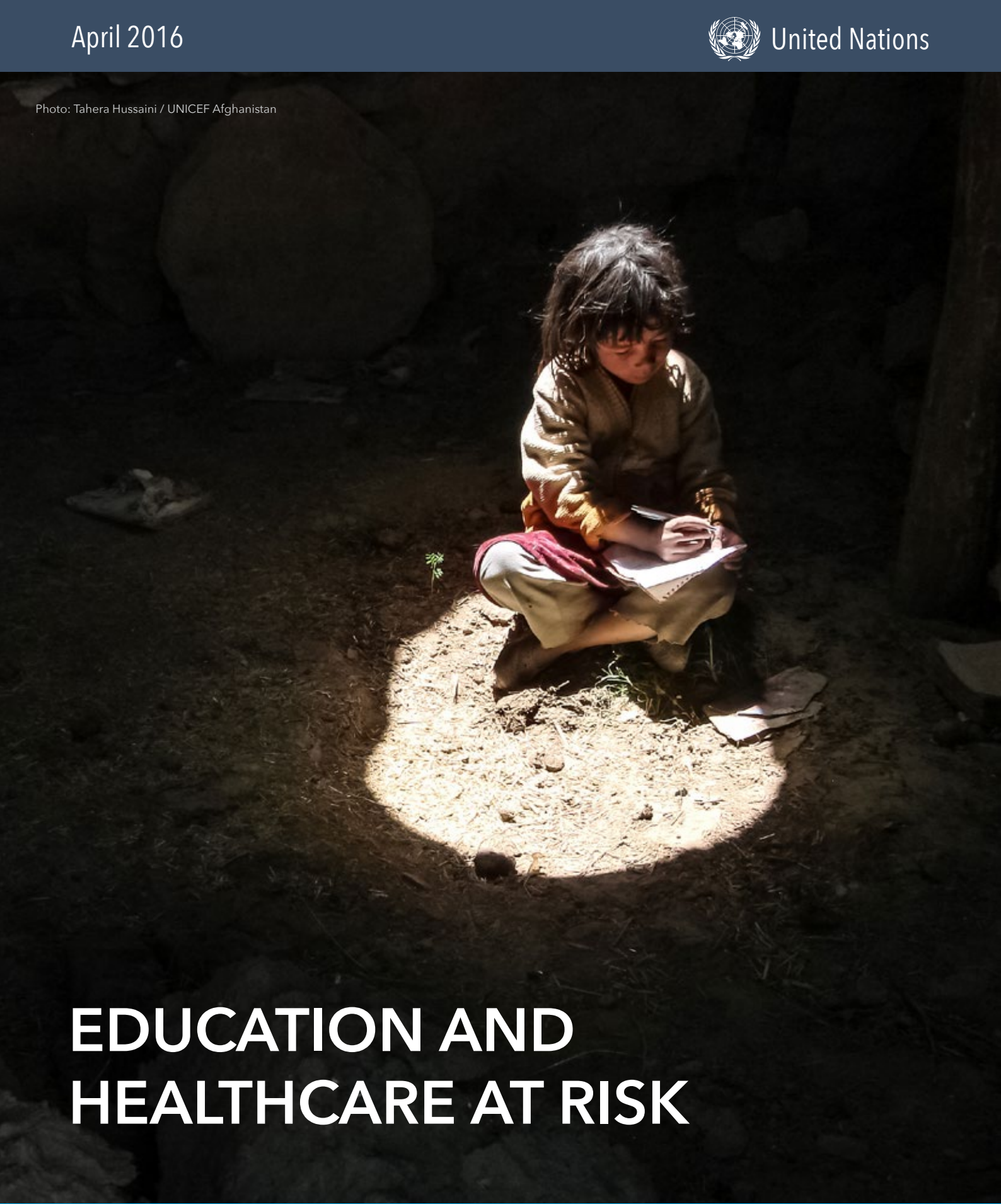


Photo: Tahera Hussaini / UNICEF Afghanistan



EDUCATION AND HEALTHCARE AT RISK

KEY TRENDS AND INCIDENTS AFFECTING CHILDREN'S ACCESS
TO HEALTHCARE AND EDUCATION IN AFGHANISTAN

CONFLICT INCIDENTS
AGAINST SCHOOLS

132

SCHOOLS
CLOSED

369

CHILDREN OUT OF
SCHOOL

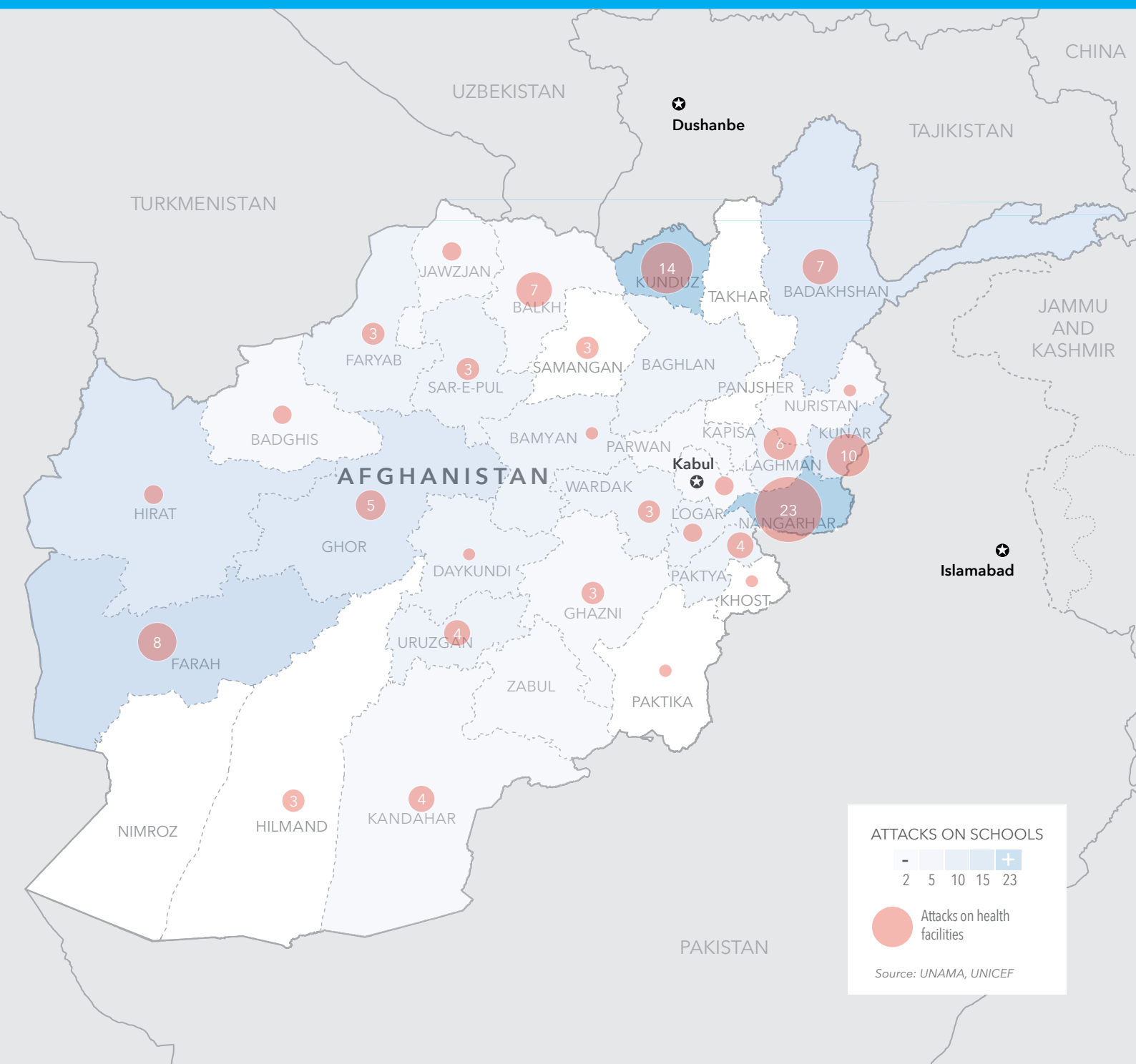
139,000

THREATS AND
INTIMIDATIONS

74

PERSONNEL KILLED,
INJURED OR ABDUCTED

75

INCIDENTS HEALTH
FACILITIES

125

CLINICS
CLOSED

19

CHILDREN WHO MISSED
IMMUNIZATION

90,000

THREATS AND
INTIMIDATIONS

64

PERSONNEL KILLED,
INJURED OR ABDUCTED

129



CONTENTS

INTRODUCTION	04
OVERVIEW.....	06
THREATS AGAINST SCHOOLS, HOSPITALS AND PROTECTED PERSONNEL.....	08
ATTACKS IMPACTING PROTECTED EDUCATION AND HEALTHCARE PERSONNEL	10
HARM DIRECTED TOWARD EDUCATION AND HEALTHCARE	14
MILITARY USE OF SCHOOLS AND HOSPITALS.....	19
RECOMMENDATIONS	24
CONTRIBUTORS.....	25
NOTES	26

INTRODUCTION

The armed conflict in Afghanistan continues to have particularly harsh consequences for children. In 2015, the United Nations Assistance Mission in Afghanistan (UNAMA) and the United Nations Children's Fund (UNICEF) recorded a sharp rise in a number of human rights and protection incidents concerning children in the context of the armed conflict compared to 2014. Children accounted for a quarter of all the civilian casualties; recruitment and use of children by parties to the conflict more than doubled; and the number of children abducted by parties to the armed conflict tripled.¹

Of grave concern is how children's access to education and healthcare in Afghanistan may be compromised when a school or hospital is directly or indirectly affected by the conflict. Conflict-related violence impacts the lives of children, patients, education and medical personnel and the functioning capacity of education and healthcare facilities.

Throughout 2015, children increasingly struggled to access already fragile health and education services in Afghanistan due to insecurity and conflict-related violence - limitations further exacerbated by high levels of chronic poverty throughout the country.²

This report documents how violence, threats and intimidation carried out by parties to the conflict

directly harmed or impacted health and education personnel, reduced the availability of healthcare, and limited children's access to essential health and education services. Schools and hospitals were damaged or destroyed by targeted attacks and crossfire, with many remaining closed due to insecurity, threats or military use.

The findings of this report are based on data collected from 1 January 2013 to 31 December 2015 by the Human Rights Unit of UNAMA and UNICEF. The report focuses on attacks and incidents directly linked to the conflict - excluding criminal attacks affecting schools and hospitals and attacks carried out by private actors. Data from a case study³ commissioned by UNICEF on crossfire is also included. All data is analyzed through the framework of applicable international humanitarian law, international human rights law, international criminal law and national legislation, as well as United Nations Security Council Resolutions 1612, 1882, 1998, and 2143.

Monitoring and verification remains a challenge in Afghanistan due to ongoing insecurity and access constraints. As such, figures provided may underrepresent the number of incidents attributed to the parties to the conflict and the severity of the impact of conflict on children.



Legal protection for schools, hospitals, education and medical personnel

UNAMA takes the position that the armed conflict in Afghanistan is a non-international armed conflict between the Government of Afghanistan and its armed forces and non-State armed groups.

Afghanistan is party to the four Geneva Conventions of 1949 and Additional Protocol II of 1977, which relates to the protection of civilians in a non-international armed conflict. Under international humanitarian law, attacks against civilians and civilian objects, including schools and hospitals, are generally prohibited. Additional Protocol II prohibits acts or threats of violence when the primary purpose is to spread fear among the civilian population.⁴

The principles of distinction, proportionality and precautions in attack are also firmly established as norms of customary international law. These norms direct parties to the conflict to spare the civilian population, civilians and civilian objects during the conduct of military operations, and to take all feasible precautions to avoid, and in any event minimize loss of civilian life, injury to civilians and damage to civilian objects.⁵

Additionally, Afghanistan has ratified the Rome Statute of the International Criminal Court which establishes as a war crime “intentionally [directing] attacks against buildings dedicated to [...] education [...], hospitals and places where the sick and wounded are collected, provided they are not military objectives.”⁶

Furthermore, Afghanistan is also a party to the International Covenant on Economic, Social and Cultural Rights, which provides for the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, and the right of everyone to education. In addition, Afghanistan is party to the Convention on the Rights of the Child, which guarantees the right to education and to “the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health.” The Convention on the Rights of the Child also includes a detailed recognition of the right to education in articles 28 and 29.

Security Council Resolution 1998 - Monitoring and reporting attacks on schools and/or hospitals and related protected personnel

In July 2011, the Security Council adopted Resolution 1998, which highlights the impact of armed conflict on the safety, education and healthcare of children, and calls for greater action to ensure that schools and hospitals are protected.⁷

The resolution refers to “attacks on schools and hospitals” as an umbrella formula both for attacks directed against schools and hospitals, as well as indirect harm resulting from conflict-related violence. This definition comprises acts leading to the total destruction, compromised functioning or partial

damage of educational and health institutions, including physical attacks, collateral damage affecting access to services, looting, pillaging and wanton destruction. It also relates to harm to protected persons, including killing, injuring, abduction and use of civilians as human shields.

The resolution urges parties to armed conflict to refrain from actions that impede children’s access to education and healthcare services, including the military use of schools and/or hospitals. The Security Council requested the United Nations Secretary-General to continue to monitor and report, *inter alia*, on the military use of schools and hospitals in contravention of international humanitarian law.

Breakdown of incidents covered by Security Council Resolution 1998

Monitoring and Reporting on Attacks on Schools and Hospitals in the Armed Conflict

Education related incidents	Healthcare-related incidents
■ Attacks on schools ■ Attacks on education personnel ■ Threats of attacks ■ Military use of schools ■ Other interferences with education	■ Attacks on hospitals ■ Attacks on medical personnel ■ Threats of attacks ■ Military use of hospitals ■ Other interferences with healthcare

OVERVIEW

SCHOOLS

"Disruption of education services due to conflict related violence is unfortunately not new in Afghanistan. Schools, particularly girls' schools, continue to close their doors due to insecurity, direct threats and attacks by parties to conflict. Robust action, including accountability for those who commit such attacks is urgently needed. Protecting children's right to education, and ensuring resources are available to enable them to continue their schooling despite conflict and displacement, must be an integral part of our response in Afghanistan. The next generation could be compromised if we cannot protect children's rights to education"

- Leila Zerrougui, Special Representative for the Secretary General on Children and Armed Conflict

In 2015, UNAMA and UNICEF documented 132 conflict-related incidents affecting education and education-related personnel, an 86 per cent increase⁸ compared to the same period in 2014 and a 110 per cent increase compared to 2013. This trend is attributed to the increase in the number of incidents involving threats and intimidation against education and healthcare personnel (182 per cent more than in 2014 and 376 per cent more than in 2013).

The increase in attacks impacting education attributed to the Taliban – 82 incidents compared to 29 in 2014 – contradicts a decree issued by Mullah Mohammad Omar in 2011 instructing his followers not to attack schools or intimidate school children.¹⁰ Furthermore, in 2012, the Taliban declared they were not against the education of girls.¹¹

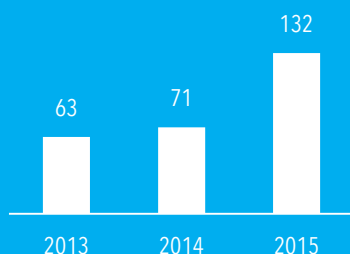
Of the 132 incidents affecting access to education, UNAMA and UNICEF documented the highest number of cases in the eastern region with a total of

38 incidents (23 in Nangarhar province, nine in Kunar, five in Laghman and one in Nuristan). UNAMA and UNICEF documented 27 incidents in the western region (12 in Farah province, seven in Herat, six in Ghor and two in Badghis), and 26 incidents in the northeastern region (16 in Kunduz province, seven in Badakhshan and three in Baghlan).

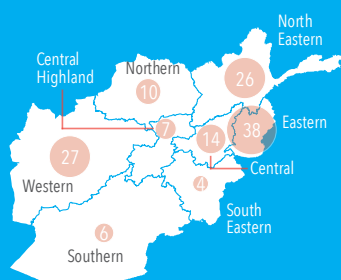
Such incidents significantly impacted the right to education, notably in relation to availability, access and quality of education. More than 369 schools closed partially or completely, affecting at least 139,048 students (65,057 boys and 73,991 girls) and 600 teachers.

In addition to barriers to education arising from insecurity, throughout 2015, Anti-Government Elements⁹ deliberately restricted access of women and girls to education, including closure of girls' schools, prohibition of education beyond 4th or 6th grade and complete bans on education for women and girls.

Conflict-related incidents against schools



Regional overview of conflict-related incidents in 2015



Childrens' access to education



139,048
children denied access to schools in 2015

HEALTH FACILITIES

"The consequences of attacks against healthcare in Afghanistan go far beyond the terrible loss of life. Afghan men, women and children requiring medical treatment may suffer or die, because people no longer feel safe at a hospital or clinic or there are no longer medical personnel available to treat them."
- Mark Bowden, Humanitarian Coordinator for Afghanistan

UNAMA and UNICEF documented an increase in the number of incidents affecting access to health care, with 125 incidents reported in 2015, compared to 59 in 2014 and 33 in 2013. Similar to education, threats and intimidation of health personnel constituted the majority of the cases – 64 incidents making up 52 per cent of all verified cases.

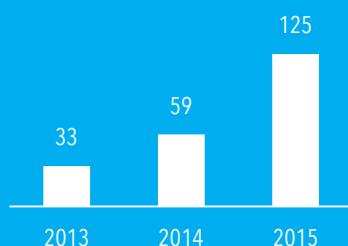
Approximately one third of all health-related incidents took place in the eastern region which experienced 40 incidents: UNAMA and UNICEF documented 23 incidents in Nangarhar, ten in Kunar, six in Laghman and one in Nuristan (all attributed to Anti-Government Elements). In the northeast, UNAMA and UNICEF documented 21 incidents, attributing eight incidents to Pro-Government Forces¹² (five in Kunduz and three in Badakhshan) and 13 incidents to Anti-Government Elements (nine in Kunduz and four in Badakhshan). UNAMA and UNICEF documented 18 incidents in the northern region, all perpetrated by Anti-Government

Elements: seven in Balkh, three in Faryab, three in Samangan, three in Saripul and two in Jawzjan.

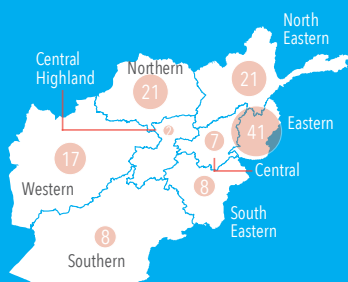
Overall, Anti-Government Elements perpetrated 109 of all verified cases affecting access to health services in 2015. UNAMA and UNICEF attributed 15 incidents to Pro-Government Forces and one remains unknown.¹³

On 1 July 2015, approximately 30 Afghan national security forces conducted a search operation at a regional hospital, and took control of the hospital for approximately an hour and a half. The forces handcuffed three patients, hit two security guards, fired bullets inside the hospital, and threatened a staff member by pointing a gun at his face. On 2 July, the hospital reportedly discharged some 50 non-critical patients (while 40 critical patients remained in the hospital), and stopped accepting new patients – directly impeding the population's access to medical health care. – Kunduz province, northeastern region.

Conflict-related incidents against health facilities



Regional overview of conflict-related incidents in 2015



Child casualties in 2015



1 in 4
civilian casualty
was a child

THREATS AGAINST SCHOOLS, HOSPITALS AND PROTECTED PERSONNEL

Threats documented in Afghanistan against schools, hospitals and related personnel have included threats that are public or private, written or oral, addressed to an individual or a group, or directly addressed to an education or medical facility. These have taken a wide range of forms, such as letters restricting the enrolment of girls in schools, publicly posted messages, verbal or texted death threats by mobile telephone or radio messages maligning vaccination workers. Intimidation has included threats, extortion and other actions carried out to create fear.

SCHOOLS

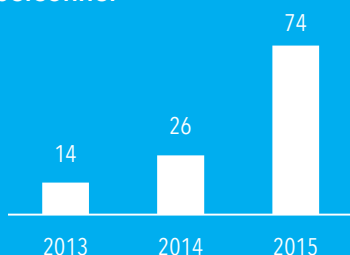
From 1 January 2013 through 31 December 2015, UNAMA and UNICEF recorded a growing number of incidents of threats and intimidation against education personnel. Throughout 2015, these incidents increasingly impeded children's access to education and resulted in school closures, bans on girls' education and extortion.

In 2015, UNAMA and UNICEF documented 19 incidents where Anti-Government Elements directly or indirectly limited girls' access to education. These incidents included direct restrictions such as: complete bans on education for girls, restrictions of girls' attendance beyond 4th or 6th grade or explicit prohibitions of girls attending school without a female teacher. The 19 incidents also included other forms of violence which impeded girls' access to education such as; threats and intimidations, two school-burnings, two improvised explosive device attacks and one incident of abduction. Of the 14 incidents of threats and intimidation, nine incidents of threats against teachers and students led to the closure or partial closure of 213 schools¹⁴ (including 94 mixed schools that were closed to girls only), affecting at least 50,683 girls. The vast majority of these closures and partial closures took place in Nangarhar and Herat provinces.

Anti-Government Elements threats to girls education

Between June and December 2015, threats and intimidation carried out by Anti-Government Elements led to the closure of five girl schools and the suspension of female classes of 94 mixed schools, affecting at least 27,103 girls. - Shindand district, Herat province, western region.

Threats and intimidations against schools and related personnel



Regional trends

In 2015, the northeastern, eastern and western regions accounted for

78%
of all intimidation and threats

Threats against girls' education

In 2015, of 14 incidents of threats and intimidation seven incidents led to the closure of

213 schools,
affecting at least
50,683 girls.

Threatening education in Nangarhar - emergence of ISIL-Khorasan Province

In 2015, UNAMA and UNICEF documented 16 cases of threats and intimidation targeting education-related personnel in the eastern region, including 12 cases in Nangarhar, compared to four cases in 2014 and four cases in 2013. The emergence of "ISIL-Khorasan Province"¹⁵ directly correlated to the increase, with eight incidents attributed to ISIL-Khorasan Province. Cases included extortion of teachers' salaries and forced closure of some 68 schools throughout the province, affecting more than 48,751 students and teachers, including at least 16,896 girls.

HEALTH FACILITIES

In 2015, UNAMA and UNICEF documented 64 incidents of threats and intimidation compared to 23 in 2014 and 15 incidents in 2013. These incidents directly affected children's access to health services due to forced closures, looting of clinics, acts of intimidation of healthcare workers, military use of clinics, and the suspension of vaccination campaigns.

Anti-Government Elements stopped four health workers traveling in a private vehicle, forced them from the vehicle, destroyed their vaccination kits and abducted them. The health workers were later released. - Kunar province, eastern region, May 2015.

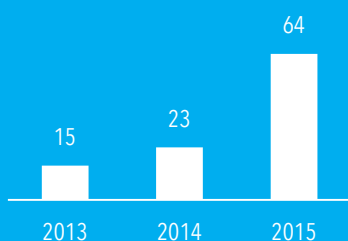
Closure of clinics

Threats and intimidation targeting health personnel led to the closure of at least 19 clinics, including 12 in the eastern region - 11 in Nangarhar, all attributed to ISIL-Khorasan Province and one in Kunar attributed to Anti-Government Elements. UNAMA attributed three other closures in the central region, one in the western region and one in the southern region to Anti-Government Elements and two closures in the northeastern and southern regions to Afghan national security forces.



Photo: Andrew Quilty

Threats and intimidations against hospitals and health personnel



Regional trends

In 2015, the northeastern, eastern and northern regions accounted for

80%

of all intimidation and threats

Closure of clinics

In 2015, threats and intimidation led to the closure of at least

19

clinics

ATTACKS IMPACTING PROTECTED EDUCATION AND HEALTHCARE PERSONNEL

Security Council Resolution 1998 strongly condemns all violations of applicable international law and urges parties to armed conflict to refrain from actions that impede children's access to education and to health services.

SCHOOLS

In Afghanistan, education personnel, including students, continued to face direct attacks and threats from Anti-Government Elements due to their association with education provided by the Government. For example, UNAMA documented multiple instances of teachers employed by the Government of Afghanistan being killed, beaten, abducted or threatened by Anti-Government Elements after being accused of pro-Government alignment.

In April 2015, Anti-Government Elements entered a boys' school, summoned a group of teachers to a room, assaulted them, then took two teachers out of the school and shot them dead. - Kunar province, eastern region.

HEALTH FACILITIES

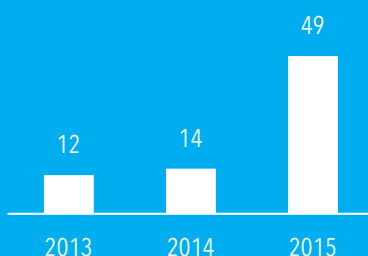
In 2015, UNAMA and UNICEF documented 20 health workers killed and 43 injured in Logar, Nangarhar, Balkh, Kandahar, Paktya, Ghazni and Kunduz. The vast majority of casualties resulted from an airstrike carried out by United States forces against a *Médecins Sans Frontières* (MSF) hospital in Kunduz on 3 October 2015, in which 49 medical personnel were killed or injured.

In 2015, UNAMA and UNICEF documented 66 abductions of health workers - more than twice the number of abductions documented in 2014

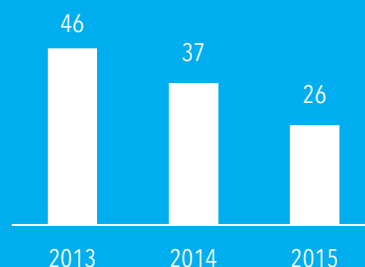
(31 abductions) and six times more than in 2013 (10 abductions). Except for one incident attributed to a pro-Government militia, UNAMA and UNICEF attributed all incidents recorded between 2013 and 2015 to Anti-Government Elements.

The ripple effect of attacks against health workers included loss of service delivery and damaged facilities, jeopardizing the lives and well-being of people requiring health services and further weakening the already stretched health services¹⁶ available in Afghanistan.

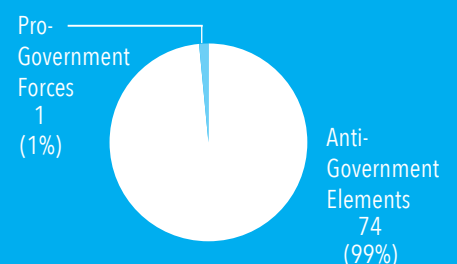
Abduction of education personnel



Educational personnel killed or injured



Perpetrators (2015)



Restrictions on the polio and vaccination campaigns – an analysis from UNICEF and WHO

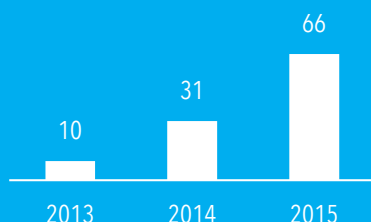
Afghanistan is one of the world's two remaining countries with endemic polio, with 20 polio cases reported in 2015 and 28 in 2014 and 14 cases in 2013. Throughout 2015, access and insecurity continued to affect program delivery. A total of 89,873 children could not be vaccinated during the December 2015 Sub-National Immunization days. These children are mostly from Kunar (12,638), Nangarhar (59,650) and Helmand (13,493) provinces. The districts with major access challenges include Chaparhar, Dehbala, Kot, Batikot and Achin districts in Nangarhar province, mainly due to insecurity.¹⁷

Over the past decade, the Taliban released several statements in support of the polio eradication program. For example, on 13 May 2013, the Taliban issued a public statement expressing support of polio vaccination campaigns with a caveat that campaigns must be led by Afghan personnel and respect Islamic values.¹⁸ In 2015, however, UNAMA, WHO and UNICEF documented 22 incidents directly affecting vaccination campaigns, mainly attributed to Anti-Government Elements, including Taliban. This included killing, maiming and abduction of vaccinators, threats and intimidation against them, as well as destruction of vaccination kits. Of the 22 incidents, ten took place in the eastern region.

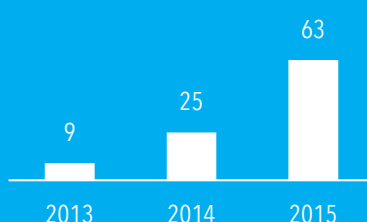


Photo: Fraidoon Poya / UNAMA

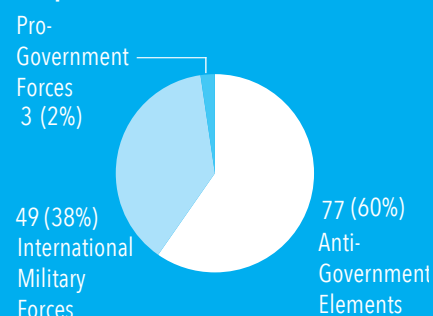
Abduction of health personnel



Health personnel killed or injured



Perpetrators (2015)





Jamshid and his two friends were seriously injured while his 18 year old brother was killed when a suicide bomber attacked a NATO convoy near their home. August 2014.



HARM DIRECTED TOWARD EDUCATION AND HEALTHCARE

What does this mean?

- **Targeted/deliberate attacks against civilians are prohibited.**¹⁹ Attacks directed at schools and hospitals may amount to a violation of international humanitarian law, even when such facilities are closed overnight, during weekends or holidays, or abandoned for other reasons, provided they were not used for military purposes.
- **Indiscriminate attacks** are those: which are not directed at a specific military objective; which employ a method or means of combat which cannot be directed at a specific military objective; or which employ a method or means of combat the effects of which cannot be limited as required by international humanitarian law; and consequently, in each such case, are of a nature to strike military objectives and civilians or civilian objects without distinction.²⁰
- **Proportionality:** “an attack which may be expected to cause incidental loss of civilian life, injury to civilians, damage to civilian objects, or a combination thereof, which would be excessive in relation to the concrete and direct military advantage anticipated is prohibited.”²¹
- **Precautions in attack:** “...civilians shall enjoy general protection against the dangers arising from military operations”;²² “In the conduct of military operations, constant care must be taken to spare the civilian population, civilians and civilian objects” and all feasible precautions must be taken with the “view to avoiding, and in any event to minimizing, incidental loss of civilian life, injury to civilians and damage to civilian objects.”²³
- **Looting/pillaging, and destruction and appropriation of property, not justified by military necessity and carried out wantonly:** during armed conflict, these acts may amount to attacks on schools and hospitals, as prohibited under international humanitarian law. This applies whether the schools or hospitals are open or closed, permanent, temporary, makeshift or mobile, including medical and school transports, and in the course of military use of the facilities or of “hit and run” attacks.

Coats of students hang on the wall of a partially destroyed school in Kabul



SCHOOLS

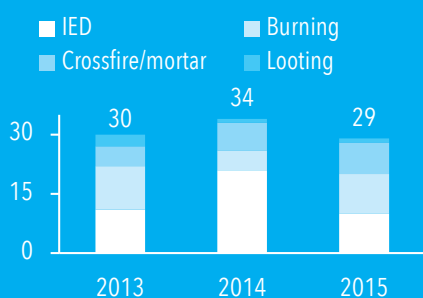
Crossfire and proximity of schools

In a 2013 study conducted by CARE and UNICEF of 97 schools affected by conflict-related violence,²⁵ in only 14 out of 97 cases did the educators interviewed characterize the incident they experienced as genuinely unpredictable and uncontrollable (or wrong place, wrong time). In each of the other 83 cases – just over 85 per cent of all collateral damage incidents surveyed – respondents identified the close proximity of their school to locations where parties to the conflict were present as the primary reason why their facilities, staff and or students were harmed by the event. In each of these instances, educators believed that the damage they suffered could have been lessened or avoided altogether had the proximity between schools and parties to the conflict been taken into account prior to initiation of the attack.

A classroom in an abandoned school on the outskirts of Chora, Uruzgan. The school was built approximately five years ago but was taken over by U.S. Special Forces who used it as a temporary base while conducting operations in the area. Their presence attracted fighting, so the local community asked them to vacate, which they did after three weeks. During this period, the school was largely destroyed due to the fighting. It now lies abandoned. May 2015.

Photo: Andrew Quilty

Direct attacks on schools



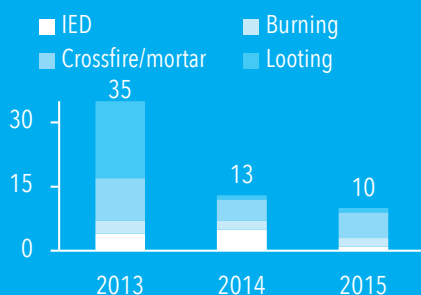
On 29 January 2015, a group of Anti-Government Elements entered a girls' high school and detonated an IED. They left a warning letter stating that girls' schools were 'brothels' and that the community should stop sending girls to school otherwise they would face the same fate as the army public school in Peshawar, Pakistan.²⁴ Although no civilians were harmed, the detonation destroyed three classrooms and created a deep sense of insecurity among parents and students. – Nangarhar province, eastern region.

HEALTH FACILITIES

On 3 October 2015, the attack by international military forces on the MSF regional hospital in Kunduz city caused 85 casualties (42 deaths and 43 injured - including 49 medical personnel). The United States of America and NATO authorities claimed the attack was a mistake and that the hospital was not the direct target. The hospital was the only fully functioning trauma care facility for the northeastern region and as of 1 April 2016, remained closed. Thus, the attack has had a devastating impact on health services for the entire northeastern region.

Photo: Andrew Quilty

Direct attacks on health facilities



Searches of clinics

In 2015,
3 incidents
 of Pro-Government Forces
 searching clinics in order to arrest
 or interrogate patients and/or
 health personnel.

Looting of medical supplies

In 2015,
18 incidents
 of looting of medical supplies and
 equipment affecting
23 clinics

The use of schools and clinics as polling stations – 2014 Presidential and run-off elections

The use of schools and clinics as polling stations is not explicitly prohibited under international humanitarian law, however, in the context of the current conflict between the Government and Anti-Government Elements in Afghanistan, such use poses a risk to civilians including children, teachers, healthcare workers and patients and impedes the enjoyment of the right to education and healthcare. Despite these risks, on 5 April 2014 – the day of the Presidential election – 3,546 schools and 173 clinics were used as polling stations throughout the country. Anti-Government Elements deliberately targeted polling stations in an attempt to disrupt the electoral process and to direct attacks at security forces protecting polling centres. In addition to loss of life and injury of hundreds of civilians,²⁶ such attacks led to damage or destruction of many schools, and a general fear of children to attend classes after the elections.

On the day of the 5 April 2014 election, UNAMA reported two out of 173 health clinics and 45 out of the 3,546 educational facilities designated as polling locations had been affected by election-related violence.²⁷ Following the presidential election on 5 April, in which no candidate won more than 50 per cent of the vote, a second-round run-off was held on 14 June between the two leading candidates. During the period between the Presidential and run-off elections from 5 April to 14 June 2014, UNICEF documented a total of 175 schools (providing education to over 87,500 children) used as polling stations that were attacked and closed for lengthy periods of time.²⁸ On 14 June, the day of the second round run-off on UNICEF documented 22 incidents of attacks against schools mostly in central, eastern and northeastern regions.



Bullet casings litter the ground inside an abandoned school in Chah-i-Anjir (also known as Changir) currently being used by the Afghan National Army (ANA) as a base on the Nadali district frontline, not far from Lashkar Gah, the capital of Helmand province. White, Taliban flags can be seen less than 100 metres away. Fighting between the ANA and Taliban occurs on a daily basis. Most residents from the area have evacuated their homes and the local bazaar is practically empty. The school has been at the centre of fighting in the area in recent months and was, at one point, in control of the Taliban, before it was retaken by the ANA.

MILITARY USE OF SCHOOLS AND HOSPITALS

'Military use' refers to a range of activities in which armed forces or armed groups use the physical space of a school or hospital in support of their military efforts, whether temporarily or for a protracted period of time. This includes the use of schools or hospitals as barracks to house soldiers or fighters, or as bases to mount security operations.²⁹ There is no explicit prohibition on military use of civilian objects in applicable international law, and therefore it is not considered a violation under Security Council Resolution 1998.

SCHOOLS

Security Council Resolution 2143 notes that military use of schools may result in increased risk of attack, as well as harm to children's education and urges all parties to armed conflict to respect the civilian character of schools and encourages governments to consider concrete measures to deter the military use of schools.

In addressing the question of military occupation of schools by State armed forces, the Committee on the Rights of the Child recommended ceasing military occupation and ensuring compliance with humanitarian law and the principle of distinction.³⁰ In the context of insecurity and armed conflict, States must abstain from acts that disrupt the process of education, including the military occupation of schools; respect the obligation to fulfill the minimum core content of the right to education, which is non-derogable; and prevent and punish attacks against students, teachers and educational facilities.³¹

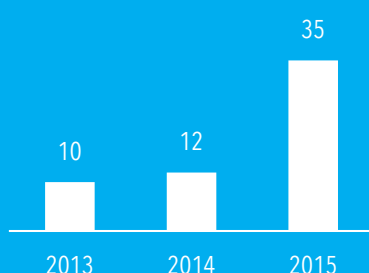
All parties to the conflict used schools for military purposes, including: the use of schools as military barracks, storage sites, command centres, defensive positioning, observation posts, and firing positions.

For example, in 2015, 35 schools (compared to 12 schools in 2014 and ten schools in 2013) were used for military purposes for a cumulative total of 1,311 days,³² the majority (24) by Pro-Government Forces. Military use of schools varied from a few days to months, and impeded access to education for at least 8,905 students (5,614 boys and 3,291 girls). Anti-Government Elements used at least 11 schools in Nangarhar, Nuristan, Logar and Kunduz provinces for military purposes.

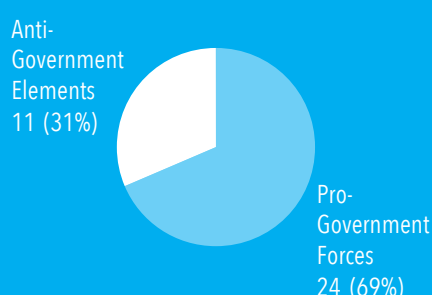
In 2015, UNAMA and UNICEF documented the highest number of incidents in Kunduz province, recording military use of 15 schools by Pro-Government Forces affecting 6,680 students (3,980 boys and 2,700 girls).

From 28 April to 16 September 2015, the Afghan Local Police occupied a school as a base for their operations, and used the chairs and desks as firewood for cooking purposes. During the occupation, approximately 700 students (340 girls and 360 boys), and 20 teachers (including eight female teachers) were denied access to the school.
- Baghlan province, northeastern region.

Military use of schools



Perpetrators (2015)



Regional trends

In 2015, the northeastern and eastern regions accounted for

94%
of all military use of schools

A soldier prepares a PK machine-gun inside a school classroom in Chah-i-Anjir (also known as Changir) being used by the Afghan National Army (ANA) as a base on the Nadali district, Helmand province.



Safe Schools Declaration

In May 2015, the Government of Afghanistan was one of the first countries to endorse the Safe Schools Declaration.³³ The Safe Schools Declaration is a political instrument through which states may make a set of concrete commitments to better protect education during armed conflict. By signing the Declaration, the Government of Afghanistan also agrees to bring the *Guidelines for Protecting Schools and Universities from Military Use during Armed Conflict*³⁴ (*The Guidelines*) into domestic policy and operational frameworks as far as possible and appropriate. The *Guidelines* offer guidance to all parties to the conflict, whether state or non-state, that may incorporate for example in military doctrine, trainings, rules of engagement, operational orders to reduce the use of educational facilities for military purposes and to mitigate the impact this practice can have on students' safety and education. The *Guidelines* are non-binding and do not create new international legal obligations, they rather aim to instill a voluntary shift in behavior in order to better safeguard the civilian character of educational facilities. The Declaration offers an opportunity for Afghanistan to proactively support the protection and continuation of education in armed conflict.

HEALTH FACILITIES

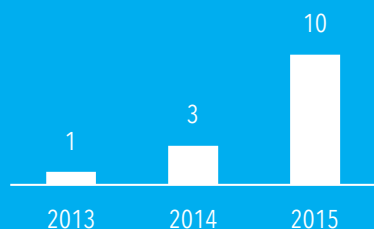
The military use of clinics remains a concern. In 2015, UNAMA and UNICEF verified ten incidents of military use of clinics, of which Anti-Government Elements perpetrated eight and two were attributed to Pro-Government Forces.³⁵

On 12 September 2015, Anti-Government Elements entered two local basic health clinics and looted all medicines and equipment. They gathered the health staff and ordered them to pay them one month salary as a penalty for working with the government. On 27 January 2016, one clinic moved to another village to resume provision of health service, while the original clinic continues to be occupied. - Nangarhar province, eastern region.

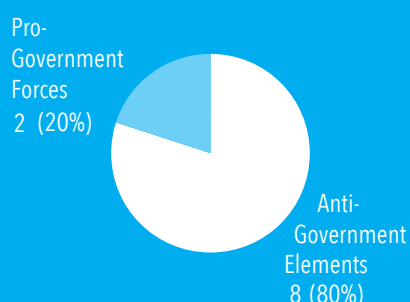


Photo: Andrew Quilty

Military use of health facilities



Perpetrators (2015)



Regional trends

In 2015, the northeastern and eastern regions accounted for

80%
of all military use of clinics



RECOMMENDATIONS

All parties to the conflict must:

- Immediately cease indiscriminate and disproportionate attacks targeting or affecting civilians or civilian objects, including schools and hospitals. Effective measures must be taken to prevent such attacks, and other acts of violence impacting civilians.
- Take preventive measures to avoid attacks in populated areas and ensure international humanitarian law principles of distinction, proportionality and precaution are fully respected at all times.
- Ensure the rights to education and healthcare are upheld, in accordance with international humanitarian law and international human rights law.
- Ensure accountability for perpetrators of attacks on education and health institutions, personnel and beneficiaries, where such attacks amount to violations of international humanitarian law and international human rights law.

Anti-Government Elements

- Enforce public statements by Taliban leadership regarding the human rights of girls and boys in areas under their influence; cease attacks and threats against students (particularly girls), teachers, education personnel, buildings and institutions.
- Apply a definition of 'civilian(s)' that is consistent with international humanitarian law, and comply with the principles of distinction, proportionality and precautions in all military operations.
- Ensure fighters do not use schools, hospitals, clinics, and other protected sites for military purposes.
- Cease attacks, threats, and disruption to vaccination efforts, including to polio vaccinators and polio vaccination campaigns.
- Facilitate humanitarian access to all people in areas under their control or influence.

Government of Afghanistan

- Ensure accountability for members of the Afghan security forces that attack or occupy schools or hospitals in violation of international law and strengthen tracking, mitigation and accountability structures.
- Regularly inform Parliament on violations affecting education and healthcare and measures

taken by Government to prevent harm and ensure accountability for perpetrators.

- Take measures to uphold the right to education and abstain from acts that disrupt the process of education, including the military occupation of schools; respect the obligation to fulfill the minimum core content of the right to education; and prevent and punish those responsible for attacks against students, teachers and educational facilities
- Take all necessary steps towards full implementation of the six principles contained in the Safe School Declaration, signed by the Government of Afghanistan in May 2015.
- Ensure access to immunization, particularly the polio vaccination, to prevent an array of childhood illnesses as well as diseases that may emerge later in life.
- Use maximum available resources to ensure the availability, accessibility and acceptability of good quality health and education facilities, goods and services to all Afghans, in particular, groups rendered vulnerable by conflict, such as children with disabilities and orphans.
- Ensure the fulfillment of the core content of the rights to health and education by using the maximum available resources on a non-discriminatory basis. Retrogressive measures in the enjoyment of the core content of those rights cannot be justified exclusively on the basis of the existence of a conflict.

International Community

- Increase support to the Government to implement programmes to prevent harm to schools and hospitals, including their military use by parties to the conflict.
- Ensure dedicated resources and support to the ongoing monitoring and reporting mechanisms both at the national and regional levels.
- Encourage stakeholders to advocate for better protection of children impacted by the armed conflict as part of their interactions with the Government of Afghanistan.

The United Nations commits to continued monitoring and reporting on the six grave violations including attacks against schools and hospitals and will continue to support the Government of Afghanistan in its implementation of the Safe School Declaration. UNAMA and UNICEF will continue advocacy efforts with all parties to the conflict to reduce attacks against schools and hospitals as well as military use of schools and hospitals.

CONTRIBUTORS

OHCHR/UNAMA Human Rights:

UNAMA's Human Rights Unit, as part of the Office of the United Nations High Commissioner for Human Rights (OHCHR), pursues an overall strategy to ensure the protection and promotion of human rights in Afghanistan or "human rights everywhere all the time for everyone" in support of every Afghan. This strategy focuses on five priority areas: protection of civilians in the armed conflict; child protection/child rights in the armed conflict; elimination of violence against women and promotion of gender equality; human rights aspects of peace and reconciliation; and prevention of torture in detention and arbitrary detention.

Child protection is integrated into UNAMA Human Rights and is strongly reinforced in Resolution 2274 (2016) with specific reference to the need for protection of schools and hospitals and highlights the Security Council's concern about the continued high incidence of attacks against humanitarian and development workers, including attacks on health-care workers and medical transports and facilities. The Resolution also stresses the importance of monitoring and advocacy on the "six grave child rights violations" under Resolution 1612 on Children and Armed Conflict.

UNICEF Afghanistan:

UNICEF has been working continuously in Afghanistan since 1949, making the organization one of the longest-serving international supporters to the country. Over the past 60 years UNICEF has promoted the rights of children and women throughout Afghanistan and worked to bring basic services, including education, health, nutrition, protection, water and sanitation and hygiene to those who are most in need. By equipping and empowering communities to develop the inherent potential and resources of the country, the international community has an opportunity to promote peace and stability in Afghanistan. UNICEF's programmes are central to this effort. UNICEF has the mandate of monitoring and advocacy on the "six grave child rights violations" under Security Council Resolution 1612 on Children and Armed Conflict.

Office for the Coordination of Humanitarian Affairs (OCHA):

OCHA re-established its presence in Afghanistan in January 2009 with the aim of coordinating effective and principled humanitarian action. OCHA coordinates, promotes and advocates for independent humanitarian assistance based on the fundamental humanitarian principles of humanity, neutrality and impartiality in order to enhance the quality of needs based humanitarian action for the most vulnerable populations in Afghanistan in core functions: alleviate human suffering, promotion of preparedness and prevention efforts to reduce future vulnerability to natural disasters; advocating for the rights of people in need; and facilitating sustainable solutions to address root causes.

Country Task Force on Monitoring, Reporting and Response (CTFMR) in Afghanistan:

In September 2008, the Afghanistan Country Task Force on Monitoring, Reporting and Response (CTFMR) was established in line with Resolution 1612. The CTFMR secretariat is comprised of UNAMA Human Rights and UNICEF, and includes a number of key child protection actors such as WHO and OCHA. The CTFMR is required to monitor, report, and respond to the six grave violations against children in armed conflict as outlined in Security Council Resolution 1612.

10-year-old patient on his last day in EMERGENCY hospital in Lashkar Gah, Helmand province after he was seriously injured when a convoy of Afghan national forces was attacked by a suicide bomber in Lashkar Gah. He lost his right leg in the incident.

NOTES

1. UNAMA, *Protection of Civilians in Armed Conflict Annual Report*, 2015 available at https://unama.unmissions.org/sites/default/files/poc_annual_report_2015_final_14_feb_2016.pdf
2. Approximately 70 per cent of the population live on less than two dollars a day. OCHA, *2016 Humanitarian Needs Overview*, November 2015.
3. CARE (commissioned by UNICEF), *Schools caught in the crossfire: Understanding collateral damage to schools in Afghanistan as a planning problem* (unpublished), 2013.
4. ICRC, *Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II)*, 8 June 1977, art. 13(2)
5. ICRC, *Study on Customary International Human Rights Law*, Rule 15 to 21, Cambridge University Press, 2005..
6. UN General Assembly, *Rome Statute of the International Criminal Court (last amended 2010)*, 17 July 1998, art. 8 (2) (b) (ix).
7. Global Coalition To Protect Education From Attack (GCPEA), *Draft Lucen Guidelines on Protecting Schools and Universities from Military use during Armed Conflict*, June 2013 available at: http://www.protectingeducation.org/sites/default/files/documents/draft_lucens_guidelines.pdf
8. Education and health statistics provided, unless otherwise stated, come from UNAMA figures for 2014 do not include incidents of schools used as polling stations during the elections due to a loss of their protected status during this period.
9. "Anti-Government Elements" encompass all individuals and armed groups involved in armed conflict with or armed opposition against the Government of Afghanistan and/or international military forces. They include those who identify as "Taliban" as well as individuals and non-State organised armed groups taking a direct part in hostilities and assuming a variety of labels including the Haqqani Network, Hezb-e-Islami, Islamic Movement of Uzbekistan, Islamic Jihad Union, Lashkari Tayyiba, Jaysh Muhammed, groups identifying themselves as 'Daesh' and other militia and armed groups pursuing political, ideological or economic objectives including armed criminal groups directly engaged in hostile acts on behalf a party to the conflict.
10. IRIN, *Government hails Taliban decree on schools*, 29 March 2011, available at: <http://www.irinnews.org/report/92312/afghanistan-government-hails-taliban-decree-schools>
11. In a statement released in 2012, the Taliban declared that it "...was neither before nor is it currently against education for women but stresses such education only be done under an Islamic environment and within confines of Islamic principles" Reaction of spokesman of Islamic Emirate towards report published by 'The Sunday Times'"Shahamat website, 16 August 2012: <http://shahamat-english.com/english/index.php/paighamoona/28806-reaction-of-spokesman-of-islamic-emirate-towards-report-published-by-%E2%80%98the-sunday-times%E2%80%99>
12. The five incidents in Kunduz province include the aerial attack carried out by international military forces against a *Médecins Sans Frontières* (MSF) hospital in Kunduz city on 3 October 2015, in which 49 medical personnel were killed or injured.
13. In 2014, Anti-Government Elements perpetrated 44 of 59 incidents; Pro-Government Forces 15 incidents and ten incidents were unattributed. In 2013, Anti-Government Elements perpetrated 29 of 33 incidents, Pro-Government Forces three incidents and one incident was unattributed.
14. The majority of the schools were closed in Shindand district in Herat province due to direct threats and intimidation by Anti-Government Elements, followed by Nangarhar province due to ISIL threats against the provision of education in Kot, Batikot and Achin districts.
15. ISIL's Khorasan Province is a geographic area stretching from Iran, the Central Asian countries through Afghanistan, Pakistan into India. In November 2014, the announcement by a group pledging allegiance to ISIL of the establishment of their 'Khorasan Province' division, covering Afghanistan and Pakistan, led to speculation and reports of an ISIL foothold within Afghanistan. However, to date, there is minimal confirmed evidence of an ISIL presence in Afghanistan directly linked to Iraq and Syria. Rather, in a few provinces, such as Nangarhar, groups of fighters have pledged allegiance to ISIL.
16. Thirty-six per cent of the population in Afghanistan are not serviced by Basic Public Health Services (BPHS). OCHA, *2016 Humanitarian Needs Overview*, November 2015, page 18.
17. A threat by Anti-Government Elements to ban vaccination campaigns in Kandahar and Zabul provinces in January 2016 was successfully averted through negotiations at various levels.
18. Taliban statement, *Declaration of the Islamic Emirate of Afghanistan regarding the Polio Vaccination*, 13 May 2013; available at: <http://shahamat-english.com/index.php/paighamoona/31412-declaration-of-the-islamic-emirate-of-afghanistan-regarding-the-polio-vaccination>, accessed 13 January 2014."
19. ICRC, *Customary International Humanitarian Law study, Rule 1. The Principle of Distinction between Civilians and Combatants*, 2005, Cambridge University Press, available at: https://www.icrc.org/customary-ihl/eng/docs/v1_cha_chapter1_rule1
20. ICRC, *Customary International Humanitarian Law study, Rule 12. Definition of Indiscriminate Attacks*, Cambridge University Press, 2015, available at: https://www.icrc.org/customary-ihl/eng/docs/v1_rul_rule12.
21. ICRC, *Customary International Humanitarian Law, Rule 14. Proportionality in Attack*, Cambridge University Press, 2005, available at: https://www.icrc.org/customary-ihl/eng/docs/v1_cha_chapter4_rule14
22. ICRC, *Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II)*, 8 June 1977, article 13(1).
23. ICRC, *Customary International Humanitarian Law study Rules 15 to 21*, Cambridge University Press, 2005, available at: https://www.icrc.org/customary-ihl/eng/docs/v1_cha
24. On 16 December 2014, the Army Public School was attacked by the Pakistani militant group Tehrik-i-Taliban, killing 145 people, including 132 school children.

25. CARE (commissioned by UNICEF), *Schools caught in the crossfire: Understanding collateral damage to schools in Afghanistan as a planning problem (unpublished)*, 2013.
26. Between 1 January and 30 June 2014, UNAMA documented 674 civilian casualties (173 deaths and 501 injured) from attacks directed at the electoral process carried out by Anti-Government Elements.
27. UN General Assembly, *United Nations General Assembly Security Council Resolution A/68/910-S/2014/420 on the Situation in Afghanistan*, 18 June 2014; www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/s_2014_420.pdf
28. Information provided through various sources collected by UNICEF: Department of Education staff, Department of Education safety officers Child Protection Action Network members, United Nations Department of Safety and Security, Community Development Committee members and UNICEF MRM officers and reported through UNICEF, *Humanitarian Action for Children (Afghanistan), 2015*, available at: www.unicef.org/appeals/files/Final_2015_HAC_Afghanistan.pdf
29. Global Coalition to Protect Education from Attack (GCPEA), *Education Under Attack Report*, 2014; available at: http://protectingeducation.org/sites/default/files/documents/eua_2014_full_0.pdf
30. See CRC/C/OPAC/LKA/CO/1, para. 25.
31. UN General Assembly, *Report of the High Commissioner for Human Rights to ECOSOC*, 19 May 2015, E/2015/59, paragraph 67.
32. Six schools remained under military use as of March 2016.
33. Global Coalition to Protect Education from Attacks (GCPEA), *Safe School Declaration*, 29 May 2015; available at: http://www.protectingeducation.org/sites/default/files/documents/safe_schools_declaration-final.pdf
34. Global Coalition to Protect Education from Attacks (GCPEA), *Guidelines for Protecting Schools and Universities from Military Use during Armed Conflict*; available at: http://protectingeducation.org/sites/default/files/documents/guidelines_en.pdf
35. As of March 2016, two clinics continued to be used by Anti-Government Elements and one by Pro-Government Forces.



Photo: Najeeb Farzad / UNAMA

