

Afghanistan Background Brief

Enabling access and quality aid in insecure environments (Component 2)

Research questions and methods

Secure Access in Volatile Environments (SAVE) is a three-year programme of primary and applied research that seeks to contribute to practical solutions for maintaining effective humanitarian response amid high levels of insecurity. Field work is being undertaken in four contexts: Afghanistan, South Central Somalia, South Sudan and Syria.

Component 2 of the SAVE programme seeks to answer two research questions:

- What works best in obtaining *access* in the most insecure environments?
- What works best in delivering *quality* aid in situations of reduced oversight and control?

It focuses on three sectors: health, food assistance and protection, as well as cash and vouchers.

Purpose of the briefing note

This briefing note summarises the preliminary findings from interviews with aid actors and consultations with affected populations, and serves as background for meetings in Kabul 4th – 6th August. The intention of the meetings is to review these initial findings with stakeholders, seek feedback on the extent to which the findings are accurate and reflect the right balance of issues, and lastly, to identify gaps or issues requiring more detailed analysis.

Aid actor interviews

The research team has conducted 107 interviews with representatives of aid organisations, donors, private sector entities and local authorities in Kabul as well as in Kandahar, Helmand, Uruzgan, Khost, Paktika, and Kunar, in both the provincial capitals and other districts. Approximately 89 per cent of these interviews were with Afghans and approximately 10 per cent were with women. Afghan research staff from the Peace Training and Research Organisation (PTRO) and the Organisation for Research and Community Development (ORCD) conducted the interviews, with teams led by Rachel Morrow and Dr Shams Rahman respectively. The SAVE Component 2 Senior Researcher, Will Carter, provided support, conducted separate interviews (included in the total above) and assisted the researchers during missions to Kandahar and Khost.

Background

Afghanistan has been affected by significant armed conflict for four decades. Following the recent reduction of international forces, Afghanistan enters a new chapter. A number of non-state armed groups, most notably the Taliban movement but also many others, including the Haqqani Network, a proscribed group, remain in conflict with the government and with each other in some areas. There is low-level conflict in many parts of Afghanistan, including attacks in the capital, and high criminality on inter-city roads. Much of rural southern and eastern Afghanistan is controlled or contested by non-state armed groups, with conflict spiking to medium-to-high levels.

During an earlier escalation of the conflict in 2006-09, many agencies adopted remote management and low-visibility approaches, and the number of agencies was significantly reduced in the south and east of the country. Staff movement, particular international staff, overland outside of the main cities, was rare. Currently, while aid agency presence remains minimal in many remote districts of these provinces, the situation has improved somewhat. Notably, agencies have mounted an emergency response to assist refugees from neighbouring Waziristan (Pakistan) in Paktika and Khost since summer 2014, despite these areas being rated highly insecure.

This component aims to understand how aid agencies maintain their presence in the most insecure parts of Afghanistan and how quality assistance is delivered despite the limited staff presence and adaptations to programming.

Quality of aid

The SAVE research programme defines a **quality** humanitarian aid intervention as one that is:

- relevant and addresses priority needs, with dignity;
- timely;
- avoids duplication with other actors;
- minimises the potential of aid to do harm

The research seeks to understand what indicators agencies use to gauge programme quality and how they make trade-offs and compromises in highly insecure settings.

Interviewees were asked to reflect on the quality of their programming in a broad sense, in line with the definition above, and specifically how they managed challenges to quality arising from insecurity.

The vast majority of those interviewed were satisfied with the quality of their programmes, given the contextual difficulties. They noted that quality was likely lower in insecure areas, due to a greater likelihood of corruption and other problems stemming from a lack of field presence. International organisations have limited opportunities to visit their partners, for example, reducing oversight and quality control. More generally, even where some field visits were possible, insecurity was seen to jeopardise programme quality by reducing the amount of time in the field, including for needs assessments, distributions, and monitoring and evaluation. Along with the additional time spent assessing and managing security risks, this was seen to slow response time and increase costs. Very few organisations appeared to have a set of corrective actions for dealing with underperforming projects.

Some agencies felt that, over time, quality had improved, identifying indicators such as:

- a more professionalised remote workforce;

- rebuilt trust with communities;
- increased telecommunications coverage;
- more structured monitoring systems; and,
- increased donor pressures for quality and cost effectiveness.

In general, practitioners in the health sector appeared more satisfied than those in other sectors (particularly as compared to food and shelter) with their operational quality in volatile areas. This may stem from the fact that in-kind aid and cash were seen as more prone to diversion than services such as health and protection.

A further difference in quality was also noted between organisations that deliver a defined set of services (such as the set packages of health services) and those responding to varying (often growing) emergencies. For the former, operational quality was not so variable but did rely upon local capacities, such as the number of trained staff (particularly female staff) and in-patient beds. For the latter, if emergency needs increased during the intervention, and resources were slow to adjust or come at all, agency staff faced uneasy choices of whether to stretch their response to include the increased caseload (but at a lower overall quality) or continue to serve only the allocated beneficiaries or perhaps employ more selective targeting. For both types, aid agencies noted that slight changes in funds could have disproportionate effects on overall quality.

Staffing and organisational issues

At the national level, leadership and top management positions are usually held by expatriate staff, with some top management positions also held by Afghans. At the 'regional' level (e.g. North, Central, South), the INGO or UN offices will usually be led by one or a few expatriate staff permanently or semi-permanently based there. At the provincial level (e.g. Uruzgan, Helmand), few organisations have permanently based expatriate staff (although may have had so in the past five years, when funding had peaked and international infrastructure such as PRTs were still present) but often host visiting international staff (although visits are often restricted to the city limits). Notably, some provinces, such as Paktika, Kunar and Nuristan, are commonly off-limits for expatriate staff for overland travel.

Aid agencies have different approaches to staffing their field offices. These include recruiting:

- staff from the same province or adjacent provinces
- non-local Afghan staff, but from the same ethnic group
- 'ultra-local' staff from specific districts
- field office staff to reflect tribal balances and composition of the province
- staff with specific, non-technical credentials, such as advanced Islamic study

The strategic benefits of staffing choices, particularly in terms of acceptance, access and operational quality of aid, may require closer examination. For example, there did not appear to be specific policies on whether to nationalise or 'internationalise' head of field office positions. Instead, such decisions appear to be driven more by cost implications and risk intolerance than by considerations of the operational quality of aid.

Expatriate staff are often valued for their multi-national experience, their capacity to be neutral or objective as well as less susceptible to local pressures and threats, and also perhaps as having generally higher levels of training. These arguments are well-known amongst the aid community. Interestingly, however, some respondents indicated that expatriate staff actually decreased the quality of aid. This was due to their higher rates of turnover, higher cost, and absence due to R&R

rotations or failure to fill posts on time. Their lack of linguistic competencies and their inability to safely visit field locations was seen to slow workflows and generally introduce structural barriers between senior management and technical experts on the one hand, and beneficiaries and field staff on the other.

The low numbers of Afghan female staff in the field was found to have significant repercussions for the operational quality of aid, particularly in health, where finding female nurses and doctors to serve women is a constant challenge. Notably, of all the field offices engaged in south and east Afghanistan that had expatriate heads of office, only one was female; there were no female Afghan heads of office in these areas either. It is also seemingly difficult to send female international employees into the field, especially to the south and east Pashtun-dominant areas where social norms are sometimes unfavourable for women to transact business with (predominantly male) stakeholders and compromise community acceptance, increasing security risks. This inhibits direct engagement with women, such as interviewing them as part of needs assessments, because women living in rural areas are often not allowed to speak directly to men.

Partnerships and remote management

With the exception of the UN, which implements almost exclusively through international and local partners, aid agencies employ a mix of direct implementation and partnerships in Afghanistan. Some organisations maintain direct implementation as a way to ensure project quality, although two organisations had started to review this approach in order to continue programming in increasingly insecure areas or to open programmes in new areas. Generally, organisations use partnerships to extend their reach, but they are also seen to contribute to capacity-building, sustainability, and reduced costs. Notably, some humanitarian donors will only fund projects where the grantee can directly monitor, potentially limiting the types of partnerships international agencies can pursue.

Some organisations acknowledged that they partnered with Afghan NGOs in order to transfer or share the burden of risk. They reported that risks were not ‘flatly transferred’, however, instead describing it as a shift from a cumbersome international agency to a more nimble local one that also had a lower risk profile. Nonetheless, most (but not all) international organisations were willing to leave security considerations to their implementing partners. One factor affecting the operational quality of aid in partnerships seems to be the level of trust and communication between the partners – specifically for local partners to be able to discuss, and not hide, challenges and problems encountered during implementation. A small number of agencies and partners will often undertake joint assessment missions, along with government counterparts, in order to gain a common understanding of the situation, a common measurement of needs, and a co-developed response plan; altogether, this has shown potential for positive effects on aid quality.

Some agencies work with ‘Community Development Councils’ (CDC), a unique category of community-based organisation originally established under the National Solidarity Program; an attractive option for participatory approaches and as a means to easily engage with affected communities. However, several interviewees were sceptical of this approach due to: risks of low-level corruption, lack of transparency and rigour (particularly in beneficiary selection), potential conflict insensitivity, and aid diversion. Indeed a few agencies reported the need to very closely monitor CDC performance, behaviours and relations; when they did perform, they significantly enhanced the quality of aid at the local level, and when they did not perform, it significantly undermined programmatic quality. Some aid agencies stated that operational quality through partnerships with these community-based organisations was improved with participatory analysis and planning, and community monitoring and evaluation mechanisms.

Some good practice has been utilised in remote partnership setups. Whilst there was initially initiatives to utilise technological advances to help project implementation monitoring and control, such as with the use of geo-tagged photography, there appears to have been a move to consolidate 'low-tech' approaches to ensure that aid is getting where and to whom it needs to. Such approaches include: signed letters by field staff and a CDC member to confirm distribution, Third Party Monitoring, flyers with contact details of staff members (not involved in the distribution) that could be contacted should there be any complaints or issues with the distribution or afterwards.

Assessing and managing security risks

The frequency, rigour, and accountability of formal security risk management systems vary considerably. International aid actors appear to have greater capacity for security risk management than local Afghan NGOs, especially in field offices, which placed less emphasis on formal risk assessments, and rely more on the advice of local risk focal points. Many local aid actors in the south and east of the country claimed to not face any security risks in the field.

Interviewees did not articulate clear positions on their levels of risk tolerance. Some organisations spoke about "red lines," i.e. that they will not engage in certain areas if there is a certain level of risk to their staff, their beneficiaries or their aid and assets. Other respondents, mostly NGOs, reflected that they have, over time, slowly increased their level of risk tolerance. UN agencies appeared to have a clearer concept of risk tolerance through their concept of 'programme criticality'. However, this appears to have been applied more for field mission authorisation than for approving overall programmes or sustaining field office presence, and rarely have agencies varied the level of programme criticality for interventions in Afghanistan. For some NGOs, there was an implicit sense that certain project activities were more important and hence worth accepting more risk, but this was generally not formally articulated. For many agencies, monitoring and evaluation was particularly likely to be deprioritised in higher risk areas.

Outreach and negotiations for access

A minority of aid organisations reported that they negotiate directly with non-state armed groups for access; these are primarily medical organisations, who often treat war-wounded combatants or manage basic health clinics in areas contested or effectively controlled by the armed opposition. Instead, most aid organisations conduct 'community outreach', or indirect negotiations. This mainly involves speaking with community elders, who act as mediators or interlocutors with armed opposition groups, in order to ensure safe access. Potential problems with this type of approach – such as whether such promises are forced or genuine (and therefore effective), and how accountable such processes are – requires closer examination.

As a negotiating counterpart, the Taliban appear to vary significantly between provinces—particularly their cohesiveness (for example, whether ground fighters would actually comply with security assurances), the disposition of key figures (e.g. local commanders, or 'shadow' governors) and the stake they hold in the wellbeing of communities (often reflected in whether they are from the area). Some aid actors observed limitations of access negotiations where: there are multiple armed groups; there is a non-local armed group; aid work has historically not appeared to be impartial or neutral; or local leadership is incoherent.

It was rare for national or local government to block humanitarian access; programmes were generally coordinated with ease and consensus. Some aid actors did note that extensive negotiations (both bilateral and multilateral) with government officials were required to ensure that the work would be carried out without interference, particularly from provincial-level

authorities. This suggests that negotiations with government in volatile provinces were less relevant to access and more relevant to the operational quality of aid, particularly to avoid the channelling of assistance through local governors in contested districts thereby politicising the assistance and biasing (in a politically partial manner) the beneficiaries who might access the assistance.

Humanitarian principles and ethical action

Every organisation interviewed (except government institutions) spoke of the importance of humanitarian principles to their work. Many organisations stressed impartiality as the most powerful determinant of acceptance and access – as well as of aid quality generally.

Aid organisations struggled with the principle of neutrality, however, noting that programmatic implementation often occurs through government departments. More generally, a potential challenge to impartiality was the fact that, in the south and east, the majority of programming is clustered in core, ‘government-held’ districts.

Interestingly, respondents also suggested the importance of other principles, notably the Islamic principle of charitable giving. Islamic ethics and principles were seen by some as a more effective method for gaining access than the classic humanitarian principles, and just as useful for resolving conflicts and protecting against interference. Several governmental and donor respondents also stressed the principle of dignity or respect. This principle was seen as important for the operational quality of emergency interventions in particular, although difficult to reflect in programme design and monitoring.

Corruption, diversion and conflict sensitivity

A common narrative emerged when enquiring about corruption. The vast majority of aid actors acknowledged that corruption was a challenge, but felt that mechanisms to overcome risks of corruption were in place, and serious incidents were rare, but lower level diversion and abuse of power was more common. Some acknowledged that it would be unrealistic to expect that corruption could be completely removed from the aid process, although they were confident that ‘more than 90 per cent’ of their assistance reached the right people. It was not clear from this round of interviews whether donors and organisations share the same picture.

Generally, interviewees felt that false or inappropriate beneficiary selection and aid diversion were more prevalent than extortion, bribery, or embezzlement. These smaller-scale abuses of power and systems of diversion (that often fooled remote audit processes) were endemic risks. Fraudulent registration of beneficiaries, through either staff-complicit generation of ‘ghost villages’ and ‘fake elders’, or non-staff-complicit interference of community elders to prioritise their friends and family over the intended, vulnerable beneficiaries in communities, was a large risk. Food assistance, non-food item distribution and cash seemed to be more prone to diversion through abuse of power, than activities in health and protection. Vouchers specifically were seen as less susceptible to corruption and abuses of power because registration and distribution systems were less vulnerable to fraud.

Reflecting the scale of these problems, aid actors in Afghanistan have spent significant time developing systems and practices to reduce their exposure to corruption, primarily internal auditing and monitoring. Many INGOs and Afghan NGOs were subject to external financial audits by donors, headquarters and even the Afghan government. There also appeared to be a notable effort to learn from past experiences and adjust practices following incidents. Aid agencies have

developed ways of monitoring, including community-based and peer monitoring, that involve close checking of registration lists and verification of distributions.

There was little indication that aid actors had taken significant steps to consider the impact their interventions could have on local power dynamics or the political economy. Some respondents said they were aware that the imbalanced provision of aid between tribes (specifically) could generate conflict.

Affected population consultations

The research teams interviewed 140 Afghans (including 51 women, i.e. approx. 36%) from 18 affected communities across six provinces in the south, east, and southeast of the country: Kandahar, Helmand, Uruzgan, Paktika, Khost, and Kunar. In each community, three focus groups were also conducted (all with men).

In each province, a mix of provincial capital and rural locations were selected. These were largely low-intensity, contested areas where aid actors had some, albeit restricted access. The goal of these consultations was to better understand how people seek to safely access humanitarian assistance and what are their concerns regarding its quality. Both beneficiaries and non-beneficiaries (who might also qualify for aid under typical targeting criteria) were interviewed, as well as elites, such as community elders.

Secure access to aid

Most respondents, including women, across the six provinces, felt that it was safe for affected people to receive aid, although, agencies may explore further options to overcome systemic issues blocking women's access to assistance that arise from their socio-cultural situation rather than security specific reasons. Some respondents specified that it was only safe to receive assistance in the centre of the province, and that security issues for beneficiaries were likely to occur in the districts and rural areas. A few, particularly in Kunar, mentioned the threat from the Pakistani Taliban, who were warning locals not to receive aid from international organizations, although beneficiaries reportedly rarely listened to them.

Similarly, a majority of respondents felt that aid organisations in their area were able to operate safely - even foreign staff - and that security was not a problem in their region. Those who mentioned insecurity for beneficiaries also noted that there was insecurity for aid actors, but those were a minority. This was in stark contrast with aid actors' assumptions about operational security in these districts.

Quality of aid

The **quantity** of aid appeared to be inconsistent between the provinces. For example, in the southern provinces, the districts visited in Kandahar and Helmand appeared to have received significantly more aid than Uruzgan, according to consultations with affected communities.

Of those who had received aid, judgements of **relevance** and **timeliness** were mixed; many reported receiving decreasing amounts of aid, and so it was difficult to draw worthwhile inferences. In the southeast, Waziristani refugees consulted were generally satisfied with the relevance and timeliness of the initial intervention.

Respondents sometimes complained of poor quality food and construction projects. Multiple respondents appeared dissatisfied with wheat and flour quality, which may be explained by socio-cultural differences in preferences on flour consistency. Respondents were also sceptical that construction contractors had used all the materials and quality of material that they were contracted to, and were unsure of the safety and durability of structures.

Respondents generally seemed to understand the rationale behind selective **targeting**. For instance, in Helmand, people admitted to not receiving any aid because they were not in the position of needing it. However, many respondents stated that targeting systems were fallible to abuse.

A significant number of respondents, particularly in Helmand, Kandahar and Kunar, pointed to instances of **corruption and diversion**. Often local government, community development councils, and 'fake' community elders were embroiled in a range of stories in which either aid was diverted to the villages of specific tribes or extended families (not the most desperately in need) or where fictitious beneficiaries had been registered. In both cases, aid is often sold profitably. Sometimes aid actor staff were also implicated in such schemes. Specific government departments have very weak reputations in this regard, and there were occasionally high levels of distrust for some community elders who had frequently diverted assistance to relatives and neighbours. Many respondents felt silenced or disempowered to report issues of corruption and abuse of power.

Slightly subtler than diversion, but still an abuse of power, were reports of favouritism and social connection amongst aid actor staff and specific families in beneficiary communities, particularly in refugee and IDP camps. In some cases, notably in Kunar, as many as half of the respondents indicated that friendly connections with aid workers would move them up the distribution list, and significantly cut their waiting time.

Further Contact

For further contact regarding SAVE Component 2 (Enabling Access and Aid Quality) in Afghanistan, please consult the project website (www.humanitarianoutcomes.org/save) and contact:

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