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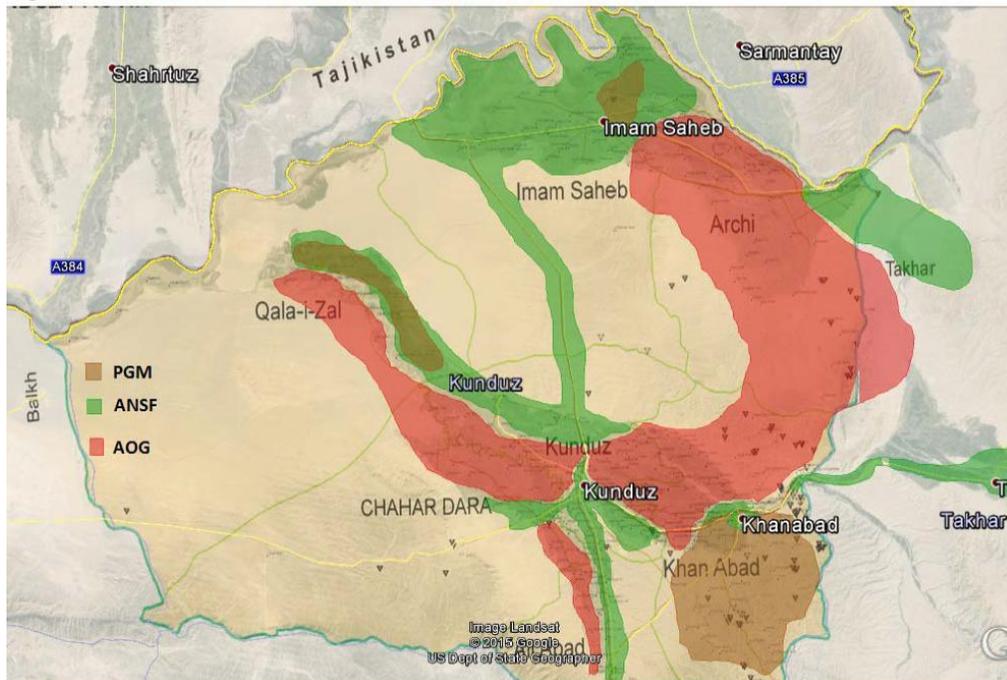## ACCESS LESSONS LEARNED NOTE:
THE FALL OF KUNDUZ, SEP-OCT 2015

Note Author: Will Carter, Access & Protection Advocacy Adviser, william.carter@nrc.no
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EXECUTIVE SUMMARY

This lessons learned note is the output of an inter-agency learning exercise on how to 'stay and deliver' in Afghanistan, so that agencies can continue to reach the most vulnerable, despite the difficulties of the operating environment. It comprises a case study of the humanitarian response to the crisis in Kunduz in late 2015 when the city was captured by armed opposition groups (AOGs) and subsequently recaptured by Afghan Government forces, summarizing what happened, reflecting on what went well and what operational challenges were faced, and how the humanitarian community might plan and act differently in the future. It focuses on the resumption of operations, and not on the initial evacuation and protective security management actions. Based on a desk review and stakeholder workshops in Kunduz and Kabul, it identifies five key problems faced. Against each problem are learning points outlining how the response could be better managed during a similar event in the future. The five key problems identified are: 1) Slow and weakly coordinated understanding of humanitarian needs; 2) Slow re-entry by some humanitarian agencies; 3) Absence of critical elements of operational coordination and leadership; 4) Agencies' operational models were not resilient enough during the crisis; and 5) Reputational damage in the eyes of vulnerable communities, local staff, and AOGs.

Figure 1: Current areas of ANSF, PGM and AOG control

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Introduction

Humanitarian access in Afghanistan is a persistent, and escalating, operational challenge. The international community must continue to reflect on, and respond to, operational challenges that hinder their ability to reach the most vulnerable persons when they most need it. The change of control between government and armed opposition forces in the city of Kunduz in September and October 2015 represents a significant case study to learn from. The humanitarian response after the government retook control of the city was described as chaotic, slow, uncoordinated, and somewhat unprincipled. Responding to this, the ECHO-funded Project Support Group (PSG), in collaboration with ACBAR, conducted a desk review of available documents and facilitated two workshops in Kunduz and Kabul, in March and April 2016, to reflect on what happened, understand what went well, and acknowledge what should be done differently in future in similar circumstances.

The scope of this report focuses solely on the continuation or resumption of humanitarian activities (that is, humanitarian access) and not on the multi-agency evacuation, which is worthy of a separate review, based on work already undertaken by INSO Afghanistan. Moreover, this report focuses specifically on Kunduz Province and city. It is generally acknowledged that a timely and adequate response was provided by the humanitarian community to displaced persons in surrounding provinces, and that pooled humanitarian funding for this was quickly disbursed through UN OCHA. This reflective exercise is primarily aimed towards humanitarian NGOs, in order to better prepare for possible take-over of provincial urban centres in Afghanistan in the future.

This note is intentionally brief, with five key challenges identified and relevant recommendations offered. It is authored by William Carter, Access & Protection Advocacy Adviser for NRC Afghanistan, in his capacity as facilitator of the ECHO-funded Project Support Group (PSG), which aims to strengthen humanitarian access in Afghanistan. While every effort was made to represent consensus positions as much as practicable, this note does not necessarily represent all of the views of the PSG, NRC or workshop participants.

It is important to acknowledge the valuable contributions of: Fiona Gall and Kimberley Ogonda from ACBAR, for providing institutional support; Ashley Jackson, an independent consultant, for sharing extensive primary data[1]; Sean 'Johnny' Ridge, Dominic Parker and Charlotte Ashley from UN OCHA, for their cooperation and interest; Ross Baillie and Michael McEvoy from INSO for their inputs and cooperation; and Luc Verna and ECHO for their insights and institutional support for the overall Emergency Response Mechanism (ERM), from which this is funded. Peer review has also provided by Katherine Haver from Humanitarian Outcomes; Kate O'Rourke, independent consultant; Antonio Galli, from the UN World Food Programme; Marit Glad, from NRC.

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[1] The material was collected as case analysis material for a follow-on study on 'Stay and Deliver' being conducted by Humanitarian Outcomes. https://www.humanitarianoutcomes.org/to-stay-and-deliver-follow-up-study

Assault on Kunduz City. On 28 Sept 2015, the Taliban mounted an assault on Kunduz city from three sides and captured it within the day. Afghan Government security forces were overwhelmed and withdrew to the airport and city fort (Bala Hissar) areas. There was widespread panic among the civilian population and humanitarian community, with significant displacement. UN agencies and most INGOs evacuated non-local staff, using eight UNHAS flights to relocate 164 individuals, while others were moved by Afghan National Security Forces (ANSF), ICRC flights and in private vehicles. Unprecedented, however, was that the majority of local staff also fled from Kunduz. The evacuation is reported to have been chaotic and hasty, with unclear security policies and contingencies for dealing with national and local staff, as well as the securing of assets and information. Many staff were evacuated to Kabul, rather than adjacent provinces. MSF and Save the Children (SCI), who provided direct emergency and remote public health services respectively, appear to be the only international aid agencies who continued to operate, along with the Afghan Red Crescent Society (ARCS).

Perceptions of Post-Capture Impartiality. Prior to the capture of the city, local Taliban representatives called contacts within, or intermediaries for, at least three agencies working in Kunduz, to advise them that they would be protected. The IEA also issued a directive prior to the operation, ordering fighters to respect IHL, including aid workers and health operations, and reportedly called commanders to communicate this the night before. They established a complaints helpline, publicising this online and broadcasting the number locally using megaphones. The Taliban communicated their disappointment about the widespread evacuation of the humanitarian community to several actors. They also reportedly threatened several intermediaries because they felt that aid agencies had not been impartial, seeing their evacuation as proof of their affiliation with the government.

Treatment of Humanitarians and CSOs. No humanitarian staff were killed or seriously injured by armed opposition groups, but two were temporarily detained. Some individuals, including NGO and UN staff, were investigated. Three women interviewed reported that armed opposition groups sought them out at their homes, with information about their identities and activities. None of the women were detained or injured, but they were sufficiently fearful that they hid during subsequent visits. These were not unexpected, with one of the women reporting receiving previous Taliban threats were not unexpected, with one woman reporting previous Taliban threats and the general feeling that women who were visible in public life would likely be targeted in areas under Taliban control

Staying, **Delivering**, **and Suffering**. The government counter-offensive started on 2 October with many residents trapped in their homes for an extended period of time. On 3 October, the MSF Hospital was repeatedly struck by US aerial ordnance from an AC-130, with at least 30 staff and patients killed, in gross violation of the Geneva Conventions. By 6 October, parts of the city were regained by government security forces, with some of the civilian population returning. In coordination with the Ministry of Public Health (MoPH), SCI organized an airlift to resupply their rural public health clinics (with onward delivery by road) despite the closure of their Kunduz provincial office. One staffer described the critical need underpinning this decision: "*The need was there, and we couldn't abandon the people we are helping. We have to show people solidarity by staying when things get difficult. We were one of the few to keep operating, and the need was especially clear after the public hospital broke down and MSF closed in the city.*"

Logistics and Looting. Many felt the roads into Kunduz and up to the north more generally were clear by 7 October, presenting logistics options aside from air access. Afghan President Ghani visited Kunduz on 16 October, by which time some of the humanitarian community had returned (about 10 days after resumption of government control),

although UN agencies had not fully redeployed. Nearly all of the approximately 40 NGO and UN compounds were found to have been looted or damaged during the 15-day conflict, although the perpetrators were typically not known. The looting appears to have been opportunistic, focused on hard assets (such as cars and computers), while leaving sensitive information (including beneficiary lists) untouched. Some NGOs were able to reclaim their vehicles, but the majority of UN and NGO vehicles, between 100 and 200, remain missing.

Shock. The unprecedented capture of Kunduz generated a sense of shock among the humanitarian community. Some actors felt there was a lack of leadership from relevant UN agencies and also a passive approach from the broader humanitarian community. In retrospect, many felt that a low sense of urgency and lack of ownership precluded proactive, action-oriented planning. For UN agencies, there was a clear lack of understanding, attributable to implementation through subcontractors, about the staff, assets and relief supplies available locally that could be utilised. Distance from Kunduz also appeared to distort perceptions about needs. OCHA's attempt to open a humanitarian corridor through contested rural areas into the (now) government-controlled city and distribute food through religious actors, were criticised as inappropriate only in hindsight as an unnecessary and suboptimal solution.

Government Constraints on Agencies. After overcoming internal operational and security management dilemmas, UNOCHA was able to send personnel on a mission to Kunduz, including its country leadership, four weeks post Taliban capture and six weeks after Afghan forces retook control of the city. By this time, humanitarian needs had substantially changed. UN agencies' responses were seen as further constrained by the need to coordinate with Afghan Government authorities, whom were no longer present. Similarly, other humanitarian agencies' assessment and response work in Kunduz was reported to have been delayed until relevant government department staff returned to lead joint needs assessments as per their official MoUs.

Conflicting Needs Data and False Assumptions. Assessments conducted by government and non-governmental stakeholders appeared to produce conflicting data on humanitarian needs in urban Kunduz, with direct verification very difficult to undertake of purportedly assessed caseloads. Local humanitarian staff that remained *in situ* were unable to conduct large-scale needs assessments. However, even after OCHA deployed, needs assessment data remained contested. On reflection, it was suggested that the prospect of opening a humanitarian corridor had raised expectations among Provincial authorities, who may have overestimated the scale of humanitarian needs. Returning civilians typically found only limited battle damage to property, markets appeared to promptly reopen, and household level coping strategies were generally sufficient to meet needs, although resources are potentially now depleted.

Emergency Response and Field Leadership. The Afghan Red Crescent Society (ARCS) appears to have been the first responder in Kunduz City—those staff appeared to be very committed despite the circumstances and risks. Shortly after Kunduz City was retaken by Afghan government forces, implementing partners of the ECHO-funded Emergency Response Mechanism (ERM) were then able to respond. The ERM's process and agencies' existing capacities enabled a needs assessment to be conducted rapidly, and ECHO's collaboration with UNHAS facilitated the mobilisation of additional personnel to the north. While ERM partners in Kunduz (NRC, DACAAR and DRC), as well as other responding actors, did coordinate with the UN, the latter was largely confined to Kabul because of security restrictions and thus could not play a leading role in response or coordination. In OCHA's absence, no agency appeared to step up to lead coordination of responses in the city.

Humanitarian Assistance When it is Most Needed. Throughout the crisis, many civilians fled to Takhar and Baghlan Provinces, with some moving to rural areas in Kunduz Province. It remains unclear to what extent the needs of those displaced to rural areas not under government control, were assessed and assisted; many are still displaced.

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Residents who remained in Kunduz reported receiving medical assistance, but criticised government committees charged with distributing relief supplies "*lots of families who didn't need help [got it] because of the connections and corruption, but some families who really needed for help but didn't have connection they didn't receive any help.*" In Jackson's reporting, while there was an understanding of why aid agencies left Kunduz during the crisis, there was clear resentment that they were not seen to help when situation improved. One resident's comment was telling: "*these foreign NGOs knew that lots of people were displaced and lots of people's houses were looted and really people needed help, so why at that time they didn't help us? If they are here to support us, I think this is the time to support us.*"

Synoptic Evaluation: What went well?

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1. ARCS and SCI maintained activities throughout the crisis:
   - Life-saving assistance, even in rural clinics, continued despite intense conflict
   - Switched to remote management, with airlift for operational resupply
2. IEA called on humanitarian community to continue:
   - Policy-level respect for IHL and humanitarian principles
   - Established a complaints-handling mechanism to promote safe humanitarian access
3. ERM partners' responses were effective:
   - Prepositioned capacity, cash-based response where appropriate, assessment tool
   - Not unduly hampered by security, bureaucracy and restrictiveness
4. Information security dynamics within Kunduz City provided by INSO:
   - Appeared to be the most timely and reliable source of information on events within the city
   - Stands in contrast to UN security apparatus
5. Adaptive coordination structure in Kabul was initiated by OCHA:
   - Rapidly assembled, with available, relevant stakeholders participating

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Recognising that the crisis in Kunduz could be repeated elsewhere in the country, and could even be more protracted, some key problems faced by the humanitarian community are identified below, along with relevant learning points. The table is not intended to be prescriptive, but rather can be used as a resource and to support organisational learning and enhance future outcomes for communities affected by rapid-onset conflict.

	Key problem	Learning / action points
1	Slow and poorly coordinated understanding of humanitarian needs	• Remote information management could be started during a crisis period by leveraging all local staff (including support staff) that remain *in situ*, from both humanitarian and development sectors. Whilst not requesting full-scale needs assessment, coordinating collection of non-sectoral info via city district will be beneficial to understand severity and geographic distribution of humanitarian needs, for example: are families leaving or moving to the neighbourhood; are clinics, bakeries, and food shops open, closed, looted, destroyed; is there potable water supply; is anyone starving or begging?
2	Slow re-entry by some humanitarian agencies, despite adequate security information	• Evacuation of field management teams should be to a minimum safe distance via road, in order to be ready to re-enter the affected location at the earliest opportunity. Evacuation to Kabul should not necessarily be the default option, particularly if agency or partners' have offices closer to the crisis. • In the event of an evacuation, a crisis management team focused on humanitarian response (different to one for security evacuations) should be convened by relevant stakeholders (UN, NGOs and donors), with the most relevant staff attending (not necessarily Country Representatives). Meetings should focus on how and when to achieve safe re-entry and resume operations.
3	Absence of critical elements of operational coordination and leadership	• Different coordination leadership options should be considered, depending on the security and political context. Remote coordination by OCHA, or temporarily delegating field coordination responsibility to the NGO with the highest capacity and strongest field presence are the most likely to be successful. • A formal decision should be made as soon as possible, ideally at the time large-scale evacuation takes place. • Clear responsibilities for coordination with key community, government and security actors must be established.
4	Aid agencies' operational models were not resilient enough during the crisis	• Aid agencies should engage in robust contingency planning, inclusive of trigger warnings, to adequately prepare for evacuation. • Upon evacuation, agencies should immediately share what staff and assets remain *in situ*. Further, a simple business continuity, or operational resumption action plan and timeline, should be coordinated, with the establishment of non-UN humanitarian air bridges or land-based negotiated corridors should be considered as a priority action. • Lastly, a simulation exercise between UN and NGO considering possible scenarios of provincial capture and response planning may also enhance preparedness.
5	Reputational damage in the eyes of vulnerable communities, local staff, and AOGs	• If departure is protracted, a clear system to publicly communicate with inaccessible communities should be established, to inform them of humanitarian agencies' positions and plans. For example, public notice boards and radio broadcasts could be used to advise when and how a humanitarian response could be implemented. The same modalities could be used to explain why humanitarian agencies sometimes cannot respond in order to dispel myths of partiality. • Public messaging that the humanitarian community will respond when staff safety can be assured, regardless of the actor controlling the area may better shape stakeholder perceptions.

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List of Acronyms	
ACBAR	Agency Coordinating Body for Afghan Relief and Development
ANSF	Afghan National Security Forces
AOGs	Armed Opposition Groups
ARCS	Afghan Red Crescent Society
CSOs	Civil Society Organisations
DACAAR	Danish Committee for Aid to Afghan Refugees
DRC	Danish Refugee Council
ECHO	European Commission's Humanitarian Aid and Civil Protection Department
ERM	Emergency Response Mechanism
ICRC	International Committee of the Red Cross
IEA	Islamic Emirate of Afghanistan
IHL	International Humanitarian Law
INGO	International Non-Government Organisation
INSO	International NGO Safety Organisation
MoPH	Ministry of Public Health
MoU	Memorandum of Understanding (i.e. 'agreements')
MSF	Médecins Sans Frontières
NGOs	Non-Government Organisations
NRC	Norwegian Refugee Council
PDMC	Provincial Disaster Management Committee
SCI	Save the Children International
UN	United Nations
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
WFP	World Food Programme
UNHAS	United Nations Humanitarian Air Service