

**LEONARD S. RUBENSTEIN**

E-mail: lrubenst@jhsph.edu

Phone: 443.287.8749

## Humanitarian Space Shrinking for Health Program Delivery in Afghanistan and Pakistan

### Summary

- In Afghanistan and Pakistan, humanitarian space has shrunk as the Taliban and other insurgent groups have stepped up attacks on civilians, especially international aid workers, contractors and local leaders. Health programs continue to operate, but the ability of nongovernmental organizations (NGOs) to recruit and retain staff and to travel outside Kabul has suffered.
- The United Nations, International Committee of the Red Cross (ICRC), and other groups have sought to persuade the Taliban and other armed groups not to impede or interfere with humanitarian aid activities. These efforts have had some success where the aid is administered by Afghans, but they have not limited attacks on international staff, who along with all foreigners, remain at high risk of attack.
- Many NGOs act as implementing partners in the government's strategy to implement a comprehensive primary care system in Afghanistan under the direction of the Ministry of Public Health. They have managed to maintain those services with local staff despite their association with the government of Afghanistan, so long as they operate with impartiality and community engagement. The vulnerability of their staff to attack appears to be a product of generalized insecurity or the presence of foreign aid workers, rather than a result of collaboration with the Ministry.
- NGOs report that military activities in Afghanistan and Pakistan, and military involvement in the medical sector, have contributed to the shrinkage of humanitarian space. The military's provision of health services through Provincial Reconstruction Teams and other mechanisms, though well-intended, sometimes sows confusion about the allegiances of U.S. and other Western aid workers and creates tensions with humanitarian principles the agencies rely on to operate in conflict environments. The conduct of the Afghanistan National Army and Police and the Pakistan military in entering facilities to gain access to arrest insurgents or gather information also leads to greater insecurity for NGO personnel.

“The decline of humanitarian space is likely a product of complex factors, starting with the overall increasing level of violence and political judgments by insurgent groups that in particular situations they gain more by attacking civilians than they lose by defying international humanitarian law.”

### Introduction

Humanitarian space—the ability of aid agencies to operate safely and securely in insecure regions while adhering to principles of independence, neutrality, and impartiality, and to access and engage in open dialogue with communities—has come under increasing assault. According to

the Humanitarian Policy Group, 260 humanitarian aid workers worldwide were killed, injured or seriously injured in violent attacks in 2008.<sup>1</sup> A disproportionate number of these attacks took place in Afghanistan, Sudan (Darfur) and Somalia. In Afghanistan, attacks on aid workers in the first half of 2010 declined by 35 percent from the 2009 level.<sup>2</sup> The general level of insecurity increased, however, as the total number of insurgent attacks went from 630 in August 2009 to 1,353 so far in 2010.<sup>3</sup> In August 2010, the Taliban and another group each claimed credit for the murder of ten health workers from the International Assistance Mission while traveling in northern Afghanistan en route to Kabul. In Pakistan, the Taliban have threatened aid workers who provide flood relief, which has required increased security and more restricted travel in areas of great need.

To gain insight into the question of humanitarian space in health programs at ground level, USIP's Health and Peacebuilding Working Group brought Robert Lankenau and Jehangir Ali Khan, International Medical Corps (IMC) country directors in Afghanistan and Pakistan, respectively, to discuss the challenges in these environments. Steven Hansch, a fellow in Georgetown University's Institute for the Study of International Migration, provided commentary. Leonard Rubenstein, coordinator of the Working Group, moderated the discussion.

## The Work of Health NGOs in Afghanistan and Pakistan

Dozens of international and national NGOs provide health services in Afghanistan, many of them under contract with the Ministry of Public Health. Among other activities, these NGOs operate rural clinics as part of its Basic Package of Health Services (BPHS), a nationwide program of primary care development. The program has vastly increased access to health services and brought child mortality down considerably. IMC has worked in the region along the Afghanistan-Pakistan border for more than 25 years, and is now one of the largest of these healthcare providers, employing roughly 12 expatriate and 900 national staff in 160 health facilities and as community health workers. Along with other NGOs, IMC runs clinics in some of the most insecure areas of southeastern and eastern Afghanistan. Apart from their role in implementation of the national primary care program, NGOs receive funding to provide reproductive health services, train midwives, manage hospitals, and other key health services.

In Pakistan, NGOs also play a central role in providing health services and supporting capacity development of local and national Pakistani NGOs. IMC, for example, focuses on health services and training for Pakistanis and Afghan refugees in the former Northwest Frontier Province, now Khyber-Pakhtunkhwa Province (KPK) and in Federally Administered Tribal Areas. It runs reintegration programs, including those addressing gender-based violence, and provides a wide array of maternal and child health services including basic emergency obstetric care, health education, immunizations, curative care, dental care, growth monitoring and supplementary feeding, wound care, laboratory services, and reproductive health services. In the wake of the flood in August 2010, NGO health providers increased their presence, operating mobile medical teams and providing other services to displaced populations.

## Taliban Attacks and Health Operations

In Afghanistan, Taliban activities and at least some Taliban presence affect 80 percent of the country. In 43 percent of provinces there exists extreme operating risk for NGOs, the highest percentage ever. Lankenau reported that in the past, NGO health workers were generally considered off limits to attack by the Taliban, but this is no longer the case. Road checkpoints have become increasingly dangerous for staff. Even within Kabul, high profile attacks on civilians now occur every five to six weeks. These attacks grossly violate the provisions of international humanitarian law, which bind

all parties to the conflict including non-state actors. In addition, the higher intensity of the conflict between the warring parties affects operational safety even when clinics and staff are not directly attacked. In August 2009, an IMC-operated clinic was bombed and destroyed by the International Security Assistance Force (ISAF) in a botched Taliban arrest operation. In another case, an IMC car was caught in a Taliban ambush of an ISAF convoy.

Despite the insecurity, NGOs continue to provide health services, even in many insecure provinces, but they now operate under severe constraints. International staff members are generally not assigned to programs outside the capital. Local staff travel outside Kabul has become extremely restricted. Many NGOs have grounded vehicle fleets used to reach rural districts, so staff members travel in unmarked vehicles without official papers or computers identifying them as NGOs. Staffing health programs has become increasingly difficult, especially in meeting needs for nurses, midwives, gynecologists, and other positions mostly filled by women. Financial incentives have proven insufficient to stimulate recruitment given the level of insecurity.

In Pakistan, though violence against humanitarian workers is not as pervasive as in Afghanistan, humanitarian workers have been shot, taken hostage, threatened and kidnapped. In 2009, a militant group seized a health unit operated by the International Medical Corps in the Buner district. Staff members were kept hostage for over an hour and clinic inventories stolen.

The International Committee of the Red Cross (ICRC) and U.N. agencies have sought to secure the Taliban's compliance with international humanitarian law and respect for humanitarian and health programs. These efforts have had some success in allowing some humanitarian activities to go forward, such as vaccination campaigns. Moreover, health clinics themselves are not generally attacked by the Taliban, though the Taliban have interfered with programs at the clinics addressing gender-based violence. Even when the Taliban refrain from such attacks, splinter groups in the region may not follow agreements made by the national leadership and may perceive advantages in attacks on aid activities.

## Contributing Factors?

In determining the sources of insecurity, a question has arisen whether the conduct of military forces or the NGOs themselves contributes to the vulnerability of aid agency staff to attacks, unjustified as the attacks are. In the experiences of NGOs and the Afghanistan Ministry of Public Health, the conduct of conventional fighting forces—the Army in Pakistan and national and international military forces in Afghanistan—adds to the insecurity of NGOs operating health programs. The participation of military units, such as Provincial Reconstruction Teams, in conducting or supporting health and other programs, such as by supplying drugs and supplies to clinics, has sometimes sown confusion about whether and to what degree aid organizations are affiliated with the military. According to NGOs, such confusion in turn appears to increase the likelihood of attack. Guidelines developed to govern U.S. military-NGO relationships in hostile environments<sup>4</sup> only tangentially address the security consequences of military-operated humanitarian relief programs on civilian NGOs, e.g., by stating that military personnel engaged in such activities remain in uniform and not visit NGO facilities except by prior arrangement and respect NGO impartiality.

Current guidelines do not address the implications for NGO security of military-operated health programs in conflict regions to comply with obligations of an occupying power, or to support development programs. Guidelines should take account of the activities of civilian health programs, including those of the Ministry of Public Health, as well of the potential impacts of military participation on humanitarian space in health development activities. They should set out ground

rules and limits for the military's health activities so as to allow for the independence and community orientation of health-related NGOs.

The practices of the Afghanistan National Army (ANA) and the Afghanistan National Police bring even greater threats to NGO programs. U.S. military forces generally do not seek to gather intelligence at civilian-operated health facilities, but ANA troops and Afghan police – which often operate like a paramilitary force—have entered health facilities in search of suspects and intelligence.

Another potential source of vulnerability is the NGOs' role in administering primary healthcare services under contract from the Afghanistan Ministry of Public Health. Some commentators have suggested that when NGOs engage in development activities on behalf of the Afghan government (and indirectly in support of the U.S. counterinsurgency strategy), they violate principles of strict neutrality and open themselves to attack.<sup>5</sup> Health programs operated by IMC and other NGOs on behalf of the Ministry with local staff do not, however, appear to be specific targets. Rather, the danger experienced by staff in these programs appears to stem from the increasingly high levels of general insecurity and violence rather than from work on behalf of the Ministry of Public Health to expand primary care services. The infrequency of attacks on clinics, despite their affiliations with the Ministry of Health, may be a product of the impartiality of NGO operations, which serve insurgents and members of their families, and their ongoing connections to communities.

## Conclusions

The decline of humanitarian space is likely a product of complex factors, starting with the overall increasing level of violence and political judgments by insurgent groups that in particular situations they gain more by attacking civilians than they lose by defying international humanitarian law. Although ICRC and others have made efforts to persuade the Taliban to adhere to the law, political calculations and lack of centralized control makes the situation volatile. The vulnerability of aid groups may well be exacerbated by the conduct of the opposing military forces. Nevertheless, health programs have been established and continue to operate, even in many insecure areas, often under auspices of the Afghanistan Ministry of Public Health. These programs generally can only be safely conducted, however, without foreign workers, when they engage with local communities and act impartially in serving all segments of the population.

In the current environment of heightened levels of violence, expanding humanitarian space will be difficult. Some steps, however, could lead to improvements. These include:

- Continuing effort by the U.N. and ICRC to persuade the Taliban to respect humanitarian principles.
- Increasing separation between humanitarian and development assistance programs and military operations, and guidelines to govern that separation. The guidelines should provide for respect for the need for health NGOs to gain support of local communities and to operate according to principles of neutrality, independence and impartiality. Military organizations can also take steps to avoid confusion between military and civilian humanitarian programs.
- Commitment by Pakistani, Afghan and allied military and police forces to cease intrusions into the operations of aid organizations or seeking intelligence information from or through them.

## ABOUT THIS BRIEF

The ability of humanitarian health organizations to operate safely in Afghanistan and Pakistan is becoming increasingly difficult. This Peace Brief uses the work of one NGO, the International Medical Corps, as a case study to understand the factors that are contributing to the diminution of humanitarian space and actions that could possibly expand it.

## Endnotes

1. Abby Stoddard, Adele Harmer and Victoria DiDomenico. "Providing aid in insecure environments. 2009 update: Trends in violence and the operational response." Humanitarian Policy Group HPG Policy Brief 34. <http://www.odi.org.uk/resources/download/3250.pdf>
2. U.N. Office of Coordination of Humanitarian Assistance. "Humanitarian Space Easing in Afghanistan?" Integrated Regional Information Network (IRIN), July 8, 2010. <http://www.reliefweb.int/rw/rwb.nsf/db900SID/CJUE-876GKD?OpenDocument&RSS20=18-P>
3. Rod Norland. "Security in Afghanistan is Deteriorating, Aid Groups Say." *The New York Times*, September 11, 2010.
4. "United States Institute of Peace and InterAction Guidelines for Relations between U.S. Armed Forces and Non-Governmental Humanitarian Organizations in Hostile or Potentially Hostile Environments." [http://www.usip.org/files/resources/guidelines\\_handout.pdf](http://www.usip.org/files/resources/guidelines_handout.pdf)
5. Antonio Donini. Afghanistan: Humanitarianism under Threat. Einstein international Center briefing paper. 2009. <https://wikis.uit.tufts.edu/confluence/download/attachments/22520580/Donini-Afghanistan.pdf?version=1>



UNITED STATES  
INSTITUTE OF PEACE

1200 17th Street NW  
Washington, DC 20036  
202.457.1700

[www.usip.org](http://www.usip.org)

USIP provides the analysis, training and tools that prevent and end conflicts, promotes stability and professionalizes the field of peacebuilding.

For media inquiries, contact the office of Public Affairs and Communications, 202.429.4725