WATCH LIST ON CHILDREN AND ARMED CONFLICT

THE IMPACT ON CHILDREN OF ATTACKS ON HEALTH CARE IN AFGHANISTAN

"Every Clinic is Now on the Frontline"

About Watchlist

Watchlist on Children and Armed Conflict ("Watchlist") strives to end violations against children in armed conflicts and to guarantee their rights. As a global network, Watchlist builds partnerships among local, national, and international nongovernmental organizations (NGOs), enhancing mutual capacities and strengths. Working together, we collect and disseminate information on violations against children in conflicts in order to influence key decision-makers to create and implement programs and policies that effectively protect children.

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This report was researched and written by Christine Monaghan, PhD with support from Bonnie Berry. Vesna Jaksic Lowe copy edited the report.

Watchlist would like to thank War Child for its support. Watchlist would also like to thank the numerous domestic and international NGOs, UN agencies, and individuals who participated in the research, generously shared their stories and experiences, and provided feedback on the report.

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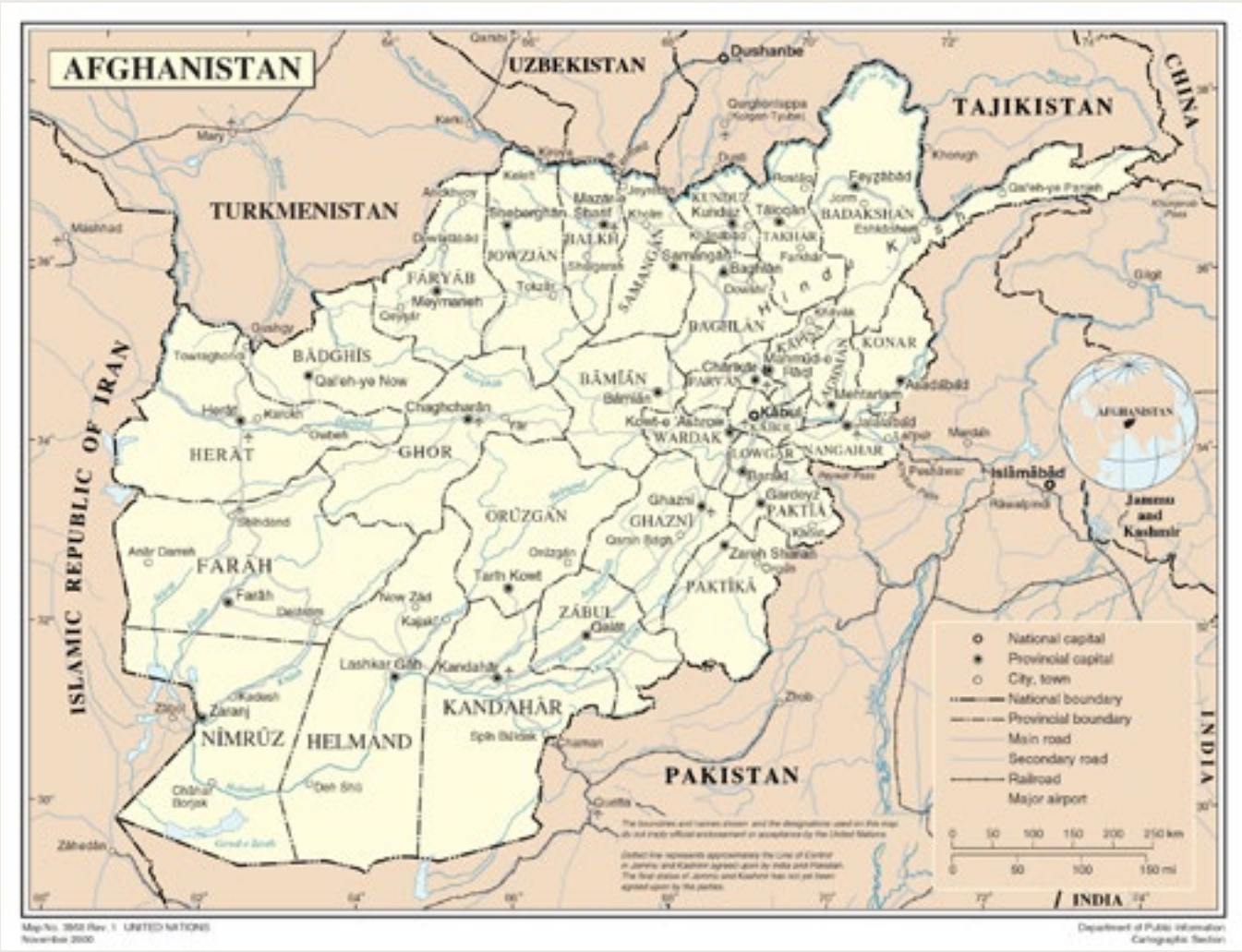


Map No. 3958 Rev. 1 UNITED NATIONS
November 2000

Department of Public Information
Cartographic Section

Acronyms

ALP	Afghan Local Police
ANA	Afghan National Army
ANDSF	Afghan National Defense Security Forces
ANP	Afghan National Police
AOG	Armed Opposition Groups
ASF	Afghan Special Forces
BPHS	Basic Package of Health Services
EPHS	Essential Package of Health Services
IDP	Internally Displaced Person
IHL	International Humanitarian Law
IHRL	International Human Rights Law
INGO	International Nongovernmental Organization
ISAF	International Security Assistance Force
ISIL-KP	Islamic State in Iraq and the Levant-Khorasan Province
MSF	Médecins Sans Frontières
MoPH	Ministry of Public Health
NDS	National Directorate of Security
NGO	Nongovernmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
SCA	Swedish Committee for Afghanistan
UNAMA	United Nations Assistance Mission in Afghanistan
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

Executive Summary and Recommendations

Ongoing conflict in Afghanistan and increased targeting of medical facilities and personnel[1] by parties to the conflict has further eroded the country's already fragile health care system. As of November 2016, more than 30 percent of Afghanistan's population of more than 33 million[2] lacks health care access,[3] according to the Ministry of Public Health (MoPH).

While there are more than 2,200 medical facilities throughout Afghanistan's 34 provinces,[4] frequent or ongoing conflict has significantly limited access to health care due to road closures, irregular delivery of medical supplies, and shortages of medical personnel.[5] Access to health care has also been restricted and in some cases blocked due to targeted attacks on medical facilities and personnel. Many of the attacks documented in this report fall within the definition of attacks on hospitals and related protected persons provided by the United Nations Guidance Note on Security Council Resolution 1998 (Guidance Note).[6]

Prompted by many reports of these attacks, Watchlist conducted a research mission to Afghanistan in November and December 2016. Watchlist interviewed humanitarian actors, health workers, community *shura* (council) members, and current and former patients to investigate attacks on medical facilities and personnel and their impact on children's livelihoods. Watchlist also conducted a systematic desk review of UN and non-UN organizations' reportage of attacks on health care as well as the delivery of humanitarian aid and public health. While attacks on medical facilities and

personnel have occurred in at least 20 provinces during the reporting period of January 2015 to December 2016, Watchlist focused its inquiry on Helmand, Kunduz, Nangarhar, and Maidan Wardak.

Parties responsible for the attacks on medical facilities and personnel include Armed Opposition Groups (AOG), including the Taliban and the Islamic State in Iraq and the Levant-Khorasan Province (ISIL-KP); Afghan National Defense Security Forces (ANDSF), including the Afghan Local Police (ALP), Afghan National Army (ANA), Afghan National Police (ANP), Afghan Special Forces (ASF), and National Directorate of Security (NDS); and international military coalition forces. The Secretary-General's 2016 annual report on children and armed conflict documented 125 targeted attacks on medical facilities and personnel in 2015.[7] Between January 1 and December 31, 2016, the United Nations Assistance Mission in Afghanistan (UNAMA) documented 119 conflict-related incidents targeting or impacting medical facilities and personnel;[8] 95 incidents were attributed to AOG and 23 incidents were attributed to ANDSF.[9]

Watchlist found that in the focus provinces and throughout Afghanistan, parties to the conflict have forced temporary or permanent closure of medical facilities; damaged or destroyed medical facilities; looted medical supplies; stolen ambulances; threatened, intimidated, extorted, or detained medical personnel; and occupied medical facilities for military purposes. Watchlist also found that disruptions in health care access from these attacks have compounded challenges to children's health, which were already exacerbated by the escalation of the conflict in 2015.[10] In the past two years, an increase in conflict and targeted attacks on health care have led to more children directly injured and suffering from acute malnutrition, diarrheal disease, and vaccine-preventable diseases (e.g. polio and measles).

Finally, Watchlist found that in Afghanistan, medical personnel are on the front lines of the conflict. In many provinces, AOG control or influence vast swaths of territory outside the provincial capital. As such, dozens of medical facilities run by international nongovernmental organizations (INGO) and nongovernmental organizations (NGO) are in areas controlled by AOG. Frequent and in some cases ongoing negotiations with these groups are required to try to ensure continued provision of health services; community leaders and health shura members have been key mediators. But despite the negotiations, some medical facilities have been closed for days, weeks, or months due to either occupation or an order issued by AOG. A health director of an NGO that provides health services in a number of provinces said, "Some attacks are not being reported from the field because they are happening so frequently—there are too many incidents to recall."[11]

Key Recommendations

*Watchlist notes that the recommendations of the Secretary-General, pursuant to paragraph 13 of Security Council Resolution 2286[12] on measures to protect health care in conflict, are relevant to the situation in Afghanistan and ought to be implemented by all stakeholders. Many of the Secretary-General's Recommendations have been specifically included as part of this report's key recommendations.

To the Government of Afghanistan

- Take concrete measures to end impunity for violations of international law regarding the protection of medical care in armed conflict, including investigating acts that may likely constitute such violations and prosecuting and condemning those responsible in a timely and impartial manner.
- Issue and properly implement a Presidential Decree instructing government forces, including the ALP, ANA, ANP, ASF, and NDS to stop using medical facilities for military purposes, and stop interfering with the provision of health care in a way that violates medical ethics, international humanitarian law (IHL) and international human rights law (IHRL).
- Create a dedicated, permanent, and independent body to investigate incidents related to attacks on health care involving Afghan government forces.
- Take concrete legal measures to guarantee that all medical personnel can treat patients without any distinction other than on the basis of medical need and in line with medical ethics.
- On the national level, establish a stakeholder forum with representatives of communities affected by attacks on medical facilities and personnel. Facilitate regular meetings where stakeholders can share challenges and successful practices for preventing and addressing acts of violence that impact the delivery of medical care.
- With support from the UN and relevant organizations, train military personnel and members of AOG on the protection of medical care.
- On a voluntary basis, report to the Secretary-General on measures taken to implement relevant provisions of Security Council Resolution 2286.
- If the ANDSF is listed in the Secretary-General's 2017 annual report on children and armed conflict for attacks on hospitals pursuant to Resolution 1998, relevant ministries, including the Ministry of Defense and Ministry of the Interior sign an Action Plan with the UN to stop and prevent these attacks, and share verifiable information on their implementation.

To Armed Opposition Groups

- Immediately cease attacks on medical facilities and personnel and occupation of medical facilities.
- Allow international and domestic humanitarian agencies unhindered and safe access to provide assistance to civilians, particularly children, affected by the conflict.
- Issue and disseminate a military order informing all troops about the legal protections for medical facilities and personnel.
- Sign commitments with the UN to stop and prevent attacks on medical facilities and personnel and share verifiable information on how these steps are being implemented.

To Afghan National Defense Security Forces

- Immediately cease attacks on medical facilities and personnel and occupation of medical facilities.
- Allow international and domestic humanitarian agencies unhindered safe access to civilians, particularly children, affected by the conflict.
- Issue and disseminate a military order informing all troops about the legal protections for medical facilities and personnel.

To International Forces in Afghanistan

- Respect the status of medical facilities and personnel under IHL.
- Incorporate IHL provisions regarding medical facilities and personnel into trainings provided to the ANDSF and encourage appropriate practice throughout the chain of command.

To International Nongovernmental Organization and Nongovernmental Organization Health Care Service Providers

- Report all attacks on hospitals and medical personnel to relevant monitoring and reporting bodies.

To the Health Cluster

- Establish and maintain a national database of attacks on health care and share it with the Government of Afghanistan, the Country Task Force on Monitoring and Reporting, and Child Protection and other protection actors.
- Regularly update the database with data from INGO and NGO health care service providers collected as part of weekly epidemiological reporting.

To the UN Secretary-General on Children and Armed Conflict

- In the 16th Secretary-General's annual report on children and armed conflict, to be published in 2017, list the ANDSF for attacks on hospitals in accordance with Security Council Resolution 1998.[13]

To the UN Security Council and its Working Group on Children and Armed Conflict

- Urge the relevant Security Council Sanctions Committee to include individuals and entities it determines to be responsible for grave violations against children, particularly attacks on hospitals, in the relevant Security Council sanction list, and encourage the Special Representative of the Secretary-General for Children and Armed Conflict to continue to share information with the 1988 Sanctions Committee and Panel of Experts on the responsible parties.

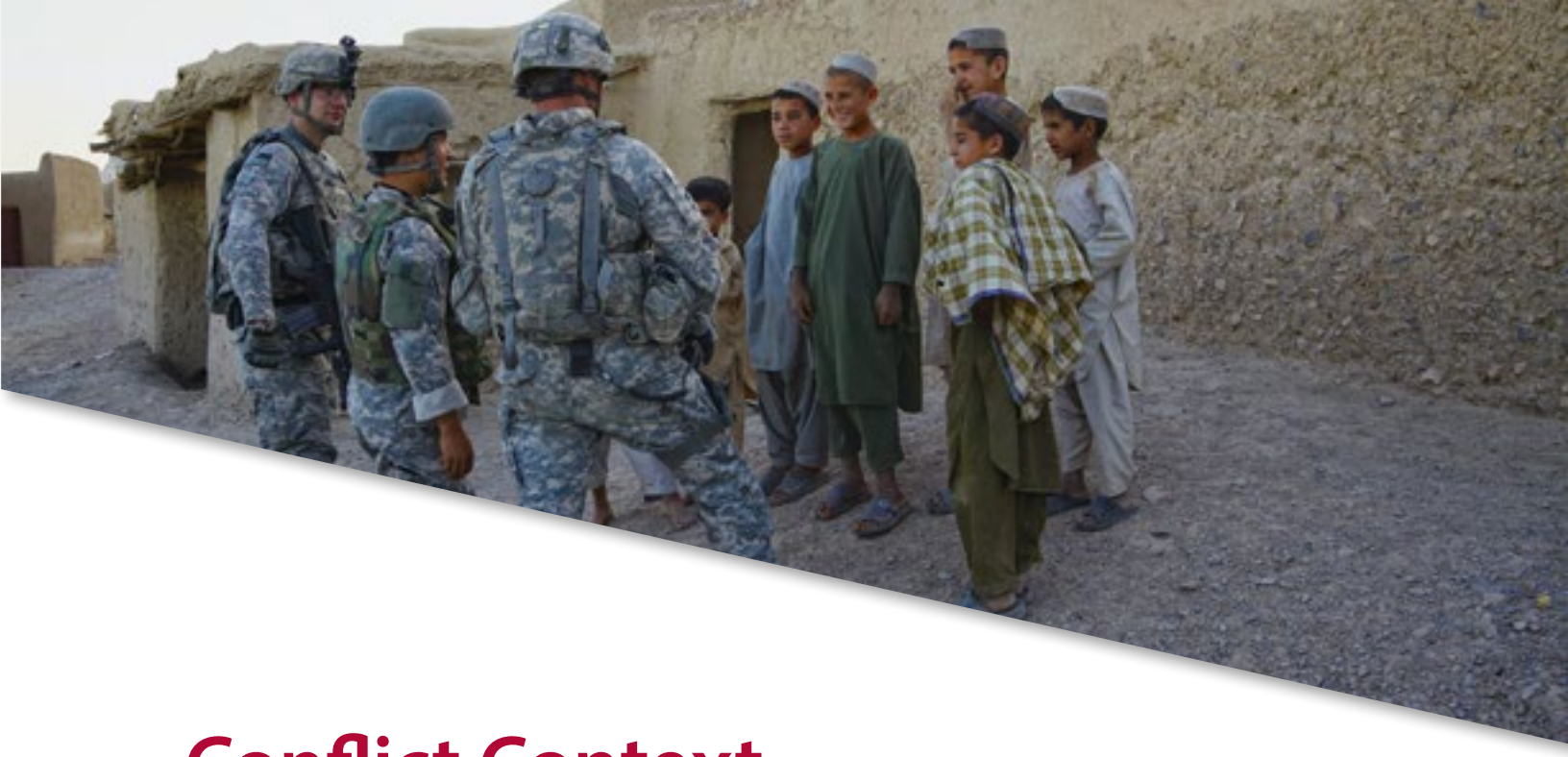
Methodology

Prompted by reports of high numbers of attacks on hospitals throughout the country, Watchlist conducted a research mission to Afghanistan in November and December 2016.

Watchlist interviewed more than 80 people, including medical personnel, humanitarian staff, government health professionals, parents of children directly impacted by the attacks, as well as the children themselves. Watchlist conducted five visits to medical facilities, including two medical facilities in Kunduz and Helmand respectively, and one medical facility in Nangarhar, to verify the extent of the damage sustained by some of the attacks. The incidents included in this report are based upon both primary (e.g. eyewitness interviews) and secondary sources (e.g. interviews with health directors who were not present during attacks but who had received primary source information). Watchlist also conducted a systematic desk review of UN and non-UN organizations' reportage related to the attacks as well as the delivery of humanitarian aid and public health.

Many of the attacks documented in the report fall within the definition of attacks on hospitals and other medical facilities and related protected persons provided by the UN Guidance Note on Security Council Resolution 1998 (Guidance Note).[14] Watchlist also documented cases of military use of hospitals, which do not fall under the UN definition of an attack on a hospital,[15] though may constitute a violation of International Humanitarian Law (IHL) and International Human Rights Law (IHRL). Military use can include a wide range of activities in which armed forces or groups use a hospital's space to support the military effort.[16]

In order to document both the attacks and their impact on children, Watchlist focused on four provinces: Helmand, Kunduz, Nangarhar, and Maidan Wardak. Each has had active conflict, where ongoing fighting has eroded a health care system that was already fragile prior to the conflict's escalation in recent months. In order to capture the impact of attacks over time, Watchlist focused on attacks committed in 2015 and 2016. The incidents included are representative, rather than exhaustive, of attacks that have occurred in the focus provinces and more broadly throughout Afghanistan during the reporting period.



Conflict Context

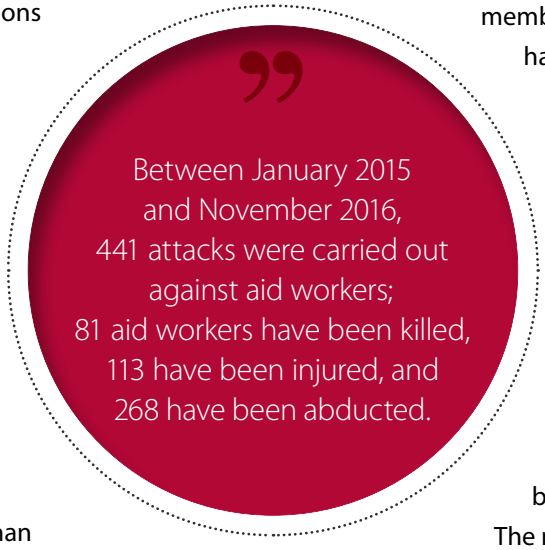
Between January 1, 2015 and December 31, 2016, at least 7,000 civilians have been killed[17] and more than 15,300 injured.[18] More than 1,600 of those killed and 4,600 of those injured were children.[19] According to the United Nations Assistance Mission in Afghanistan (UNAMA), child casualties increased by 24 percent from 2015 to 2016.[20]

Afghanistan has been embroiled in ongoing conflict between international and national armed forces and groups since 2001, when the International Security Assistance Force (ISAF) overthrew the Taliban government in Kabul.[21] Between 1996, when the Taliban seized power from an incumbent government,[22] and 2001, when they were ousted by the ISAF, the Taliban ruled by enforcing a very conservative interpretation of Sharia law.[23] It also offered financial support and shelter to Islamist militant organizations, including Al Qaeda.[24]

The Taliban has continued its insurgency since being removed from power in 2001 and is seeking to regain territorial control in many provinces.[25] Other armed groups have also sought to destabilize the government, including the Islamic State in Iraq and the Levant-Khorasan Province (ISIL-KP), which has maintained a hold on several districts in Nangarhar province.[26] According to a report by the Special Inspector General for Afghanistan Reconstruction, as of November 2016, approximately 57 percent of the country's 407 districts were under Afghan government control or influence, approximately 10 percent were under the control or influence of Armed Opposition Groups (AOG), and approximately 32 percent remain contested.[27] The contested areas in particular have seen the conflict escalate since 2015, along with a rise in civilian casualties, and attacks on medical facilities.

The escalation of conflict has also limited and in some cases blocked the movement of humanitarian personnel and the delivery of humanitarian aid. Afghanistan has been described as one of the most dangerous countries for aid workers,[28] as parties to the conflict have routinely denied civilians access to humanitarian aid,[29] in part through targeted attacks on aid workers. Between January 2015 and November 2016, 441 attacks were carried out against aid workers; 81 aid workers have been killed, 113 have been injured, and 268 have been abducted.[30]

At the same time, civilian populations fleeing armed conflict have been on the rise, seeking greater security in neighboring provinces.[31] According to the Office for the Coordination of Humanitarian Affairs (OCHA), as of August 2016 more than 1.4 million Afghans were internally displaced persons (IDP) as a result of armed conflict,[32] a number that had almost doubled in the preceding 2 years.[33] More than 485,000 Afghans have been displaced in 2016 alone.[34] At least 55 percent of IDPs are children.[35] All of Afghanistan's 34 provinces host IDPs,[36] and the vast majority of them struggle to access lifesaving services, including food, water, shelter, and health care.[37] They face particular challenges accessing health care,[38] as government and nongovernmental organization (NGO) mobile clinics infrequently service many IDP camps or settlements.[39] According to the United Nations Children's Fund (UNICEF), measles—a preventable disease—is a major cause of child deaths in IDP camps.[40] As of July 2016, the number of IDP children in Afghanistan afflicted with severe acute malnutrition had reached emergency levels, according to OCHA.[41]



In 2016, the return of many Afghan refugees from neighboring Pakistan, as well as Europe, has further strained already limited supplies of humanitarian aid.[42] There are now more than 2.6 million Afghan refugees in countries of asylum, the second largest population of refugees behind those fleeing Syria.[43] However, despite the escalation of armed conflict throughout Afghanistan, Pakistan has issued a directive that more than 2 million refugees return from Pakistan to Afghanistan by March 31, 2017.[44] In October 2016, the European Union and Afghanistan also established a political arrangement that allows EU members to deport Afghans who have not gotten their asylum status approved.[45] According to the United Nations High Commissioner for Refugees, by that same month, October 2016, at least 260,000 Afghans had already returned from Pakistan.[46] In the first 3 weeks of October 2016, an average of 4,000 refugees were crossing the border from Pakistan each day.[47] The majority of returnees face the same challenges as IDPs in accessing critical services, an issue compounded by their return to areas prone to armed conflict. For example, the majority of refugees have crossed into Nangarhar province,[48] where ISIL-KP has a strong presence in several districts. OCHA has reported that the Nangarhar Health Department has seen at least a 15 percent increase in outpatient demands at its clinics and the regional hospital, further straining health care facilities and staff.[49]

Pre-2015 Health Context

At the beginning of the reporting period, 9.4 million people[50]—at least one-third of Afghanistan's population of then 28.6 million[51]—lacked access to basic health care due to a number of factors, including insecurity, distance to medical facilities, and the prohibitive costs of health care and traveling to get it.[52] There was 1 physician for approximately 3,700 people,[53] and 1 hospital bed for approximately 2,000 people.[54] Nearly 7 million Afghans, including 2.8 million children, were in need of lifesaving interventions.[55]

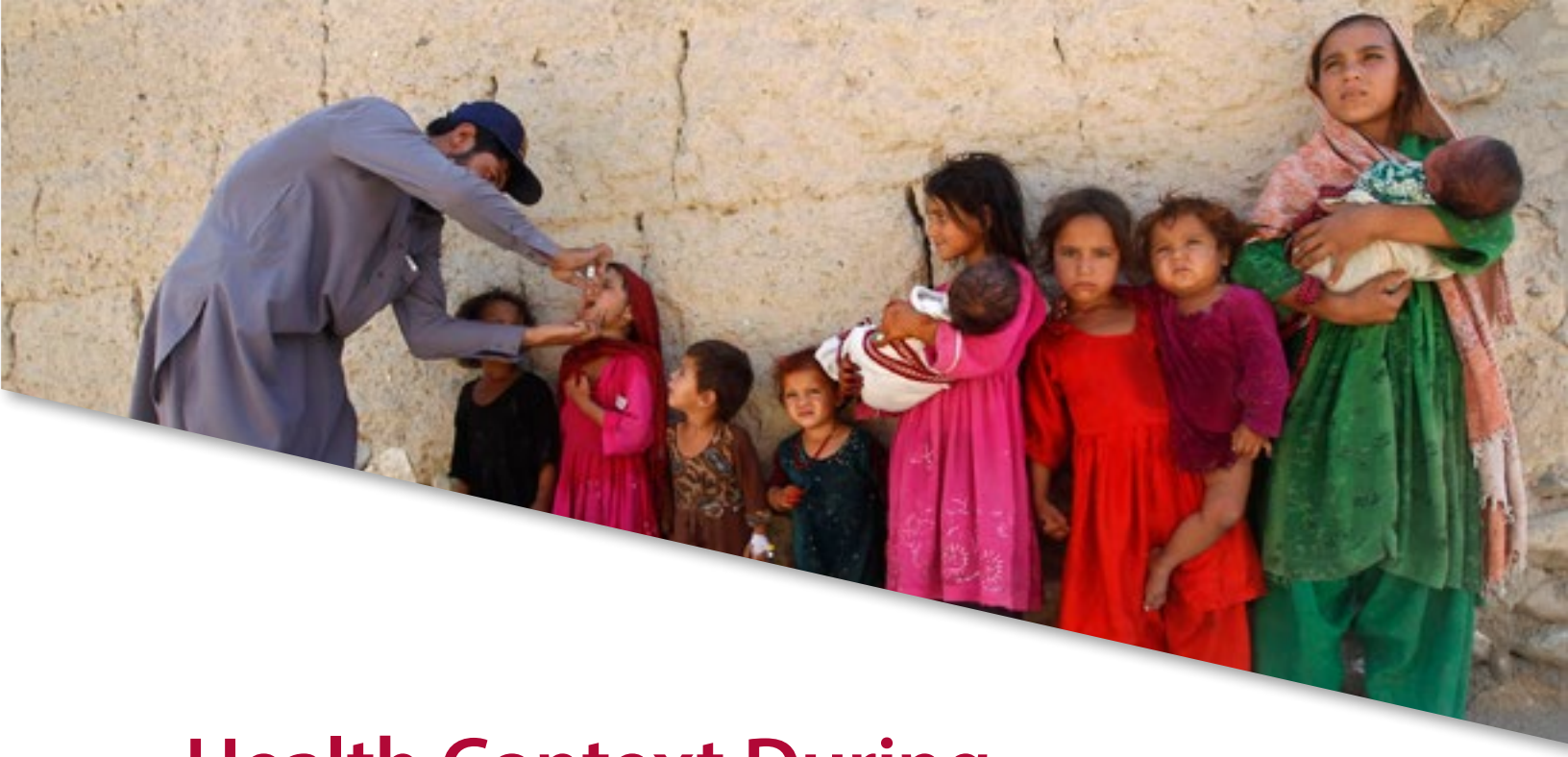
Child and maternal indicators were among the worst in the world.[56] One out of every 10 children died before the age of 5,[57] and 1 in 320 women died during pregnancy, childbirth, or immediately after.[58] More than 40 percent of children under 5 were stunted due to chronic nutrition deprivation.[59] Afghanistan was one of only 2 countries still endemic for polio;[60] 28 cases had been reported by the end of 2014.[61]

While these figures indicate challenges to Afghanistan's health care system, they also reflect significant efforts undertaken in the past 15 years to reconstruct it. In 2001, only an estimated 9 percent of Afghanistan's population had access to basic health care;[62] the majority of it was provided through private services and, to a far more limited extent, by NGOs.[63] By 2011, the United States Agency for International Development

(USAID), the European Commission, and the World Bank had spent almost US$1 billion on Afghanistan's health care system,[64] constructing hundreds of health care facilities and training thousands of new medical personnel.[65]

Since 2003, Afghanistan's public health system has been administered through the Basic Package of Health Services (BPHS).[66] The Ministry of Public Health (MoPH), through the BPHS, has aimed to expand access to health services (e.g. child health and immunization, communicable disease treatment and control, and regular supply of essential drugs) that could improve health indicators for women and children.[67] To do so, the MoPH has contracted with BPHS partners, international nongovernmental organizations (INGO) and NGOs, to implement health services in each of Afghanistan's 34 provinces.[68] Since 2005, the MoPH has sought to expand the capacity of hospitals to provide lifesaving services (e.g. clinical and diagnostic services, and referral services) at district, regional, or provincial hospitals through the Essential Package of Hospital Services (EPHS).[69] Typically, the same INGOs or NGOs implementing the BPHS in any given province are contracted to implement the EPHS.[70]

The Government of Afghanistan contributed approximately 6 percent of the required costs to the health sector and the private sector (i.e. for pay services) covered more than 70 percent on a cost recovery basis.[71] USAID, the European Commission, and the World Bank have been the primary funders of the BPHS/EPHS.[72] Several humanitarian organizations have also actively provided medical assistance in Afghanistan for years, including Médecins Sans Frontières (MSF) since 1980[73] and the International Committee of the Red Cross since 1987.[74]



Health Context During the Reporting Period

As ground and aerial operations in the conflict have increased in more populated civilian areas,[75] OCHA has reported that 24 percent of Afghanistan's population is exposed to severe conflict.[76] Between January 2015 and December 2016, the number of people requiring health care and humanitarian aid has steadily increased, while access to heath care and humanitarian actors' access to populations in need has declined. At the time of writing, at least 30 percent of Afghanistan's population lacks access to basic health care.[77] And 4.6 million people, including more than 2.3 million children, are in critical need of health care.[78] However, at least 1.7 million people who require urgent medical care live in conflict-affected white areas where BPHS coverage is limited, and in some areas absent entirely.[79]

Levels of malnutrition have reached emergency thresholds in 17 of 34 provinces.[80] More than 1 million children suffer from acute malnutrition,[81] an increase of more than 40 percent since the beginning of the reporting period. At least 500,000 children suffer from severe acute malnutrition,[82] an increase of more than 35 percent. However, treatment reaches less than 30 percent of children in need, according to the World

Health Organization (WHO).[83] This is in part due to limited funding for malnutrition treatment in BPHS programming and chronic shortfalls in humanitarian aid intended to address this gap.[84] According to an OCHA report, malnutrition is a hidden contributing factor to about 45 percent of all child deaths in Afghanistan.[85] Reduced immunization coverage and the disruption of health services have led to more communicable diseases.[86] For example, the WHO reported 169 measles outbreaks in 2015,[87] a 141 percent increase from 2014.[88] The majority of incidents occurred in conflict-affected districts.[89]

While the number of war-wounded people seeking treatment has risen by 20 percent during the reporting period,[90] there is an acute shortage of surgeons, anesthetists, and other medical personnel trained in trauma care and mass casualty management.[91] Additionally, clinics and hospitals have faced shortages of essential items (e.g. pain medication, surgical equipment, and wound and burn dressing materials) to treat trauma cases. This is, on one hand, due to sudden influxes of patients. On the other hand, BPHS partners have reported significant challenges delivering supplies to their medical facilities. This is partly because of insecurity along roads, but also because parties to the conflict have prevented delivery of supplies. A health director of a BPHS partner said, "We can only deliver medicines to certain places, so there are some facilities that simply can't provide certain kinds of treatment."[92]

Compounding Health Challenges due to Attacks on Hospitals and Health Care

During the reporting period, AOG, including the Taliban and ISIL-KP; the Afghan National Defense and Security Forces (ANDSF), including the Afghan Local Police (ALP), Afghan National Army (ANA), Afghan National Police (ANP), Afghan Special Forces (ASF), and the National Directorate of Security (NDS); and international military coalition forces have targeted hospitals as a tactic of war. The Secretary-General's annual report on children and armed conflict documented 125 targeted attacks on medical facilities and personnel in 2015.[93]

Between January 1 and December 31, 2016, UNAMA documented 119 conflict-related incidents targeting or impacting medical facilities and personnel;[94] 95 incidents were attributed to AOG and 23 incidents were attributed to the ANDSF.[95] Threats, intimidation, and harassment of medical personnel and civilians in need of health care as well as abduction of medical personnel comprise the majority of incidents documented in 2015 and 2016.[96] However, there are also several incidents, some of them detailed in this report, in which parties to the conflict have temporarily or permanently closed medical facilities; damaged or

destroyed medical facilities through rockets, mortars, or aerial bombardment; looted medical supplies; stolen ambulances; and occupied medical facilities for military purposes.

The frequency and scale of these attacks have, in some cases, resulted in fear amongst medical personnel; some BPHS partners have reported challenges retaining personnel, particularly doctors, as well as hiring new staff. In some cases, medical personnel with limited training have treated severe trauma, leading to life-threatening complications.

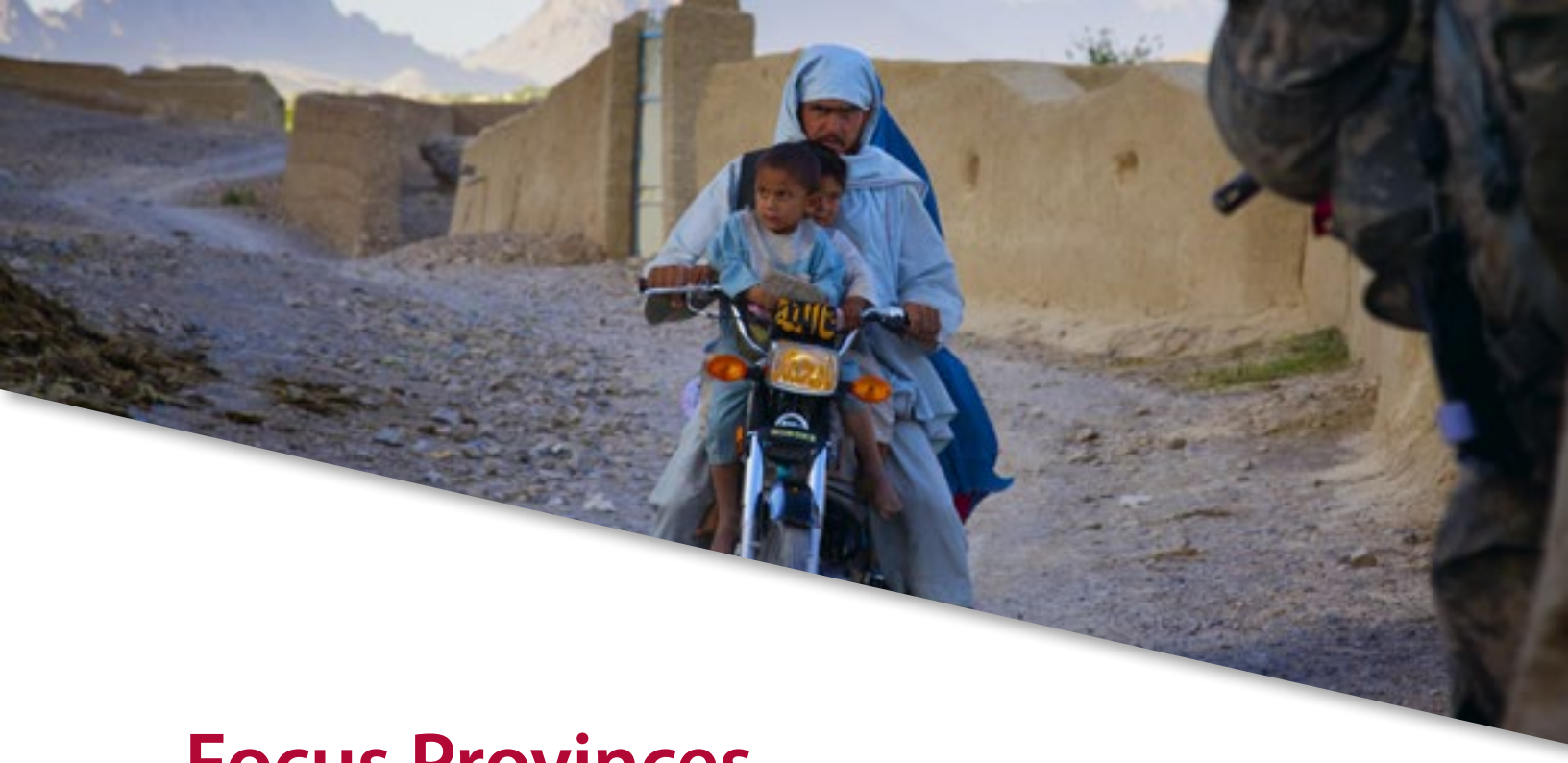
Some BPHS partners have also reported facing critical challenges retaining or hiring female medical personnel. The MoPH reported that as of March 2016, only 22 percent of Afghanistan's doctors and 21 percent of nurses were women.[97] According to some BPHS partners, targeted attacks have further exacerbated this issue. A former medical worker interviewed said: "When I left the job after being threatened multiple times by the Taliban, two other female colleagues left the job as well. They said if a man could be threatened to death, we are women and we can't even fight back."[98] In some areas, shortages of female medical personnel have limited women's access to health care, as it is culturally taboo for them to be seen by a male medical worker.

Following some attacks, humanitarian organizations have temporarily or indefinitely suspended operations.

In one example, following the October 3, 2015, aerial bombing of MSF's trauma hospital by United States' forces,[99] MSF withdrew many of its staff from the area.[100] The hospital, which was the country's only medical facility in the northeast region that provided free high-level limb and lifesaving trauma care,[101] was destroyed and has not been rebuilt.[102] In the week prior to the attack, after major ground fighting had broken out in Kunduz City, the hospital had treated 376 patients in the emergency room.[103] At the time of the attack, 105 patients were in the hospital, along with 140 international and national staff; at least 42 people died, including 24 patients, 14 staff, and 4 caretakers.[104]

"Humanitarian organizations providing basic and emergency medical services have in some areas suspended their operations following attacks, leaving tens of thousands of children and adults without access to any health care.

These and more than 240 other attacks on health care during the reporting period have compounded challenges to children's health, already exacerbated by 24 months of escalating armed conflict. Critically short supplies of medicines and items to treat trauma patients could not be delivered and parents of sick or injured children have been unable to access necessary treatment due to closure or occupation of medical facilities. Humanitarian organizations providing basic and emergency medical services have in some areas suspended their operations following attacks, leaving tens of thousands of children and adults without access to any health care.



Focus Provinces

While attacks on medical facilities and personnel have occurred in at least 20 provinces across Afghanistan, in order to take a more in-depth look at not only incidents, but also their impact, Watchlist focused its inquiry on Helmand, Kunduz, Nangarhar, and Maidan Wardak provinces. Each has been an area of active conflict, where civilians' access to health services has been regularly disrupted through targeted attacks, and where there has been a significant decline in child health indicators.

Helmand

Conflict and Public Health Context

Helmand, which borders Pakistan and is Afghanistan's largest province,[105] is a fertile farming region and the country's center of opium production.[106] Helmand has had intense ground fighting between government forces and the Taliban.[107] A resident of Helmand said, "Here, everyone lives in fear of death every minute, no one can go peacefully to their jobs and we see death and injury all around us."[108] Currently, the Taliban controls the majority of the province's 14 districts.[109] In October 2016, the Taliban launched a major offensive on Lashkar Gah in an attempt to wrest the city from government control.[110] While ultimately unsuccessful, the Taliban pressed far enough into the capital to fire rockets on the governor's compound.[111]

During periods of intense fighting, many medical facilities have been overwhelmed with patients, and medical personnel have faced shortages of beds and medical supplies.[112] According to a report by Médecins Sans Frontières (MSF), many medical facilities closed during some of the heaviest fighting,[113] further straining the capacity of facilities that stayed open. This is particularly the case for the free Basic

Package for Health Service (BPHS) clinics and hospitals, of which there are relatively few in comparison to private clinics.[114] However, some medical facilities have conversely reported fewer patients seeking treatment during periods of intense fighting due to significant risks in traveling across active lines of conflict. For example, in August 2016, at the MSF-supported Boost Hospital in Lashkar Gah, the number of patients arriving to the emergency room decreased as fighting escalated.[115] According to Guilhem Molinie, MSF's country representative in Afghanistan, "Patients reported that roads are blocked and checkpoints are delaying them from reaching the hospital."[116] A resident of Helmand said, "We always have to find an alternative way to cure our wounded rather than taking them to the clinics because of everyday war."[117]

Attacks on Health Care

During the reporting period, medical facilities in Helmand have been looted, occupied by parties to the conflict, and medical personnel have been shot and killed. For example, beginning on January 25, 2015, a medical facility located near active fighting was occupied for at least a week by persons believed to be affiliated with the Taliban.[118] While the facility was occupied, government forces fighting the Taliban hit the ambulance with bullets several times, and the roof of the emergency ward was damaged in an explosion.[119] It is unclear whether parties to the conflict were responsible for the damage during the occupation.[120] As a result of the attack, the medical facility was closed for at least a week.[121] Also on January 25, 2015, a rocket hit another medical facility,[122] killing one nurse and injuring a community health supervisor.[123] On February 19, 2015, unidentified armed men shot and killed a social mobilizer for the United Nations Children's Fund (UNICEF) polio program.[124] On August 10, 2015, a midwife walking near the clinic where she works was shot and injured during a crossfire between the Taliban and Afghan Special Forces (ASF); it is unclear which party was responsible for the incident.[125]

Between 2015 and February 2016, at least six medical facilities were closed as staff were unable to access the facilities due to ongoing fighting.[126] Unknown perpetrators looted items from at least four of these facilities during closure.[127] Items reported stolen included microscopes, generators, and refrigerators that stored live vaccines. One medical facility closed for almost two months between January and March 2016 as staff feared being targeted while crossing the conflict's frontline to reach the facility.[128] On March 16, 2016, the Taliban ordered a medical facility run

Case Study: A Health *Shura* Member Describes Challenges Accessing Health Care in Helmand

"I tried a lot to negotiate with both sides for letting our wounded pass, stop firing for at least an hour so we could get our wounded to clinics, but the government and Taliban didn't listen. We went to the government officials, and they said, 'We will kill the Taliban and take all those areas from them and then you can openly come to the clinics.' When we went to the Taliban, they told us, 'We will conquer the district and once we get victory you can easily get to the clinics and ask your doctors to come and treat the wounded.' Still the problem is not solved."

~Watchlist Interview with health *shura* member, December 2016.

by a nongovernmental organization (NGO) to stop operating until it opened another clinic in a nearby district. The clinic was closed until March 23, when the NGO complied with the Taliban's demands.[129] A resident explained: "We are always hoping that one side, whether it is the government or Taliban, will take control of the district and we could at least get basic treatment then. Getting to a clinic is a very difficult job. We take 2 hours for what used to take 20 wminutes."[130]

On August 22, 2016, a group of men believed to be members of the Taliban abducted an international nongovernmental organization (INGO) staff member who was overseeing a polio vaccination program.[131]

Impact of Conflict and Attacks on Health Care

The closure of medical facilities throughout Helmand has caused delays or complete lack of access to health care for hundreds of children requiring treatment for routine or trauma-related illness or injury. Some families have had to travel longer and farther, often through conflict-affected areas, to access lifesaving care. For example, it took one week for a 15-year-old girl suffering from meningitis to travel from an area of heavy fighting to nearby Boost Hospital in Lashkar Gah.[132] She died shortly after starting treatment.[133]

Medical personnel have reported that patients are dying from complications from illness or injuries due to delays in treatment.[134] Delays are in part caused by checkpoints and road closures. According to a report by Insecurity Insight, in August 2016, Taliban checkpoints were preventing civilians from accessing health care.[135] A resident said, "There are checkpoints around the clinics and the Taliban suspects every single person going into or out of the area surrounding the clinic."[136] Hospitals that have routinely been full have been empty. For example, while Boost Hospital in Lashkar Gah has regularly treated an average of 200 to 250 children every month,[137] MSF reported in August 2016 that the intensive therapeutic feeding center and pediatric ward were almost empty.[138] As of November 2016, 2 out of 32 confirmed polio cases in Afghanistan occurred in Helmand.[139] One of the two cases was a 3-year-old girl who was diagnosed with the preventable disease in 2015, according to UNICEF.[140] A shortage of medical supplies and personnel in remote areas also make it even more difficult for patients to access quality medical care.

Kunduz

Conflict and Public Health Context

Kunduz province, which is in the northern region and borders Tajikistan, was a comparatively stable province in Afghanistan's ongoing conflict before 2015. However, since the spring of 2015, the Taliban has launched a series of major offensives throughout the province. Between April and September 2015, the Taliban, through sustained ground fighting with government forces, gained large swaths of territory around the capital, Kunduz City,[141] and successfully seized and held Kunduz City between September 28 and October 13, 2015.[142] During that time, American forces

Case Study: A Health Worker Describes Being Threatened and Fleeing

"In 2015, I worked as a pharmacist. One night, there was a knock on the door. I didn't open it, but went to the roof to see what was going on. Then someone opened fire on me. I also had a gun on me, so defended myself by opening fire on them as well, but I felt I had to leave the place of my job. I had to flee the area because of the threat I faced from the Taliban. They were always watching. They used to call any time to cure their injured. And I couldn't say, 'I can't cure them because I don't have the medicine or the equipment or the training.' The only way is to leave the area, so I did. I left the area and that post, and now work for a private hospital."

~Watchlist Interview with health worker, December 2016.

conducted several airstrikes to support Afghan forces' counteroffensive to retake the city,[143] including the October 3, 2015 airstrike that destroyed the MSF trauma hospital.[144] At least 150,000 civilians were trapped in the city while it was held by the Taliban,[145] and at least 848 Afghan civilians were killed or wounded during the attack, according to the United Nations Assistance Mission in Afghanistan (UNAMA).[146]

Just over one year later, on October 3, 2016, the Taliban launched another offensive on Kunduz City,[147] again briefly seizing control before withdrawing to the surrounding areas.[148]

Civilians trapped in Kunduz City in both 2015 and 2016 faced severe shortages of essential items, including food, water, electricity, and fuel.[149] During the 2016 battle, only one medical facility in the city, the regional hospital, remained open.[150] Approximately 70 percent of the hospital staff fled the city at the outset of the Taliban incursion,[151] and by October 6 the hospital had run out of medicine[152] to treat the more than 200 wounded people,[153] many of them women and children.[154] Humanitarian organizations were prevented from resupplying the hospital, as the Taliban controlled all roads leading into Kunduz City.[155]

According to Save the Children, the BPHS partner in Kunduz, increasing civilian casualties in 2015 and 2016 have strained the capacity of many of the province's medical facilities.[156] Many facilities that formerly treated one trauma case per week have reported treating twenty or more per day,[157] and supplies that previously lasted for three months now last one month at most.[158] Regularly resupplying facilities has been a challenge, as armed groups often close roads.[159] Additionally, many medical personnel staffing remote clinics are not trained in trauma care and have reported feeling overwhelmed when treating war-related injuries.[160]

Attacks on Health Care

In Kunduz province, parties to the conflict have occupied and used medical facilities for military purposes, looted medical supplies, damaged or destroyed medical facilities, forced the temporary closure of medical facilities, abducted medical personnel, and threatened and intimidated medical personnel and patients. According to Save the Children, government forces occupied at least three medical facilities for varying lengths of time in 2015 and 2016,[161] and some medical supplies were taken during that time.[162] Several medical personnel have also reportedly

been intimidated by the Taliban and forced to treat war-wounded Taliban fighters. Other medical personnel have been forcibly detained and interrogated by Afghan armed forces. For example, on April 18, 2016, the National Directorate of Security (NDS) detained a nurse and an ambulance driver at a checkpoint. They were held and interrogated to prevent the resupplying of medical facilities and for allegedly "treating the opposition."[163] Both were released after 24 hours and the ambulance was returned after 48 hours.[164]

On July 1, 2015, the ASF forcibly entered the MSF trauma center in Kunduz[165] while reportedly searching for a suspected Al Qaeda operative.[166] According to MSF, the armed assailants physically assaulted three hospital staff and arrested three patients.[167] After approximately one hour, the three patients were released and the ASF left the trauma center.[168] On October 3, 2015, American forces destroyed the same MSF trauma center in a series of airstrikes.[169] At the time of the attack, 105 patients and 140 staff were in the hospital.[170] MSF had provided the center's GPS coordinates to parties to the conflict just six days before the attack.[171] At least 42 people were killed in the attack, including 24 patients, 14 staff, and 4 caretakers;[172] 3 of the patients killed were children.[173] The destruction of the MSF trauma center has left thousands of civilians repeatedly exposed to heavy conflict without access to lifesaving medical care. Between January and August 2015, 3,262 trauma surgeries had been conducted at the trauma center,[174] many to treat gunshot wounds and burn and blast injuries from airstrikes and landmines.[175]

Between November 19 and 26, 2015, Taliban-fired mortars repeatedly struck and damaged a medical facility.[176] The facility was reportedly being occupied and used as a military base by the ASF, which made it a target for the Taliban.[177] The facility was occupied by the ASF until February 2016, and stayed closed after that due to heavy ground fighting in the surrounding area.[178]

On January 21, 2016, medical personnel who live in Kunduz City and commute to a medical facility outside the city were notified by members of the health shura that the Taliban warned they should not come to the clinic as they were planting roadside improvised

Case Study: A Member of the Health *Shura* Describes Negotiating with Parties to the Conflict for Access to Health Care

"In a war zone, teachers and medical personnel are those people who must still attend their jobs. In such situations, it is the responsibility of rural elders, scholars, and sometimes the youth to convince both opposition and government groups to let medical personnel enter the area for doing their duties. They are not politicians, and they mean no harm. Through negotiations, we try to tell opposition and government that these people are not trying to harm either side, but to cure everyone. The opposition thinks that anyone working for the government must be prevented from doing so. And sometimes the government suspects doctors who enter opposition areas to work there. They say how does this person go there and come back without a scratch on him. But we have tried to tell all sides that doctors are not with the army or with the opposition—they only know their job, which is curing injured and ill people."

~Watchlist Interview with health *shura* member, December 2016.

explosive devices.[179] The clinic remained open, staffed by medical personnel who lived close to the clinic, but staff from the city were not able to reach the clinic for at least three days.[180] The issue was resolved in mid-February 2016, after health shura members secured an agreement with the Taliban to not impose restrictions on medical staff.

A health director of a BPHS partner organization described the negotiations: "When clinics close, negotiations start with the Taliban. Staff call the community health *shura* and then *shura* members make appeals to friends or family who might be Taliban. Negotiation isn't a skill. It's a relationship health *shura* members have."[181]

On January 15, 2016, members of the Taliban abducted and temporarily detained six polio vaccinators and accused them of cooperating with the ASF.[182] On November 19 and 24, 2016, two separate pharmacies in Kunduz City were robbed, along with an obstetrician's office on November 25, 2016.[183] In each of the incidents, the perpetrators were reportedly wearing ASF uniforms.[184]

Impact of Conflict and Attacks on Health Care

According to Save the Children, throughout 2015 and 2016, many hospital directors and doctors have fled, in part due to threats of attack.[185] Some remaining medical personnel have reported being overwhelmed with the patient volume and expressed concern that quality of care has sometimes been compromised as a result.[186]

Additionally, medical personnel have reported feeling traumatized due to continuous exposure to conflict, insecurity, and fear of direct attacks.[187] Retaining skilled female medical personnel has been particularly difficult, which has in some areas prevented women from accessing care due to a cultural stigma of being treated by male medical personnel.[188]

Case Study: A Father Recounts Delays and Complications in Treatment for his 15-Year-Old Son

"In 2016 the Afghan Army was demining our village. One of the soldiers came to our door, asking for tea. We invited him inside, but he asked the tea be brought to the army base, not too far away. As my son was walking back from delivering the tea, he stepped on a mine, just ten meters away from the base. He lost both of his feet in the blast. I took him to the hospital in Kunduz City, but medical personnel there didn't clean the wounds thoroughly, so I took him out of the hospital to bring him to Kabul for better care. No one from the hospital helped me and there was no ambulance to transport him. He was getting worse day by day, so I took him by taxi to a hospital in Kabul. Finally there, at one of the hospitals run by a foreign agency, they took him to the ICU and opened his wounds—the sand and gun powder was still in there. The doctors told me, 'You should have brought him here earlier.' Two or three days after the accident would have been better than nine days. Now, both of his legs must get cut off from just below the waste, because the bones are ruined and he has a serious infection. For a week he was OK, but then from the infection he went into a coma. Ten days later, he died in the hospital."

~Watchlist Interview with father of patient, December 2016.

Nangarhar

Conflict and Public Health Context

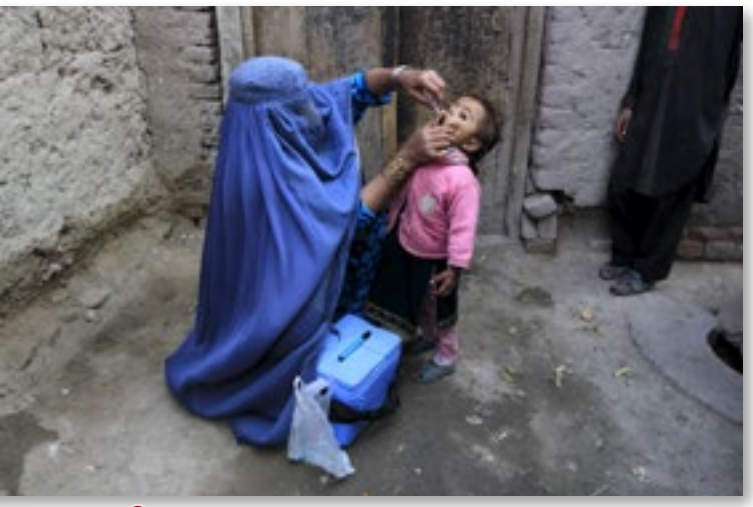
Like Helmand province, Nangarhar province in eastern Afghanistan, which borders Pakistan's tribal areas, has been a site of intense ground fighting between government forces, the Taliban, and Islamic State in the Levant-Khorasan Province (ISIL-KP). In the spring of 2015, ISIL-KP and the Taliban fought for control of a number of districts.[189] During that campaign and others in 2016, ISIL-KP gained large swaths of territory in at least four districts.[190] While thousands of Afghans have fled to the provincial capital, Jalalabad, or to other provinces, tens of thousands who remain in ISIL-KP-controlled areas have been subject to a reign of violence, shootings, beheadings, and bombings.[191] In the spring of 2016, the ASF, with the assistance of the International Security Assistance Force (ISAF) and American close air support, launched an offensive against ISIL-KP,[192] engaging ISIL-KP militants in close range combat and carrying out more than two dozen airstrikes against them.[193] While the offensive routed ISIL-KP from some areas, the armed group has retained a strong presence in a handful of districts.[194] As of August 2016, at least 17 out of 22 districts were laid with mines and explosives.[195]

During the past two years, as fighting has escalated throughout the province, several public and private medical facilities temporarily closed, leaving many people without access to health care. As of December 2016, the World Health Organization (WHO) reported that five medical facilities were closed due to insecurity.[196]

The high number of refugees who returned from Pakistan to Afghanistan in 2016 and settled in Nangarhar has even further strained the capacity of many of the province's facilities.[197] According to UNICEF, Nangarhar's Torkham border crossing has been one of the heaviest transit points for Afghan returnees.[198] In September 2016 alone, at least 5,400 individuals passed through the Torkham border each day,[199] and an estimated 75 percent of them settled in Nangarhar.[200] Many returnees have acute health needs, exacerbated by a critical lack of access to clean drinking water, food, and shelter.[201] In October 2016 the Health Cluster found that returnees comprised 10 percent of total visits to several of the health facilities surveyed, and that tuberculosis, malaria, and mental health issues were commonly reported.[202] Dr. Mustafa Kazim, director of an emergency medical center near the Torkham border's zero point (a neutral corridor in which a ceasefire is in place), reported that the medical facility had been receiving "100 to 300 patients per day with different health problems, such as … children with respiratory infections and diarrhea, tuberculosis, and also many trauma cases."[203]

Attacks on Health Care

During the reporting period, parties to the conflict in Nangarhar province have forcibly closed, looted, and occupied medical facilities, and threatened, intimidated, detained, and exhorted medical personnel. For example,



on June 6, 2015, the Taliban forcibly closed a medical facility and it stayed closed for almost seven months.[204] On June 9, 2015, the Taliban forcibly closed a nearby clinic, which did not reopen until January 21, 2016.[205] A health director interviewed for the report explained:

"Taliban and sometimes government close clinics. It's a way to control—people living there and the other side. And also in some areas preventing the other side from getting treatment. If we put ourselves in the shoes of the Taliban, or the police, or the government troops, you see a medical worker treating the same person who is shooting you. In principle, you respect neutrality, but practically?"[206]

In October 2015, ISIL-KP reportedly closed 10 medical facilities in some of the districts it controlled as part of an anti-vaccination campaign.[207] The following month, ISIL-KP reportedly ordered the closing of all government-funded medical facilities in districts it controlled,[208] and threatened that health workers at private facilities would face reprisals if they accepted a government salary.[209] That same month, unidentified assailants believed to be affiliated with the Taliban abducted a doctor from a medical facility and transported him to nearby district.[210]

Case Study: A Vaccinator Describes Leaving Due to Threats and Insecurity from the Taliban and ISIL-KP

"With the coming of IS [ISIL-KP] insurgents, new problems have risen. Part of the people support IS, the other part supports the Taliban. Nobody knows who the opposition is. Both parties are against vaccines so they used to send notes not to enter their areas. Once I got caught by the Taliban administering vaccines. They let me go with the warning that if they ever see me giving vaccines in the area again, I will be put to death. But it is my job to save children from getting polio. All over, vaccinators face more problems than any other medical personnel because we have to travel and go inside those villages full of Taliban and IS. And sometimes it goes back and forth. For example, our district has no specified leader. For one month Taliban is there, they rule, they have their own laws. But the next month, IS covers the area and makes us follow their rules. Sometimes the government comes here. I have seen with my own eye in an area of 100 meters there are three kinds of leaders—Taliban, IS, and government. Our clinic was in the middle of the conflict. So even though it is my job, I had to stop, otherwise I thought either the IS or Taliban would kill me."

~Watchlist Interview with health worker, December 2016.

On April 20, 2016, armed men believed to be members of the Taliban abducted a doctor from a clinic and took him to a neighboring district, where a Taliban commander issued a list of the commands to the doctor, including that the clinic should provide more comprehensive health services and extend its operating hours.[211] Following the meeting, the doctor was then transported back to the clinic; it is unknown whether any of the Taliban commander's demands were met.[212]

On August 16, 2016, Taliban fighters reportedly entered a clinic, located near the district governor's compound, and ordered it closed.[213] It is unknown how many medical personnel and patients were present at the time.[214] The Taliban occupied the clinic between August 16 and September 3, 2016, utilizing it as a position from which to attack the ASF.[215] During the occupation, the facility sustained significant damage from the fighting,[216] and the Taliban also looted medicines and equipment before departing.[217] Upon reopening, the clinic was only able to offer outpatient services while awaiting reconstruction and resupply.[218]

On October 21, 2016, a clinic was relocated when the surrounding area became the frontline of fighting between ISIL-KP and the ASF.[219] In late November, the ASF used the clinic for shelter, resulting in damages to equipment and supplies.[220] The clinic reopened in its original location on December 5, 2016, after more than six weeks of dislocation.[221] During this period of heavy fighting, assailants believed to be members of ISIL-KP abducted a vaccinator working for the same clinic, along with 60 other civilians. Negotiations for their release were ongoing as of early January 2017.

On December 3, 2016, men believed to be members of ISIL-KP forcibly entered a medical facility that had been delivering nutritional supplements, bound the facility's guards, and set fire to the stock room containing the supplements and other medical supplies.[222] The fire destroyed the supplies and damaged the stock room and other parts of the facility.[223] The assailants reportedly told the guards that they were opposed to male employees assessing female patients, as had been the practice at the clinic.[224] On December 25, 2016, men believed to be members of the Taliban abducted a doctor from his home, and subsequently shot and killed him for reportedly refusing to treat Taliban troops.[225]

Impact of Conflict and Attacks on Health Care

Limited access to health services in Nangarhar has exacerbated what were already high levels of malnutrition among children prior to the conflict's escalation. According to the UN Office for the Coordination of Humanitarian Affairs (OCHA), in January 2015, 21 percent of all children in the province suffered from acute malnutrition, and 12 percent suffered from severe acute malnutrition.[226] By August 2016 the Ministry of Public Health (MoPH) reported that 33 percent of the province's children suffered from acute malnutrition, and 14 percent suffered from severe acute malnutrition.[227] Additionally, during the reporting period, in areas under the control of ISIL-KP, as many as 18,000 children were prevented from receiving polio vaccinations.[228] While there have been no reported polio cases in Nangarhar in 2016, in 2015, 8 out of 19 cases in Afghanistan occurred in Nangarhar.[229]

Maidan Wardak

Conflict and Public Health Context

The province of Maidan Wardak, adjacent to Kabul province, has been a Taliban stronghold and a site of violent ongoing conflict between the Taliban, ISAF, and the Afghan National Defense Security Forces (ANDSF). Intense ground fighting has occurred in or near densely populated civilian areas and along roads frequently traveled by civilians. Parties to the conflict have bombed and shelled civilian infrastructure, resulting in hundreds of civilian casualties. Additionally, parties to the conflict have frequently attacked military and civilian convoys along Highway One, a central transportation corridor to Kabul.[230] During the reporting period, families have increasingly moved from contested rural areas to district centers or the provincial capital, Maidan Shar.[231]

Attacks on Health Care

Parties to the conflict have attacked multiple medical facilities in Maidan Wardak in 2015 and 2016. For example, on May 23, 2015, the Afghan National Army (ANA) occupied a medical facility and utilized it to launch operations against Armed Opposition Groups (AOG).[232] There were no civilian casualties, but the facility was damaged.[233] Between July 6 and 15, 2015, ASF occupied a medical facility and prevented medical personnel from providing care to civilians.[234]

On January 11, 2016, approximately 60 to 70 ASF troops entered and searched a medical facility in Maidan Shar.[235] They interrogated medical personnel about persons treated the previous evening and warned them not to provide services to any insurgents. Medical personnel were further threatened and abused by members of the ANA.[236] Less than three weeks later, on February 2, 2016, ANA forces occupied a medical facility for two days; during that time, they looted and destroyed medical equipment and medicine.[237] On February 12, 2016, ANA forces entered another medical facility, threatened staff, and damaged equipment, including the main gate, a large container, malnutrition supplies, and the solar power system.[238] The ANA also stole a motorbike used by a vaccinator for outreach activities.[239]

On February 18, 2016, ASF entered and searched a medical facility seeking to find a Taliban fighter.[240] Upon entry, ASF bound and tied the director of the facility and placed him in a room with other staff they detained during the search.[241] They took two patients who were allegedly Taliban fighters and an adolescent boy who was reportedly acting as a caregiver to the Taliban patients, before shooting and killing them.[242] They took the director of the facility to a nearby hillside and told him to wait there and not to return to the medical facility until the following morning. According to reports by UNAMA and the Swedish Committee for Afghanistan (SCA), international troops took part in the raid, though they did not enter the facility.[243]

On May 10, 2016, ASF troops entered an NGO-run clinic; following negotiations with the health *shura*, the troops vacated the facility after four days.[244] ASF troops reportedly did not mistreat the clinic's staff members during the occupation;[245] however, a staff member was killed during a firefight between the ASF troops occupying the clinic and the Taliban.[246] On October 26, 2016, a rocket fired by the Taliban hit a medical facility in the capital city Maidan Shar, killing a 5-year-old boy and injuring several other people.[247]

Impact of Conflict and Attacks on Health Care

According to the SCA, attacks on medical facilities have helped generate widespread fear among patients and staff. At some facilities, patient numbers have declined in the days and weeks immediately following an attack, and there have been ongoing challenges retaining qualified medical personnel, particularly women. "The impact of attacks is huge," said an SCA staff member.[248] "Staff are scared and they don't come until they have peace of mind. Recruitment of female staff is also very difficult. People come to seek care, and they can't get it."[249]

Conclusion

Watchlist's investigation found many attacks on medical facilities and personnel in 2015 and 2016 committed by parties to the conflict, including the ANDSF and AOG, have compounded challenges to children's health, already exacerbated by the escalation of armed conflict during that time.

In the past two years, in the provinces focused on in this report (Helmand, Kunduz, Nangarhar, and Maidan Wardak), and throughout Afghanistan, increased conflict and targeted attacks on health care have led to significantly more children directly injured and suffering from acute malnutrition, diarrheal disease, and vaccine-preventable diseases (e.g. polio and measles).

Watchlist calls upon all parties to the conflict, including the ANDSF, AOG, and international military forces to immediately cease attacks against medical facilities and personnel. It also calls on the Government of Afghanistan to take concrete measures to remedy impunity for violations of international law relating to the protection of medical care in armed conflict. This includes investigating acts that may constitute such violations and, when appropriate, prosecuting and condemning those responsible in a timely and impartial manner. Watchlist also recommends the UN Secretary-General, in his 2017 annual report on children and armed conflict, list the ANDSF for attacks on hospitals in accordance with Security Council Resolution 1998. Finally, Watchlist hopes that all stakeholders will use this report to strengthen efforts to prevent attacks on medical facilities and personnel, and respond to them when they occur.

End Notes

[1] The Special Representative of the Secretary-General for Children and Armed Conflict (SRSG-CAAC) interprets its mandate to list parties responsible for attacks against 'hospitals,' a term that refers to all medical facilities, including medical units and services, whether military or civilian, fixed or mobile, permanent, ad hoc, or temporary, aiming at the delivery of preventive and/or curative medical care. The term includes, for example, hospitals in the strict sense of the word, medical depots, maternity wards, medical transports, blood transfusion centers, and mobile vaccination and community-based services. Such medical care facilities are known to the community as such and are not required to be recognized or authorized by parties to conflict. Office of the SRSG-CAAC, United Nations Children's Fund (UNICEF), World Health Organization (WHO), and the United Nations Educational, Scientific, and Cultural Organization (UNESCO)*"Protect Schools + Hospitals: Guidance Note on Security Council Resolution 1998,"* May 2014, https://childrenandarmedconflict.un.org/publications/AttacksonSchoolsHospitals.pdf (accessed April 28, 2016), p.29. The legal basis for this violation lies in relevant International Humanitarian Law, Rule 28, which protects all 'medical units,' a term which includes all facilities organized for a medical purpose and used exclusively for this purpose. International Committee of the Red Cross (ICRC) "Customary International Humanitarian Law, Rule 28 (Medical Units)," https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_rul_rule28 (accessed January 31, 2017).

[2] World Population Review, "Afghanistan Population 2016," http://worldpopulationreview.com/countries/afghanistan-population/ (accessed December 17, 2016).

[3] "Afghanistan Builds Capacity to Meet Healthcare Challenges," The World Bank news release, December 22, 2015, http://www.worldbank.org/en/news/feature/2015/12/22/afghanistan-builds-capacity-meet-healthcare-challenges (accessed November 30, 2016).

[4] Including temporary trauma posts, clinics, and district, provincial, and regional hospitals.

[5] UN Office for the Coordination of Humanitarian Affairs (OCHA), "Humanitarian Bulletin, Afghanistan, Issue 52," May 2016, http://reliefweb.int/sites/reliefweb.int/files/resources/afg_mhb_may_2016_lr.pdf (accessed November 30, 2016), p. 1.

[6] OSRSG-CAAC, UNICEF, WHO, and UNESCO, "Protect Schools + Hospitals: Guidance Note on Security Council Resolution 1998," Annex II.

[7] UN Security Council, Report of the Secretary-General on children and armed conflict (A/70/836-S/2016/360), April 20, 2016, http://www.un.org/ga/search/view_doc.asp?symbol=A/70/836&Lang=E&Area=UNDOC (accessed November 30, 2016), para. 27.

[8] United Nations Assistance Mission in Afghanistan (UNAMA), "Afghanistan Annual Report 2016, Protection of Civilians in Armed Conflict," February 2017, https://unama.unmissions.org/sites/default/files/protection_of_civilians_in_armed_conflict_annual_report_2016_16_feb_2017_final.pdf (accessed February 6, 2017), pp. 34-35.

[9] Ibid.

[10] North Atlantic Treaty Organization (NATO), "NATO and Afghanistan," http://www.nato.int/cps/en/natohq/topics_8189.htm (accessed December 16, 2016).

[11] Watchlist interview (name and location withheld), staff member of Basic Package of Health Services (BPHS) partner, November 14, 2016.

[12] UN Security Council, Recommendations of the Secretary-General, submitted pursuant to paragraph 13 of Security Council resolution 2286 (S/2016/722), http://www.un.org/en/ga/search/view_doc.asp?symbol=S/2016/722 (accessed January 31, 2017).

[13] Watchlist recommends the listing of the Afghan National Defense Security Forces (ANDSF) for attacks on schools and hospitals in accordance with Resolution 1998 in the Secretary-General's 2017 annual report on children and armed conflict based upon the pattern of attacks on medical facilities and personnel perpetrated by the ANDSF documented in this report and the UNAMA, "Afghanistan Annual Report 2016, Protection of Civilians in Armed Conflict," pp. 34-35; and the pattern of attacks on schools perpetrated by the ANDSF documented in Watchlist on Children and Armed Conflict, "2017 Annual Report: Putting Children's Rights Up Front," pending release March 1, 2017.

[14] OSRSG-CAAC, UNICEF, WHO, and UNESCO, "Protect Schools + Hospitals: Guidance Note on Security Council Resolution 1998," Annex II.

[15] Ibid., pp. 6-13.

[16] Ibid., p. 11.

[17] For 2015 figures see: UNAMA, "Afghanistan Annual Report 2015, Protection of Civilians in Armed Conflict," February 2016, http://unama.unmissions.org/sites/default/files/poc_annual_report_2015_final_14_feb_2016.pdf (accessed December 7, 2016), pp. 1-2; for 2016 figures see: UNAMA, "Afghanistan Annual Report 2016, Protection of Civilians in Armed Conflict," p. 10.

[18] UNAMA, "Afghanistan Annual Report 2015, Protection of Civilians," pp. 1-2; UNAMA, "Afghanistan Annual Report 2016, Protection of Civilians," p. 10.

[19] Ibid.

[20] UNAMA, "Afghanistan Annual Report 2016, Protection of Civilian," p. 10.

[21] ACAPS, "Afghanistan Country Profile," January 26, 2016, http://reliefweb.int/sites/reliefweb.int/files/resources/c-acaps_countryprofile_afghanistan_26january2016.pdf (accessed December 5, 2016), p. 4.

[22] Ibid.

[23] Examples of Sharia law under the Taliban included prohibiting girls to attend school after the age of 10 and prohibiting women from working outside the home. Women were also required to dress in a burqa that fully covered them from head to toe and men were required to grow beards. Many found to be in violation of the law faced public execution, beating, or amputation. "Who are the Taliban?" *BBC*, May 26, 2016, http://www.bbc.com/news/world-south-asia-11451718 (accessed December 5, 2016).

[24] ACAPS, "Afghanistan Country Profile," p. 4.

[25] Ibid.

[26] Middle East Institute, "The Islamic State in Afghanistan: Examining its Threat to Stability," May 2016, http://www.mei.edu/sites/default/files/publications/PF12_McNallyAmiral_ISISAfghan_web.pdf (accessed December 5, 2016), p. 6.

[27] Special Inspector General for Afghanistan Reconstruction, "Quarterly Report to the United States Congress," January 30, 2017, https://www.sigar.mil/pdf/quarterlyreports/2017-01-30qr.pdf (accessed February 6, 2017), p. 89.

[28] Magdalena Mis, "Afghanistan Still Most Perilous Country for Aid Workers: Consultancy," *Reuters*, July 16, 2015, http://www.reuters.com/article/us-humanitarian-attacks-report-idUSKCN0PQ27X20150716 (accessed December 18, 2016).

[29] For 2015 figures, see: OCHA, "Humanitarian Bulletin, Afghanistan, Issue 47," December 2015, http://reliefweb.int/sites/reliefweb.int/files/resources/afg_mhb_december_2015_final.pdf (accessed December 18, 2016), p. 6; for 2016 figures, see: OCHA, "Humanitarian Bulletin, Afghanistan, Issue 58," November 2016, http://reliefweb.int/sites/reliefweb.int/files/resources/mhb_november_2016.pdf (accessed December 18, 2016), p. 6.

[30] OCHA, "Humanitarian Bulletin, Afghanistan, Issue 47," p. 6; OCHA, "Humanitarian Bulletin, Afghanistan, Issue 58," p. 6.

[31] Amnesty International, "Afghanistan: Number of People Internally Displaced by Conflict Doubled to 1.2 Million in Just Three Years," May 31, 2016, https://www.amnesty.org/en/latest/news/2016/05/afghanistan-internally-displaced/ (accessed December 7, 2016).

[32] Internal Displacement Monitoring Centre, "Afghanistan," http://www.internal-displacement.org/database/country/?iso3=AFG (accessed December 7, 2016).

[33] Ibid.

[34] OCHA, "Humanitarian Bulletin, Afghanistan, Issue 57," November 2016, http://reliefweb.int/sites/reliefweb.int/files/resources/ocha_afghanistan_monthly_humanitarian_bulletin_october_2016.pdf (accessed December 7, 2016), p. 1.

[35] UN Human Rights Council, "Afghanistan: Deteriorating Displacement Crisis Requires Urgent Attention and Increased Resources," October 20, 2016, http://reliefweb.int/report/afghanistan/afghanistan-deteriorating-displacement-crisis-requires-urgent-attention-and (accessed December 7, 2016).

[36] OCHA, "Afghanistan: Conflict Induced Displacements—Snapshot (1 January-31 August 2016)," September 2016, https://www.humanitarianresponse.info/system/files/documents/files/afg_conflict_idps_2016_jan_aug_snapshot_20160920_v2.pdf (accessed February 15, 2016).

[37] Amnesty International, "Afghanistan: Number of People Internally Displaced by Conflict Doubled to 1.2 Million in Just Three Years."

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