Victim Assistance in Afghanistan: then and now

Afghanistan	1	2	3	4	5	6
According to original study						•
According to LM 2002						
According to LM 2003						•

Key Developments (LM 2002): Afghanistan has experienced dramatic political, military, and humanitarian changes. The cabinet approved Afghanistan's accession to the Mine Ban Treaty on 29 July 2002 and the following day the Minister of Foreign Affairs signed the instrument of accession on behalf of the Transitional Islamic State of Afghanistan.

Mine action operations were virtually brought to a halt following 11 September 2001. The mine action infrastructure suffered greatly during the subsequent military conflict, as some warring factions looted offices, seized vehicles and equipment, and assaulted local staff. Four deminers and two mine detection dogs were killed in errant U.S. air strikes. Military operations created additional threats to the population, especially unexploded U.S. cluster bomblets and ammunition scattered from storage depots hit by air strikes, as well as newly laid mines and booby-traps by Northern Alliance, Taliban, and Al-Qaeda fighters. A funding shortfall for the mine action program in Afghanistan prior to 11 September 2001 had threatened to again curtail mine action operations. But since October 2001, about $64 million has been pledged to mine action in Afghanistan. By March 2002, mine clearance, mine survey, and mine risk education operations had returned to earlier levels, and have since expanded beyond 2001 levels.

In 2001, mine action NGOs surveyed approximately 14.7 million square meters of mined areas and 80.8 million square meters of former battlefield area, and cleared nearly 15.6 million square meters of mined area and 81.2 million square meters of former battlefields. Nearly 730,000 civilians received mine risk education. A total of 16,147 antipersonnel mines, 1,154 antivehicle mines, and 328,398 UXO were destroyed. In all of these activities, 95 to 99 percent of the actions were completed prior to 11 September 2001.

Indicator 1: The extent to which information on mine victims' demographics and needs is available.
According to original indicator study:
The 1998 Mine Clearance Planning Agency (MCPA) "Socio-economic Impact Study of Mine Action Operations, Afghanistan (SEIS)" estimates that between there are between 90,000-104,400 mine victims in Afghanistan, based on an average rate of 14-16 victims per day for the 18 years since major mining started. According to the SEIS report, effective mine action programs had reduced the toll by fifty percent, to 10-12 people per day as of June 1998. LM 2000 reports that the casualty rate is now between 5-10 per day, and that almost 50% of landmine victims are still believed to die due to lack of medical facilities at an early stage of the injury. The Mine Action Program for Afghanistan (MAPA) recorded 1,771 landmine casualties (including injuries and deaths) in the thirteen months from January 1999 through January 2000. The Afghan Campaign to Ban Landmines conducted a sixteen-month survey of landmine victims from January 1999 through April 2000. It recorded 2,004 mine casualties (1,831 wounded and 173 deaths) and provides detailed victim demographics.

Information on mine victims treated at ICRC hospitals in Kabul and Khandahar and at Quetta (on the Afghan border of Pakistan) are fed into the ICRC War Wound Surgical Database. As well, the ICRC is currently expanding the use, by hospitals and community volunteers, of an adapted version of the WHO Injury Surveillance tool to collect mine injury data into 11 provinces. LM 2000 reports joint plans of WHO, ICRC and MAPA for systematic mine casualty data collection.

According to LM 2002:
The collection of comprehensive landmine casualty data in Afghanistan remains problematic, due in part to transportation constraints and the time needed to centralize all the information. Nevertheless, data is available on reported landmine casualties, giving an indication of the extent of the problem. However, it is believed that approximately 50 percent of mine victims die before reaching a medical facility so are unlikely to be reported.

As of February 2002, the ICRC had identified 1,218 new landmine/UXO casualties throughout Afghanistan in 2001; this was later updated to 1,348 new casualties as additional information became available.[102] The ICRC data does not include casualties who died before reaching medical assistance; consequently, only 5.1 percent of the recorded casualties were deaths, or 62 people, which was a similar fatality rate to that recorded by the ICRC in 2000.

Of the initial 1,218 casualties recorded, 638 (52.3 percent) were children under the age of 18. Men and boys accounted for 1,115 (91.5 percent) of the total casualties, while 6 percent were girls under 18 years of age, and only 2.4 percent were women. In Afghan society, the active labor force is predominantly male, and women are not very involved in outdoor activities. A total of 65.5 percent of the people injured were tending animals, farming, traveling, collecting wood/water/firewood, and other productive activities at the time of the incident.

Of the 1,218 casualties, the type of device causing the incident was identified for 1,110: landmines 472 casualties, UXO 476 casualties; antivehicle mines 35 casualties; booby-traps 14 casualties; fuses 50 casualties; and cluster munitions 63 casualties. Of the 63 cluster munition casualties, 48 occurred between October and December 2001.

In 2000, the ICRC recorded 1,114 mine and UXO casualties throughout Afghanistan, while MAPA recorded 1,003 casualties.[103] The ICRC recorded 1,368 new landmine and UXO casualties in Afghanistan in 2001, but that number is not comprehensive.

In the period January to June 2002, the ICRC has collected data on 658 new landmine/UXO casualties in Afghanistan, of which 91.9% are civilians. Of the total casualties reported, 5.9 percent (about 39) were killed, and almost half of the reported casualties, 323, were children. Antipersonnel landmines were responsible for 31.8 percent of the casualties.[104]

As of June 2002, the ICRC database contained information on 5,168 mine/UXO casualties between March 1998 and June 2002, plus more than 1,500 casualties recorded of people injured between 1980 and 1998.[105] Data collection in an on-going process and statistics are continually updated as casualties, both new and from previous periods, are identified.

MAPA receives data on new casualties from the ICRC, Handicap International Belgium, and Save the Children Fund-U.S. In 2001, 928 mine/UXO casualties were recorded in the MAPA database: 64 people were killed, 300 required an amputation, and 564 received other injuries. Of the 928 casualties, 848 were male and 80 female. Casualty data was collected in the provinces of Kabul, Parwan, Kapisa, Wardak, Logar, Ghazni, Nangarhar, Takhar, and Baghlan. Data gathering activities were restricted after the events of 11 September 2001.[106] MAPA receives 80 to 90 percent of its data from the ICRC. In addition, for the period January to 11 September 2001, Handicap International Belgium collected data on 161 new mine/UXO casualties, which were transmitted to MAPA.[107] The discrepancy in casualties recorded in 2001 may be caused by a time delay in recording available data.

Initially, the ICRC was only collecting casualty data from 36 ICRC supported health facilities in the Kabul region. However, in order to better understand the mine problem, data collection was expanded to over 300 health facilities with the support of several organizations, including the Ministry of Public Health (MoPH), Afghan Red Crescent Society, International Federation of Red Cross and Red Crescent Societies, Aide Medicale International, Healthnet, Ibni Sina, Mercy Committee International, Afghan Health and Development Services, Norwegian Afghanistan Committee, and Swedish Committee for Afghanistan.[108]

Since January 2002, the ICRC has initiated community-based data gathering in all mine-affected areas of Afghanistan, except the Kandahar region where Handicap International Belgium has been involved in community-based data collection since 1998. Using a 10-person team the ICRC Mine Data Collection Program includes: interviewing mine/UXO casualties in hospitals and clinics; providing training on mine victim data collection; managing the database; producing statistics and analytical reports; preparing/collection of reports about suspected minefields; and cooperation and coordination with other mine action organizations.[109]

In 2001, as of August, six deminers/surveyors had been injured during demining operations. MAPA's record of demining accidents indicates that from 1990 to August 2001**,** 59 deminers/surveyors were killed and 552 injured

during mine clearance operations.[110] In December 2001, one deminer working with HALO was killed and three injured in an accident while clearing a Taliban ammunition dump hit by a coalition air strike.[111]

In 2002, foreign nationals in Afghanistan have been killed and injured while engaged in mine or UXO clearance and disposal. In March, three Danish and two German peacekeeping soldiers were killed and another eight injured while destroying missiles at a munitions dump in Kabul. In April, four U.S. EOD soldiers were killed and one injured in an explosion that may have been caused by a booby-trap. In an early accident in February, the commander of the unit was injured after stepping on a fuze.[112] And in May 2002, a Bosnian demining specialist lost a foot after stepping an antipersonnel mine.[113]

Since the U.S.-led ground war in Afghanistan, several soldiers have been killed or injured in landmine incidents. In December 2001, four U.S. soldiers and one British soldier were injured; two of the victims had a foot amputated.[114] Between January and March 2002, one Australian soldier was killed and another injured, while one U.S. soldier was killed and three injured, in landmine incidents.[115] There are also reports of Afghan soldiers fighting with coalition forces falling victim to landmines. In March 2002, two Afghan soldiers were killed and another two injured in a mine blast,[116] and in April another Afghan soldier was killed when his vehicle hit a mine near Kandahar.[117]

The ICRC recorded 1,368 new landmine and UXO casualties in Afghanistan in 2001, but that number is not comprehensive.

According to SC report from Feb 2003:
There are more than 100,000 victims in the country. Injuries occur at a rate of 150-300 per month. A working group on survey and surveillance has been established at the Mine Action Center.

Indicator 2: The extent to which a national disability coordination mechanism exists and recognizes mine victims. [1]
According to original study:
A WHO/ICRC Strategic Framework for Planning Integrated Mine Victim Assistance Programmes is being developed in Afghanistan. Meetings to establish a multi-party national coordination group are planned for July 2000. The Comprehensive Disabled Afghans' Program (CDAP) established by UNDP in 1995, takes a lead role in the coordination of all international and national agencies and in the formulation of disability policy and strategy in Afghanistan.

According to LM 2002:
In 2002, CDAP is working with the new Afghan government through the Ministry of Martyrs and Disabled with the aim of building national capacity in the field of disability and the establishment of a national coordination mechanism.[127]

According to SC report from Feb 2003:
The coordination body formed through the Ministry of Martyrs and Disabled includes representatives of survivor groups, NGOs and UN agencies.

Indicator 3: The extent to which services for the medical care and rehabilitation of mine victims are available. [2]
According to original study:
LM 1999 reports that first aid is provided by the ICRC and that surgical facilities are provided by ICRC hospitals at Kabul, Khandahar and at Quetta (on the Afghan border of Pakistan), by the Kuwait Red Crescent Society Hospital, and by the Guardians (local counterpart of HI). Prosthetics and rehabilitation services are provided by ICRC orthopedic centres in Kabul, Mazr-i-Sharif, Jalabad and Gulbahar, and through projects of the Guardians, Coordination of Humanitarian Assistance, Swedish Committee for Afghanistan, Amputee Bicyclist for Rehabilitation and Recreation, and Sandy Gall's Afghanistan Appeal.

According to LM 2002:
Decades of conflict have had a severe impact on health care in Afghanistan: the health infrastructure was damaged or destroyed; health care workers disappeared without being replaced, while at the same time the demand for care increased. Afghanistan has 17 national, 9 regional, 34 provincial and 41 district hospitals, along with a network of 365 basic health care centers and 357 health posts. However, of the available 8,333 hospital beds, 50 percent are in the capital, Kabul; 20 percent of districts have no health care facilities.[119] According to the World Health Organization (WHO), 65 percent of Afghans do not have access to health facilities.[120] As previously reported, it is

believed that as many as 50 percent of mine victims die before reaching a medical facility due to the lack of emergency medical care or an adequate evacuation/transport system to a suitably equipped health facility. In many mine-affected areas no regular ambulance service exists and the roads are in poor condition or non-existent. It has been reported that sometimes casualties are transported by donkey or pack mule.[121] According to the WHO, one of the priorities in Afghanistan should be establishing and strengthening of emergency health services with the appropriate geographic coverage.[122]
In 2001, the ICRC supported up to sixteen first aid posts and clinics with supplies, and more than 25 hospitals were regularly supplied with surgical materials. In addition, the ICRC has been providing surgical training in emergency techniques to Afghan surgeons for nearly ten years.[123] Médecins sans Frontières (MSF) provides essential medical aid in Afghanistan, with a team of more than 50 expatriate staff and over 400 Afghan staff working from Herat, Mazar-i-Sharif, Taloqan, Kabul, Faizabad and Jalalabad. MSF's program supports emergency interventions, surgical care, general health care, and safe blood transfusions in several hospitals and health clinics throughout Afghanistan.[124]

The Italian NGO Emergency has operated surgical centers in Anabah since 1999 and Kabul since April 2001, providing emergency medical care, surgery, physical rehabilitation, psychological support and social reintegration programs for victims of war, including mine victims. In 2001, the Anabah Center provided assistance to 1,106 surgical patients, of which 87 were landmine victims. In Kabul, activities were suspended from 17 May to the beginning of November. Since November 2001, 242 surgical patients were assisted, of which 33 were mine victims.[125]

The Comprehensive Disabled Afghans' Program (UNOPS/CDAP) operates a community-based rehabilitation program that reaches about 25,000 disabled persons a year, including landmine survivors, in almost 45 urban and rural districts of Afghanistan. UNOPS/CDAP's main area of work includes orthopedic services, physiotherapy, employment support, home-based therapy, and special and primary education. In 2001, approximately 400 paid staff and a network of approximately 1,000 community volunteers were engaged in the program. UNOPS/CDAP's budget for 2001 was about $1.2 million and the main donors were UNDP, Canada, Sweden, Netherlands, Norway, Japan, and the United Kingdom. The ICRC operates prosthetic/orthotic centers in Kabul, Herat, Mazar-i-Sharif, Jalalabad, Gulbahar, and a new center in Faizabad which opened in August 2001. Most of the staff at the centers are disabled Afghans, including landmine survivors. In 2001, physical rehabilitation services were provided for patients, including the supply of 3,985 prostheses, of which 76% were for mine victims. In addition, approximately 400 ICRC-produced components were supplied to centers assisted by the Swedish Committee for CDAP in Ghazni and by Guardians in Kandahar. The ICRC socio-economic program for people with disabilities resulted in jobs for 78 disabled persons, 57 young disabled people received vocational training, 493 children attended public schools and 61 children attended home classes, and 376 micro-credit programs were provided for new activities. Although all ICRC expatriate staff left the country between September and November 2001, there was no interruption to services as national staff continued the fitting of patients and successfully protected the equipment and premises.[128]

Sandy Gall's Afghanistan Appeal (SGAA) engages in physical rehabilitation for disabled persons, including the prosthetics, orthotics and physiotherapy, with a staff of over 100 technicians and support staff. It has a rehabilitation center in Jalalabad, Nangarhar province, five outreach units in Kabul and one in Peshawar (Pakistan). Funding for the program comes from the Diana, Princess of Wales Memorial Fund, the Community Fund in the UK, the European Union, UNICEF, and private donors. In March 2002, training commenced for 16-20 candidates in a three-year physiotherapy training course in Jalalabad.[129]

Guardians provide physical rehabilitation services to people with disabilities, including landmine survivors, and limited health services. Its main rehabilitation center/orthopedic workshop is located in Kandahar and it has two health units in Quetta (Pakistan). Since June 2001, Handicap International Belgium (HIB) has been working with Guardians in Kandahar. HIB is responsible for the production of orthoses, wheelchairs and walking aids, while Guardians produces and fits prostheses. Up to 11 September 2001, HIB produced 48 wheelchairs, 1,236 walking aids, and provided support to the physiotherapy department. HIB also assisted disabled Afghan refugees in camps in Baluchistan province, Pakistan. Activities focused on physiotherapy visits and the production of 82 walking aids and 20 pairs of crutches.[130]

The International Assistance Mission (IAM) provides a variety of rehabilitation services to disabled people in Afghanistan including landmine survivors. It operates the Noor Eye hospital in Kabul and eye clinics in Herat and Mazar-i-Sahrif and provides financial and technical support to the Physiotherapy School of Kabul and the Blind School of Kabul as well as providing limited vocational training and primary mental health care.

The WHO Assessment report stated that "the international aid and donor community have immense responsibilities to ensure that the health needs of Afghans are being addressed, and met accordingly."[131] Early indications suggest that donor funding is being made available to support landmine survivor assistance programs in 2002 and beyond. Details are not available to Landmine Monitor on all new programs to be introduced; however, at least two programs will assist mine survivors in 2002. In January 2002, an Indian orthopedic team arrived in Kabul with 1,000 prostheses for Afghan amputees, which will be fitted free of charge. The Indian government funded the project, with the prostheses provided by the BMVSS charity from Jaipur. Each prosthetic leg comes with the so-called Jaipur foot, specially designed for rough or hilly ground.[132] And in May 2002, the Association for Aid and Relief-Japan (AAR) started a physiotherapy program in Takhar province to assist disabled persons, including landmine survivors.[133]

Indicator 4: The extent to which services for the social and economic reintegration of mine victims are available[3]

According to original study:
LM 1999 reports that economic reintegration and employment support services are provided by Radda Barnen (CDAP), Swedish Committee for Afghanistan (SCA), and Agency for Rehabilitation and Energy Conservation in Afghanistan (AREA). A community-based rehabilitation program, operating in 66 districts, is coordinated under the Comprehensive Disabled Afghans' Program (CDAP) established in 1995 by UNDP.

According to LM 2002:
It has been estimated that 4 percent of the Afghan population is disabled as a result of landmines and UXO, armed conflict, accident or illness. Only 60 out of 330 districts have rehabilitation or socioeconomic reintegration facilities for the disabled and even in those districts the needs are only partially met.[126] National and international NGOs and agencies play an important role in the delivery of assistance to disabled persons including landmine survivors in Afghanistan. Prior to 11 September, approximately 26 organizations and NGOs provided assistance to disabled persons. However, only six of these organizations were actively and directly involved in providing various types of assistance to disabled persons, including landmine survivors.

According to SC report from Feb 2003:
Continued support is needed for victim assistance programs not only for medical clinics to help survivors but also for psychological rehabilitation and support for the survivors to continue to work and contribute to society. In the case of male heads of households they must be able to find a means to provide for their families.

Indicator 5: The extent to which mine victims are protected and supported by effective laws and policies[4]
In LM 1999, the Afghan Campaign to Ban Landmines reports there are no laws to protect the rights of persons with disabilities.

According to LM 2002:
No information available.

According to SC report from Feb 2003:
The government is working with the Afghanistan Campaign to Ban Landmines to sensitize government officials and the Afghan public to the needs of survivors through workshops and information campaigns.

Indicator 6: The extent to which there is a disability community advocacy network.
According to original study:
No information available.

According to LM 2002:
No information available.

According to SC report from Feb 2003:
Survivor groups exist.

Endnotes:
[102] Email to Landmine Monitor (HRW) from ICRC Legal Adviser, 8 August 2002.

[103] See *Landmine Monitor Report 2001*, p. 513.
[104] ICRC Mine Action Program, *ICRC Mine Data Collection Programme Semi Annual Report January-June 2002*, Kabul, June 2002.
[105] Ibid.
[106] Email to Landmine Monitor from Noorul-Haq, Projects Coordinator/Deputy Director, Mine Clearance Planning Agency (MCPA), Kabul, 24 June 2002.
[107] Email to Landmine Monitor from Pascal Marlinge, Program Director for Afghanistan, Handicap International Belgium, 26 June 2002.
[108] ICRC Mine Action Program, *ICRC Mine Data Collection Programme Annual Report January-December 2001*, Kabul, February 2002.
[109] Ibid.
[110] MAPA, Monthly Progress Report for August, 15 October 2001, p. 3.
[111] Email to Landmine Monitor (HRW) from Tom Dibb, HALO, 19 July 2002.
[112] Matthew Cox, "Booby-Trap Might Have Killed EOD Soldiers," *Army Times*, 29 April 2002.
[113] "Bosnian de-miner loses foot in Afghan blast," *Agence France Presse*, 11 May 2002.
[114] Doug Mellgren, "U.S. Marine Loses Foot in Blast," *Associated Press*, 17 December 2001; and "Second U.S. Serviceman Loses Foot in Mine Blast," *Reuters*, 19 December 2001.
[115] "First Australian Soldier Killed in Afghanistan," *Reuters*, 16 February 2002; Mark Forbes, "SAS destroys weapons stashes," *The Age*, 23 January 2002; "American soldier killed in Afghan land mine blast," *CBC*, 28 March 2002; and "U.S. Soldier Injured by Land mine in Afghanistan," *Reuters*, 12 February 2002.
[116] "Canadians won't be deterred by 'mad bomber'," *CBC*, 3 March 2002.
[117] John O'Callaghan, "Afghan Soldiers Killed by Landmine, Grenade," *Reuters*, 10 April 2002.
[118] See also *Landmine Monitor Report 2001*, pp. 514-517.
[119] World Health Organization (WHO), *Reconstruction of the Afghanistan Health Sector: A Preliminary Assessment of Needs and Opportunities December 2001 – January 2002*, Regional Office for the Eastern Mediterranean, Cairo, 2002, Document WHO-EM/EHA/003/E/G/01.02, pp. 2-4.
[120] WHO health update Afghanistan, 5 April 2002, at http://usinfo.state.gov/regional/nea/sasia/afghan/text/0405hcaid.htm (accessed 21 June 2002).
[121] Theo Verhoeff, Director of Physical Rehabilitation Programs, ICRC, address to the Standing Committee on Victim Assistance and Socio-Economic Reintegration, Geneva, 29 January 2002.
[122] WHO, *Reconstruction of the Afghanistan Health Sector,* 2002, pp. 8-9.
[123] Theo Verhoeff, ICRC, address to the Standing Committee on Victim Assistance, 29 January 2002.
[124] "More than 50 MSF international aid workers inside Afghanistan," http://www.msf.org (accessed 21 June 2002); see also "Regional Update: September 25, 2001, MSF Programs in Afghanistan, Pakistan and Iran," http://www.doctorswithoutborders.org/news/2001/aip_09-2001.shtml (accessed 21 June 2002).
[125] Email to Landmine Monitor researcher for Italy from Giorgio Raineri, Emergency, Milan, 16 May 2002; and response to Landmine Monitor Survivor Assistance Questionnaire, 24 April 2002.
[126] WHO, *Reconstruction of the Afghanistan Health Sector,* 2002, p. 4.
[127] "Rehabilitation and socio-economic integration of victims and disabled people in Afghanistan", Portfolio of Landmine Victim Assistance Programs, accessed at www.landminevap.org (11 July 2002).
[128] ICRC Physical Rehabilitation Programmes, Annual Report 2001.
[129] "News Update – February 2002", Sandy Gall's Afghanistan Appeal, www.sandygallsafghanistanappeal.org (accessed 27 June 2002).
[130] Handicap International Belgium Activity Report 2001.
[131] WHO, *Reconstruction of the Afghanistan Health Sector,* 2002, p. 14.
[132] Ian McWilliam, "Jaipur foot for Afghan amputees: Thousands have lost limbs during 20 years of war," *BBC*, 4 January 2002.
[133] Information provided by Landmine Monitor researcher for Japan.