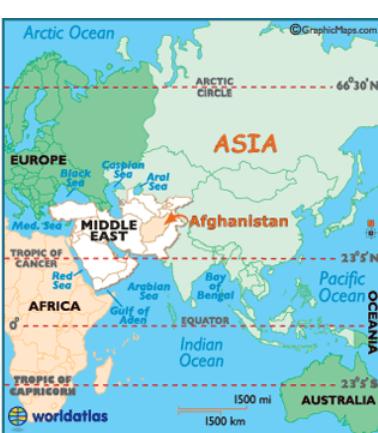
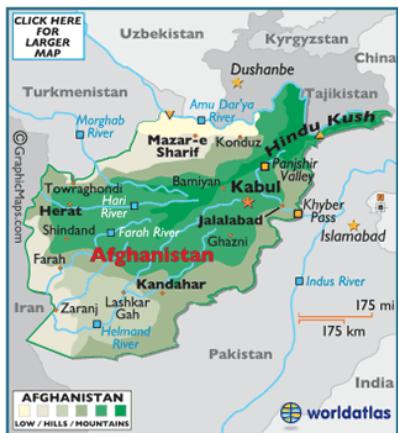


Afghanistan

Key Facts

Total Population:	30,552,000 (2013)
Population aged under 15:	47% (2013)
Population aged 15-24:	22%
Migration to the UK:	2001 Census identified approximately 15,000 people
Capital:	Kabul
Area:	652,864 sq km
Languages:	Afghan Persian or Dari (official) 50%
Pashto (official)	35%
Turkic languages (primarily Uzbek and Turkmen)	11%
30 minor languages (primarily Balochi and Pashai)	4%, much bilingualism
Major religions:	Sunni Muslim 80%
Shia Muslim	19%
Other	1%
Life expectancy:	Males 61 years; females 62 years
Political party:	Islamic Republic of Afghanistan
President:	Ashraf Ghani

Geographical Location



Economy

Afghanistan's economy is recovering from decades of conflict. The economy has improved significantly since the fall of the Taliban regime in 2001 largely because of the infusion of international assistance, the recovery of the agricultural sector, and service sector growth. Despite the progress of the past few years, Afghanistan is extremely poor, landlocked, and highly dependent on foreign aid. Much of the population continues to suffer from shortages of housing, clean water, electricity, medical care, and jobs. Criminality, insecurity, weak governance, lack of infrastructure, and the Afghan Government's difficulty in extending rule of law to all parts of the country pose challenges to future economic growth. Afghanistan's living standards are among the lowest in the world. The drawdown of international security forces that occurred in 2014 is negatively affecting economic growth, as a substantial portion of commerce, especially in the services sector, had catered to the ongoing international troop presence in the country.

Labour force by occupation:	Agriculture	78.6%
Industry	5.7%	
Services	15.7%	
Unemployment rate:	35% (2008)	
Population below the poverty line:	36% (2008)	

Child labour: 2010-2011 UNICEF survey identified that 25.3% of children aged between 5-14 years were engaged in child labour. The actual percentage is likely to be much higher.

Education

Percentage of children age over 15 who can read and write (2015):	Total	38.2%
	Male	52%
	Female	24.2%

Politics - Key political dates:

1979 - Soviet Army invades and props up communist government. More than a million people die in the ensuing war.

1989 - Last Soviet troops leave. US- and Pakistan-backed Mujahideen push to overthrow Soviet-installed Afghan ruler Najibullah triggers devastating civil war.

1996 - Taliban seize control of Kabul and impose hard-line version of Islam.

2001 – USA, Allied, and anti-Taliban Northern Alliance military, intervenes militarily following September 11 attacks on the United States. Taliban are ousted from Kabul and Hamid Karzai becomes head of an interim power-sharing government.

2002 - Nato assumes responsibility for maintaining security in Afghanistan.

2004 - Loya Jirga adopts new constitution which provides for strong presidency. Hamid Karzai is elected president.

2014 - Ashraf Ghani elected president with Abdullah Abdullah as Chief Executive Officer after the first national election. Concerns raised over forged votes for both men.

NATO formally ends its combat mission in Afghanistan, handing over to Afghan forces, who face a growing insurgency from Taliban.



National Service

Military service is voluntary with no conscription. Minimum legal age to join is 18 years. The Afghan National Security Forces consist of the Afghan National Army, Afghan Air Force, Afghan National Police and Afghan Local Police.

Illicit Drugs

Afghanistan is the world's largest producer of opium. The Taliban and other anti-government groups participate in and profit from the opiate trade, which is a key source of revenue for the Taliban inside Afghanistan. Widespread corruption and instability impede counterdrug efforts. Most of the heroin consumed in Europe and Eurasia is derived from Afghan opium. Afghanistan is struggling to respond to a burgeoning domestic opiate addiction problem; vulnerable to drug money laundering through informal financial networks; illicit cultivation of cannabis and regional source of hashish.

Human Rights

Afghanistan entered a new period of instability in 2014, with important implications for human rights. The June 2014 final round of the presidential election resulted in concerns raised over forged votes, leading to uncertainty surrounding the political transition. This along with growing pressure from Taliban insurgents, contributed to a decline in respect for human rights throughout the country, including impunity for abuses by security forces, threats to women's rights and freedom of expression, and indiscriminate attacks that killed civilians.

Preparations for the withdrawal of international combat troops by the end of 2014 continued, with foreign troops largely departed or sequestered in their bases. As insurgent forces launched sustained attacks on a number of vital districts, Afghan security forces suffered increasingly higher casualties on the battlefield. However, civilians still bore the brunt of the violence. The United Nations recorded a 24 % rise in civilian casualties in the first six months of 2014 compared to 2013, most due to insurgent attacks.

Election Violence and Attacks on Civilians

Early in the year, the Taliban stepped up attacks on officials and workers associated with the presidential elections, and targeted other civilians and foreigners. In a statement, the Taliban vowed to "use all force" to disrupt the vote, and to "target all workers, activists, callers, security apparatus, and offices." Violent incidents in the period included kidnappings of election workers, and targeted attacks on campaign rallies, and candidates' staff and offices. Taliban forces killed some 40 civilians in attacks during the election, injured at least 100, and severed fingers of 11 men in Herat who voted in the run-off poll on June 14.

Torture, Extrajudicial Executions, and Enforced Disappearances

Impunity for abuses by government security forces remain the norm. The police in Kandahar, in particular, have been cited by the United Nations, human rights groups, and journalists in numerous reports of torture, summary executions, and forcible disappearances throughout 2014. Despite a 2013 government investigation into allegations of ill-treatment and torture, not a single member of the Afghan security forces was prosecuted during the year for such abuses. Kandahar police reportedly maintain at least four secret detention centres, to which the UN Assistance Mission to Afghanistan (UNAMA) and the International Committee of the Red Cross (ICRC), have no access. The Afghan Local Police (ALP), a network of local defence forces established largely by the US military in cooperation with the Afghan government, continue to be responsible for serious human rights violations, including extrajudicial executions.



Women's Rights

Women's rights remain under threat. In the last year, a provision in Afghanistan's draft criminal procedure code became the latest in a series of attempts to roll back the already fragile legal protections for women and girls. As passed by parliament, article 26 of the draft code included "relatives of the accused," among a list of people who "cannot be questioned as witnesses" in criminal proceedings, thereby making successful prosecutions of those committing domestic violence extremely unlikely. The President has since signed the law but amended article 26 by decree to state that relatives of the accused are permitted to testify voluntarily. It also allows compelled testimony from any "complainant or informant regarding the crime" and slightly narrows the definition of "relatives." However, the amended article still exempts many family members from being called as witnesses.

In June, the government rejected recommendations from UN member countries to abolish prosecution of women for so-called moral crimes. Other setbacks for women's rights in 2014 included a continuing series of attacks on, threats toward, and assassinations of, high-profile women, including police women and activists, to which the government failed to respond with meaningful measures to protect women at risk. The implementation by law enforcement officials of Afghanistan's landmark 2009 Law on the Elimination of Violence Against Women remains poor, with many cases of violence against women being ignored or resolved through "mediation" that denied victims their day in court.

More positively, women's rights activists through hard work and constant advocacy were able to inject some discussion of women's rights into the election process. This included a successful effort by the Afghan Women's Network (AWN) to obtain signatures from Ashraf Ghani and Abdullah Abdullah, after both survived the first election round, to commit to following 30 recommendations that support women's rights. AWN and its member organizations planned to follow up with the new president to ensure his compliance.

Transitional Justice

Early in the year, the Afghanistan Independent Human Rights Commission presented President Karzai with a copy of its 800-page report mapping war crimes and crimes against humanity in Afghanistan since the Communist era. Completed in December 2011, the report would provide a foundation for future steps to prosecute those implicated in past abuses. President Karzai had rejected calls to release the report publicly. Although Ashraf Ghani had vowed before the election to release the report, there is currently no planned release date.

Freedom of Expression and Association

The rights to freedom of expression and association of media and political parties, hailed as one of Afghanistan's clear human rights successes since 2001, increasingly came under threat in 2014. Two credible Afghan media organizations, Nai Supporting Open Media, and the Afghanistan Journalists' Safety Committee, documented some 68 attacks on journalists in the first six months of 2014, compared to around 41 attacks in the same period in 2013. The groups attributed 63% of the attacks and threats to government officials and Afghan security forces, almost 12% to insurgent forces, and the remainder to other powerful figures or unidentified sources.

Internally Displaced Persons and Refugees

The intensified fighting displaced thousands of people throughout Afghanistan, particularly in Helmand and Kunduz provinces. The UN High Commissioner for Refugees (UNHCR) documented an increase of over 38,340 in the number of internally displaced people from January through September 2014, bringing the total to over 755,011. The main causes of displacement were armed conflict and diminished security.

Deteriorating security and growing fears for the future contributed to an increasing number of Afghans fleeing their homes for other countries. The number of Afghans seeking safety outside the country grows, with some making dangerous journeys from Afghanistan through the mountains into Iran toward Europe or by boat to Australia.



Family life

Afghanistan people have strong values, beliefs and rules surrounding the family and its member's behaviour. Additionally families are highly dependent upon one another to meet many aspects of everyday life. Family roles are complex and they change depending upon ethnicity and region. The family remains the single most important institution in Afghan society. Characteristically, the Afghan family is endogamous (with parallel and cross-cousin marriages preferred), patriarchal (authority vested in male elders), patrilineal (inheritance through the male line), and patrilocal (girl moves to husband's place of residence on marriage). Polygyny (multiple wives) is permitted, but is no longer so widely practiced.

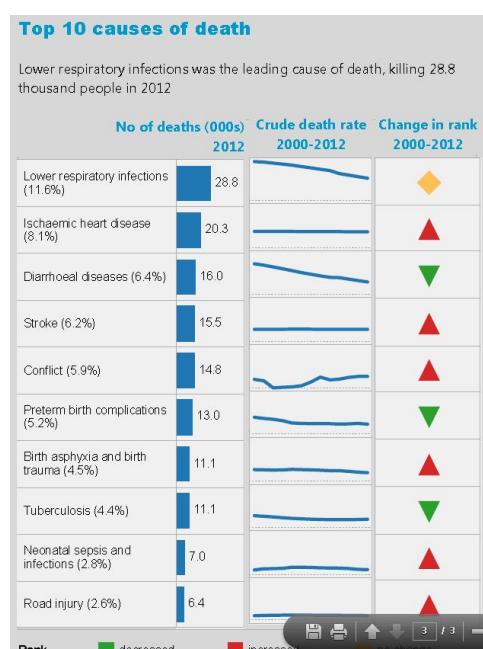
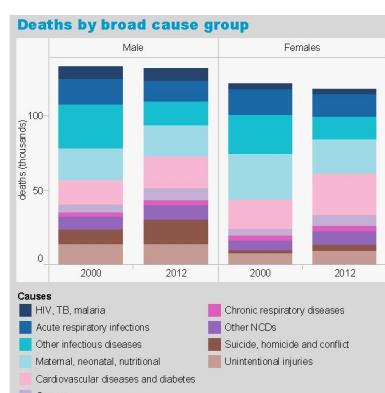
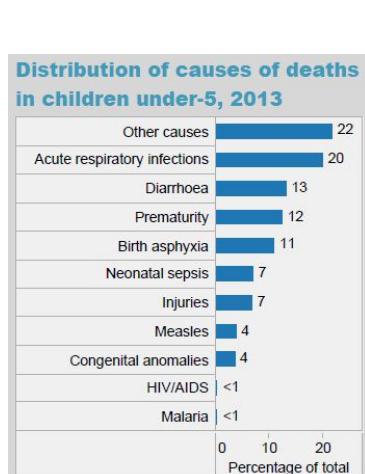
Cultural Etiquette

- In greeting, women should wait for Afghan men to offer their hand before shaking.
- Titles are preferred to the use of first names.
- When entering an Afghan client's home or room, one should always remove their shoes and be careful not to walk on prayer mats.
- Before engaging an Afghan in the purpose of his or her medical visit, it is useful to initiate the visit with casual conversation. In doing so, male practitioners should not inquire about the welfare of a wife or daughter.
- Avoid use of left hand in conversational gesturing or shaking hands and do not point or use the "thumbs-up" symbol.
- Always respect an Afghan's space. Knock when entering their homes, as well as hospital or examination rooms.
- The term "Afghani" relates to money and is insulting when used to describe the Afghanistan's Ethnicity. Afghan is the correct term for describing ethnicity.

Health

Mortality

Neonatal mortality rate per 1000 live births:	36.3 (2013)
Infant mortality rate per 1000 live births:	70.2 (2013)
Under 5 mortality rate per 1000 live births:	97 (2013)
Probability of dying between 15 and 60 years (per 1000 population): (2013)	252 male / 232 female



Infectious diseases

Tuberculosis - Afghanistan is classified as having a high incidence of TB (40 – 499 cases/100,000).

HIV - Estimated number of new HIV infections in 2013 was 605 cases per 100,000

Amongst all of the adults and children with HIV in 2013, only 5% were on HARRT

Hepatitis B - Afghanistan is classified as having an intermediate prevalence of hepatitis B.

Hepatitis C - Afghanistan is classified as having a considerably higher prevalence of hepatitis C than the UK.

Malaria - There is a risk of malaria in some areas of this country predominantly due to *P. vivax*.

Total number of reported cases in 2013 was 319,742.

Incidence of confirmed cases in 2013 were 1.8 in 1000 per population.

Information on which areas of this country are affected is available from www.nathnac.net/.

Polio - Polio is endemic in Afghanistan.

Immunisations

Percentage coverage in under 1s:

DPT3/pentavalant B and Hib	82% (2013)	combination vaccine: diphtheria, tetanus, pertussis, hepatitis
Measles	82% (2013)	
BCG	89% (2012)	
OPV3 (oral polio virus)	87% (2012)	
HBV3 (hepatitis B)	87% (2012)	

Nutritional and metabolic health problems

Percentage of babies born with low birthweight: 6% (2014)

Percentage of babies exclusively breastfed for 6 months: 30.6% (2014)

Percentage of children under 5 years whose growth was stunted: 40.9% (2014)

Percentage of children under 5 years whose growth was wasted: 9.5% (2014)

Anaemia - There is a moderate risk of anaemia in people from Afghanistan.

- The estimated prevalence of anaemia in pre-school children is 20-40%.

Vitamin A deficiency - There is a high risk of vitamin A deficiency in Afghanistan.

Health beliefs

Afghans believe that good health is influenced and maintained through daily exercise, a balanced diet and sufficient rest. Additionally, Afghans believe that health and illness are manifested in 3 distinct ways:

Religious Beliefs

- Illness and healing are viewed as being gods will.
- Illness can be healed through reading the Koran.
- Relevant verses from the Koran are written down and carried around by the sick.



- Following the precepts of Islam that emphasize personal hygiene, prevent natural illness.

Traditional Western Medicine

- Health and illness are approached using traditional western medicine practices.
- Care is administered through university trained healthcare professionals.

Traditional Afghan Medicine

- This is a cultural based approach to health and illness in which traditional Afghan methods of treating illness are used.
- Composed of knowledge handed down through families over time.
- This form of care incorporates herbs, tea, and medicinal plants.
- In this model, a "hakim" administers care and is considered a traditional doctor.
- There is an Afghan belief that treatment of illness relates to temperature of food and beverage. For example, consuming food or drink that is cold would by contrast reduce a fever.

Afghans see family matters as strictly private. People are generally reluctant to share personal and family issues with non-family members, including health care professionals.

Paramount to providing care to Afghans is the understanding that they value modesty and respect. This means that health care professionals must ask for permission to engage in physical contact. Additionally, health care professionals should be open and forthcoming in all aspects of treatment.

Gender issues that apply to the medical treatment of Afghans include being aware that certain female medical issues may call for treatment by female practitioners only.

