

AFGHANISTAN



+ ICRC delegation + ICRC sub-delegation + ICRC office/presence + ICRC-supported hospital
+ ICRC regional logistics centre + ICRC-supported prosthetic/orthotic centre
 * Hospital run fully by the ICRC ** Map shows structures supporting ICRC operations in Afghanistan

EXPENDITURE (IN KCHF)	
Protection	10,484
Assistance	66,668
Prevention	4,001
Cooperation with National Societies	2,819
General	-

► 83,972
of which: Overheads 5,122

IMPLEMENTATION RATE	
Expenditure/yearly budget	94%

PERSONNEL	
Expatriates	142
National staff (daily workers not included)	1,587

KEY POINTS

- In 2011, the ICRC:**
- carried out regular visits to more than 27,000 detainees in 112 places of detention and maintained constant dialogue with all detaining authorities; monitored the transfer to Afghan authority of people previously held by the international forces
 - provided almost 5,000 people with life-saving care at 4 ICRC-run first-aid posts and many more further afield by training community-based volunteers and weapon bearers in basic first-aid techniques
 - enabled more than 44,000 inpatients and 204,000 outpatients to receive treatment by systematically supporting Mirwais and Shiberghan hospitals, while providing ad hoc supplies and training to other medical establishments
 - with the National Society, provided emergency relief to the most vulnerable, while focusing on improving the livelihoods and preserving the assets of over 104,000 people through agriculture, livestock and micro-loan programmes
 - welcomed Afghanistan's accession to the Convention on Cluster Munitions, while encouraging the government to ratify more IHL treaties
 - reached more than 10 million rural dwellers with "Health Care in Danger" messages via radio

Having assisted victims of the Afghan armed conflict for six years in Pakistan, the ICRC opened a delegation in Kabul in 1987. Its current operations focus on: protecting detainees and helping them keep in contact with their families; monitoring the conduct of hostilities and acting to prevent IHL violations; assisting the wounded and disabled; supporting hospital care; improving water and sanitation services; promoting accession to and implementation of IHL treaties and compliance with IHL by military forces; and strengthening the Afghan Red Crescent Society.

CONTEXT

The year saw an increase in armed clashes and attacks resulting in further casualties and displacement. The fragmentation of the political/military landscape – including the emergence of more armed groups – raised additional challenges for the population and further limited humanitarian access.

The handover of responsibility for security from the international forces to the Afghan National Army (ANA) and Afghan National Police (ANP) began, in line with the planned US withdrawal by 2014. The transfer to Afghan authority of people previously held in the US detention facility at Parwan and the US internment facility at Guantanamo Bay Naval Station in Cuba continued, as did that of those held in field detention sites by several countries in the NATO-led International Security Assistance Force (ISAF).

Localized flooding and drought compounded food and livelihood insecurity in conflict-affected, agriculture-dependent communities.

ICRC ACTION AND RESULTS

Against a backdrop of continued conflict and insecurity, including security incidents directly involving the ICRC, large parts of rural Afghanistan remained, at best, difficult to access. Nevertheless, thanks to the strengthening of partnerships with the Afghan Red Crescent Society and local communities, and through its contacts with all parties to the conflict and their acceptance of its strictly neutral, impartial and independent approach, the ICRC continued to reach vulnerable populations in all 34 provinces. National Society volunteers used their extensive network to assist as many conflict-affected people as possible.

The ICRC documented allegations of IHL violations, making confidential representations to the parties concerned with a view to ending such abuses. Authorities and weapon bearers at all levels were reminded of their obligations under IHL, particularly regarding the conduct of hostilities and their duty to protect people not or no longer participating in the fighting. One such audience was the US armed forces, with which the ICRC pursued an in-depth dialogue. The ANA received support in integrating IHL into its doctrine, training and operations, while ANA and ANP personnel, in training academies and in the field, familiarized themselves with the basic rules of IHL and international human rights law during ICRC events.

Acting as a neutral intermediary, the ICRC was able to collect fallen fighters from the battlefield and hand their bodies over to their families. It also intensified efforts to prevent people from

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		6,512	UAMs/SCs*	
RCMs distributed		8,689		
Phone calls facilitated between family members ¹		6,558		
Reunifications, transfers and repatriations				
Human remains transferred/repatriated		817		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		4,202	Women	Minors
People located (tracing cases closed positively)		3,551	186	483
	<i>including people for whom tracing requests were registered by another delegation</i>	5		
Tracing cases still being handled at 31 December 2011 (people)		770	114	277
Documents				
Official documents relayed between family members across borders/front lines		12		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)²				
ICRC visits				
Detainees visited		27,342	Women	Minors
Detainees visited and monitored individually		3,251	12	160
Detainees newly registered		2,306	6	130
Number of visits carried out		336		
Number of places of detention visited		112		
Restoring family links				
RCMs collected		10,920		
RCMs distributed		4,572		
Phone calls made to families to inform them of the whereabouts of a detained relative		1,233		
Detainees visited by their relatives with ICRC/National Society support		722		
Detainees released and transferred/repatriated by/via the ICRC		1		
People to whom a detention attestation was issued		12		

* Unaccompanied minors/separated children 1. For people in US custody: all detainees known through the authorities' notifications and followed up by the ICRC

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

Main figures and indicators	ASSISTANCE	Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat				
Food	Beneficiaries	237,681	40%	30%
	<i>of whom IDPs</i>	118,069		
Essential household items	Beneficiaries	122,413	40%	30%
	<i>of whom IDPs</i>	112,140		
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	104,002	40%	23%
Water and habitat activities	Beneficiaries	377,711	30%	40%
Health				
Health centres supported	Structures	47		
Average catchment population		231,965		
Consultations	Patients	185,004		
	<i>of which curative</i>		62,982	86,726
	<i>of which ante/post-natal</i>		426	
Immunizations	Doses	169,278		
	<i>of which for children aged five or under</i>	155,347		
	<i>of which for women of childbearing age</i>	13,931		
Referrals to a second level of care	Patients	1,673		
Health education	Sessions	4,166		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat				
Essential household items	Beneficiaries	5,190		
Water and habitat activities	Beneficiaries	21,920		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	7		
	<i>of which provided data</i>	2		
Patients whose hospital treatment has been paid for by the ICRC	Patients	87		
Admissions	Patients	44,212	18,454	10,622
	<i>of whom weapon-wounded</i>	4,932	666	258
	<i>(including by mines or explosive remnants of war)</i>	2,469		
	<i>of whom other surgical cases</i>	13,055		
	<i>of whom medical cases</i>	15,379		
	<i>of whom gynaecological/obstetric cases</i>	10,846		
Operations performed		14,851		
Outpatient consultations	Patients	204,179		
	<i>of which surgical</i>	64,327		
	<i>of which medical</i>	112,476		
	<i>of which gynaecological/obstetric</i>	27,376		

Main figures and indicators	ASSISTANCE	Total	Women	Children
First aid				
First-aid posts supported	Structures	4		
	<i>of which provided data</i>	Structures	4	
Wounded patients treated	Patients	4,922		
Water and habitat				
Water and habitat activities	Number of beds	400		
Physical rehabilitation				
Centres supported	Structures	8		
Patients receiving services	Patients	73,552	12,596	16,735
New patients fitted with prostheses	Patients	1,000	93	96
Prostheses delivered	Units	3,536	271	198
	<i>of which for victims of mines or explosive remnants of war</i>	Units	2,153	
New patients fitted with orthoses	Patients	4,770	967	1,873
Orthoses delivered	Units	10,835	1,845	4,993
	<i>of which for victims of mines or explosive remnants of war</i>	Units	13	
Crutches delivered	Units	10,164		
Wheelchairs delivered	Units	1,075		

being unaccounted for, providing all parties to the conflict, as well as key community and religious figures, with guidelines on the proper handling of unidentified and unclaimed bodies.

People held by the Afghan authorities, the US authorities, NATO/ISAF and armed groups received visits from ICRC delegates, who monitored their treatment, living conditions and respect for their judicial guarantees. Detainees/internees maintained contact with their families through RCMs and/or video calls. Following visits, the ICRC shared its findings and recommendations confidentially with the relevant authorities. The US armed forces, NATO/ISAF and the ICRC continued to discuss detention matters, including the transfer of detainees to Afghan custody. The Afghan authorities rehabilitated prisons and improved inmates' health and hygiene with the help of ICRC expertise.

The medical needs of the growing number of people affected by conflict and/or natural disaster were met in part through a comprehensive approach by the ICRC and the National Society, while complying with Ministry of Public Health policies. Patients were treated at ICRC first-aid posts and ICRC-supported National Society primary health care centres and by National Society/ICRC-trained first-aiders, and were referred for further treatment when necessary, often using ICRC-facilitated transport. Two government hospitals, Mirwais and Shiberghan, continued to receive systematic support, while other hospitals treating the weapon-wounded received ad hoc medical supplies. A new "telemedicine" programme enabled medical staff to interact with counterparts in Switzerland. Dialogue with the parties to the conflict and partnerships with the media endeavoured to raise their awareness of the obligation to protect health care personnel, equipment and establishments. ICRC-run or -supplied physical rehabilitation centres continued to provide services to the disabled.

The National Society and the ICRC distributed food and essential household items to families forced to leave their homes or impoverished as a result of conflict, flood or drought. They also assisted resident communities through a variety of livelihood-support programmes that aimed to help them better protect their assets and generate income. Such initiatives included enhancing agricultural production, boosting livestock health and providing micro-loans for small businesses. Rehabilitation of irrigation infrastructure helped increase food production and improve communities' food security. Projects to improve water quality and sanitation in rural areas and in cities were implemented with ICRC support.

Movement components in Afghanistan continued to coordinate their activities. While preserving its independence, the ICRC maintained close contact with other humanitarian actors to coordinate activities, thus maximizing impact, identifying unmet needs and avoiding duplication. The ICRC assisted the National Society in boosting its capacity to meet the needs of conflict-affected people through financial, material and technical support and training, with additional support from the German, Swedish and Norwegian Red Cross Societies.

CIVILIANS

Civilians continued to bear the brunt of the conflict, with many killed, wounded or forced to flee. People approached the ICRC to report IHL violations. The allegations were systematically followed up confidentially with the relevant parties, although the proliferation of armed groups sometimes hindered such dialogue. Parties were encouraged to take corrective action to prevent the recurrence of such incidents and always to conduct hostilities in accordance with IHL, including meeting their obligations to protect those not or no longer participating in the fighting, to respect the principles of distinction and proportionality, to allow civilians access to basic necessities and to protect medical personnel and infrastructure.

Acceptance of the ICRC by all main conflict parties meant that the organization was frequently requested to act as a neutral intermediary during hostage releases and the handover of human remains to families. For example, in September four abducted Turkish engineers were released under its auspices. It also used its contacts and credibility to facilitate the work of others with purely humanitarian aims, such as medical NGOs.

Family members stay in touch

Dispersed family members, including detainees, used National Society/ICRC services to restore and maintain contact, mainly through RCMs. Families of Afghans held in the Guantanamo Bay internment facility spoke to relatives by telephone and in person to ICRC delegates who had visited them. The National Society continued to strengthen its capacity to restore family links, with ICRC/German Red Cross support.

On a number of occasions, the ICRC also facilitated the recovery and handover to families of fallen combatants. Moreover, conflict parties, community and religious leaders and humanitarian actors received guidelines on handling human remains. Parties also

attended training in the management of data for future identification and the preservation of gravesites, while morgue facilities were rehabilitated.

Conflict-affected civilians' needs better met

Despite insecurity limiting access, large-scale operations continued for conflict-, flood- and drought-affected communities, with the National Society receiving related training. Some 17,487 displaced families (122,413 beneficiaries) used shelter materials and essential household items to improve their living conditions. One-off rations covered the food needs of 129,479 people (18,497 households), IDPs and residents, during the initial weeks following displacement or hardship induced by natural disaster.

Throughout the country, 12,072 families affected by conflict and/or natural disaster worked on community-based projects in exchange for food for themselves and their families (84,759 people). Some rehabilitated roads and canals, others rural irrigation systems, boosting water availability for livestock and agricultural production. To protect valuable livestock in districts outside government control, some 550 farmers learnt about animal husbandry and animal health. In addition, 226,891 animals were de-wormed and 42,489 animals were vaccinated against diseases such as foot-and-mouth. In total, 7,414 households/51,898 people benefited from livestock support, including, in a significant breakthrough, those in Helmand and Urzgan. Projects to secure the livelihoods of other vulnerable households were expanded, including to the urban area of Mazar-i-Sharif. Thus, farmers received training to maximize production using ICRC-donated seed, nut-tree saplings, tools, fertilizer and oil presses, benefiting a total of 4,491 households (31,437 people). As all farmers who had received micro-loans in 2010 to kick-start livelihood activities had paid back their loans, the available capital enabled 2,306 more to start apricot nurseries or produce sesame oil in 2011 (16,142 beneficiaries). Although drought (see *Context*) reduced yields and livestock prices in some areas, food or cash-for-food distributions enabled vulnerable farmers to continue to meet their families' nutritional needs (15,239 people).

Following training, women in 12 northern communities built poultry shelters using ICRC-donated materials and 1,417 disabled patients received schooling, vocational training, job-seeking support and micro-loans, enabling them to open small businesses

and generate income for themselves and their families (another 3,626 people). Homebound individuals and their families received food rations (8,204 people).

Communities enjoy a reliable water supply

Some 377,711 people benefited from the continued rehabilitation of water facilities and an expanding nationwide hygiene-promotion programme, carried out in cooperation with local authorities. In cities, some 157,000 people had access to safe drinking water following repairs to pumping stations. In rural areas, easier water distribution, via hand pumps, improved life for some 220,000 villagers, while some of them learnt how to maintain the pumps.

Civilians access health care

In 2011, direct ICRC support to individual Afghan Red Crescent primary health care centres stopped in favour of the provision of technical support to the National Society at central level in developing its medical logistics capacities. As a result, all 47 centres were supplied with drugs and medical materials in a timely manner, ensuring a consistent standard of patient care in accordance with the government's Basic Package of Health Services. Thus, people in conflict-affected areas were able to attend consultations or be immunized against common diseases. Meanwhile, communities in Kandahar and Jalalabad accessed similar care at three basic health care centres upgraded from ICRC first-aid posts during the year. Following training from the ICRC/Norwegian Red Cross, community-based first-aiders were better prepared to treat patients, providing ante/post-natal care, teaching good hygiene practices and referring patients to secondary-care providers.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees/internees received visits from ICRC delegates, who monitored their treatment and living conditions and respect for their judicial guarantees. The authorities concerned received confidential reports following visits to people in US custody, people in NATO/ISAF custody prior to their transfer to Afghan custody, and people held by the Afghan authorities, including those previously held at the US Parwan detention facility at Bagram airbase and the Guantanamo Bay internment facility. Particular attention was paid to the needs of vulnerable groups such as foreigners, women, minors and the mentally ill. New US troops rotated into the Parwan facility and representatives of the National

PEOPLE DEPRIVED OF THEIR FREEDOM	HELD BY THE AFGHAN GOVERNMENT	HELD BY US FORCES	IN NATO/ISAF CUSTODY PRIOR TO THEIR TRANSFER TO AFGHAN CUSTODY
ICRC visits^{1/2}			
Detainees visited	24,484	2,858	4
Detainees visited and monitored individually	1,032	2,219	4
	<i>of whom women</i>	12	
	<i>of whom minors</i>	44	1
Detainees newly registered	357	1,949	4
	<i>of whom women</i>	6	
	<i>of whom minors</i>	21	1
Number of visits carried out	281	11	44
Number of places of detention visited	100	2	10
Restoring family links			
RCMs collected	1,595	9,325	
RCMs distributed	699	3,873	
Phone calls made to families to inform them of the whereabouts of a detained relative	1,221	12	
Detainees visited by their relatives with ICRC/National Society support	49	673	
Detainees released and transferred/repatriated by/via the ICRC		1	

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

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

Security Directorate attended regular dissemination sessions on ICRC activities for detainees and its standard visiting procedures. Meanwhile, the ICRC continued to seek access to all detainees.

Dialogue between the US authorities and the ICRC continued, including on defining the rights of individual detainees and ensuring they fitted into an adequate legal framework and were provided with the relevant procedural safeguards (see *Washington*). The transfer of detainees and detention facilities from US to Afghan authority and the related challenges, such as the legal framework or detention conditions, also featured prominently in such discussions. In addition, the two parties considered ways to ensure more regular family visits for internees at Parwan detention facility. In all, some 700 inmates at Parwan benefited from such face-to-face visits, with many others making use of video and telephone calls. Other detainees in Afghanistan contacted relatives through RCMs.

US and NATO/ISAF authorities continued to notify the ICRC of new arrests, transfers and releases. Afghan detainees released from Parwan had their transport costs home covered, while one foreign national was repatriated, according to his wishes.

At bilateral meetings, the Afghan authorities and the ICRC discussed judicial guarantees and the provisions of IHL, international human rights law and applicable Afghan law, particularly important during the transfer of responsibility for district and provincial prisons from the Justice Ministry to the Interior Ministry. To advance efforts to improve detention conditions, the Afghan authorities conducted an assessment of the country's detention facilities, with ICRC support, publishing the final report in English and Dari for distribution to stakeholders. Meanwhile, more than 21,900 detainees benefited from the ICRC's rehabilitation of sanitation facilities, kitchens and water supplies. They were better able to protect their health using ICRC-distributed hygiene kits and after attending health-promotion sessions. In line with the Basic Package of Health Services in prisons, detainees were transferred to referral hospitals, when necessary, and prison health staff enhanced their skills at a workshop co-organized by the authorities and the ICRC. Meanwhile, 28 mentally ill detainees accessed appropriate care/treatment through a pilot project at Afghanistan's largest prison, Pul-i-Charkhi, with initial results suggesting an improvement in their condition.

Inmates survived harsh winter conditions using ICRC-donated blankets, warm clothes and personal care items. The ICRC encouraged the authorities to increase detainees' access to educational, vocational and recreational activities, while donations of books, board games, volleyballs and footballs helped break the monotony of their incarceration.

WOUNDED AND SICK

Almost 5,000 weapon-wounded patients in more than 29 provinces were stabilized at four ICRC first-aid posts, while others received treatment at the 47 Afghan Red Crescent primary health centres (see *Civilians*) or from community-based first-aiders, police personnel, including female officers, and other weapon bearers trained by the National Society/ICRC/Norwegian Red Cross. Patients were evacuated to medical facilities in ICRC-funded transport.

Patients in Kandahar relied on the 420-bed Mirwais Hospital, where more than 20 ICRC expatriate staff worked alongside and trained Afghan staff to improve critical services, including surgery, obstetrics and paediatrics, in line with the Essential Package

of Hospital Services. The supply of drugs and consumables to all departments, the construction of an outpatient department, improvements to the wards and the upgrading of water, sewage and electricity infrastructure and roofing enabled the hospital to provide better medical care to a larger number of people. Mirwais had also seen an increase in births, from 700 per month in 2009 to 1,000 in 2011, owing to increasing difficulties for women to access care locally. Additional delivery beds helped the ward meet the demand. Furthermore, a "telemedicine" programme launched with the University Hospital of Geneva, Switzerland, enabled staff from Mirwais to engage with Swiss doctors through videoconferences.

Patients in the north-west attended the 200-bed Shiberghan Hospital, which continued to receive ICRC supplies and support for training – not only for medical/surgical staff, but also for hospital maintenance staff, who in addition received equipment to help them repair infrastructure themselves.

The above support, along with year-round support to their blood banks, helped the Mirwais and Shiberghan hospitals treat 44,212 inpatients and 204,179 outpatients. To assist in developing policies and good practice countrywide, the ICRC offered its expertise during meetings of the national Hospital Management Task Force.

Five other hospitals received supplies to help them cope with mass-casualty influxes, while some 60 surgeons and doctors from government and military hospitals attended emergency-room trauma and war-surgery training.

Disabled people improve their mobility

At eight ICRC-run physical rehabilitation centres, 73,552 disabled Afghans benefited from prosthetic/orthotic devices and physiotherapy. Vocational training, micro-economic initiatives and education programmes helped increase their income-generating ability (see *Civilians*). The centres continued to be managed by disabled employees, who attended professional courses and post-graduate training. Staff at five non-ICRC centres received training and materials supplied by an ICRC-managed component factory. Meanwhile, construction of a new centre in Faizabad continued.

Disabled patients living in remote areas were transported to the physical rehabilitation centres or referred to specialist care. Those with spinal cord injuries continued to benefit from home visits, with the most vulnerable receiving food (see *Civilians*).

AUTHORITIES

Through bilateral meetings, Afghan officials discussed with the ICRC their obligations under IHL, the organization's distinct identity and its need for safe access to people in conflict-affected areas. ICRC-produced publications in local languages supported such meetings and were also provided to diplomats and representatives of international organizations to enlist their support for ICRC activities.

Afghanistan made some progress in terms of IHL implementation, acceding to the Convention on Cluster Munitions. The government also discussed with the ICRC its possible future accession to other IHL treaties, such as the Convention on Certain Conventional Weapons and the Hague Convention on Cultural Property, and took steps towards enacting legislation to repress serious IHL violations. With a view to expediting further progress, key contacts from government ministries and ministerial advisers from academia attended various ICRC conferences held abroad, such as the Third South Asian Conference on IHL in the Maldives (see *New Delhi*).

ARMED FORCES AND OTHER BEARERS OF WEAPONS

All weapons bearers in Afghanistan were reminded of their obligations under IHL (see *Civilians*). By explaining its neutrality and independence, and backing this up with local-language publications, the ICRC sought safe, unhindered access to victims.

The ANA continued implementing the Defence Ministry's policy on integrating IHL into its doctrine, education, training and standard operating procedures. More than 120 ANA instructors honed their teaching skills, and officers of various ranks at training establishments deepened their knowledge of IHL at various ICRC-run courses. A senior officer shared experiences with other military personnel at a high-level course in Geneva, Switzerland. The ICRC also advocated more sustainable steps such as curriculum revision and the drafting of an IHL manual. ANA and ANP officers attended presentations on IHL and humanitarian principles at countrywide dissemination sessions. During such sessions, the ANP command was encouraged to integrate IHL and international human rights law into police doctrine, training and operations.

Members of armed groups also attended dissemination sessions and training in first aid for weapon-wounded.

US armed forces and the ICRC maintained a systematic dialogue on the conduct of hostilities and detention matters, while NATO/ISAF and the ICRC discussed the transfer of detainees to Afghan custody (see *People deprived of their freedom*). At pre-deployment exercises, American, Canadian and European troops were briefed on the Movement and IHL.

CIVIL SOCIETY

Afghan Red Crescent volunteers honed their communication skills at ICRC-run training sessions, enabling the National Society to increase its support to ICRC efforts to promote humanitarian principles and neutral, impartial and independent humanitarian action and to enhance its own awareness-raising activities.

Influential community leaders, such as elders, teachers, members of *shura* councils and representatives of NGOs, learnt more about the Movement and basic IHL during bilateral meetings, presentations and round-tables, supported by local-language publications.

Media correspondents produced articles and features accurately covering humanitarian issues and Movement activities, drawing on ICRC briefings and press releases. Furthermore, the BBC World Service worked with the ICRC to broadcast messages promoting safe access to health care through local-language radio programmes listened to by millions.

To stimulate interest in IHL, university lecturers were given teaching resources, while two of them took an online postgraduate diploma course. Meanwhile, students attended ICRC-run events and participated in a regional moot court competition.

RED CROSS AND RED CRESCENT MOVEMENT

The Afghan Red Crescent remained the ICRC's main operational partner in providing relief and medical care to conflict victims, many of whom were beyond the reach of other humanitarian actors (see *Civilians* and *Wounded and sick*). It received technical, financial and material support for these and other activities benefiting conflict victims and for its own institutional development.

Heads of branches and regional offices and other National Society staff attended workshops on management in general and on volunteer management in particular, the latter with additional support from the Swedish Red Cross, while office equipment made day-to-day administrative tasks easier. Training in the Safer Access approach and four motorbikes improved operational reach.

Movement partners in Afghanistan met regularly to coordinate activities.