



FINAL REPORT

GENDER ASSESSMENT OF THE RESPONSE TO THE KUNDUZ OFFENSIVE



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Gender in Humanitarian
Action Task Force

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ACRONYMS

AARs	After action reviews
ACAPS	Assessment Capacities Project
AOG	Armed opposition groups
CSOs	Civil society organisations
DoRR	Department of Refugees and Repatriation
DoWA	Department of Women's Affairs
ECHO	European Commission Host Organisation
ERM	Emergency Response Mechanism
GBV	Gender-based violence
GiHA	Gender in Humanitarian Action
IDPs	Internally displaced persons
IOM	International Organisation for Migration
NGOs	Non-governmental organisations
NRC	Norwegian Refugee Committee
PMT	Population Movement Tracking
UNAMA	United Nations Assistance Mission to Afghanistan
UNHCR	UN High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	UN Office for the Coordination of Humanitarian Action
UNOHCHR	Office of the United Nations High Commissioner for Human Rights
WASH	Water, sanitation, hygiene

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FOREWORD

I am pleased to welcome the publication of the gender analysis of the humanitarian response to the conflict in Kunduz in late 2015; this serves as a useful review of how we have responded to our commitments in humanitarian action.

Living in Afghanistan brings many, many challenges for its people – political uncertainties combine with pressing poverty, and a range of natural disasters are exacerbated by widespread insecurity. On top of this, gender inequality adds another overlay of vulnerability, especially for women and girls, but boys and men are also affected by this.

Responding to these challenges, the UN Country Team and the Humanitarian Country Team recognise that our work needs to bridge the gaps between development work and humanitarian assistance. Our programming also needs to address the distinct needs and priorities of women and girls – who can be highly effective agents of change in humanitarian and development action.

The World Humanitarian Summit in May 2016 underlined the importance of gender action in humanitarian response; it is not only equitable to ensure women's participation in the leadership and delivery of humanitarian response, such

empowerment makes those responses more effective and inclusive.

We commit to minimum standards for advancing gender equality, fulfilling them at every stage of our work, from assessment, through planning, implementation, monitoring to evaluation.

This report using the analysis from Kunduz reflects those commitments. It highlights some good practices, but also pinpoints gaps and challenges, which we need to work together to address. The work of the Gender in Humanitarian Action Task Force is critical to that challenge, and I look forward to them advising us on innovative and more effective ways to strengthen our gender responsive programming.



Mark Bowden

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INTRODUCTION

On September 28 2015, the Taliban launched a violent offensive in Kunduz city, the provincial capital of Kunduz province, lasting into the first weeks of October, at which time Afghan security forces were able to recapture the city. The offensive led to the death and injury of a large number of civilians: UNAMA recorded 289 deaths and 559 injuries, including at least 43 women killed and 79 injured, and 23 children killed and 139 injured (UNAMA & OHCHR 2015). The offensive also led to the displacement of more than 15,000 families to various provinces, including Takhar, Badakhshan, Baghlan, Balkh, Kabul and others (ibid).

In light of recognition that emergencies often affect men, women, girls and boys in different ways, and are also likely to exacerbate risks of gender-based violence (GBV), the Gender in Humanitarian Action

(GiHA) Taskforce commissioned an independent consultant to conduct a gender assessment of the Kunduz offensive. The main objectives of this assessment are to:

- Analyse the gender dynamics within the humanitarian response in Kunduz and neighbouring provinces;
- Highlight challenges, successes and gaps in gender programming; and
- Identify areas for improvement in future humanitarian responses.

The findings and recommendations provided through this gender analysis will help humanitarian workers understand and better design gender-sensitive humanitarian emergency assessments, monitoring and response.



METHODOLOGY

The assessment included three key methods: (1) a desk review of existing assessments conducted on the emergency response during and in the aftermath of the Kunduz offensive; and (2) key informant interviews with organisational staff involved in producing the assessments or participating in the emergency response, and (3) a workshop and consultation conducted with key stakeholders working in gender in humanitarian action and development. These three methods were implemented in a sequential design whereby the content of the key informant interviews was guided by the key findings of the desk review, and the findings based on the first two methods were discussed and further developed in the stakeholder workshop.

The desk review initially included nine assessment reports shared by the GiHA Taskforce (see Annex A for a list of the assessments). The reports were produced by a range of different organisations or networks (e.g. Concern Worldwide, UNOCHA, UNHCR, IOM,

ACAPS/Start Network, UNAMA/UNOHCHR, North Region Protection Cluster) and based on emergency response in Kunduz and in other provinces receiving internally displaced persons (IDPs) (e.g. Badakhshan, Baghlan, Balkh and Takhar). Two further reports and two presentations were obtained after the completion of the desk review (a 'lessons learned' note by NRC, a monitoring assessment by ACTED, and two PowerPoint presentations on protection of IDPs displaced to Taloqan by Concern Worldwide).

The desk review was guided by the following key themes:

- Evidence of disaggregation of data by gender and age.
- Inclusion of women and women's organisations and groups in humanitarian response activities and collection of assessment data.

- Attention to vulnerabilities, capacities and needs of women, men, girls and boys, related to key areas of interest, including: distribution of aid; protection (with a focus on GBV); and access to shelter, health services, education, WASH, and food security.

The results of the desk review formed the basis for the development of a set of key focus areas that were followed up on through key informant interviews. These focus areas included:

- Collection of data on gender-sensitive humanitarian response not included in the assessments.
- Understanding field-based knowledge and capacities related to gender-sensitive humanitarian response.
- Obtaining raw data, assessment tools and humanitarian response guidelines.
- Exploring gaps between final assessment reports and raw data/assessment tools/guidelines, and reasons for these gaps.
- Exploring additional challenges and opportunities for gender-sensitive humanitarian response in emergencies.

Due to UN security restrictions at the time of fieldwork, the consultant was unable to travel to Kunduz city to conduct face-to-face interviews. Given that Mazar-e Sharif, Balkh province, received a proportion of IDPs from Kunduz and remained a key operational base for humanitarian assistance in the north and northeast regions, the consultant travelled to Mazar-e Sharif for face-to-face interviews. Key informant interviews with organisations working in Kunduz, Taloqan (Takhar) and Faizabad (Badakhshan) were mainly conducted through Skype or telephone, with one of these interviews conducted in person in Kabul. A total of 12 interviews were conducted with 16 key informants (i.e. several joint interviews were conducted). A list of key informants interviewed is included in Annex B.

After compiling the findings of the desk review and key informant interviews in a draft report, the GiHA Taskforce facilitated a workshop with 27 key stakeholders on 1 June 2016 in order to present the preliminary findings of the study, receive feedback on the findings and recommendations, and build on existing data. The stakeholders included gender and humanitarian focal points from a range of organisations, including the government,

UN agencies, and local and international NGOs. The workshop was divided into four key parts: a presentation of the research findings (followed by Q&A); a break out session in small groups to discuss how to address challenges in gender-responsive programming identified in the study (followed by feedback one small group discussions in plenary); a presentation of the cluster 'tip sheets' for gender mainstreaming, and a plenary discussion on the study recommendations and practical ways to take these forward.

There were a number of challenges in completing the data collection according to the terms of reference and proposed methodology. For instance, there were some difficulties organising key informant interviews, particularly with organisations based in Kunduz. It was also challenging accessing raw data or assessment tools. Key informants expressed concerns with sharing confidential data and assessment tools were also difficult to obtain. A number of key informants expressed some concerns about whether their experiences of limitations and challenges in emergency response would be expressed in a negative rather than productive way in the report. Some key informants also felt that their experiences or perceptions may not be representative of their organisation, and had concerns about organisational confidentiality. Consequently, this report identifies overall trends related to challenges and successes in gender-sensitive response to the Kunduz offensive, and only refers explicitly to particular organisations in cases where prior approval has been given or where the data suggests good practice examples.

The study has some limitations. Given that it was a small assessment with a small number of interviews, the findings in this report are not necessarily representative of all humanitarian organisations involved in the humanitarian response to the Kunduz offensive. Rather, the assessment should be read as a snapshot of some of the successes and challenges experienced in the response from a gender perspective.

KEY FINDINGS

Understandings of gender

The assessment suggests that there are varying definitions and understandings of gender among humanitarian actors. There is a continuing tendency to reduce gender equality programming to specific activities that focus on addressing a practical need of women and/or girls (girls' education, reproductive health, hygiene kits, GBV, nutrition for lactating mothers etc). How gender intersects with broader humanitarian sectors like WASH, shelter and aid distribution is not consistently mainstreamed and integrated. More importantly, strategic gender needs (participation, access, decision-making) based on socially constructed roles, capacities, and vulnerabilities of women, girls, boys and men are not analysed and addressed. Where gender was incorporated into the assessments reviewed in this study, it was mostly done so in relation to protection issues (mainly GBV), with less emphasis on how gender is implicated in other sectors. The key informant interviews indicated the same focus on protection issues, although this may be due to a sampling bias in the interviews, with a large number of key informants working in protection.

The interviews also revealed some tensions between definitions of gender and GBV and how these terms are utilised in humanitarian response programming. Some humanitarian actors, particularly those working in protection, suggested that all gender-related programming should be necessarily defined as GBV given that it responds to the differential needs and capacities of women, men, girls and boys, which are rooted in social inequalities and inequities that impact women and girls disproportionately to men and boys. These perceptions are coupled with some perceptions that the term gender is thus redundant.

Humanitarian needs assessments

The desk review of existing assessments suggested that there was a gap in relation to collection of sex- and age-disaggregated data in humanitarian needs assessments. For instance, some assessments referred to 'families' (but not to gender and sex

composition of these families), or to 'persons' (but not whether these persons were male, female, children, adults or elderly). At the time of the desk review, it was not clear whether this data was available but not reported in the assessment documents, or whether there was a lack of collection of sex- and age-disaggregated data. Many of the assessments also revealed a lack of clarity of the methods and sampling used for collecting needs assessment data, with general lack of information on the type of needs assessment forms utilised, whether participants included both male and female respondents, whether enumerators comprised male and female teams and, if not, what the barriers were to collecting data from women and deploying mixed-gender teams.

The key informant interviews suggest that needs assessment teams did, predominantly, collect sex- and age-disaggregated data¹. However, this data was not always adequately reported. The study suggests that one of the key reasons for not reporting existing sex- and age-disaggregated data is a lack of human and financial resources to enter, compile, and analyse the data. There are also frequent requirements for translation of data (particularly qualitative data), with limited human and financial resources to do so. Another key finding of the study is that even when collection and reporting of sex- and age-disaggregated data occurs, there is limited capacity in relation to analysing the outcomes of this data from a gender perspective. Consequently, although the sex and age composition of emergency-affected families may be identified and reported, the gendered dimensions of this data based on the different roles, responsibilities, capacities and vulnerabilities of men and women are not always analysed and understood.

A number of additional challenges and gaps emerged. The collection of sex- and age-disaggregated needs assessment data is not a guarantee that the voices of male and female beneficiaries are represented. Limited staffing resources that could be mobilised quickly meant that assessment teams did not always have adequate

¹ As noted in the methodology section, it was not possible to verify this due to lack of access to raw data and needs assessment forms.

numbers of staff, including trained protection partners or gender advisors who could contribute meaningfully to the implementation of assessments. Furthermore, as might be expected, the ability of organisations to deploy female staff depended highly on the security context, with a number of humanitarian organisations able to deploy female staff in Mazar-e Sharif, but with fewer female assessment team members reported to be available in Takhar. In Kunduz, there were also fewer female staff members available for needs assessments in the early phase of the stabilisation of Kunduz city, although it appears that more female staff could be mobilised much later once security had been fully restored. The key informant interviews revealed a number of challenges in deploying female staff to conduct needs assessments with women. Traditional customs that restrict women's public mobility continue to be a challenge, particularly in highly insecure areas. One key informant suggested that while women's lack of mobility was no longer a predominant issue in more secure contexts such as Mazar-e Sharif, the overall lack of female humanitarian staff was a more important and persistent barrier. Consequently, given that many humanitarian organisations mobilise all their human resources to respond to an immediate emergency, fewer women are typically available simply because there are fewer employed.

Not all key informants shared perceptions that lack of women in needs assessment teams is a large barrier to ensuring the voices of women are heard. One humanitarian actor suggested that men, particularly expatriate men, have more access to Afghan women in times of emergencies (in contrast with routine development settings), and can discuss more general needs related to access to shelter, water and food. However, the same key informant recognised that women may not share all their needs with male response staff and are very unlikely to discuss needs related to menstrual hygiene, reproductive health or protection. Furthermore, male household members may not give permission for women to speak with unknown men, regardless of their professional or national background.

Key informants noted that while collecting needs assessment data from both men and women was easier and quicker in IDP sites due to the concentration of IDPs in one location (and spaces being segregated for men and women), collecting data from IDPs living in the houses of relatives and dispersed across

multiple locations (e.g. in Mazar-e Sharif city) proved to be a more time-consuming and difficult process. In these cases, it appears to have been more difficult to deploy female members of needs assessment teams to collect data from women, partly due to limitations of entering households.

A key challenge in conducting needs assessments voiced by multiple key informants was the lack of a common and coordinated tool for implementing needs assessments and consequent challenges in uniformly collecting sex- and age-disaggregated data. Some organisations were reported to be using the ECHO Emergency Response Mechanism (ERM) tool, some using the UNHCR Population Movement Tracking (PMT) tool, and others using their own specific organisational tools. Key informants implementing non-joint assessment tools emphasised that this was usually a donor requirement; however, they also noted some of the limitations in implementing such assessments, with families complaining of over assessment and survey fatigue, and perceptions of inadequate distribution in proportion to the large number of assessments they were required to participate in.

Several key informants noted that most tools now include questions targeted towards collecting sex- and age-disaggregated data, particularly in relation to gender and age composition of affected families; however, a range of deficiencies in methodologies and approaches on the ground persist. Some tools remain focused on tracking and identifying the needs of families rather than individuals and are thus limited in their ability to collect sex- and age-disaggregated data. Needs assessments designed for specific purposes are often used for other purposes and are thus not always based on the correct methodology required (e.g. methodologies designed for household assessments being used for group interviews, or tools designed for IDP registration being used to assess needs). Despite the value of qualitative methodologies in both early-phase assessments and contextualising the results of quantitative needs assessments, these methodologies are rarely used. Finally, some workshop participants highlighted that more effective indicators to identify gender- and age-based inequality and inequity need to be used including, for instance, who in the household eats first and last.

Despite continuing challenges in the coordination of assessments, efforts to harmonise assessment

forms, led by UNOCHA, are currently underway. However, there are some gender-related barriers that cannot be addressed through effective tool harmonisation alone. It is clear that more attention to collecting sex- and age-disaggregated data needs to be complemented with adequate human resources to enter, compile, analyse, report and manage data from a gender perspective. More capacity also needs to be built in relation to how the outcomes of this data should impact on humanitarian programming.

The gaps and challenges outlined in this section are mainly related to lack of human or financial resources, capacity, adequate methodologies, or access to vulnerable people. However, the study revealed some challenges related to humanitarian actors' perceptions about the lack of importance of collecting and analysing sex- and age-disaggregated data. Some key informant interviews revealed persistent assumptions that the needs of all families and persons are equal in the face of emergency (and thus that sex- and age-disaggregated data is not necessarily a requirement). The interviews also revealed some (albeit limited) perceptions that access to women during needs assessments is not required due to assumptions that men will accurately report the needs of female household members if different to the overall needs of the household.

Distribution of aid

The desk review of assessments revealed some lack of clarity in relation to the gender composition of beneficiaries of aid. For instance, references to cash transfers, ration cards, food items, non-food items, kits, etc., did not always specify if men or women were direct recipients of aid, if other intersecting factors such as age, disability, varying family composition (e.g. widows and female-headed households) were addressed, or if there was a specific strategy implemented to ensure equity in distribution. Two assessments did mention complaints from women, children and the elderly in relation to unequal distribution. The ACTED assessment of UNICEF's distribution of non-food items in Kunduz listed a more comprehensive analysis of how gender intersected with aid distribution. For instance, the assessment noted that: monitoring teams included both male and female data collectors; female staff members were present for approximately half of the distributions days; and separate lines for men and

women were set up for two-thirds of the distribution days (i.e. to ensure women could safely access the distribution site). However, it should be noted that the ACTED assessment of aid distribution was conducted several months after the offensive took place, once the security in Kunduz city was stable, in contrast to other assessments that were conducted under more immediate and challenging circumstances.

The key informant interviews suggest that post-assessment coordination of aid distribution was largely effective, with key informants describing coordinated efforts to distribute varying types of aid, including non-food items, winterisation kits, hygiene and dignity kits, and non-conditional cash transfers. Furthermore, humanitarian agencies appear to be paying increasing attention to the needs of particularly vulnerable families, including those headed by women, widows, children, the elderly or disabled, and are taking such needs into account during aid distribution. Nevertheless, there was some recognition that broader distribution of aid is mostly handled generically, with heads of households (predominantly men) usually receiving aid on behalf of their families. Some key informants indicated assumptions that men would naturally distribute aid equitably within the family, although without solid evidence to back up their assumptions. A recent assessment conducted by DACAAR calls this assumption into question after finding that more than half of male IDPs sampled stated that they would prefer to receive cash, in contrast to all female IDPs surveyed who stated that they would prefer to obtain non-cash aid. The assessment revealed some potential risks to women and children based on concerns about drug dependent male household members not distributing cash fairly. Some key informants also noted that although men may intend to distribute aid to other family members, they might not adequately recognise women's needs, for instance, by failing to buy menstrual hygiene products with cash transfers. One key informant also suggested that men might sell menstrual hygiene kits rather than distribute them to female household members, especially if they prioritise other household needs.

Despite apparent coordination of distribution of aid, and strong attention paid to vulnerable families, some key informants reported observing unequal distribution of some kinds of aid (e.g. blankets), which were reported to have reached those who "got in

first". Key informants in Mazar-e Sharif suggested that distribution in the Haji Camp was, overall, effectively coordinated between humanitarian organisations participating in the cluster system. However, several key informants noted that other actors such as businessmen provided limited food aid for IDPs and did not coordinate their efforts with humanitarian organisations such as WFP (i.e. according to the needs of the most vulnerable families). According to one key informant's observations, this led to some unequal access to aid, with men usually rushing to reach the distribution point first and women and children typically reaching the distribution point late, once aid had run out. One key informant in Mazar-e Sharif noted that unequal distribution of aid did not always favour only men. This particular interviewee noted the importance of power within women's groups and reported having observed some unequal distribution among women, whereby women with higher status and income-earning capabilities sometimes received more aid than poorer and more vulnerable women. This also appears to be true for more vulnerable men.

As noted above, while the implementation of needs assessments was more effective for IDPs located in one site (e.g. Haji site in Mazar-e Sharif, or Shirkat or Besh Batur in Taloqan), assessing the needs of more dispersed IDPs was much more challenging. Similarly, while distribution of aid in specific IDP sites was more easily controlled and directed towards the most vulnerable families (including female-headed families), distribution of aid to dispersed IDPs occurred in one central location (e.g. the Department of Refugees and Rehabilitation office). This appears to have restricted the ability of women to directly obtain aid, with some reports emerging of inadequate provision of information for women on how to register petitions for assistance and how to get to distribution sites.

One observation expressed by a number of key informants working in Mazar-e Sharif and Takhar was that given some challenges that slowed down coordination of needs assessments and distribution of aid, and given the short time period that IDPs were sheltered in emergency sites (two to three weeks), once particular concerns and needs had been identified and scale up of services was ready to be activated, little could be done to assist IDPs as they had left. One key informant argued that delays in assessing needs and delivering humanitarian assistance were partly derived from poor implementation of immediate response plans and a perhaps disproportionate focus on verifying

the status of real IDPs, which slowed down aid to the most vulnerable and thus threatened the basic principles of humanitarian assistance. In their words: "*Donors are so concerned with accountability of humanitarian aid funds that vulnerable people are not reached. You get the target but by that time everybody has left.*"

Given the rapid nature of displacement and the quick return of IDPs to Kunduz (often before aid could be distributed), several key informants questioned the adequacy of post-emergency follow up to determine the longer term needs of IDPs, particularly those from vulnerable groups (including widows, women from female-headed households, children, the elderly or disabled). Post-aid management was reported to have been poor or non-existent, with little knowledge being generated of the sufficiency of aid (particularly cash transfers) in assisting the resettlement of vulnerable IDPs in Kunduz or IDPs vulnerable to long-term displacement.

Protection and gender-based violence (GBV)

Multiple reports in the media and by the Office of the President of Afghanistan and the Afghanistan Independent Human Rights Commission suggested that GBV in Kunduz was widespread. However, subsequent investigations (including by UNAMA and OHCHR) suggest that these reports are probably exaggerated. Nevertheless, UNAMA and OHCHR did receive reports of restrictions placed on women reminiscent of the years of Taliban rule, including beating women who were not accompanied by a *mahram*². The same report found mixed results in relation to Taliban treatment of health practitioners and patients in hospitals, with some reports suggesting that Taliban respected the neutral provision of medical care and did not allow fighters to enter women's wards, and other reports suggesting that Taliban were physically or verbally abusive towards female medical staff.

Despite more recent claims that GBV in Kunduz was exaggerated, the assessments reviewed for this study, in addition to the key informant interviews, revealed some, albeit limited, reports from female IDPs of having observed or known of cases of rape

2 A *mahram* is a male relative who is often required to accompany women when traveling or moving outside the home.

and other forms of violence perpetrated against women, girls and boys during the Kunduz offensive. Several female key informants described speaking to women who informally reported such incidents but who were reluctant to name survivors of violence or make formal reports and risk breaching the privacy and confidentiality of other women.

There has been little formal progress in relation to verifying prevalence of GBV in Kunduz, although some organisations have more recently begun conducting research on this topic. There are a number of likely reasons for why allegations of GBV in Kunduz are so difficult to verify. One key one is the secrecy and shame surrounding GBV, and consequent lack of reporting of GBV cases. Another key challenge to verification of GBV was the almost total vacuum of GBV or women's support services during the offensive, with international and local humanitarian staff, and government staff, including from the Department of Women's Affairs (DoWA), being evacuated from Kunduz city due to insecurity. This mass exodus was exacerbated by reported threats made against women, particularly those working in women's NGOs and civil society organisations (CSOs), with several examples of women's organisations being looted and damaged, and women's protection centres being burnt down³. This meant that the capacity to respond to reports of GBV in Kunduz was virtually non-existent. Furthermore, the first emergency response teams returning to Kunduz were reported not to have had specific GBV or protection expertise to identify cases for referral.

One key informant stated that the Kunduz offensive has had a large impact on how local women's CSOs are able to operate due to women's fears of being targeted and persecuted for their work, and advocacy being restricted by the need to maintain a low profile. These concerns appear to have existed prior to the offensive, with some reports of women being threatened by armed opposition groups (AOG) in previous times but lacking support and protection from governmental and international NGO actors. The 2015 offensive has led to a shrinking space for women's CSOs coupled with local women's increasing fears of reporting GBV. These are serious concerns that could jeopardise humanitarian

interventions in future should similar offensives take place. Furthermore, there is a perception within some women's CSOs that international organisations have not engaged with and supported them sufficiently in the aftermath of the offensive, despite the strength of women's CSOs in reaching local communities. This perception is coupled with criticisms that although women's CSOs are recognised for their advocacy efforts, humanitarian organisations are not committed to building partnerships with these local CSOs, drawing from their expertise and assisting to build their capacity.

Reports of GBV among IDPs displaced to other provinces were also limited and only mentioned in a few of the assessment reports reviewed, likely due to limitations in data collection with women and lack of reporting mechanisms. One report implemented in Takhar identified GBV response as an urgent need, and also identified safety of women and children in relation to WASH access and security of the IDP site. Key informant interviews revealed that in one IDP site in Takhar, women and children were reportedly threatened by different actors, including arbaki (local militia) appointed to ensure security in the IDP camps. In this case, after arbaki were found to be harassing women and girls, they were replaced by IDPs who took responsibility for camp security. Other stories of protection concerns emerged, including armed security officials and police conducting security checks and searches of IDP tents, and women and children being beaten by male IDPs, camp management teams and security officials, particularly single women with no male adult household members.

There appear to have been a number of challenges to accurately identifying and referring GBV cases among IDPs. A key one was related to problems with humanitarian coordination, partly due to the unexpected nature of the offensive and lack of preparedness in how to handle it. Another challenge appears to be the reproduction of varying discourses, including that GBV becomes a secondary issue to survival during crises. Another discourse to emerge from the key informant interviews was that in Afghanistan, and in Islamic contexts more generally, strict controls on alcohol consumption and gender segregation act as a natural deterrent to GBV and limit opportunities for perpetration of violence. This discourse reveals a lack of nuanced attention to risks of intimate partner violence, how cramped IDP spaces can potentially lead to heightened risks of GBV, and the reality of high rates of

3 One key informant noted that although the media highlighted the targeting of women's organisations, the destruction of organisational infrastructure and resources was not isolated to women's organisations, but rather affected NGOs more generally.



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existing GBV in times of non-emergency. Furthermore, as one workshop participant highlighted, alcohol consumption and drug use are problems that are very much alive in some parts of Afghanistan, including the North and Northeast regions.

It is interesting to note that some organisations are rethinking how to more effectively promote access to women, and GBV reporting and referral mechanisms in emergencies. For instance, the IMC is currently developing and implementing mobile services to reach female IDPs and respond to cases of GBV and psychosocial needs of women. Other organisations are focusing more on how women's empowerment projects such as livelihoods development and income generation activities can build women's resilience, leading to the potential prevention of GBV and other vulnerabilities for women at risk during emergencies.

Other notable examples related to protection emerged from the key informant interviews, particularly in relation to psychosocial support. For instance, Save the Children implemented Child Friendly Spaces (CFSs) quickly in order to provide psychosocial support for children in multiple contexts, including IDPs in Mazar-e Sharif and Taloqan, and in Kunduz city following the return of functioning operations of humanitarian organisations. These CFSs supported children and their families through gender-segregated spaces for boys and girls to participate in recreational activities and basic primary education with female facilitators supporting activities with girls and male facilitators supporting activities with boys.

Although the Kunduz offensive has certainly led to some humanitarian organisations rethinking their practices and scaling up successful services related to protection, the offensive also appears

to have led to more strategic thinking around GBV coordination. For instance, the GBV sub-cluster is in the process of developing the capacity of regional sub-clusters and currently working on a number of activities, including developing an action plan and implementing staff training. Furthermore, discussions about establishing minimum protection groups at provincial levels have reportedly begun although these discussions have been put on hold due to the national protection cluster attempting to develop a national action plan for this initiative.

Attention to other sectors

As noted previously, the key informant interviews revealed some lack of nuanced understanding of how GBV as a protection issue and how gender more broadly intersects with key sectors not directly related to humanitarian assistance of women and girls. Several key informants stated that their organisation worked according to global guidelines and toolkits on mainstreaming gender across various sectors in emergencies, including SPHERE standards. However, there were some acknowledgments that these resources were not always practical on the ground, with questions raised about national and local ownership of resources, lack of training on how to implement them, and some examples of lack of translated versions available for Afghan field staff.

In most of the assessments reviewed in this study, descriptions of provision of shelter for IDPs referred to families without reference to whether segregation of spaces for families, or men and women were established. In one assessment, female IDPs complained about having to share tents with men from other families due to lack of space and

facilities. Key informant interviews suggested that in at least one case, in Taloqan, needs assessments revealed requirements for more secure shelter for women, leading to rapid response via distribution of additional tents to affected families. Furthermore, the location of tents was reported to be poorly planned with inadequate spacing between tents and tents sometimes being situated far from essential services such as latrines and water access points.

There was some recognition in the assessment reports and key informant interviews that access to WASH was a key issue that intersected with protection concerns. In one IDP site in Takhar, women and children expressed fears of using the toilets at night as they were far from tents with insufficient lighting on the way, with fears exacerbated by reports of unknown men seen walking through the camp at night. Even where latrines were more easily accessible, women were reported to avoid using them during the day due to crowded camp conditions. Gender appears to have been successfully and quickly mainstreamed into the response in these cases, with organisations such as DACAAR providing additional toilets for households in one IDP site and Concern providing families with solar lights in another IDP site to enable light at night and safer passage to latrines (although solar lights could not be left at the latrine locations due to theft).

Reference in the assessments to provision of health services did not always differentiate between general health needs and more specific gendered health needs, although two reports did refer to concerns about lactating and pregnant women and how they would access medical assistance. One assessment report mentioned that families frequently claimed that they lacked resources to meet health needs of women and children, but it was not clear who provided this information (i.e. who represented the “family”), and whether follow up with women was conducted. A number of key informants also referred to a lack of trauma counseling and psychosocial support, particularly for women and men, although services for children were quickly addressed through the provision of child friendly spaces.

Lack of hygiene resources was mentioned in a few assessment reports, with reference to more generic needs (soap, toothpaste), but less reference to women’s specific hygiene needs and whether these were being addressed. One report did note that women IDPs complained about insufficient distribution of dignity

kits to meet their needs; however, key informant interviews suggest that adequate response was implemented in this regard. The Rapid Market Assessment done in Faizabad, Badakhshan, revealed some gaps in relation to reference to women’s sanitary napkins or other items that may be included in dignity kits (e.g. undergarments).

In IDP sites and camps, assessment reports mentioned the implementation of camp management committees, but did not include detail on gender composition of members and whether women were being mobilised to participate in committees (and if not, what the barriers were to their participation and possibilities for overcoming these barriers). One report mentioned inequity of distribution (particularly to widows and children) due to lack of adequate camp management. Key informant interviews did not shed substantial light on this issue, with some key informants not recalling the gender composition of management committees, and a few recalling women participating in site coordination and management meetings. However, little was known about how effective this participation was and how much women were able to contribute to decision making.

Post-emergency lessons

It is widely accepted that the Kunduz offensive was unexpected and there was an overall lack of organisational preparedness to respond to the large-scale displacement that subsequently took place. Consequently, it appears that the Kunduz offensive has sparked a rethinking of how improved coordination and pre-emergency planning can enable better and more timely response in future emergencies, particularly conflict-induced ones. However, some concerns emerged that not enough was being done to encourage learning from a broader gender perspective. For instance, criticisms emerged of a lack of post-emergency audits or after action reviews (AARs) to measure the efficacy of emergency response and the extent to which humanitarian organisations adhered to basic humanitarian principles and SPHERE minimum standards, particularly in relation to protection and GBV. Several key informants also questioned the extent to which humanitarian organisations gender-marked their response and coordination and, if not, what the challenges were to doing so and how these challenges may be addressed in future emergencies.

CONCLUSIONS

This study has identified a range of successes, challenges and persisting gaps in addressing gender in the humanitarian response to the Kunduz offensive. A key challenge to the response overall was the unexpected nature of the emergency and the consequent lack of humanitarian capacity to intervene quickly and effectively. The effects of this challenge varied greatly across different provincial contexts.

This study suggests that some gender gaps appear to be shrinking, and some challenges were quickly and effectively assessed and responded to. Notable successes include the early detection of how WASH and shelter concerns intersected with protection risks in some IDP sites, leading to the improved distribution of aid and IDP site infrastructure (e.g. more tents and distribution of solar lamps for use at night) to assist more vulnerable groups, particularly women and children. One of the key factors leading to the successful identification of these risks appears to be the implementation of pre-needs assessment data collection, including qualitative and participatory methodologies to enable more immediate response to humanitarian needs.

A number of good practice interventions emerged during the humanitarian response with some evidence that this has led to further learning and scale up of services. Examples include Save the Children child friendly spaces, and IMC mobile services to reach vulnerable women at risk of GBV and in need of psychosocial support. Furthermore, some organisations are implementing development programming directed towards women's economic and other forms of empowerment in order to build their resilience and enhance protective factors in times of emergencies.

Despite some successes in incorporating gender into the humanitarian response, a number of remaining gaps and challenges were identified. Although the collection of sex- and age-disaggregated data appears to be improving, there are large gaps in how (or whether) this data is reported. This is partly due to lack of human and financial resources and capacity to dedicate to compiling, analysing and reporting the data.

Lack of female humanitarian staff available for deployment to conduct needs assessments and aid distribution continues to be a challenge, particularly in insecure contexts. Although this is partly related to traditional customs that restrict women's mobility, it also appears to be related to fewer employment opportunities for women in humanitarian organisations when compared with men, and subsequent lack of trained and capacitated female staff to deploy quickly. Furthermore, limited human resources means that trained protection partners or gender advisors are not always available to contribute to rapid needs assessments.

Despite indications of increasing attention being paid to direct aid distribution to more vulnerable groups, broader distribution of aid is mostly handled generically through direct distribution to men. There are conflicting understandings of whether men equally distribute aid to other household members; however, there is some evidence to suggest that this may not always be the case, particularly in relation to cash transfers.

Despite some good practice examples, some organisational actors appear to lack a nuanced understanding of how gender intersects with non-protection sectors, such as shelter and WASH. This may be partly due to lack of ownership of global guidelines and toolkits on mainstreaming gender in humanitarian response, and lack of translated resources for field staff.

A number of persisting discourses and (non-validated) assumptions emerged, including that: all people are equal in the face of emergencies; male recipients of aid will accurately report the needs of female household members if different to the overall needs of the household; men will distribute aid equitably to other household members; and GBV is not a significant problem in emergencies in Afghanistan due to Islamic traditions that segregate men and women and restrict the consumption of alcohol (alcohol being a negative coping strategy known to exacerbate GBV in some cultural contexts).

RECOMMENDATIONS



Vijay Raghavan/Concern Worldwide

In light of the findings outlined in this report, the following key recommendations are suggested.

Current efforts are underway to harmonise and improve the coordination of needs assessment tools, but a number of gaps should be addressed. More human and financial resources need to be channeled into compiling, analysing and reporting sex- and age-disaggregated data, and attention needs to be paid to ensuring the right methodologies (including qualitative methods) are used for the right purpose.

More capacity has to be built in relation to the analysis and interpretation of sex- and age-disaggregated data from a gender perspective. Potential ways of accomplishing this include ensuring a gender focal point in each cluster, and establishing provincial teams (e.g. consisting of a lead and co-lead organisation) to be responsible for analysing needs assessment data from a gender perspective. The GiHA Taskforce could contribute to building the capacity of these provincial teams.

Given the lack of female staff in many humanitarian organisations, and consequent challenges in organising trained female staff in emergencies, more attention needs to be paid to ensuring human resources (HR) policies identify and support opportunities for female staff to build relevant capacity. HR policies could also encourage positive discrimination practices to enhance opportunities for women. Humanitarian organisations should also be focusing on implementing gender-responsive field practices and policies, such as

hiring teams consisting of couples or family members to facilitate women's easier access to the field, or ensuring *mahram* policies are in place.

Humanitarian actors should posit women as the recipients of aid rather than immediately distributing aid to men. More evidence needs to be collected in relation to the potential positive or negative impacts of direct distribute to women, including on whether cash transfers to women increase or decrease GBV, and how

effective they are in strengthening women's economic empowerment and decision-making in the household. Humanitarian organisations should also ensure that aid distribution sites are adequately set up to enable women's participation, including ensuring separate queues for men and women. The location of distribution sites should also be designed with the needs and restrictions of vulnerable groups (e.g. women, children, elderly, disabled) in mind.

More efforts need to be put into pre-emergency planning, including situational analyses and planning for known hotspots such as Kunduz. Such pre-planning needs to include the development of stronger standby partner networks trained in needs assessment data collection and gender and protection issues. Local women's CSOs and DoWAs should not be excluded from these networks' planning efforts and should be recognised as potential protection focal points and supported in this role.

Humanitarian organisations need to pay more attention to post-emergency management, including measuring how gender is implicated in different phases of emergencies and ensuring that post-aid follow up tracks IDPs and responds to longer-term needs of vulnerable groups. One workshop participant highlighted the usefulness of adopting a systems approach to programme design, which can examine how different systems contribute to or reduce gender-responsive objectives across different phases of emergencies.

The gaps and challenges highlighted in this report indicate that more learning needs to be done in relation to how to improve gender-responsive programming in emergencies. Post-emergency audits or After Action Reviews (AARs), including an analysis of how gender was integrated into the response, should be standard practice for all conflict- and disaster-induced emergencies. Given the lack of HR and financial resources within humanitarian organisations to implement such assessments, efforts need to be made to coordinate audits and AARs across agencies and organisations and the necessary capacity to do so developed.

Although planning for gender-sensitive humanitarian response to conflict and disaster induced displacement is vital, efforts should continue to be mobilised towards preventive programming, including building the livelihoods and economic resilience of vulnerable groups. There are possibilities in this regard in relation to linking development and humanitarian assistance, which have traditionally operated in silos.

There needs to be more conceptual clarity among humanitarian actors in relation to what constitutes GBV. There appears to be a strong focus in the field on GBV consisting of physical or sexual violence, with less attention paid to other types of violence, including early and forced marriage, and denial of resources and

opportunities. Field staff, particularly those contributing to needs assessments and protection monitoring, should understand these dimensions of GBV.

Although global gender guidelines and toolkits can be useful in assisting field staff to implement gender-sensitive humanitarian response, more attention needs to be paid to adapting these resources to local contexts, building ownership of their use and making them more accessible through translation into local languages. Translations should ensure that local terms are being used (e.g. for gender and sex).

Certain discourses and assumptions about the role of gender in humanitarian action persist among some humanitarian actors. More awareness needs to be built to counter such discourses. Evidence-based advocacy can play an important role in doing this, particularly in light of assumptions being largely at odds with existing evidence. Many organisations are tackling poor knowledge or negative perceptions of gender equity and equality through gender training and capacity building, with a focus on culturally and religiously appropriate interpretations of gender equality and equity. These trainings should address and challenge the types of commonly held assumptions raised in this report, distribution knowledge on available evidence, and identify and incorporate case studies to indicate positive change.

MINIMUM STANDARDS ON GENDER MAINSTREAMING IN HUMANITARIAN ACTION

As a result of the findings from the gender assessment of Kunduz response, the members of the Gender in Humanitarian Action Taskforce, cluster coordinators and gender focal points came up with eight strategic objectives to act as minimum standards on gender mainstreaming in humanitarian action.

1. Assessment

- Harmonised assessment tools are gender-sensitive and gender analysis is routinely conducted on all data collected by information management officers.
- Accountability for gender inclusion by Humanitarian Country Team.
- Government to be included in assessment planning and implementation especially MoWA and DoWA with necessary capacity building (through the GiHA Taskforce).

2. Implementation

- Adapted activities for gender are well documented and shared routinely on a common platform.
- Minimum gender marker scores for all funding appeals to be 1. Zero scores will not be accepted without modification.
- Minimum representation of female staff to be set in assessment and implementation activities.

3. Evaluation

- Gender marker scores to be monitored and evaluated and fed back to clusters.
- Dedicated gender advisor to be allocated to Humanitarian Needs Overview and Humanitarian Response Plan processes.

ANNEX A: LIST OF ASSESSMENTS

Core assessments:

- 1 Afghanistan Human Rights and Protection of Civilian in Armed Conflict Special Report on Kunduz Province December 2015, UNAMA & OHCHR
- 2 Update of IDPS in Taloqan by 4th of October 2015
- 3 Badakhshan Assessment of Conflict induced IDPs
- 4 The Rapid Market assessment FGD report
- 5 Update on Haji Site 9 October 2015
- 6 North Region Protection Cluster Kunduz Emergency-Draft Protection Update 03-13 Oct 2015
- 7 International Organisation for Migration (IOM), Kunduz Assessment Findings 8 November 2015
- 8 Humanitarian Rapid Assessment of Kunduz City Framework and Resourcing (20 October 2015) by OCHA.
- 9 The Assessment Capacities Project (ACAPS) Briefing Note: Violence in Northeast Afghanistan,

Afghanistan Conflict and Displacement in the Northeast, Kunduz City, and Kabul

Additional assessments, reports and presentations obtained:

- 10 Monitoring of emergency assistance to vulnerable population and MUAC screening in conflict affected Kunduz province, Northern Afghanistan, March 2016, ACTED
- 11 Access Lessons Learned Note: The Fall of Kunduz, Sep-Oct 2015, 29 April 2016, Norwegian Refugee Council
- 12 Kunduz IDPs – Reviewing Protection of the IDP camp communities in Besh Batur Taloqan – 11th October 2015. Concern Worldwide.
- 13 Kunduz IDPs – Reviewing Protection of the IDP camp communities in Shirkat compound Taloqan – 13th October 2015. Concern Worldwide.

ANNEX B: LIST OF KEY INFORMANTS

Mazar-e Sharif

- 1 Parwiz Hakami, Child Protection Coordinator, Save the Children, and secretariat of North Region GBV sub-cluster
- 2 Francesca Vigagni, Protection Officer, UNHCR, and lead of North Region Protection Cluster
- 3 Farid Dagsteer, Child Protection Officer, UNICEF, and lead of North Region GBV sub-cluster
- 4 Razia Qateh, Protection Officer and gender focal point, UNHCR
- 5 Hafizullah Seddiqi, Project Manager, Women for Afghan Women, and former secretariat of North Region GBV sub-cluster
- 6 Mobina Nasraty, Psychosocial Counsellor, International Medical Corps, and co-chair of North Region GBV sub-cluster
- 7 Mark Nagle, Area Manager (Northern region), Norwegian Refugee Council
- 8 Mohammad Noor Omari, ICLA Project Coordinator, Norwegian Refugee Council

- 9 Mohammad Yasin Hemmat, Humanitarian Affairs Officer, UNOCHA

- 10 Gift Chatora, Head of Sub-Office (North and North-Eastern Regions), UNOCHA

Kunduz

- 1 Mohammad Sediq Zaheer, Humanitarian Affairs Officer, UNOCHA
- 2 Abdul Qadir Noori, Kunduz Office Coordinator, Norwegian Refugee Council
- 3 Aleksandra Evdokimova, Kunduz Protection Delegate, ICRC
- 4 Geeta Bashardost, Empowerment Centre for Women

Takhar and Badakhshan

- 1 Betman Bhandari, Emergency WASH Advisor, DACAAR (based in Kabul)
- 2 Vijay Raghavan, Assistant Country Director Programmes, Concern Worldwide (at time of Kunduz offensive)

ANNEX C: WORKSHOP AGENDA⁴

Time	Topic	Speaker/Facilitator
8:30 – 9:00	Tea/coffee and welcome	Dominic Parker
9:00 – 9:20	Introduction – GiHA Taskforce	Shruti Upadhyay
9:20 – 9:45	Presentation of key findings from Kunduz case study and other recent studies	Julienne Corboz
9:45 – 10:30	Break out session 1 – Addressing challenges in gender-responsive programming	
10:30 – 10:45	Feedback from breakout session 1	
10:45 – 11:00	Coffee and tea break	Plenary
11:00 – 11:15	Presentation of cluster ‘tip sheets’ for gender mainstreaming	Anu Pillay
11:15 – 12:00	Break out session 2 – Gender-responsive programming in different sectors/clusters	
12:00 – 12:15	Feedback from breakout session 2	
12:15 – 12:30	Wrap up and steps forward	
12:30	Lunch	Plenary

4 Note that due to lack of time, and the first break out session also involving discussion on gender-responsive programming in different sectors/clusters, the second break out session was replaced with a discussion on recommendations and how to operationalise them.



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