know</b>	9
<input type="checkbox"/>	<b>Refused</b>	0

**ASK ALL →****Q14. Now I would like to ask you some general questions about how, in your view, combatants should behave in times of armed conflict. When combatants attack to weaken the enemy, should they: (POW)**

READ OUT. SINGLE CODE ONLY.

		1999	<b>2009</b>
		%	%
<input type="checkbox"/>	<b>Attack enemy combatants and civilians</b>	3	<b>6</b>
<input type="checkbox"/>	<b>Attack enemy combatants and avoid civilians as much as possible</b>	32	<b>47</b>
<input type="checkbox"/>	<b>Attack only enemy combatants and leave the civilians alone</b>	62	<b>46</b>
<input type="checkbox"/>	Don't know		<b>1</b>
<input type="checkbox"/>	Refused	3	<b>0</b>

**ASK ALL →**

**Q15. Is there anything that combatants should not be allowed to do in fighting their enemy? For each one, please indicate whether it is okay or not okay to do that in fighting their enemy (POW)**

READ OUT. SINGLE CODE EACH STATEMENT

	Okay		Not Okay		Don't know	Refused
	1999	2009	1999	2009	2009	2009
	%	%	%	%	%	%
<b>Depriving civilians of food, medicine or water to weaken the enemy</b> (‘Depriving the civilian population of food and water to gain a military advantage’ in 1999)	11	<b>17</b>	84	<b>81</b>	2	0
<b>Attacking religious and historical monuments</b> (‘Attacking religious monuments, mosques or churches in order to gain a military advantage’ in 1999)	4	<b>4</b>	92	<b>93</b>	3	0
<b>Attacking civilians who <u>voluntarily</u> transported ammunition for the enemy</b> (Not asked in 1999)	31	<b>45</b>	64	<b>40</b>	15	0
<b>Attacking enemy combatants in populated villages or towns knowing many civilians* would be killed</b> (Not asked in 1999)	8	<b>10</b>	86	<b>86</b>	4	0
<b>Taking civilian hostages in order to get something in exchange</b> (Not asked in 1999)	n/a	<b>6</b>	n/a	<b>89</b>	6	0
<b>Attacking civilians who <u>voluntarily</u> gave food and shelter to enemy</b> (Not asked in 1999)	21	<b>43</b>	74	<b>45</b>	13	0
<b>Planting landmines even though civilians may step on them</b> (Not asked in 1999)	11	<b>9</b>	86	<b>87</b>	4	0

**ASK ALL →**

**Q16. In a situation of armed conflict, are there any circumstances in which you think it is acceptable for combatants to target health workers?**

SINGLE CODE ONLY

	%
<input type="checkbox"/> Yes	27
<input type="checkbox"/> No	65
<input type="checkbox"/> Don't know	9
<input type="checkbox"/> Refused	0

**ASK IF YES AT Q16 →****Q17. In which, if any, of the following circumstances do you think this is acceptable?**

READ OUT EACH STATEMENT. ROTATE ORDER. SINGLE CODE EACH STATEMENT

<i>Base: All who think it is sometimes acceptable to target health workers – 145</i>	Yes, Acceptable	No, Not acceptable	Don't Know	Refused
	%	%	%	%
<b>When health workers are treating the enemy wounded and sick <u>civilians</u></b>	35	63	2	0
<b>When health workers are treating the enemy wounded and sick <u>combatants</u></b>	37	61	2	0
<b>When health workers are not clearly identified as health workers</b>	52	44	4	0
<b>When health workers take sides with one party in the conflict</b>	55	40	5	0

**ASK ALL →****Q18. In a situation of armed conflict, are there any circumstances in which you think it is acceptable for combatants to target ambulances?**

SINGLE CODE ONLY

		%
<input type="checkbox"/>	Yes	32
<input type="checkbox"/>	No	60
<input type="checkbox"/>	Don't know	8
<input type="checkbox"/>	Refused	0

**ASK IF YES AT Q18 →****Q19. In which, if any, of the following circumstances do you think this is acceptable?**

READ OUT EACH STATEMENT. ROTATE ORDER. SINGLE CODE EACH STATEMENT

<i>Base: All who think it is sometimes acceptable to target ambulances – 180</i>	Yes, Acceptable	No, Not Acceptable	Don't Know	Refused
	%	%	%	%
<b>When an ambulance is used by combatants for hostile purposes</b>	68	29	3	0
<b>When an ambulance carries wounded or sick enemy <u>combatants</u></b>	39	59	3	0
<b>When an ambulance carries enemy wounded and sick <u>civilians</u></b>	26	72	2	0
<b>When an ambulance is not clearly identified as an ambulance</b>	59	37	4	0

Results for questions Q20 to Q22 representing the views of respondents regarding the impact of armed conflict or armed violence on their lives, were released in Part 1 of this research study, on 23 June 2009.

**EE) GENEVA CONVENTIONS****ASK ALL →****Q23. Have you ever heard of the Geneva Conventions?**

SINGLE CODE ONLY

		%
<input type="checkbox"/>	Yes	31
<input type="checkbox"/>	No	66
<input type="checkbox"/>	Don't know	4
<input type="checkbox"/>	Refused	0

**ASK IF YES AT Q23 →****Q24. To what extent do you think the existence of the Geneva Conventions limits the suffering of civilians in war time?**

SINGLE CODE ONLY

	<i>Base: All who have heard of the Geneva Conventions – 169</i>	%
<input type="checkbox"/>	<b>A great deal</b>	32
<input type="checkbox"/>	<b>A fair amount</b>	38
<input type="checkbox"/>	<b>Not very much</b>	21
<input type="checkbox"/>	<b>Not at all</b>	8
<input type="checkbox"/>	Don't know	1
<input type="checkbox"/>	Refused	0

**FF) MEDICAL MISSION****ASK ALL →****Q25. To what extent do you agree or disagree with the following statement?**

READ OUT STATEMENT. SINGLE CODE ONLY

	<b>Everyone wounded or sick during an armed conflict should have the right to health care</b>	
		%
<input type="checkbox"/>	Strongly Agree	71
<input type="checkbox"/>	Tend to Agree	20
<input type="checkbox"/>	Neither Agree nor Disagree	7
<input type="checkbox"/>	Tend to Disagree	1
<input type="checkbox"/>	Strongly Disagree	*
<input type="checkbox"/>	Don't Know	1
<input type="checkbox"/>	Refused	0

**ASK ALL →****Q26. In the context of an armed conflict, what best describes your personal views:**

READ OUT STATEMENTS. ROTATE ORDER. SINGLE CODE ONLY.

		%
<input type="checkbox"/>	Health workers should treat only wounded and sick civilians from <u>their</u> side of the conflict	15
<input type="checkbox"/>	Health workers should treat wounded and sick civilians from <u>all</u> sides of a conflict	84
<input type="checkbox"/>	Don't know	1
<input type="checkbox"/>	Refused	0

**Demographics****ASK ALL →****Respondent's Gender**

		%
<input type="checkbox"/>	Male	51
<input type="checkbox"/>	Female	49

**ASK ALL →****Respondent's Age**

		%
<input type="checkbox"/>	18-24	31
<input type="checkbox"/>	25-29	12
<input type="checkbox"/>	30-34	13
<input type="checkbox"/>	35-39	10
<input type="checkbox"/>	40-44	11
<input type="checkbox"/>	45-49	8
<input type="checkbox"/>	50-64	12
<input type="checkbox"/>	65 or over	4

**ASK ALL →****Education Level**

		%
<input type="checkbox"/>	Illiterate	62
<input type="checkbox"/>	Up to 5 Years	7
<input type="checkbox"/>	6-8 Years	8
<input type="checkbox"/>	9-10 Years	7
<input type="checkbox"/>	11-12 Years	14
<input type="checkbox"/>	College Graduate	1
<input type="checkbox"/>	Post-Graduate	1

**ASK ALL →****Province**

		%
<input type="checkbox"/>	Kabul	14
<input type="checkbox"/>	Kapisa	2
<input type="checkbox"/>	Parwan	3
<input type="checkbox"/>	Wardak	2

<input type="checkbox"/>	Logar	2
<input type="checkbox"/>	Ghazni	5
<input type="checkbox"/>	Paktia	2
<input type="checkbox"/>	Paktika	2
<input type="checkbox"/>	Khost	2
<input type="checkbox"/>	Nangarhar	6
<input type="checkbox"/>	Laghman	2
<input type="checkbox"/>	Kunar	2
<input type="checkbox"/>	Nooristan	1
<input type="checkbox"/>	Badakhshan	4
<input type="checkbox"/>	Takhar	4
<input type="checkbox"/>	Baghlan	3
<input type="checkbox"/>	Kunduz	4
<input type="checkbox"/>	Balkh	5
<input type="checkbox"/>	Samangan	2
<input type="checkbox"/>	Juzjan	2
<input type="checkbox"/>	Faryab	4
<input type="checkbox"/>	Badghis	2
<input type="checkbox"/>	Herat	7
<input type="checkbox"/>	Farah	2
<input type="checkbox"/>	Nimroz	1
<input type="checkbox"/>	Helmand	4
<input type="checkbox"/>	Kandahar	5
<input type="checkbox"/>	Zabul	1
<input type="checkbox"/>	Uruzgan	1
<input type="checkbox"/>	Ghor	3
<input type="checkbox"/>	Bamyan	2
<input type="checkbox"/>	Panjshir	1
<input type="checkbox"/>	Dehkundi	2

**ASK ALL →**  
**Area**

		%
<input type="checkbox"/>	Urban	22
<input type="checkbox"/>	Rural	78

**ASK ALL →**  
**Ethnicity**

		%
<input type="checkbox"/>	Pashtun	45
<input type="checkbox"/>	Tajik	36
<input type="checkbox"/>	Uzbek	6
<input type="checkbox"/>	Turkmen	2
<input type="checkbox"/>	Hazara	8
<input type="checkbox"/>	Baloch	1
<input type="checkbox"/>	Nuristani	*
<input type="checkbox"/>	Arab	2

- END OF THE QUESTIONNAIRE -

## **MISSION**

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance.

The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles.

Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.

## **ABOUT IPSOS**

Ipsos is a leading international research agency, with offices in over 60 countries worldwide and global reach.

Established in 1975, it conducts qualitative and quantitative research with the private, public and voluntary sectors. One of its key areas of specialization is in social and opinion research. This includes extensive work with a wide range of national and international NGOs, charities and aid organizations.

This study was coordinated by Ipsos Switzerland, with fieldwork in Afghanistan conducted by ACSOR Surveys, based in the country.



