



# Association for Cooperation with Afghanistan (ACAF)

## Phase One of ARIANA Project Field Study

**“What pushes Afghan Women to attempt  
self-immolation by fire?”**

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## INTRODUCTION

ACAF ([www.acafnet.org](http://www.acafnet.org)), created in 2002, is an NGO that aims to raise awareness about the current situation of Afghanistan (after the downfall of the Taliban regime), from the point of view of Afghan women, particularly those who are marginalised.

ACAF supports projects and actions for the defence of human rights. This organisation collaborates with other NGOs and groups in order to denounce and to fight injustice in Afghan civil society

ACAF's projects are implemented thanks to the involvement of citizens, institutions and public agencies from both Spain and Afghanistan.

In 2005, on a trip to explore the possibility of developing different projects in Herat, ACAF visited the burn unit for women which had been set up the previous year by the Provincial Department of the Ministry of Public Health in order to fight the alarming increase in the number of self-immolations\* over the last few years.

The doctor in charge of the burn unit for women asked ACAF for help to start a programme for intervention based on therapeutic and psychosocial treatment as well as on prevention. This programme would be based in the Hospital of Herat.

ACAF developed a cooperation programme with the Hospital of Herat for 2006-2009 to provide post-hospital care to survivors of self-immolation. This programme takes humanitarian, health, education and social/work aspects into consideration.

Phase One of this project, called ARIANA Awareness, has been awarded a grant for Peace Building Projects (2006 call for applications) from the Catalan Agency for Development Cooperation (ACCD)

ARIANA includes a study in Herat from September to November 2006 and the on-site production of a 30-minute documentary film by a professional team dealing with self-immolation and including interviews with Afghan people. This film will be crucial in upcoming awareness-raising activities and campaigns to raise funds and gain support for our project.

*\*Self-immolation is suicide by immolation, notably as an extreme form of protest. Literally, the term implies suicide by fire... Self-immolation, whilst not tolerated in anything but extraordinary circumstances ... was practiced ... throughout the ages, for various reasons, including political protest, devotion, renouncement, etc. (Wikipedia)*



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## OVERVIEW

Afghan society still suffers the consequences of 23 years of war and destruction. At the end of 2001, the extremist Taliban regime in power was defeated by the US-led allied forces for their support of the terrorist group al-Qaeda. In December 2001, the Bonn agreement established an Afghan Interim Authority under Hamid Karzai.

Since then, Afghanistan has succeeded in passing a new, moderate Islamic constitution, electing Karzai for president as well as the representatives of the National Assembly (2004-2005).

At present, however, a weak Afghan state relies upon some 32,000 NATO troops to counter the insurgence coming from the South and from Eastern Pakistan and to provide security and exercise its own authority and influence<sup>1</sup>. At the same time, Afghanistan depends on the continued commitment by the international community over the next 5 years to curb one of the world's lowest social indicators (Afghanistan is among the 4 poorest countries in living conditions and gender disparities)<sup>2</sup>.

Outside the capital, Kabul, the Afghan national army are regaining their confidence. However, reforms in the police and the legal system have not been implemented yet, which means that local authorities are often seen as a threat rather than as a solution by the people.

Security problems have delayed the little progress that so far has been made in the reconstruction of the country. On the other hand, opium production soared in 2006 and now amounts to 87% of all world supplies, contributing to consolidate the power of warlords. All in all, Afghans' despair and cynicism is growing as impunity has become the rule and progress looks unattainable.

It is against this background of oppression and horror so familiar to many Afghan women and girls that we must understand and encourage all efforts and any little progress achieved by new generations of Afghans fighting for the abolition of discriminatory laws, customs and practices and for the full involvement of women in the material and psychological reconstruction of the country.

Unfortunately, the prospect is bleak. Most women and girls have no social, legal, political or economic influence in the country and are systematically subjected to unjust archaic practices.

Currently, 60% of girls aged 7 to 13 have never been to school<sup>3</sup>.

According to trustworthy sources, violations of human rights and violence against women are widespread and pervasive, which makes immediate action by the government and the international community imperative.

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<sup>1</sup> Nato in Afghanistan website, 2007.

<sup>2</sup> *UNDP Human Development Report 2004*.

<sup>3</sup> Afghanistan Development Forum 2005 – Advisory Group on Gender.

## PRELIMINARY STUDY

The burn unit has 16 beds at the back of the female surgery room. Some 700 patients are admitted every year in a hospital centre that was built in the early 1970s and lack any minimum hygiene protocols.

The team consists of a surgeon, a senior nurse and two junior nurses. Their resources are limited to gauze, saline solution and an operation theatre. Their monthly salary is US\$ 50.

We have tried to get statistics of self immolations in Herat but they are incomplete and mainly anecdotal. Suicide in Afghanistan has a very strong social stigma attached to it. This means many families are reluctant to ask for help for victims of self-immolation or to speak out about the reasons behind the suicide attempts.

*“Any statistics available are those of women who reached hospital alive and have received treatment. However, there are many other cases of women lighting themselves on fire away in their villages, cities or faraway provinces. It is virtually impossible to have precise figures since many women succeed in their attempt to commit suicide away in their private environment, and their case will never be reported to the authorities”* (Medica Mondiale, Report on suicide of Afghan women / nov. 2006)

In her July 2005 report on the situation of women and children in Afghanistan, UN Special Rapporteur on Violence against Women Yakin Erturk points out that hospital records lead to the conclusion that violence against women is prevalent and that women and children are very vulnerable, both in the public and the private spheres of society.

*“The cause of the extraordinary level of violence is embedded in a traditional system of male domination in which girls and women have no status as independent persons. They are workforce, assets to be used to the greatest financial or strategic benefit on the marriage market, and a potential source of dishonour for the patriarchal family.”*

## AIMS AND OBJECTIVES

The objectives of Phase One (on-site study) of ARIANA project are:

1. To study the causes that lead Afghan women in Herat to choose suicide by immolation.

*In order to be able*

2. To define specific actions to provide psychological hospital and post-hospital support to surviving women and to suggest sustainable strategies for implementation over a 3-year period.

## METHODOLOGY

Two ACAF members travelled to Herat from September to November 2006 to put together medical and administrative information for the Department of Public Health of Herat, where a systematic database has been set up out of information of patients between March 2005 and September 2006.

The burn unit was monitored for 10 weeks.  
71 in-patients over 13 years of age were interviewed.

Processing of the questionnaires answered by 22 patients who had admitted to self-immolation attempts and 4 other patients who had been discharged the previous year.

Patients aged over 13 were continuously monitored and surveyed by an ACAF collaborator (during 1<sup>st</sup> semester 2007).

Interviews with charities and development organisations from Herat that were related to the study.

### Limitations

- Lack of September 2006 hospital records
- Reluctance to say the truth from victims
- Lack of forensic resources to study the cases
- Lack of contact details to track patients discharged prior to the start of the study
- AIHRC (Afghanistan Independent Human Rights Commission) reported their cases confidentially and anonymously.
- Hospitals do not distinguish in terms of causes of burned patients
- Lack of infrastructure and security in the country, causing mobility problems across districts and provinces
- Statistics by other groups and institutions cannot be verified

## OUTCOMES

In partnership with local authorities (Ministry of Public Health, Ministry of Women's Affairs), Afghan women's associations, groups of final year female university student volunteers and international NGOs, a 3-year programme has been set up to offer burned women rehabilitation and training.

### DATABASE: PATIENTS TREATED IN THE BURN UNIT AND PERCENTAGE OF SELF IMMOLATIONS (SI)

	Men	Women	Aged under 15	TOTAL	MORTALITY	SELF-IMMOLATIONS: WOMEN	% OF ALL WOMEN	MORTALITY IN SI CASES
MAR 2005 to MAR 2006	11	256	278	545	15%	95	37%	
MAR 2006 to AUG 2006	45	148	185	378	21%	53	36%	64%
SEP 2006 to FEB 2007		71		71	22 %	22	31%	55%

<b>Frequency</b>	31% of burned patients admitted to attempting self-immolation
<b>Period</b>	71% of self-immolations happen in Spring and Summer times.
<b>Geographic distribution</b>	50% city of Herat and Shindad district (similar numbers in urban and rural areas)

## PROFILE OF WOMEN ATTEMPTING SELF-IMMOLATION

- 73% Aged between 15 and 25
- 91% Married (average age of marriage: 14).
- 73% Escorted by women from their family in law.
- 65% With children (1 to 6).
- 50% Never been to school
- 82% Have suffered physical and psychological violence Systematically in their family environment (50% from their in laws and 32% from their husband).
- 18% Have mental health problems (burned by ghosts)
- 55% Have informed a member of their family of their suicide plans.
- 91% With kitchen fuel and flammable materials.

- 45% Over 71% of total body surface burned
- 98% Must return to the same problematic environment
- 15% Remain in touch with their own family.
- 98% Over 7 family members and under US\$ 100 per month.
- 55-85% Mortality rate (inadequate first aid, delayed admission to hospital, seriousness of injuries, hospital acquired infections/problems, lack of medication).
- 97% Showing interest in post-hospital training activities (sewing, reading/writing, cooking, English, etc.).

## **THE SITUATION**

Victims of self immolation arrive to the hospital in a state of traumatic shock, and with their in laws. The health care staff provide first aid treatment and prescribe the medicines that must be bought by the family outside hospital (US\$ 20 per day for burns of over 55% of body surface).

The criminal police unit has the obligation of starting an investigation for every burned woman coming to hospital, but corruption among relatives pre-empts criminal prosecution (16 cases investigated by the national police in Herat over the last 24 months). The hospital staff only report to the police if they think it is a case of self immolation (percentage of body surface burned, flammable material, initial discussion with family).

If the victim wakes up, she does shouting in great pain, usually for lack of painkillers. Her in laws warn her that if she denounces them she will get no medication.

Throughout her stay in hospital, the patient is always escorted by a female member of her family in law (her mother-in-law in 73% of all cases).

## **CAUSES**

After a few days in hospital, thanks to our presence and support in the unit and the fact that they feel they are the centre of attention of a humanitarian relief NGO, victims start trusting us and feel they are anonymous enough to break their silence and tell us of the reasons that led them to attempt suicide.

Theirs is a cry out of utter pain and desperation, a clear sign to their family and community about the tremendous injustice they are suffering.

- Their choice of self-immolation is due to the fact that in most households flammable material can be found (in 91% of all cases, it is kitchen fuel).
- They undergo physical and psychological violence at home for long periods of time (82%), they feel aversion to their marriage, are falsely accused due to jealousy of

brothers-in-law, previous wives, are subjected to sexual humiliations, punishment for their inexperience in housekeeping...

- Archaic traditions (early marriages, usually without the wife’s consent or knowledge at 14 years of age, in 60-80% of all cases; use of BAD, a traditional method of resolving conflicts and settling debts in which, by way of retribution, the “guilty” family gives women to the family that has been “wronged”
- The psychological impact of a 25-year period of wars
- Impoverished families (families get often into debt due to the high price of the bride or to the wedding expenses)
- Over 50% (\*unavailable complement) of the victims and their husbands and relatives never had any access to schooling or training.
- Lack of confidence and restricted movements. They are not allowed to visit their own family or have access to special services without an accompanying male relative. They feel intimidated and isolated (the purdah forbids women to have a job. Only 15% of the victims is allowed to visit their families).
- The family core ignore women’s right to be educated, to inherit property, to divorce, and to choose their own husband
- They are unaware of the law, and of their rights. Violence is inflicted for the sake of religion and cultural tradition.
- They are unable to leave their houses and search for help.

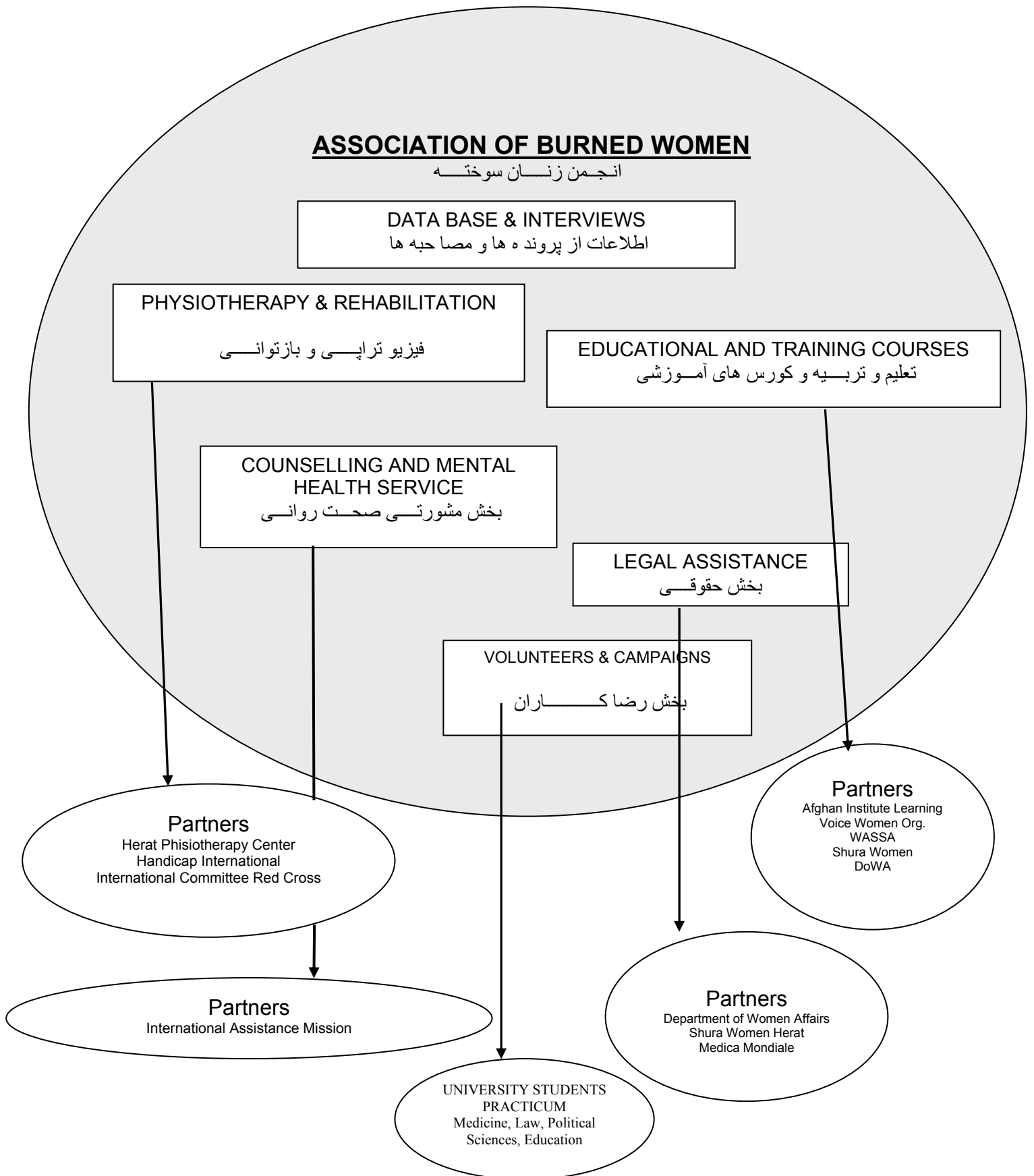
## ORGANISATIONS PROVIDING INFORMATION

NAME	PROVINCE	INFORMATION PROVIDED
ACBAR- Agency Coordinating Body for Afghan Relief- Regional Manager	Herat	Associations and organisations registered in the province of Herat.
Person in charge of AECI (Spanish Agency for International Cooperation)	Qala and Naw	Concern about the high number of self-immolation cases registered in the hospital that AECI helps to manage in the province of Qala-E-Naw. The questionnaire for the interview to patients is shared by AECI and us.
Afghanistan Nationwide Women’s Association - Head	Kabul	General information about the situation of women.
AIHRC - Afghanistan Independent Human Rights Commission - Dtor.	Herat	Reports specifically on violence against women in Herat, and number of self-immolation cases reported.
AIHRC-Afghanistan Independent Human Rights Commission-National Program Manager	Kabul	Annual reports and reports on the situation in the rest of the country. This person wrote and documented the first Commission Report (2003) on the need to investigate self-immolation cases in Herat.

NAME	PROVINCE	INFORMATION PROVIDED
AIL - Afghan Institute of Learning - Herat Coordinator	Herat	New opportunities for women through educational and training courses.
ANP Person in charge of the Family conflicts Bureau	Herat	Main reasons behind cases dealt with by the new National Police unit in Herat.
ANP Person in charge of following up criminal evidence at the hospital.	Herat	Number of self-immolation cases that the National Police has investigated in Herat since March 2005.
Head of Universities, Herat	Herat	Provided access to university classrooms and to students of Medicine, Political Sciences and Law.
UMID Inter-Regional Rehabilitation Center	Samarkand Uzbekistan	Showed us the way a shelter for women and children suffering domestic violence in Uzbekistan is run
Cooperazione Italiana Emergency Program Herat Health Coordinator	Herat	Qualification Programme, management of hospital resources and maintenance in Herat Hospital
Danish Afghanistan Committee Medical Mission Herat	Herat	Management of Primary Health Centres in Herat districts (Basic Health Post). Proposal of post-hospital follow-up in 4 districts of Herat and to raise awareness to the need to be particularly vigilant of self-immolation cases among women.
Heads of Faculty of Law and Political Sciences.	Herat	Arrangement of meetings at the Faculty with 2 <sup>nd</sup> and final year students to discuss self-immolation
HANDICAP International - Physiotherapist & Proj. For Burned women	Herat	Training of physiotherapists of the Hospital of Herat and Coordination of a network of physiotherapists in the various districts of the province of Herat. Two physiotherapists receive a monetary incentive from them for working two hours a day in the Burn Unit.
General Hospital of Herat – Director, Ministry of Public Health (MOPH)	Herat	Our main counterpart. They assure full access to the unit, healthcare workers, patients, admissions and medical records
General Hospital of Herat – Deputy Director, Ministry of Public Health (MOPH)	Herat	He is interested in the study. Will help with the revision of the questionnaire and the translations for the interviews. He has also helped us search through files, create the data base and with the procedures to obtain urgent visas in order to send patients abroad.
Herat General Hospital – Director of Burn Unit	Herat	He offered ACAF a working space inside the new burn unit. Accompaniment and follow-up reports, social activities for rehabilitation and training.
Herat Hospital – Head of Physiotherapy Department.	Herat	Coordination of the post hospital physiotherapy treatment. Brought us in contact with a former patient who attempted self immolation.
ICRC – Orthopaedic Center – Head of Physiotherapy.	Herat	The International Committee of the Red Cross provide orthopaedic prostheses, rehabilitation services and transport from all districts. Treatment of just one young woman attempting self immolation over the last 19 months.
International Assistance Mission IAM – Mental Health Clinic	Herat	Running the only mental health center in the Western Region. Periodic follow-up assistance might be provided in the burn unit before patients are sent to Herat mental clinic.
Spanish ISAF – Medical Colonel ROLE	Herat	He can perform medical examinations (unavailable in the hospital), in the framework of the humanitarian aid provided by the Spanish army to the Afghan population.
Spanish ISAF. Lt. Colonel C.M.S. Head of Health Dept., Torrejón Air Force Base	Madrid	He can obtain a large amount of specific medicines to treat burned patients.

NAME	PROVINCE	INFORMATION PROVIDED
Italian PRT ISAF News	Herat	Publication of awareness-raising articles in the magazine they distribute all over the west part of Afghanistan.
Justice & Advocacy for Women's Rights	Herat	Local association of female university students. A group of volunteers from this organisation try to organise different activities in the Burn Unit.
Medica Mondiale - Legal Team Administration	Herat	Offered us participation in an associative network to provide legal advice to women in Herat.
Medica Mondiale	Kabul	Working in Afghanistan since 2002 in 5 programs aimed at assisting women in risk or surviving violence. They have organised the first national meeting on self-immolation, but this is not one of their direct work fields. They have suggested offering legal advice from the Herat office.
MOWA – Human Rights Department	Kabul	Contacts with institutions in Kabul. Support with ARIANA Project. They still don't have official detailed data on the different types of violence against women
MOWA – Relations with Provinces	Kabul	Information on the structure of the Ministry and contacts with the directors of western provinces.
MOWA– Head of Women Affair Department - Herat	Herat	Main reasons for self-immolation. In the legal department there are no records of self-immolation cases being followed up. Offered ACAF a space for their headquarter and coordination with all ministry departments (legal, training, etc)
MOWA – Head of Women Affair Department Qala y Naw	Qala and Naw	Mentioned that many cases of self-immolation never reach Herat Hospital. Many of the cases arriving at the hospital in Qal-e-Naw cannot be sent to Herat for lack of resources and infrastructures. Intention to reinforce prevention through a new radio programme and through Friday prayers in cooperation with the local religious leader.
UNAMA, Herat -Governability, Human Rights	Herat	Coordination and Safety Meetings with all NGOs in Herat. Support to NGOs.
UNIFEM- Women Development Center	Herat	Provided information on the activities performed in the center.
UN Special Representative in Afghanistan.	Kabul	Showed interest for ACAF's work in Herat. Discussion about the need for a social change in Afghanistan. He wishes to keep in touch and to exchange information with the department of Human Rights.
Voice of Women Organization – VWO	Herat	Runs the only shelter for women at risk in West Afghanistan. Can house 23, and is always full. They organize educational and training activities, and run five tea houses for women in Herat city. They have the capability and experience to manage big international cooperation projects. Provide occasional follow-up at the Burn Unit. They cooperate in prevention campaigns.
Women & Children Support Organization - WCSO	Herat	Local association providing assistance in the orphanage for girls in Herat. The director is an activist for the promotion of the rights of women in Herat.
Women Activities & Social Services Association WASSA	Herat	Local association. They have made a documentary film on victims of self-immolation. They organize courses and educational campaigns to raise awareness for women's rights. They can put patients in the district training programmes . Awareness-raising and prevention campaigns.
Women Council ( <i>Shura</i> women) Head of Herat Office	Herat	The traditional women's council. Could either be governmental or non-governmental. They organize family-based mediation sessions in front of an official follow-up committee to avoid agreements to form coerced or early marriages. They organize training courses.

**Organizational Chart AFGHAN ASSOCIATION of BURNED WOMEN and Possibilities for cooperation with related organisations**



## CONCLUSIONS

Despite the fact that, technically speaking, self-immolation is not inflicted by others, evidence shows that domestic violence over extended periods of time is the main cause.

There is thought to be a high rate of suicide attempts among women all over Afghanistan. The main method to attempt suicide is self immolation, and also taking pills or pesticides (Medica Mondiale –Self immolation Fleeing violence. UNAMA Reports, UNIFEM, Human Rights associations and media.)

Self-immolation is common in many areas of Afghanistan and in the south of Asia. (Kabul Conference. Representatives from India, Iran, Iraqi Kurdistan, Sri Lanka, Uzbekistan, Bangladesh and Tajikistan).

Herat is probably one of the areas with the highest number of (reported) cases. This is because there is a reference center for burned people as well as civil associations raising awareness and supporting human rights.

The social stigma and shame linked to self-immolation results in the confinement and isolation of survivors.

There is written record of only two victims of self-immolation who received post hospital physiotherapy and mental health care (The Physiotherapy Center at Herat Hospital CICR, IAM y DAC provided information about the last 19 months).

The shelter for women at risk admits reluctance to assist the victims of self-immolation because they are socially rejected.

Local authorities continue to ignore both self-immolation and violence against women (lack of resources and of mechanisms to protect the victims of violence, lack of shelters, family courts, marriage registrars, equal legal assistance, mental health programmes, professional advice to help families in conflict...) Victims have no referent that helps them find the assistance needed in organizations and institutions.

*Shuras* are the nearest external resource to help settle disputes and mediate between family members. (*Shuras* are traditional councils of a governmental or non-governmental nature.)

However, both the community and the family exclude and blame women if they dare to denounce the violence they suffer at home openly or if they ask for justice at institutions.

After spending a long time in hospital (according to records, +15 days in bed), 98% of the victims who survive return to the same violent environment.

Families lack the economic resources they need to treat and heal a burned person (causing physical disabilities, health problems). All this increases victim's sense of guilt and discrimination.

Given these circumstances, the victim is likely to suffer violence again. This time however she will not probably return to hospital.

## **RECOMMENDATIONS**

Herat Hospital is willing to offer burned patients specialised treatment. The hospital will soon boast a new surgery unit, with equipment and treatment for physiotherapy and the prevention of disabilities, and providing continuous training to the staff. It will be economically supported by two international NGOs over the next three years.

The directors of Herat Hospital and the Department of Public Health have commissioned ACAF to take care of the psycho-social support and follow-up assistance in the new unit over a minimum period of three years.

ACAF's proposal:

1. Support all burned women (not only victims of self-immolation) in order to challenge the culture of silence.
2. Improve the quantity and quality of the information collected from the questionnaires to produce reliable statistics.
3. Use the database for all patients (men and children under 5)
4. Ensure the existence within the unit of an office providing daily accompaniment and mediation between family members.
5. Coordinate self-help and recreational activities in the afternoons (after medical routines). 1 local coordinator and groups of university students.
6. Set up follow-up and referral systems, as well as identify alternative opportunities for patients in the province of Herat (see Results, Interviews and Information provided).
7. Create the Association of Burned Afghan Women. Establish its headquarter in the Department of the Ministry of Women and an office in the unit (see the diagram proposed by ACAF).
8. Promote and contribute to create a network of social support and solidarity.
9. Facilitate and manage training courses to teach multidisciplinary palliative therapies to patients who wish to follow a vocational itinerary.
10. Provide generic and specific drugs to treat burned people (ointments, lint, bandages, etc.) in order to promote victims cooperation and avoid relatives' rejection of the hospital follow-up.

11. Participate in campaigns for citizen education, prevention of violence against women and prevention of accidents at home. Participate in awareness-raising forums to offer first-hand testimonies and analyze basic protection needs.
12. Secure financing for a three-year intervention.
13. Sign cooperation agreements with related bodies.

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- Press articles-

## **ANNEXES**

1. Questionnaire: burned patients (+ 13 years of age)
2. Excerpt from Database of burned patients at Herat Hospital



6. How many Adult family members are living in the same house: \_\_\_\_\_

Father/in law: \_\_ Brother/in law \_\_ wife \_\_\_\_\_ their children: \_\_\_\_\_

Mother/in law: \_\_ Sister/in law \_\_\_\_\_ others: \_\_\_\_\_

- Do all family members have same food in the house? Y / N

7. How many members of the family are working? \_\_ who? \_\_\_\_\_

Profession: \_\_\_\_\_ where do they work? \_\_\_\_\_

Less than 5.000 AFA \_\_ 5.000 AFA \_\_ 10.000 AFA \_\_ 20.000 AFA \_\_

More than 20.000 AFA \_\_\_\_\_

If widow applies specify source of income: \_\_\_\_\_

8. Education:

- 1/ None
- 2/ Basic schooling
- 3/ High School
- 4/ Technical training
- 5/ University
- Other \_\_\_\_\_

## **Part II**

9. How did you get burned?

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10. Where you alone when this happened? If not with whom were you?

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11. Who helped you first? How?

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12. Where you afraid to die? Yes / No

13. Do you know anyone who suffered the same kind of accident? Yes / No

14. Did you have other body bounds before this one? What happened? :

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15. Do you have problems with your parents, husband or in-laws? Yes / No

What kind and for what reason? : \_\_\_\_\_

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Have you suffered? Physical abuse: Y / N Intimidation N / Y

Sexual Abuse Y / N Life threats Y / N

Other/please explain \_\_\_\_\_

16. Where will you go when discharged from the hospital? \_\_\_\_\_

17. Are you afraid or happy to be going there? : \_\_\_\_\_

### **Part III**

***This part of the evaluation should be filled by the observer through visual and empathic means.***

Did the patient speak freely and honestly? Yes / No

If NO, please explain why (relatives presence, is she scared, does she fear for her life):

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Please provide a short history of the patient's personal situation:

How could ACAF help her? Courses, legal assistance, counselling?

**In case of admitted self immolation:**

Did she comment her desire to commit suicide with anyone? Yes / No

To whom did she speak? \_\_\_\_\_

Did she ask for help (family, shura, ministry of women ...)? \_\_\_\_\_

Was it the first time she tried? Yes / No , when did she try before \_\_\_\_\_

Do you feel she will attempt suicide again? Yes / No

**FOLLOW UP DURING HER STAY IN THE HOSPITAL**

Date of operations, skin grafts, or other

## ANNEX 2

### Excerpt from Database of burned patients at Herat Hospital

Register No	Name	Father Name	NAME	FAMILY NAME	Age	Sex	Material Of	Percent Of Burn	Result	Location	Year	Month	Day	No of Bed Days
546	نرگس		Narges		15-25	Female	Fuel	36-55%	DIED	Karukh	1385	1	1	2
548	صدیقه		Sadiqa		>35	Female	Fuel	36-55%	DIED	Karukh	1385	1	18	1
550	آسیه		Asia		<5	Female	Water	16-25%	Discharge	Herat City	1385	1	17	
551	گل افروز		Gool afrooz		15-25	Female	Fuel	26-35%	Discharge	Adraskan	1385	1	13	
552	زیبا		Ziba		15-25	Female	Fuel	>71%	DIED	Gozara	1385	1	11	
555	لیدا		Lida		5-15	Female	Fuel	26-35%	Referred	Enjeel	1385	1	15	
556	شکوفه		Shokofa		5-15	Female	Fuel	36-55%	DIED	Enjeel	1385	1	15	
557	مرسل		Mursal		<5	Female	Water	16-25%	Discharge	Herat City	1385	1	8	>15
558	سمیه		Somayeh		5-15	Female	Water	<15%	Discharge	Herat City	1385	1	17	7
559	غزیزه		Aziza		5-15	Female	Fuel	36-55%	Discharge	Obeh	1384	11	16	
560	نادیه		Nadia		15-25	Female	Pressure cook	16-25%	Discharge	Herat City	1385	1	12	6
561	بی بی گل		Bibi gull		25-35	Female	Water	<15%	Discharge	Herat City	1385	1	6	12
562	ملکه		malika		5-15	Female	Fuel	>71%	DIED	Herat City	1385	1	30	1
563	حنیفه		Hanifa		25-35	Female	Water	26-35%	Discharge	Kohsan	1385	1	19	11
565	رقیه		Roqia		15-25	Female	Fuel	>71%	DIED	Enjeel	1385	2	2	7
566	فاطمه		Fatema		15-25	Female	Flame	56-70%	DIED	Herat City	1385	1	22	13
567	شکلا		Shakila		15-25	Female	Fuel	>71%	DIED	Herat City	1385	1	28	8
569	زرمینه		zarminah		25-35	Female	GAS	16-25%	Referred	Herat City	1385	2	3	5
570	خاتون		Khatoon		25-35	Female	Pressure cook	26-35%	Referred	Herat City	1385	1	27	11
571	روشن		roshan		15-25	Female	GAS	16-25%	Referred	FARAH	1385	1	19	>15
573	سروری		Sarwari		15-25	Female	Fuel	>71%	DIED	Obeh	1385	2	9	2
575	نجیبه		Najibah		15-25	Female	Fuel	36-55%	Discharge	Gozara	1385	2	10	>15
577	شفیقه		Shafiqah		5-15	Female	Fuel	26-35%	Discharge	Herat City	1385	1	23	11
578	زهرا		Zahra		<5	Female	Flame	<15%	Discharge	Obeh	1385	2	4	7
582	شهناز		Shahanz		25-35	Female	Fuel	>71%	Discharge	other provinces	1385	2	12	6
583	سمیه		Somayeh		15-25	Female	Fuel	56-70%	Referred	Herat City	1385	2	16	3

Register No	Name	Father Name	NAME	FAMILY NAME	Age	Sex	MaterialOf	PercentOfBurn	Result	Location	Year	Month	Day	No of Bed Days
585	سيما		Seema		<5	Female	Water	<15%	Discharge	Gulran	1385	2	10	>15
587	زهرا		Zahra		<5	Female	Flame	<15%	Discharge	Obeh	1385	2	4	10
589	اسما		Assma		<5	Female	Water	16-25%	Discharge	Enjeel	1385	2	8	>15
590	فريبا		Fariba		5-15	Female	Water	16-25%	Discharge	Herat City	1385	2	8	>15
591	حليمه		Halima		15-25	Female	Fuel	<15%	Discharge	FARAH	1385	2	17	>15
592	نسيمه		Nasima		15-25	Female	Fuel	16-25%	Discharge	Herat City	1385	2	16	11

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*(Cooperation Agreement between ACAF and the University of Salamanca)*

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