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COI QUERY

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This response to a COI query has been elaborated according to the [EASO COI Report Methodology](#) and [EASO Writing and Referencing Guide](#).

The information provided in this response has been researched, evaluated and processed with utmost care within a limited time frame. All sources used are referenced. A quality review has been performed in line with the above mentioned methodology. This document does not claim to be exhaustive neither conclusive as to the merit of any particular claim to international protection. If a certain event, person or organisation is not mentioned in the report, this does not mean that the event has not taken place or that the person or organisation does not exist. Terminology used should not be regarded as indicative of a particular legal position.

The information in the response does not necessarily reflect the opinion of EASO and makes no political statement whatsoever.

The target audience is caseworkers, COI researchers, policy makers, and decision making authorities. The answer was finalised on 12 August 2020, with following reference period January 2018 – 15 July 2020. Any event taking place after 15 July 2020 is not included in this answer.

COI QUERY RESPONSE

Background of the Humanitarian Sector in Afghanistan

UN OCHA, in its Humanitarian Response Plan 2018-2021 - 2019 update, estimates that at the end of 2018 there were 6.3 million people in need of humanitarian assistance in Afghanistan out of a total population of about 35.7 million people.¹ While adopting a broader definition, at the end of 2019 the need was estimated at 9.4 million people,² and in the June 2020 update it was appraised to have more than doubled compared to two years before, reaching a 14 million people forecast,³ over an estimated total population of 37.6 million people.⁴ This last update took into account the impact of the COVID-19 pandemic though. This total number of people comprises 12.8 million vulnerable people with humanitarian needs, 180 000 shock-affected non-displaced people, 500 000 IDPs, and 600 000 refugees and returnees.⁵

Based on the same plan, coordinated by OCHA, the operational capacity of the entire humanitarian sector, at the end of 2018 involved 83 national NGOs and 72 international NGOs, as well as 11 UN organisations participating in the humanitarian response, for a total of 166 active partner organisations.⁶ One year later, at the end of 2019, the total number of organisations had reportedly increased to 188, with following presence per province (see Chart I below).⁷

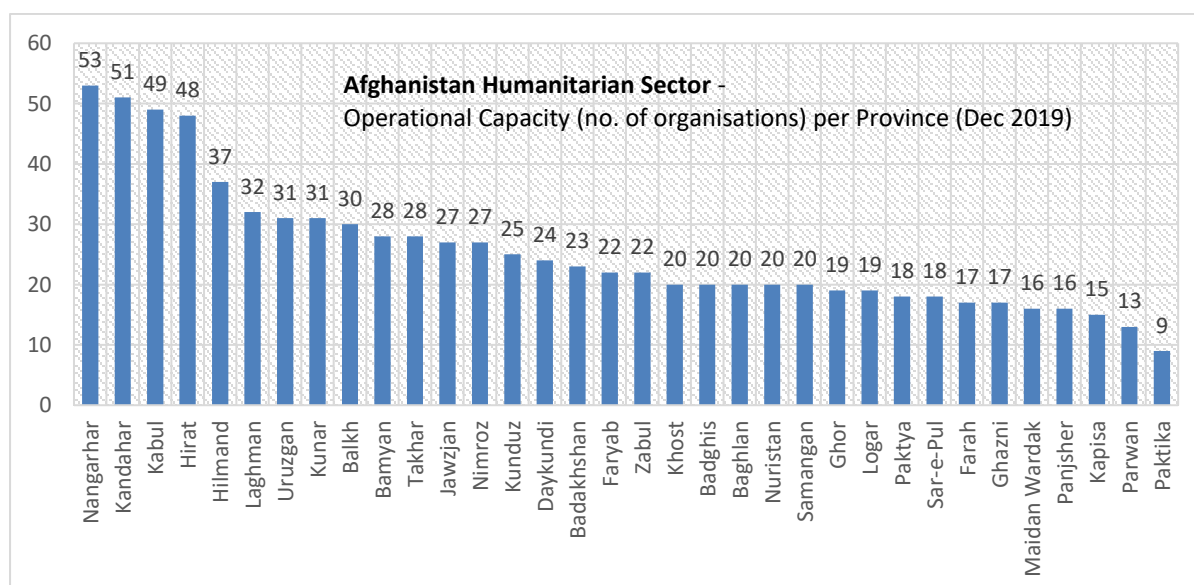


Chart I. Data Elaborated by EASO based on UN OCHA, Afghanistan, Humanitarian Operational Capacity (October-December 2019), 20 January 2020, [url](#)

¹ UN OCHA, Humanitarian Response Plan Afghanistan 2018-2021, 2019 Update, December 2018, [url](#), p. 2, 5

² UN OCHA, Humanitarian Response Plan Afghanistan 2018-2021, 2020 revision, 31 December 2019, [url](#), p. 6

³ UN OCHA, Humanitarian Response Plan Afghanistan 2018-2021, June 2020 Update, 10 June 2020, [url](#)

⁴ UN OCHA, Humanitarian Response Plan Afghanistan 2018-2021, 2020 revision, 31 December 2019, [url](#), p. 13

⁵ UN OCHA, Humanitarian Response Plan Afghanistan 2018-2021, June 2020 Update, 10 June 2020, [url](#)

⁶ UN OCHA, Humanitarian Response Plan Afghanistan 2018-2021, 2019 Update, December 2018, [url](#), p. 24

⁷ UN OCHA, Afghanistan, Humanitarian Operational Capacity (October-December 2019), 20 January 2020, [url](#)



As reported by the New Humanitarian, ‘donors in Afghanistan fund more than 70 percent of the government’s total spending’, and ‘humanitarian groups are often relied on to provide basic services in rural areas’.⁸ The same applies in the areas under Taliban’s control, who ‘have increasingly sought to present themselves as a government’, and ‘have increasingly overseen education, health, and other services and interact with aid organizations’.⁹ A case in point, as reported by AAN, from 2013 onwards the Taliban expanded the geographical scope of their administration, started collecting taxes and established, among other commissions, one specifically for dealing with international NGOs.¹⁰

Targeting Humanitarian Workers

In 2018 UNAMA ‘documented a rise in civilian casualties’ resulting from, among others, the targeting of ‘aid workers and staff working for NGOs’.¹¹ UNAMA reported the same rising trend in 2019,¹² and another acceleration at the beginning of 2020,¹³ severely affecting healthcare personnel and aid workers more in general. To this regard, UN OCHA notes, in its Humanitarian Response Plan 2018-2021 (2020 revision), that ‘Afghanistan remains one of the most complex and dangerous countries on earth to be a humanitarian’.¹⁴ In the same report UN OCHA states that ‘[d]eteriorating security; continued attacks on aid workers and facilities; violence and political uncertainty... have all adversely affected humanitarian space across Afghanistan in 2019’.¹⁵ As a way to redress this, and avoid the insecurity of transit routes for instance, ‘including the establishment of non-government checkpoints’, international and national NGOs prefer to move around staff and supplies by relying on air transport.¹⁶

As reported by UN OCHA, parties to the conflict remain suspicious of aid workers operating in contested areas, and as a result, aid workers are often intimidated, when they are not deliberately targeted.¹⁷ Disputed loyalties, alleged spying activities, dealings with insurgent or (pro)-government forces in order to negotiate protection and operational spaces, treatment of wounded or injured adversaries, dissemination of western values and behaviours, and opening to foreign influences are among the rationales behind the targeting.¹⁸ Within this context, at the end of 2019, UN OCHA noted

⁸ SIGAR, Special Inspector General for Afghanistan Reconstruction, Quarterly Report to the United States Congress, 30 April 2019, [url](#), pp. 6, 140; The New Humanitarian, Afghanistan attacks spur fresh concerns over aid worker safety, 12 December 2019, [url](#)

⁹ HRW, “You Have No Right to Complain”, Education, Social Restrictions, and Justice in Taliban-held Afghanistan, June 2020, [url](#), p. 44

¹⁰ AAN, One Land, Two Rules (7): Delivering public services in insurgency-affected Andar district in Ghazni province, 13 June 2019, [url](#)

¹¹ UNAMA, Afghanistan Protection of Civilians in Armed Conflict, 2018, 4 February 2019, [url](#), pp. 25-26

¹² UNAMA, Afghanistan Protection of Civilians in Armed Conflict, 2019, February 2020, [url](#), pp. 7-8

¹³ UNAMA, Afghanistan Protection of Civilians in Armed Conflict, First Quarter Report 1 January – 31 March 2020, 27 April 2020, [url](#), pp. 2, 6-8; UNAMA, Afghanistan, Protection of Civilians in Armed Conflict, Special Report: Attacks on Healthcare during the COVID-19 Pandemic, 20 June 2020, [url](#)

¹⁴ UN OCHA, Humanitarian Response Plan Afghanistan 2018-2021, 2020 revision, 31 December 2019, [url](#), p. 5

¹⁵ UN OCHA, Humanitarian Response Plan Afghanistan 2018-2021, 2020 revision, 31 December 2019, [url](#), p. 34

¹⁶ UN OCHA, Humanitarian Response Plan Afghanistan 2018-2021, 2020 revision, 31 December 2019, [url](#), p. 34

¹⁷ UN OCHA, Humanitarian Response Plan Afghanistan 2018-2021, 2020 revision, 31 December 2019, [url](#), p. 34, vv

¹⁸ HRW, “You Have No Right to Complain”, Education, Social Restrictions, and Justice in Taliban-held Afghanistan, June 2020, [url](#), pp. 44-45; UN OCHA, Humanitarian Response Plan Afghanistan 2018-2021, 2020 revision, 31 December 2019, [url](#), pp. 34-36; EASO, Country of Origin Information Report, Afghanistan Individuals targeted by armed actors in the conflict, December 2017, [url](#), pp. 75-76

that in Afghanistan 'NGOs are considered legitimate targets by Daesh/ISK – not because they are NGOs but because they are foreign, including national actors who receive international donor funding'.¹⁹

Number of Casualties

2018. In the course of 2018 UNAMA, while adopting a notoriously strict methodology, documented 10 993 civilian casualties (3 804 deaths and 7 189 injured) as a result of the armed conflict.²⁰ Between January and September 2018 only, they amounted to 8 050 civilian casualties (2 798 deaths and 5 252 injuries).²¹ Referring to this same time period, OCHA reports that '[t]he first nine months of 2018 alone registered... a 153 per cent increase in aid workers killed and injured compared to the same period last year'.²² In particular, during the first ten months of 2018, 23 aid workers were killed and 49 injured (almost a third of which in the Nangarhar province).²³

2019. In the course of 2019 UNAMA documented 10 392 civilian casualties (3 403 killed and 6 989 injured) as a result of the armed conflict.²⁴ Between January and September 2019 only, they amounted to 8 239 civilian casualties (2 563 deaths and 5 676 injured), while the third quarter of 2019 recorded the highest number of civilian casualties since UNAMA began systematic documentation in 2009.²⁵ Among these casualties, during the first ten months of 2019, 31 aid workers were killed, 41 injured, and 51 kidnapped. The highest number of these incidents occurred in Kabul, followed by Nangarhar.²⁶

2020. In the period from 1 January to 31 March 2020, UNAMA documented 1 293 civilian casualties (533 killed and 760 injured) - a significant drop compared to the same period one year earlier, although highlighting 'that the conflict in Afghanistan continues to be one of the deadliest in the world for civilians'.²⁷ Among these, UN OCHA registered, until June 2020, 14 aid workers killed, 29 injured, and 66 abducted, while the number of access incidents - any restrictions on assistance's delivery, access to assistance, or interference with humanitarian work - amounted to 420 (53 related to health workers and facilities).²⁸ Based on WHO and UNAMA data, in the period 1 January – 15 July 2020 more than 30 incidents have been reported to have affected the health/ humanitarian sector.²⁹ These resulted in more than 40 deaths and 20 injured, among civilians and health workers, as well as more than 20 health workers kidnapped.³⁰

¹⁹ UN OCHA, Humanitarian Response Plan 2018-2021, 2019 Update, December 2018, [url](#), p. 24

²⁰ UNAMA, Afghanistan Protection of Civilians in Armed Conflict, 2018, 4 February 2019, [url](#), p. 1

²¹ UNAMA, Quarterly Report On the Protection Of Civilians In Armed Conflict, October 2018, [url](#), p. 1

²² UN OCHA, Humanitarian Response Plan 2018-2021, 2019 Update, December 2018, [url](#), p. 7

²³ UN OCHA, Humanitarian Response Plan 2018-2021, 2019 Update, December 2018, [url](#), p. 24

²⁴ UNAMA, Afghanistan Protection of Civilians in Armed Conflict, 2019, February 2020, [url](#), p. 14

²⁵ UNAMA, Quarterly Report On the Protection Of Civilians In Armed Conflict, October 2019, [url](#), p. 1

²⁶ UN OCHA, Humanitarian Response Plan Afghanistan 2018-2021, 2020 revision, 31 December 2019, [url](#), p. 35

²⁷ UNAMA, Afghanistan Protection of Civilians in Armed Conflict, First Quarter Report 1 January – 31 March 2020, 27 April 2020, [url](#), p. 1

²⁸ UN OCHA, Afghanistan, Humanitarian Access Snapshot (June 2020), 13 July 2020, [url](#)

²⁹ WHO, Surveillance System for Attacks on Healthcare (SSA), 15 July 2020, [url](#); UNAMA, Afghanistan Protection of Civilians in Armed Conflict, First Quarter Report 1 January – 31 March 2020, 27 April 2020, [url](#), p. 6

³⁰ UNAMA, Afghanistan Protection of Civilians in Armed Conflict, First Quarter Report 1 January – 31 March 2020, 27 April 2020, [url](#), p. 6; WHO, Afghanistan Attacks on Health Care (28 January 2020 – 23 May 2020), [url](#); UNAMA, Afghanistan, Protection of Civilians in Armed Conflict, Special Report: Attacks on Healthcare during the COVID-19 Pandemic, 20 June 2020, [url](#)

**Targeted Profiles among Aid Workers.**

After a thorough analysis of the data presented here, following profiles, within the broad humanitarian sector, prove to be particularly affected by attacks and deliberate violence (the list is not exhaustive):

- **Healthcare Workers:** they are often targeted by all sides in the conflict, including pro-government forces, CIA-backed militias, the Taliban, and the Islamic State in Khorasan (ISK), who mutually accuse them of 'suspicious' activities or covert support of one side or the other in the conflict.³¹ For further details on incidents and casualties in the period 2018-2020 see [Targeting Health Care Workers](#) and [Further Impacts of the Incidents on Health Care/Humanitarian Sector](#).
- **Anti-Polio Vaccinators:** anti-polio vaccination campaigns are often met by misconceptions and fear by local communities, armed groups, and parents alike, on various grounds, such as: hidden western agenda, disguised espionage, fear of being targeted by the Taliban, ploy to create infertility, or to poison children.³² As a result anti-polio vaccinators are often threatened and prevented from carrying out their activities.³³ There have also been instances of kidnapping of polio workers.³⁴ For further details on incidents and casualties in the period 2018-2020 see [Targeting Health Care Workers](#) and [Further Impacts of the Incidents on Health Care/Humanitarian Sector](#).
- **Women Rights Advocates:** women's rights activists, advocates, and campaigners are a recurring target of radical Islam interpreters in the country, who conceive of their activities as non-neutral or in violation of cultural and religious norms. The recent attack where two female members of the Afghan Independent Human Rights Commission (AIHRC) lost their lives in a car blast in Kabul, on 27 June 2020, well epitomise their general situation.³⁵ For further details please see query [Journalists, media workers and human rights defenders](#).
- **Demining Operators:** demining operators are target of threats because their work involves removing Taliban-planted improvised explosive devices (IEDs). Often warned/advised to quit their job for their own safety,³⁶ they are also exposed to physical attacks or retaliations by anti-government armed groups. In May 2018, 5 workers were killed and one kidnapped;³⁷ on 14

³¹ Al Jazeera, 'Million at risk' as attacks on Afghan healthcare facilities rise, 17 June 2020, [url](#); The Intercept, A CIA-Backed Militia Targeted Clinics in Afghanistan, Killing Medical Workers and Civilians, 31 October 2019, [url](#); HRW, Afghanistan: CIA-Backed Forces Commit Atrocities, 31 October 2019, [url](#); US NEWS, Afghan healthcare personnel were deliberately attacked during pandemic, U.N. says, 21 June 2020, [url](#)

³² VOA, Polio Remains Threat in Militant-hit Areas of Afghanistan and Pakistan, 24 January 2020, [url](#); Al Jazeera, Distrust of polio vaccine plagues Afghanistan, 3 February 2019, [url](#); VOA, Official: Taliban, IS Deprive Afghan Kids of Polio Vaccine, 18 April 2019, [url](#)

³³ Al Jazeera, Distrust of polio vaccine plagues Afghanistan, 3 February 2019, [url](#)

³⁴ HRW, "You Have No Right to Complain", Education, Social Restrictions, and Justice in Taliban-held Afghanistan, June 2020, [url](#), p. 45

³⁵ News18, She Knew Islam More than Her Killers, Says Sister of Afghan Human Rights Activist Killed in Bombing, 28 June 2020, [url](#); VOA, Bomb Kills Afghan Rights Activists in Kabul, 27 June 2020, [url](#)

³⁶ HRW, "You Have No Right to Complain", Education, Social Restrictions, and Justice in Taliban-held Afghanistan, June 2020, [url](#), p. 44

³⁷ AP, Afghan official: Taliban kill 5 workers clearing land mines, 21 May 2018, [url](#); VOA, 5 Mine Clearance Works Killed in Afghanistan, 21 May 2018, [url](#)



September 2019, in Samangan province, a group of armed Taliban fighters abducted five local staff members of an international demining agency.³⁸

- Humanitarian personnel in general: foreign aid workers as well as locals are exposed to frequent attacks,³⁹ and ambivalent protection regimes, especially in the contested areas, 'particularly if they receive foreign aid or are involved in government contracts'.⁴⁰ For instance in April 2019, the Taliban revoked security guarantees for the International Committee of the Red Cross (ICRC) operating in areas under its control, to then resolve the dispute only in September 2019.⁴¹

³⁸ HRW, "You Have No Right to Complain", Education, Social Restrictions, and Justice in Taliban-held Afghanistan, [url](#), p. 45

³⁹ NYT, Taliban Target Aid Groups, in an Ominous Turn in Afghanistan, 13 May 2019, [url](#); The New Humanitarian, Afghanistan attacks spur fresh concerns over aid worker safety, 12 December 2019, [url](#)

⁴⁰ HRW, "You Have No Right to Complain", Education, Social Restrictions, and Justice in Taliban-held Afghanistan, [url](#), p. 44

⁴¹ HRW, World Report 2020, Afghanistan, Events of 2019, 2020, [url](#)

Background of the Health Care Sector in Afghanistan

In terms of health facilities, Afghanistan's health system has been slowly but steadily progressing over the last 20 years, with increasing coverage of health services throughout the country.⁴² On WHO account, in 2018, a total of 3 135 health facilities were functional. Allegedly, this ensured access to almost 90% of the population within two hours distance.⁴³ See the table below for further details.

Health facility type	WHO Data (2018) No. ⁴⁴	MoPH Data (Jan 2020) No. ⁴⁵
Sub-centre	986	1 085
Basic Health Centre	873	1 315
Comprehensive Health Centre	432	
District hospital	84	88
Provincial hospital	27	37
Regional hospital	9	
Special hospital	30	32
Mobile clinic	242	n.a.
Other	452	1171
Total health facilities	3 135	3 718
Health posts	17 297	n.a.

Table 1. Elaborated by EASO based on following sources: WHO, Afghanistan Health System, 2018, [url](#); Islamic Republic of Afghanistan, Ministry of Public Health, Weekly Epidemiological Report 4th, 19-25 January 2020, [url](#)

On some other accounts though, 'Afghans today still struggle to get access to healthcare due to pervasive violence, widespread poverty, and a weak public health system'.⁴⁶ In a recently released report, MSF, a leading actor in the health sector in Afghanistan, states that 'the public impression about internationally supported gains in the health system often diverges significantly from the reality on the ground'.⁴⁷ Against this background, high costs for care and medicine would represent by far the biggest barrier for accessing healthcare.⁴⁸ For further details about the health system in Afghanistan, its access and availability, see [EASO COI Afghanistan Report on Key Socio-Economic Indicators](#), 2.6 Health Care (pp. 49-63).

Targeting Health Care Workers

Based on WHO's Surveillance System for Attacks on Healthcare (SSA), in the period 1 January 2018 – 15 July 2020, there have been a total of 221 documented/reported attacks on the healthcare sector in Afghanistan, resulting in 91 deaths and 152 injuries. 41 of these incidents involved as well the abduction, arrest or detention of health personnel or patients. Out of the 221 attacks, 119 impacted

⁴² WHO, EMRO, Afghanistan Health System, 2018, [url](#); Islamic Republic of Afghanistan, Ministry of Public Health, Weekly Epidemiological Report 4th, 19-25 January 2020, [url](#)

⁴³ WHO, EMRO, Afghanistan Health System, 2018, [url](#)

⁴⁴ WHO, EMRO, Afghanistan Health System, 2018, [url](#)

⁴⁵ Islamic Republic of Afghanistan, Ministry of Public Health, Weekly Epidemiological Report 4th, 19-25 January 2020, [url](#)

⁴⁶ MSF, Reality Check - Afghanistan's Neglected Healthcare Crisis, March 2020, [url](#), p. 1

⁴⁷ MSF, Reality Check - Afghanistan's Neglected Healthcare Crisis, March 2020, [url](#), p. 3

⁴⁸ MSF, Reality Check - Afghanistan's Neglected Healthcare Crisis, March 2020, [url](#), pp. 10-11

on facilities, 119 on personnel, 39 on transports, 25 on patients, 36 on supplies, and 15 on warehouses.⁴⁹ The breakdown per year resulting from the SSA tracking system is the following:

Attacks on Healthcare in Afghanistan			
Attacks/Year	2018	2019	Jan-15 July 2020
Attacks on Healthcare	85	114	22
Deaths	19	37	35
Injuries	45	48	59

Table II. Data elaborated by EASO based on the WHO Surveillance System for Attacks on Healthcare (SSA), July 2020, [url](#).

The data reported above are partially aligned with those reported by UNAMA on the one hand, and WHO on the other hand, on thematic reports/publications covering the same period. See below for further details and an overview resulting from these two organisations data sets.

2018. UNAMA verified 62 incidents affecting health care in 2018, including direct attacks or threats of attacks against health care facilities and personnel and incidental damage to health care facilities. UNAMA attributed 46 incidents to anti-government elements, including 30 incidents to Taliban, 11 to Daesh/ISKP, three incidents to self-identified Daesh/ISKP and two to undetermined armed groups. Pro-government forces were responsible for 16 incidents in total.⁵⁰ Among these UNAMA documented two incidents of deliberate targeting of healthcare workers in 2018 causing two civilian casualties (one death and one injured).⁵¹

2019. UNAMA verified 75 incidents impacting healthcare in 2019, including direct attacks or threats of attacks against healthcare facilities and personnel and incidental damage to healthcare facilities. Based on their data 13 health personnel were killed and 34 were injured, while 35 health personnel were abducted.⁵² Among these incidents, UNAMA documented eight incidents of deliberate targeting of healthcare workers causing 22 civilian casualties (nine killed and 13 injured).⁵³ For the same year (until 17 November 2019) WHO's data are slightly different: they report 113 incidents in 23 provinces and 77 districts, resulting in 258 affected health facilities (for more details see below the section on [Further Impacts of the Incidents on Health Care/Humanitarian Sector](#)) and 78 health care providers severely affected (18 killed, 28 injured and 25 detained).⁵⁴

2020. In the period January – June 2020, UN OCHA registered 53 incidents related to health workers and facilities.⁵⁵ In the first quarter of 2020, UNAMA verified 18 incidents impacting healthcare, 17 of which were attributed to the Taliban.⁵⁶ WHO reports instead 4 incidents in the period 28 January – 23 May 2020, resulting in 2 affected healthcare facilities, 7 killed, and 8 injured among patients and 'other

⁴⁹ WHO, Surveillance System for Attacks on Healthcare (SSA), 15 July 2020, [url](#)

⁵⁰ UNAMA, Afghanistan Protection of Civilians in Armed Conflict, 2018, 4 February 2019, [url](#), p. 16

⁵¹ UNAMA, Afghanistan Protection of Civilians in Armed Conflict, 2019, 22 February 2020, [url](#), p. 45

⁵² UNAMA, Afghanistan Protection of Civilians in Armed Conflict, 2019, 22 February 2020, [url](#), p. 29

⁵³ UNAMA, Afghanistan Protection of Civilians in Armed Conflict, 2019, February 2020, [url](#), p. 45

⁵⁴ WHO, Afghanistan Attacks on Health Care in 2019 as of 17 November, [url](#)

⁵⁵ UN OCHA, Afghanistan, Humanitarian Access Snapshot (June 2020), 13 July 2020, [url](#)

⁵⁶ UNAMA, Afghanistan Protection of Civilians in Armed Conflict, First Quarter Report 1 January – 31 March 2020, 27 April 2020, [url](#), p. 6

persons'.⁵⁷ In its special report on 'Attacks on Healthcare during the COVID-19 Pandemic' (20 June 2020), UNAMA focuses on the incidents affecting healthcare personnel and facilities in the period 11 March 2020 (COVID-19 declared a global pandemic by WHO) – 23 May 2020 (the end of Ramadan).⁵⁸ During this period UNAMA documented 15 incidents, where 12 were deliberate attacks and three incidents involved incidental harm caused by ongoing fighting. Eight of the targeted attacks and two of the incidents with incidental harm were attributed to the Taliban, whereas the Afghan National Security Forces were responsible for three targeted attacks, and one incidental harm, together with the Taliban, due to clashes between the two.⁵⁹ These 15 incidents consisted of:

- The targeting of civilians in a maternity ward at the Dasht-e-Barchi hospital, Kabul, by undetermined anti-government elements on 12 May. As a result of the attack, 24 people were killed, including 19 women and three children, and 23 more were injured, including 12 women, two children and one newborn.⁶⁰
- The abduction, all in all, of 23 healthcare workers by the Taliban, which were held hostage on average for 12 days. In some cases the Taliban's motivation was unclear, in others, 'the abductions were reportedly carried out in an attempt to pressure the healthcare workers, or the organizations for whom they worked, to provide better services to the community and pay the salaries of the healthcare workers, which were allegedly pending.'⁶¹
- A deliberate attack against a pharmacy, in a case of racketeering, whereby the Taliban detonated a remote-controlled improvised explosive device (IED) planted inside a privately-owned pharmacy. The explosion wounded eight male civilians including a 13-year-old boy and a doctor from the district hospital.⁶²
- A deliberate airstrike, *hors de combat* (out of action because injured), on wounded Taliban fighters outside a healthcare facility carried out by the Afghan Air Force. This resulted in the killing of Taliban members accompanying the injured treated in the clinic, the killing of two civilians at the hospital, including an ambulance driver, and the wounding of two health workers.⁶³

⁵⁷ WHO, Afghanistan Attacks on Health Care (28 January 2020 – 23 May 2020), [url](#)

⁵⁸ UNAMA, Afghanistan, Protection of Civilians in Armed Conflict, Special Report: Attacks on Healthcare during the COVID-19 Pandemic, 20 June 2020, [url](#), p. 3

⁵⁹ UNAMA, Afghanistan, Protection of Civilians in Armed Conflict, Special Report: Attacks on Healthcare during the COVID-19 Pandemic, 20 June 2020, [url](#), p. 3

⁶⁰ UNAMA, Afghanistan, Protection of Civilians in Armed Conflict, Special Report: Attacks on Healthcare during the COVID-19 Pandemic, 20 June 2020, [url](#), p. 13

⁶¹ UNAMA, Afghanistan, Protection of Civilians in Armed Conflict, Special Report: Attacks on Healthcare during the COVID-19 Pandemic, 20 June 2020, [url](#), p. 9

⁶² UNAMA, Afghanistan, Protection of Civilians in Armed Conflict, Special Report: Attacks on Healthcare during the COVID-19 Pandemic, 20 June 2020, [url](#), p. 10

⁶³ UNAMA, Afghanistan, Protection of Civilians in Armed Conflict, Special Report: Attacks on Healthcare during the COVID-19 Pandemic, 20 June 2020, [url](#), p. 11

- Afghan National Border Force (ANBF) threatening to shoot medical personnel at the Khogyani public hospital (Nangarhar province).⁶⁴
- The looting by the Afghan National Army (ANA), in Balkh province, Zari district, of medical supplies intended for a clinic run by a local NGO accused of supporting the Taliban.⁶⁵
- The collateral damage resulting from the generalised violence of the armed conflict (three incidents causing damage to healthcare facilities, harm to civilians and healthcare workers, and threats to medical transports).⁶⁶

Further Impacts of the Incidents on Health Care/Humanitarian Sector

Disruption of Anti-Polio Vaccinations.

- **2018.** In the period May-December 2018 a ban on house-to-house vaccination was imposed by the Taliban in their controlled territory in southern Afghanistan (Helmand, Kandahar, Ghazni and Uruzgan provinces).⁶⁷ In the course of 2018, as reported by UNAMA, anti-government forces hindered vaccination campaigns, especially for polio. UNAMA documented nine incidents in the course of the year in which anti-government forces threatened health care personnel to stop vaccination campaigns, including for polio. Six of these incidents took place in the eastern region (Kunar and Nangarhar provinces), two in Jawzjan province (north) and one in Farah province (west). Five incidents were attributed to Daesh/ISKP, two to self-identified Daesh/ISKP and two to Taliban.⁶⁸ 21 new cases of polio were reported in 2018, 15 of which occurred in the southern region and six in the eastern region, where vaccination campaigns faced extreme accessibility challenges. An estimated 840 000 children in the southern regions could not be vaccinated due to a ban on house-to-house vaccination.⁶⁹
- **2019.** In April 2019, the Taliban issued a statement banning the activities of the WHO claiming that its staff carried out 'suspicious activities' during vaccinations campaigns. At the end of September 2019 this ban was lifted for vaccination delivered at health facilities, but remained in force on house-to-house vaccinations.⁷⁰ In the course of the year a total 28 cases of polio were reported, 23 of which from areas where vaccinators had difficulties in accessing the children.⁷¹

⁶⁴ UNAMA, Afghanistan, Protection of Civilians in Armed Conflict, Special Report: Attacks on Healthcare during the COVID-19 Pandemic, 20 June 2020, [url](#), p. 12

⁶⁵ UNAMA, Afghanistan, Protection of Civilians in Armed Conflict, Special Report: Attacks on Healthcare during the COVID-19 Pandemic, 20 June 2020, [url](#), p. 12

⁶⁶ UNAMA, Afghanistan, Protection of Civilians in Armed Conflict, Special Report: Attacks on Healthcare during the COVID-19 Pandemic, 20 June 2020, [url](#), pp. 14-15

⁶⁷ AAN, One Land Two Rules, (5): The polio vaccination gap, 9 May 2019, [url](#); The Telegraph, The Taliban doesn't fear polio vaccination – it fears air strikes, 2 March 2020, [url](#);

⁶⁸ UNAMA, Afghanistan Protection of Civilians in Armed Conflict, 2018, 4 February 2019, [url](#), p. 16

⁶⁹ UNAMA, Afghanistan Protection of Civilians in Armed Conflict, 2018, 4 February 2019, [url](#), p. 16

⁷⁰ HRW, World Report 2020, Afghanistan, Events of 2019, 2020, [url](#); UNAMA, Afghanistan Protection of Civilians in Armed Conflict, 2019, 22 February 2020, [url](#), p. 30; VOA, Official: Taliban, IS Deprive Afghan Kids of Polio Vaccine, 18 April 2019, [url](#); Radio Free Europe – Radio Liberty, Taliban Lifts Ban On WHO Vaccine Operations In Occupied Afghan Territories, 25 September 2019, [url](#)

⁷¹ UNAMA, Afghanistan Protection of Civilians in Armed Conflict, 2019, 22 February 2020, [url](#), p. 30

Lootings, disruption of health/humanitarian services, clinics closure.

Disruption of activities, kidnappings, confiscation of ambulances, looting and forced closure of clinics took place in the course of the reference period (2018 – July 2020):

- In 2018 there were 31 reported incidents, at the hands of both (pro) government and anti-government forces, affecting access to health facilities and services.⁷²
- In 2019 there were 53 reported such incidents depriving individuals of access to the essential medical care.⁷³ UNAMA estimates that ‘from January to November 2019, approximately 24 000 hours of healthcare delivery were lost, and 41 000 consultations missed due to the forced closure and destruction of health facilities from incidents related to the armed conflict’.⁷⁴
- In the first quarter of 2020, UNAMA verified 18 incidents impacting on healthcare.⁷⁵ This led to the temporary closure of almost 50 clinics across the country, especially in the Eastern region.⁷⁶
- In the period January – June 2020, UN OCHA registered 420 access incidents for humanitarian actors. Within this context, conflict actors continued to hamper humanitarian activities, including the COVID-19 response, in reason of: ongoing fighting, interference with the recruitment process of health partners, levy requests to private transport contractors for the humanitarian sector.⁷⁷

Call for Action and Pulling out of Agencies/Organisations

- In January 2018, following the attack on NGO offices in Jalalabad (Nangarhar) on Wednesday 24 January 2018, 61 national and international non-government organizations, members of Agency Coordinating Body for Afghan Relief and Development (ACBAR), called for action to ensure the protection of aid workers.⁷⁸
- As a result of the attack on the maternity ward at Dasht-e-Barchi hospital in mid-May (see above), MSF decided to withdraw and cease activities at the hospital.⁷⁹

⁷² UNAMA, Afghanistan Protection of Civilians in Armed Conflict, 2019, 22 February 2020, [url](#), pp. 29-30

⁷³ UNAMA, Afghanistan Protection of Civilians in Armed Conflict, 2019, 22 February 2020, [url](#), p. 29

⁷⁴ UNAMA, Afghanistan Protection of Civilians in Armed Conflict, 2019, 22 February 2020, [url](#), p. 29

⁷⁵ UNAMA, Afghanistan Protection of Civilians in Armed Conflict, First Quarter Report 1 January – 31 March 2020, 27 April 2020, [url](#), p. 6

⁷⁶ UNAMA, Afghanistan Protection of Civilians in Armed Conflict, First Quarter Report 1 January – 31 March 2020, 27 April 2020, [url](#), p. 6

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