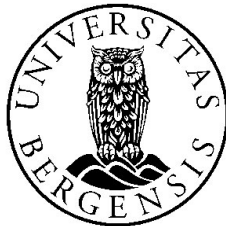


Challenges in Accessing Humanitarian Spaces in High-Conflict Contexts:

ICRC, MSF, and NAC's practice of
Humanitarian Diplomacy in Southeast
Afghanistan.

Andrea Furuhovde



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Department of Comparative Politics
University of Bergen

Abstract

The nature of the practice of Humanitarian Diplomacy makes it a difficult subject for scholars to study and generalise and therefore has resulted in the field being dominated by single case-studies. This is especially true for high-conflict contexts. It is difficult to study humanitarian diplomacy separated from the context in which it is practiced. However, there is a lack of case-studies that contain a comparative element that can be used to determine the ability to successfully generate humanitarian spaces.

This thesis aims to close that research gap by doing a comparative case-study of three non-state humanitarian actors: *The International Committee of the Red Cross*, *Médecins Sans Frontières*, and *the Norwegian Afghanistan Committee*. These three actors all delivered humanitarian assistance within the same high conflict context in Afghanistan. Specifically in the Southeast region between 2001 (beginning of US invasion), and up until August of 2021 (recent US withdrawal and Taliban takeover). The thesis attempts to compare the three actors' ability to use humanitarian diplomacy to access humanitarian spaces. The aim of which is to successfully access people in need on both sides of the conflict, including rural contested areas. In doing this, it is the aim of this thesis to uncover what factors determined the ability of the actors to gain access. Results presented here were based on in-depth interviews conducted with humanitarian workers of each organization, with the purpose of better understanding the challenges they face in the field.

The thesis finds that one cannot generalize the ability to use humanitarian diplomacy within contexts characterized as “high-conflict contexts” due to lack of ability to assure the safety of humanitarian workers and recipients of assistance. The thesis also finds that the type of humanitarian scope largely determines actor's capacity and prospect to work in rural areas. However, humanitarian actors may find indirect ways to mitigate security risks, understood as “Humanitarian openings”. Although recent events resulted in a sudden change to the course of the conflict; with a deeper understanding of the conflict dynamics in Afghanistan prior to the Taliban takeover in August 2021, a new way of framing humanitarian assistance in high-conflict contexts is proposed.

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When I chose the topic of my master's thesis, I knew that I wanted to write about something that I think is important. In doing so, I didn't exactly choose the easy road. There were times when I doubted myself, but I had to keep moving. I would not have been able to do so without the immense support I have been given by the people I reached out to, and the people close to me. The trust you have given me has helped me grow and made me feel inspired and empowered now that I leave my time as a student behind and take on the next chapter.

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Bergen, June 2022.

“We never really felt safe.”

- NAC Staff

This thesis is dedicated to humanitarian workers who operate in challenging conditions. It is a reminder of the importance of learning from the people working on the ground.

List of abbreviations

ANSA – Armed Non-State Actor

ANSF – Afghan National Security Forces

AQ - Al Qaida

ARCS – Afghan Red Crescent Society

CDC – Community Development Councils

FATA – Federally Administrated Tribal Areas

HIG - Hezb-e Islami under Gulbuddin Hekmatyar

HQN - Haqqani-network

ICRC – International Committee of the Red Cross and Red Cross

ISAF – International Security Assistance Force

IHL – International Humanitarian Law

IHR – International Human Rights

INGO – International Non-Governmental Organization

MN - Mansur network

MSF - Médecins Sans Frontières

NAC – Norwegian Afghanistan Committee

NATO – North Atlantic Treaty Organization

NGO – Non-Governmental Organization

NS – National Society

OC – Operational Centres

OP – Operational Presence

SAC – Swedish Afghanistan Committee

SGBV – Sexual and Gender based Violence

SNTV - single non-transferable vote

TB – Taliban

WFP – World Food Program

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1. Introduction

1.1. Research Question

This thesis aims to contribute to the conceptualisation of **Humanitarian Diplomacy**, by studying non-state humanitarian actors and their practice of the subject, with the purpose of delivering humanitarian assistance to people in need explicitly within so-called “**High-Conflict Contexts**”. More specifically, this thesis presents a comparative case-study of three international non-state humanitarian actors, who have all delivered humanitarian assistance to people in need within the conflict context, being **Southeast Afghanistan**, in provinces such as Ghazni, Khost, Paktia, and Paktika. The focus here is on their practise of humanitarian diplomacy during the period starting from the US invasion in 2001, and up until the sudden US withdrawal and Taliban takeover in August 2021. The three non-state humanitarian actors under study are as follows: *The International Committee of the Red Cross (ICRC)*, *Médecins Sans Frontières (MSF)* and *the Norwegian Afghanistan Committee (NAC)*. The thesis attempts to examine whether there were any differences between the actor’s practice of humanitarian diplomacy or their approach to the delivery of humanitarian assistance in general. The purpose of this is to identify what were the key-factors that determined their ability to **successfully access humanitarian spaces** to deliver humanitarian assistance to people in need. More specifically, the thesis looks at the ability to access humanitarian spaces on both sides of the conflict, which includes central areas under government control, but also significantly rural areas under the control of the opposition. Thus, negotiations with **Armed Non-State Actors (ANSAs)** are of key focus in this thesis. Based on this description, the research question can be broken into two and summarised as follows:

Comparing the three non-state humanitarian actors NAC, ICRC, and MSF and their delivery of humanitarian assistance in the Southeast region of Afghanistan (Ghazni, Khost, Paktia, and Paktika) during the armed conflict that was ongoing between 2001-2021. What distinguished their practice of humanitarian diplomacy and general approach to the delivery of humanitarian assistance within this region? What were the key-factors that determined their ability to successfully generate humanitarian spaces to access and deliver humanitarian assistance to people in need on both sides of the conflict?

To what degree does the characteristic of Southeast Afghanistan as a “High-Conflict Context” determine humanitarian actors’ ability to use humanitarian diplomacy to access humanitarian spaces?

To explore the research question, qualitative research methodologies were utilized. The intention was to carry out an in-depth analysis of each of the three non-state humanitarian actors and their delivery of humanitarian programs and activities within one or more of the Southeast provinces: Ghazni, Khost, Paktika or Paktia. Emphasis was put on where the humanitarian actors has had access and delivered humanitarian assistance, how humanitarian diplomacy was practiced, and what key-factors determined ability to access. Data was collected in the form of informal interviews with humanitarian workers who had all been working for one or more of the chosen humanitarian actors within the Southeast region. The thesis uses their experiences to answer the research question. Supplementary data was collected in the form of public documents published by the selected actors.

1.2. Why study Humanitarian Diplomacy in Afghanistan?

1.2.1. The changing nature of war

When the International Humanitarian Law (IHL) was initially established through the Geneva Conventions in 1949, the concept was simple: It was set to protect the people who do not take part in fighting, and those who can no longer fight. Among other things, this entailed the protection of humanitarian workers. The explicit mandate to protect humanitarian workers was historically given to the International Committee of the Red Cross (ICRC). The organization served at the frontline of battlefields providing aid to the displaced and wounded soldiers on both sides of the conflict. Based on ICRC’s pledge to remain neutral and independent, the organization’s staff were assured of safety within the conflict zones. It was the pioneer of what would become the multibillion-dollar industry that we now know as international humanitarian assistance.

Yet, it is important to note that the IHL was formed at a time when the notion of war was still characterised by armed conflict between two or more states, also known as “Conventional war”. However, since the early 90’s, when the US emerged as the sole superpower, conflict has been

almost entirely dominated by insurgencies and civil war. At the same time, we have seen an increase in the number of humanitarian workers targeted by warring parties. Since the late 90's, we have seen the deaths of thousands of humanitarian aid workers, reaching an all-time high in 2017 (OCHA 2018, 11-15; Médecins Sans Frontières 2022). So far, the conflict in Afghanistan has faced the most violence towards humanitarian workers in history. In 2016, Secretary General of MSF spoke in the UN Security Council to advocate for changing IHL to include all healthcare workers (Médecins Sans Frontières 2022). The proposition conveys a clear message about the challenges that humanitarian actors are facing. However, one may ask whether the passing of such a resolution truly grasps the problem by the root. The dilemma is fitting to that of Maslow's hammer: *"If the only tool you have is a hammer, you tend to see every problem as a nail."*

It is no longer justifiable to say that humanitarian workers' access to humanitarian spaces is a given, based on proclaimed neutrality, impartiality, and independence. To be able to ensure safety when accessing and deliver humanitarian assistance to people in need, humanitarian actors have to engage in the practice of active negotiation with the parties to the conflict. This practise has become known as Humanitarian Diplomacy.

1.2.2. Ambiguity of the Concept of Humanitarian Diplomacy

The term Humanitarian Diplomacy emerged in the early 2000's as scholars were attempting to construct a conceptual framework for the practice. However, the academic field and concept itself remains largely underdeveloped. There may be several reasons for this, firstly, it cannot be overlooked that Humanitarian Diplomacy occurs in areas with high level of insecurity, making it difficult for scholars to study in situ. Furthermore, there exists a common misconception both among the public and the world of humanitarianism that a humanitarian actor's neutrality, impartiality, and independence, is synonymous with "Powerlessness" and lack of ability to negotiate. It is rare that one finds a humanitarian worker who would refer to herself as a "Humanitarian Diplomat" (Minear and Smith 2007, 8; Régnier 2011, 1217).

This may be due to the contradiction that the combination of the terms "Humanitarianism" and "Diplomacy" presents, which would suggest that humanitarianism would be interfering with politics. The truth is that the delivery of humanitarian assistance to people in need within armed

conflict zones is inherently political as the actions of humanitarian actors cannot be separated from the politicised context in which they occur (De Lauri 2018, 2).

Looking beyond misconceptions, advancing research and conceptualisation of Humanitarian Diplomacy could contribute to better understanding of how humanitarian actors can use it. It may increase access to humanitarian spaces and ensure better security for humanitarian workers.

1.2.3. Afghanistan and Decentralized Power Structures

The decentralised nature of social organisation in Afghanistan, particularly within Pashtun societies, as well as the disorder caused by the war makes negotiating access to humanitarian spaces challenging and uncertain. How are humanitarian actors able to assure safe and unrestricted access to humanitarian spaces through the practice of humanitarian diplomacy in an area characterised by lack of structure and high level of uncertainty? Can we as scholars at all generalise anything with regard to humanitarian workers' ability to utilize humanitarian diplomacy to negotiate safe access? The conflict in Afghanistan offers an interesting case in light of these questions, because not only can it be labelled one of the most violent conflicts of our time, but is also the conflict that has caused the highest number of casualties among humanitarian workers in recent history.

1.3. Contribution

This thesis contributes to the current research field of humanitarian diplomacy by offering a conceptualisation that can be used to frame the practice of humanitarian diplomacy within contexts that can be categorized as “high conflict settings”. To be concise, the thesis uses the experiences of practitioners themselves to better understand the challenges humanitarian workers face in such contexts, and ways in which humanitarian actors can navigate such spaces to find alternative ways of delivering humanitarian assistance to people in need on both sides of the conflict.

1.4. Main argument

The thesis argues that scholars cannot generalise any “best practices” to achieve access to people who are located within contexts that can be defined as a “high conflict settings”. The reason for this is that ability to practice humanitarian diplomacy depends almost entirely on the uncertain

conditions present within these contexts to be able to ensure the security of the people who are working within these areas. These conditions include the level of organization of local communities and armed non-stat actors (ANSAs), and minimal conflict level. The thesis argues that we cannot justify access to insecure areas where the safety of humanitarian workers cannot be guaranteed.

Moreover, if such conditions are present, one can start considering the practice of humanitarian diplomacy to utilize these conditions to be able to access-and deliver humanitarian services to the people in need within these areas. Thus, we can start to study the ability to use this platform to negotiate access and using the tool that humanitarian diplomacy constitutes to negotiate with the armed groups to better access people in need.

1.5. Chapter outline

Chapter 2 outlines and describes the key theoretical concepts of this study, including Civil War, Humanitarian Spaces, and the Practice of Humanitarian Diplomacy. Furthermore, it outlines why Humanitarian Diplomacy has become such an ambiguous concept. Moreover, the chapter discusses key pieces of literature, with the purpose of identifying the current research gap. Lastly, the chapter outlines how this thesis will contribute to filling the research gap by specifying the scope of the study. Chapter 3 outlines the method that will be used, as well as how the study was carried out, including limitations. Chapter 4 aims to outline the context of the conflict in Afghanistan, and the three chosen humanitarian actors. Chapter 5 aims to present the data by outlining the findings concerning each humanitarian actor. Chapter 6 discusses the findings, and chapter 7 summarises the main points and suggests potential questions for further research on the topic.

2. Theoretical framework

2.1. Defining key concepts:

2.1.1. Civil War

This part gives a brief definition of civil war and outlines what characterises it. The focus here is merely to highlight how the change in dynamics of war has influenced humanitarian actors' ability

to operate in armed conflicts. Thus, this part will not go into detail on the different definitions or types of civil war.

Defining International Humanitarian Law and Conventional War

As briefly highlighted in the introduction, when the International Humanitarian Law (IHL) was initially established in 1949, the nature of war was mostly characterised by armed conflict between two or more states. IHL can be defined as the international laws or principles that guides the conduct of war, with the purpose of protecting International Human Rights (IHR). IHL was initially established through the Geneva conventions and its additional protocols in 1949, during the post-war period, and was ratified by the majority of established states around the world. The laws determine that those who do not take part in war should be protected and not targeted. This includes for instance civilians, the sick and wounded, shipwrecked, prisoners of war, and members of medical and/or humanitarian organizations that assist people in need (Rousseau and Pende 2019, 255-256).

As pointed out above, the IHL was established in the post WW2 period. At this point in time, the Western international community had merely been faced with armed conflict characterised by war between two or more established states. In the context of this thesis, this type of war will be referred to as “Conventional War”. Since the IHL has a legal dimension, it was easy to hold the established states of the international community accountable for violating IHL. However, as a limitation, it cannot be applied to entities that do not have a legal framework and thus armed non-state actors (ANSAs) cannot legally be held accountable for any violation of its set rule.

Defining Civil War and Armed Non-State Actors

After the end of the Cold War period, the western international community have become more involved in what can be understood as “Civil Wars”. Armed conflict that can be characterised as Civil War will be defined in the context of this thesis as *“Any armed conflict that involves (a) military action internal to the metropole, (b) the active participation of the national government, and (c) effective resistance by both sides* (Sambanis 2004, 816)”. Thus, the main difference between Conventional War and Civil War is that Conventional War happens between two or more established states, while Civil War happens internally within one state and is usually characterised

by conflict involving the government within that state and one or more insurgencies or Armed Non-State Actors (ANSAs). There are several other factors that distinguished Civil War from Conventional War. These factors include for instance the use of modern weapon technology which may complicate war, as well as the involvement of civilians. However, this thesis will focus on the involvement of insurgencies or ANSAs as a key characteristic of Civil War which influences war dynamics. Insurgencies or ANSAs can be defined in the context of this thesis as a party to the conflict which is not necessarily officially recognised or legally bound, but rather the mobilization of resistance groups within the boundaries of one state which engages in armed conflict with the government within that same state (Rousseau and Pende 2019, 257).

Characteristics of civil war

As explained in the introduction, the changing dynamics of warfare being increasingly more characterised by Civil War has been accompanied by a rise in the number of humanitarian workers who have lost their lives during the delivery of humanitarian assistance to people in need in conflict zones (Mèdecins Sans Frontières 2022; OCHA 2018). It is evident that the changing nature of war has had an impact on the ability to safely deliver humanitarian assistance to people in need. The following part aims to outline the key traits that characterise Civil War, especially with the focus on the involvement of ANSAs which is the focus on this thesis, and how it influences the ability to deliver humanitarian assistance to people in need within such context.

The main characteristic that distinguishes Civil War from Conventional War is the presence of numerous actors within the boundaries of one conflict, such as for instance the government, ANSAs, and occasionally foreign interfering actors. For several reasons, this makes it challenging for humanitarian actors to navigate the space to access people in need. Firstly, the fact that these actors have various interests. Civilians in need of humanitarian assistance within Civil War are scattered within a context which is characterized by both the physical and political control of different actors who are in dispute with each other and have different interests. For a humanitarian actor to gain access to people in need, they must negotiate with at least one of the actors within the conflict, which will inevitably cross the political interests of another actor within the boundaries of that same conflict (Clements 2019, 11-15). Thus, the actions of a humanitarian actor to gain access to a humanitarian space, although claiming to be neutral, cannot be separated from the context in

which they operate. Thus, humanitarian actor's delivery of humanitarian assistance to people in need, while claiming to be neutral or not, will ultimately be viewed as political by one or more parties of the conflict. Thus, due to the changing dynamics of war, humanitarian actors will always be viewed as inherently political (Rousseau and Pende 2019, 254; Minear and Smith 2007, 58; Hilhorst and Jansen 2010, 1118; Clements 2019, 2). Although the intention of the delivery of humanitarian assistance to civilians affected by conflict may be neutral, impartial, and independent, the way to safely access people in need within Civil War is to negotiate with the actors who are in control of these spaces, which is inherently political (Clements 2019; De Lauri 2018, 2; Turunen 2020a).

Another effect of the presence of many actors within the boundaries of one conflict is that it becomes difficult to distinguish between them. An example of this is humanitarian actors' inability to distinguish between ANSAs and civilians. This may result in humanitarian actors mistakenly distributing more assistance to ANSAs and their families rather than civilians. This could lead to the government and civil population's skewed perceptions of humanitarian actors' intention, which could affect their ability to access people in need. Another effect of presence of many actors within one conflict is the blurring of lines between humanitarian workers and foreign interfering powers or peacebuilders in the eyes of ANSAs (Clements 2019, 11-15; Shannon 2009, 17-19). This may result in the misunderstanding of the intentions of humanitarian workers as political rather than neutral and result in humanitarian workers becoming targets.

Another characteristic of Civil War is the presence of ANSAs. Mainly two characteristics of ANSAs affect the dynamics of war. Firstly, ANSAs are often not recognized by the established government or the international community (Clements 2019). For instance ANSAs such as Al Qaida, ISIS and Taliban are labeled terrorist organizations by the international community (Barth 2008). The consequences of such labeling is that, it could create challenges for humanitarian workers to justify cooperating with these armed actors (Clements 2019, 11-15). Secondly, some ANSAs intentionally choose not to adhere to IHL and target the civilian population as a way of obtaining power and defying the established government. Thus, it could be difficult to find leverage to persuade ANSAs to give humanitarian actors access to humanitarian spaces. Secondly, ANSAs are less institutionally established and more loosely structured. This could make negotiating for

access complicated for humanitarian actors, as it is often difficult to reach leaders or to communicate decisions on the ground (Clements 2019, 11-15; Giustozzi and Jackson 2012, 31).

In summary, two key traits that characterize Civil War influences the ability to deliver humanitarian assistance to people in need. 1.) A civil war is characterised by conflict that occurs inside the borders of one nation, between governments and/or armed non-state groups who have different interests and are in control of different parts of the country. 2.) Civil war can be characterised by uncertainties due to the fact that there is a lack of structure and organization among the parties to a conflict, which means that it is difficult to distinguish the opposing parties from each other. As a result, humanitarian actors face increasingly more challenges to access and deliver humanitarian assistance to people in need. Thus, it is no longer possible to access people in need of humanitarian assistance merely through claims of neutrality (Rousseau and Pende 2019, 254; Minear and Smith 2007, 58; Hilhorst and Jansen 2010, 1118; Clements 2019, 2).

2.1.2. Humanitarian Spaces

The term “Humanitarian Spaces” is widely used within the humanitarian sector to denote the space, platform, or arena where humanitarian actors’ access and deliver assistance to people in need. More precisely, generating humanitarian spaces refers to the action of creating spaces, accessing platforms, or creating channels for the successful delivery of humanitarian assistance to people in need. Some key-components that determine the ability to access humanitarian spaces is the assured safety of humanitarian workers and beneficiaries, preserving the set principles such as neutrality, impartiality and independence, and successfully reaching out to the people in need on both sides of the conflict (Hilhorst and Jansen 2010, 1117-1118; Churruca-Muguruza 2022, 8).

Humanitarian spaces can be understood in both a physical-and a symbolic sense. Humanitarian actors can generate humanitarian spaces in a physical sense by negotiating with parties to a conflict who are in control of certain designated territories, with the purpose of physically accessing and delivering humanitarian assistance to the people in need within these territories, or any other physical space where people in need located and are able to receive humanitarian assistance. More specifically, a physical humanitarian space may refer to humanitarian actors ability to access and deliver assistance within refugee camps, or generating humanitarian corridors which is a physical

area or route where refugees travel to flee or reach humanitarian services, or a “safe space” where humanitarian workers themselves may move freely to deliver such services in safety, without the risk of becoming a targets (Hilhorst and Jansen 2010, 1117-1118).

Furthermore, generating humanitarian spaces in a symbolic sense refers to the ability to access and deliver humanitarian assistance to people in need by facilitating a “safe haven” which is not limited to the physical space. More specifically, this may refer to negotiating with parties to a conflict to assure that humanitarian workers and recipients of humanitarian assistance are not targeted, regardless of their movements (Hilhorst and Jansen 2010, 1118; Churruca-Muguruza 2022, 8). During WW1 and WW2, ICRC workers were able to achieve successful access to humanitarian spaces on the basis of carrying the Red Cross emblem, which signifies that they are a neutral, impartial, and independent actor within the conflict, and thus are not a target. A typical example of this is the protection of vehicles carrying humanitarian workers and patients to a hospital and have to cross a contested area. As discussed earlier in the thesis, this is difficult to achieve in a conflict characterised by Civil War.

Generating humanitarian spaces in both the physical and symbolic sense aims to achieve the successful delivery of humanitarian assistance to people in need. The actions made by humanitarian actors to generate humanitarian spaces became known in the early 2000s as Humanitarian Diplomatic practice (Clements 2019, 137; Turunen 2020b, 460-465; Régnier 2011, 1212-1215). Humanitarian Diplomatic practice will be defined in the following section.

2.1.3. Main concept: Humanitarian Diplomacy

The concept of “Humanitarian Diplomacy” started to evolve in scholarly literature in the early 2000’s. However, it has been highly practiced by humanitarian workers for several decades (Turunen 2020b, 459; De Lauri 2018, 1; Churruca-Muguruza 2022, 1). To briefly acquaint the reader with an idea of what humanitarian diplomacy means, this section will provide a short definition of the term. Before doing so, it is essential to highlight that there currently exists no agreed upon definition of humanitarian diplomacy. The reason for this is the fact that the term is widely used by a range of different actors including state actors, non-state actors, and intergovernmental organizations. The majority of the actors who claim to practice humanitarian

diplomacy have provided their own distinct definition which is specific to their function (Régnier 2011, 1215-1216; Turunen 2020b, 465-469). For the purpose of this section being conscious of the existing divergence in definition of humanitarian diplomacy, this part will merely present one such definition with the purpose of identifying some core elements of its meaning, which will be significant for the context of this thesis. One definition widely used by scholars within the field is the definition provided by Minear and Smith (2007):

“The concept of humanitarian diplomacy encompasses the activities carried out by humanitarian organizations to obtain the space from political and military authorities within which to function with integrity. These activities comprise such efforts as arranging for the presence of humanitarian organizations in a given country, negotiating access to civilian populations in need of assistance and protection, monitoring assistance programmes, promoting respect for international law and norms, supporting indigenous individuals and institutions, and engaging in advocacy at a variety of levels in support of humanitarian objectives (Régnier 2011, 1215)”.

As indicated above, this definition will not encompass all actors who claim to practice humanitarian diplomacy, as their definition may be wider or narrower than the one presented above. However, the key element which can be observed from this definition, and which is important to note at this point is that humanitarian diplomacy refers to the actions carried out by either state or non-state humanitarian actors to generate access to humanitarian spaces, with the purpose of accessing and delivering humanitarian assistance to people in need. Furthermore, as highlighted by the definition, such activities involve the negotiation with political and military authorities that are in control of these spaces.

2.1.4. Humanitarian Diplomacy vs Traditional Diplomacy

This section aims to define and conceptualise the term humanitarian diplomacy by distinguishing it from “traditional diplomacy”. The purpose of this is to identify some key-characteristics that separate the two fields, but also in order to illustrate why humanitarian diplomacy has become an ambiguous term compared to traditional diplomacy.

Firstly, traditional diplomacy can be distinguished from humanitarian diplomacy based on type of actors. Traditional diplomacy is most typically associated with state actors, who practice diplomacy

with the purpose of achieving a particular goal or political interest. Conversely, humanitarian diplomacy has no ulterior motive other than achieving access and delivery of humanitarian assistance to people in need. However, it must be highlighted that state-actors who practice traditional diplomacy may also engage in the practice of humanitarian diplomacy. However, this should be distinguished from humanitarian diplomacy practiced by non-state humanitarian actors, as the practice of state actors will inevitably be influenced by state interests (Minear and Smith 2007, 9). For this reason, discussions pertaining to state actors practicing humanitarian diplomacy will be excluded in this thesis.

Humanitarian diplomacy which is practiced by non-state actors usually have apolitical interests which can be demonstrated through the “7 Fundamental Principles” of the Red Cross Red Crescent Movement (RCRC Movement). The 7 fundamental principles originate from the RCRC Movement and signifies the values that the Movement practice such as not picking sides in the conflict. The 7 fundamental principles are unique to the RCRC Movement and include the following: Humanity, Impartiality, Neutrality, Independence, Voluntary service, Unity, and Universality. However, the notion of these principles has been adapted by other non-state humanitarian actors around the world. Most commonly, the widely adopted principles include neutrality, impartiality, and independence. Neutrality refers to not taking sides e.g., political, racial, religious, or ideological, while delivering humanitarian assistance. Impartiality refers to giving humanitarian assistance based on needs only, thus avoiding discrimination based on nationality, race, religious beliefs etc. Independence refers to the actor making decisions independently of state interests, based on the 7 principles only (Rousseau and Pende 2019, 257-259; IFRC 2022).

Another distinction is that actors of traditional diplomacy negotiate from a position of power, while actors of humanitarian diplomacy negotiate from a position of weakness. The reason for this is that traditional diplomats have specific actor interests in the context and are thus political and may choose to respond as to increase possibility of interests such as for instance impose sanctions on the counterpart. On the contrary, as humanitarian diplomacy practiced by humanitarian actors, often actors claiming to be neutral, their solemn purpose is to help those in need and thus possess no other forms of power that can be used to persuade the counterpart (Minear and Smith 2007, 14). However, within the scholarly field of humanitarian diplomacy, there is disagreement as to whether

actors practicing humanitarian diplomacy are in fact negotiating from a position of weakness (Clements 2019, 22-25). The misconception that humanitarian diplomacy negotiates from a position of weakness further adds to the ambiguity of the concept, as it contributes to the lack of conceptualisation of humanitarian diplomacy. This will be explained in more detail below.

Secondly, humanitarian diplomacy can be distinguished from traditional diplomacy based on its practice. At this juncture, it is essential to highlight that traditional diplomacy and humanitarian diplomacy do have some elements in common such as that of collecting and analysing information about the context to better perform and achieve their intended goals. However, as highlighted by R gnier, traditional diplomacy and humanitarian diplomacy differ in more points than they have in common (R gnier 2011, 1216). Primarily, it can be observed that traditional diplomacy is more institutionalised than humanitarian diplomacy. On one note, traditional diplomacy is usually practiced within distinctive state organs such as for instance ministry of foreign affairs, development aid agencies, or other agencies specialised in humanitarian diplomacy. On the other note, traditional diplomacy usually has specialised staff who have received training in humanitarian diplomacy. Also, actors of traditional diplomacy usually have specific laws and frameworks that guide the practice. By contrast, non-state humanitarian actors who practice humanitarian diplomacy are not as institutionalised as actors of traditional diplomacy. More specifically, humanitarian diplomacy of non-state humanitarian actors is usually practiced by humanitarian workers themselves. In fact, humanitarian workers do not receive a special status, and thus do not receive a specialised training, and are often not aware that they are engaging in diplomacy. Furthermore, the humanitarian diplomatic practice of humanitarian actors merely constitutes a small segment of the tasks of humanitarian workers. Another key difference between humanitarian diplomacy and traditional diplomacy is that traditional diplomats usually receive diplomatic passes of protection, while this is only true for the ICRC in context of humanitarian actors practicing humanitarian diplomacy (R gnier 2011, 1216-1219; Minear and Smith 2007, 9-11).

Moreover, humanitarian actors such as the ICRC receive some form of protection in conflict settings, through the International Humanitarian Law (IHL). However, as highlighted earlier in the thesis, despite this protection, these laws do not necessarily have pragmatic value on the ground as they do not necessarily apply to all actors, especially ANSAs who tend to either defy governing

laws or are usually unstructured and thus not necessarily aware of these laws (Rousseau and Pende 2019, 255-257). As explained earlier in the description of Civil War, this is a key challenge to the work of humanitarian actors who practice humanitarian diplomacy and is a result of lack of structure and uncertainty on the ground. This will be explained in more detail below.

It is generally accepted that traditional diplomacy usually happens on a macro-level. While humanitarian diplomacy may also occur at a macro level, it is most frequently practiced at a micro-level, in the day-to-day activities of humanitarian workers. There exist two understandings of the perimeters of what can be considered humanitarian diplomacy: the restrictive understanding, and the extensive understanding. The restrictive understanding of humanitarian diplomacy interprets humanitarian diplomacy as merely constituting the larger negotiations made between official representatives within a conflict. In contrast, the extensive understanding of humanitarian diplomacy interprets humanitarian diplomacy as not merely consisting of the official decisions made, but also including any type of action, including day-to-day activities of humanitarian workers to negotiate access to humanitarian spaces for the purpose of delivering humanitarian assistance. However, this is due to the lack of existing frameworks to conceptualise humanitarian diplomacy, which adds to the general ambiguity of the concept (Rousseau and Pende 2019, 254-255; Minear and Smith 2007, 11-14).

Using the distinction between traditional diplomacy and humanitarian diplomacy above, the scope of this thesis will be limited to the focus on non-state humanitarian actors who practice humanitarian diplomacy. The table below is a summary of the key differences between humanitarian diplomacy according to the two dimensions: actors and practice.

	Types of diplomacy	
	<i>Traditional Diplomacy</i>	<i>Humanitarian Diplomacy</i>
Actors	State-actors or intergovernmental actors such as the UN with political interests e.g., Peacebuilding	Non-state humanitarian actors with apolitical interests e.g., accessing humanitarian spaces to deliver humanitarian assistance to civilians affected by armed conflict. Usually follow humanitarian principles: <ul style="list-style-type: none"> • Neutrality • Impartiality • Independence
	Negotiates from a position of strength e.g., may impose sanctions	Existing perception that humanitarian diplomacy is negotiated from a position of weakness.
Practice	Highly Institutionalised practice	Less institutionalised practice
	Practiced by distinctive state organs e.g., ministry of foreign affairs	Practiced in the field, in the day-to-day activities of humanitarian workers
	Practiced by specialised staff and official diplomats	Practiced by humanitarian workers, as a small segment of their tasks.
	Receive specialised training	Receive no official training, often not aware of their role
	Follow official laws and frameworks	Have no official laws and frameworks
	Receives protection through carrying official diplomatic passes	Receives no protection or special status
		<i>Exception to model: the ICRC is protected by IHL However, not functional in unconventional wars as it does not include ANSAs.</i>
	Happens at macro level e.g., official platforms such as the UN Security Council.	Happens at macro-level e.g., official platform Happens at micro-level, often referred to as “Humanitarian Negotiation” within the field. e.g., day-to-day activities of humanitarian workers

Table 1: A table summarizing the key differences between traditional and humanitarian diplomacy according to actors and practice dimensions.

2.1.5. Ambiguity in conceptualisation of Humanitarian Diplomacy

The definitions of the key terms that are essential to this thesis such as Civil War, humanitarian spaces, and Humanitarian Diplomacy in contrast to traditional diplomacy convey an ambiguity in

the application of the term Humanitarian Diplomacy. There are two reasons why Humanitarian Diplomacy has become an ambiguous concept.

Firstly, the term Humanitarian Diplomacy is ambiguous because it mixes two contradicting terms: “Humanitarianism” and “Diplomacy”. Hence, the two terms are paradoxical as the first term refers to something neutral and apolitical, while the latter refers to something political, or an action made with motive of attaining something of interest (Turunen 2020b, 479; De Lauri 2018, 3). In addition, there is a concern that exists among the public and among practitioners within the field that humanitarian diplomacy entails making compromises with ANSAs to be able to generate access to humanitarian spaces. Thus, the public and practitioners assume that to be able to protect neutrality, impartiality, and independence, one must remain inactive in the conflict itself, and thus adapts a role as a “passive” actor within the conflict when faced with ANSAs (Clements 2019, 23-24). Contrarily, Humanitarian Diplomacy refers to the practice of humanitarian actors engaging actively with parties of the conflict and taking advantage of opportunities that present themselves within this environment to increase the ability to generate access to humanitarian spaces. This misconception has led to the less frequent use of the term Humanitarian Diplomacy, and thus less development within its meaning.

Secondly, the term Humanitarian Diplomacy is ambiguous because its current application is not all encompassing with regard to its full meaning. The current conceptualisation of the term is too restrictive and does not contain all the elements to be fully applied. The term diplomacy is often applied in relation to agreements made between two parties that occur at a macro-level such as for instance between two states done by the official representatives of those states. This is a common practice of traditional diplomacy. However, this does not fully encompass the practice of Humanitarian Diplomacy as Humanitarian Diplomacy encompass agreements made both at the macro-and the micro levels (Rousseau and Pende 2019, 254-255; Minear and Smith 2007, 11-14). An example of micro-level practice of humanitarian diplomacy is negotiations made between humanitarian workers and ANSAs. As outlined earlier in the thesis, conflict contexts that can be characterised as Civil War have many different actors involved and there is often a lack of overview of these groups. Thus, it is not necessarily realistic to practice humanitarian diplomacy at a macro-level between representatives of these groups, as the negotiations will not have

practical value in the field. Thus, it is essential that the concept of humanitarian diplomacy also encompasses micro-level negotiations such as interaction between humanitarian workers in the field and ANSAs in the area. This is demonstrated through the dilemma of the lack of practical implications of IHL on the ground. Due to the unstructured nature of conflict characterised by Civil War, IHL must additionally be implemented at a micro-level through the day-to-day interactions between humanitarian workers and ANSAs, to assure that humanitarian workers avoid becoming targets. In the context of this thesis, the term Humanitarian Diplomacy will be understood in terms of its expanded definitions, encompassing both the macro-level practices and the micro-level practices. Micro-level practices of Humanitarian Diplomacy will be understood as the day-to-day informal activities of humanitarian workers to generate humanitarian spaces and will be of key focus with regard to the chosen context (Minear and Smith 2007, 11-14).

2.2. Previous research on topic

As mentioned earlier, research on the practice of Humanitarian Diplomacy started to emerge in the early 2000s. Thus, it is a relatively new and developing field. Looking at the current literature within the field, it can be observed that there is a large difference between scholars and practitioners within the field. The main reason for this is that the phenomenon of Humanitarian Diplomatic Practice usually happens within a context characterised by high level of insecurity. Hence, it is challenging for scholars to travel to the field to study its practice (Mancini-Griffoli and Picot 2004). Therefore, the research field on Humanitarian Diplomacy is largely practitioner driven, as practitioners have the opportunity to use their own personal experiences with the practice of Humanitarian Diplomacy in the field as a data. Another result of this is that the research field has consisted almost exclusively of single-case studies of the practice of Humanitarian Diplomacy by different humanitarian actors, within different conflict contexts (Clements 2019, 15). A consequence of this is that findings from a particular context cannot be generalised to other contexts. Moreover, little research has been done on comparing the practice of Humanitarian Diplomacy by different actors within different contexts in order to generalise findings and contribute to further conceptualisation of the practice of Humanitarian Diplomacy. To be more specific, more research in the field including a comparative element could contribute to advancing knowledge on factors that determine the ability to use Humanitarian Diplomacy to generate Humanitarian Spaces. The subsequent paragraph will present some key pieces of literature within

the research field of Humanitarian Diplomacy, with the purpose of discussing their research designs, findings, and arguments in order to identify the current research gap.

In 2004, Mancini-Griffoli and Picot issued a manual known as: “Humanitarian Negotiations: A Handbook for Securing Access, Assistance and Protection for Civilians in Armed Conflict”. The manual was published by the Centre for Humanitarian Dialogue, which is an institution which practices Humanitarian Diplomacy. The manual was written specifically for the use of humanitarian workers practicing Humanitarian Diplomacy, with the purpose of filling the existing gap on how humanitarian workers can apply the practice of Humanitarian Diplomacy to be able to access humanitarian spaces. Moreover, the knowledge presented within the handbook is based on a collection of findings generated from interviews with over 100 humanitarian workers about their experiences with the practice of Humanitarian Diplomacy from different organisations within different conflict contexts.

In the manual, Mancini-Griffoli and Picot argued that humanitarian actors delivering humanitarian assistance within contexts characterised by armed conflict and Civil War are always negotiating access to humanitarian spaces from a position of weakness. In particular, they explained that humanitarian actors are powerless when faced with the different parties of the conflict such as the government and ANSAs. This is because they do not possess any trade-offs that can be used to make compromises with either parties of a conflict in order to access humanitarian spaces (Mancini-Griffoli and Picot 2004, 23-31). This is in contrast to state actors who possess certain powers such as leverages that they can use to persuade these parties, such as for instance imposing sanctions (Régnier 2011, 1217). Mancini-Griffoli and Picot emphasize that this can be understood, and should be accepted as three laws and dilemmas as follows: *"In a terrible way, these three features of humanitarian work may need to be understood and accepted as the three laws – or three dilemmas – of humanitarian negotiation, such that: It involves negotiating the non-negotiable; it typically takes place from a position of relative weakness; and at most, it can usually only hope for second best outcomes"* (Mancini-Griffoli and Picot 2004, 11-12). Thus, this argument deliberately places humanitarian actors in a weak position when faced with parties to the conflict as their ability to access humanitarian spaces largely depends on these parties' interests towards the humanitarian actor, increasing chances of these humanitarian actors becoming

controlled or manipulated by the same parties. Mancini-Griffoli and Picot lay out a framework suggesting tools as to how humanitarian actors can deal with this obstacle in the best possible ways, to assure access to humanitarian spaces (Mancini-Griffoli and Picot 2004).

On the contrary, Clements (2019) disagrees with Mancini-Griffoli and Picot's argument about humanitarian actors being powerless. He argued that humanitarian actors are not necessarily powerless and may use what he terms: "Humanitarian leverages" (Clements 2019, 16). Humanitarian leverages can be described as powers or advantages that humanitarian actors hold that could be used to persuade parties to a conflict to grant them access to humanitarian spaces (Clements 2019, 113-119). Clements illustrated this through a comparative case study of how humanitarian actors negotiated access to humanitarian spaces with the Houthi Movement in Yemen and with the Kachin Independence Army (KIA) in Myanmar. Clements demonstrate the use of a range of different humanitarian leverages by humanitarian actors to persuade governments and armed groups to give them access to people in need within both conflict contexts. Some of the humanitarian leverages that were observed within the two cases among others are the following: persuasion, commitment, coalition, influencing trust and reputations, mobilizing third party support, negotiation linkages. For instance, persuasion could entail persuading ANSAs to comply with IHL to improve their reputation both domestically and internationally. Furthermore, mobilizing a third party could mean that negotiations are done through a third party which is more trusted by different parties to the conflict (Clements 2019, 113-119).

However, it can contrarily be argued that the application of Clements's hypothesis is largely context-dependent (Clements 2019). The ability of humanitarian workers to for instance use armed ANSAs' interests to persuade access to humanitarian spaces such as improving their reputation depends on whether the ANSA has such interest to begin with. Also, the success of the application of humanitarian leverages may also depend on context. Thus, an interesting question could be what particular conditions need to be present within a context for the successful application of humanitarian leverages as a strategy to generate humanitarian spaces. Moreover, Ashley Jackson and Antonio Giustozzi build on the dilemma of how the context in which humanitarian diplomacy takes place is decisive to the ability to access humanitarian spaces. Moreover, Jackson and Giustozzi do three comprehensive studies of humanitarian negotiations done with the Taliban in

Afghanistan, Al-Shabaab in Somalia, and humanitarian negotiations in Southern Kordofan and Blue Nile in Sudan. The purpose of these studies was to assess the contexts in which humanitarian diplomacy occurs, particularly with regard to ANSAs to better understand how this affects the ability to negotiate humanitarian spaces. In the case of Afghanistan, extensive interviews with high-level leaders of the Taliban, humanitarian aid workers, and local people within zones of Taliban control was conducted. Furthermore, the project included two case-studies of the two Afghan provinces: Faryab and Kandahar, with the purpose of better understanding how humanitarian negotiations were done with Taliban on a decentralized level within these two different contexts (Giustozzi and Jackson 2012, 1-2). Jackson and Giustozzi find that it is highly challenging to negotiate with the Taliban for a number of reasons and concludes as follows:

“The diversity shown across and between Fayrab and Kandahar illustrates the difficulties of engagement. It is clear, however, that structured engagement in most circumstances, with multiple levels of the Taliban and with the community, provides the best guarantee of security for aid workers and the community. Structured engagement works best where the Taliban are relatively uniform, comprise local residents and have either relatively weak or near-complete control. In areas where such conditions do not exist aid agencies face greater risks and obstacles to access (Giustozzi and Jackson 2012, 31).”

Jackson and Giustozzi find that the ability of aid agencies to negotiate with the Taliban to successfully access humanitarian spaces in Fayrab and Kandahar is determined by ability of humanitarian aid workers to negotiate with the Taliban and the local society at different levels. They argue that it is not possible to negotiate access to humanitarian spaces using humanitarian diplomacy within contexts that are not suitable due to a lack of basic structures to carry out this negotiation. Moreover, since the Taliban’s level of organization varies in different parts of Afghanistan, it is not possible to generalise any best practices of humanitarian diplomacy as the ability to access will depend entirely on the Taliban’s level of organization. It is equally impossible to make agreements with the Taliban that humanitarian workers will not be targeted if they do not possess the structures to transfer that message down to guerrilla soldiers on the ground. In essence, if the guerrilla soldiers on the ground are not informed about the work of humanitarian workers, they may become targets (Giustozzi and Jackson 2012, 31). From their analysis, Jackson and

Giustozzi found that the level of organization of local communities also determine humanitarian actors' ability to access humanitarian spaces as negotiation usually happens through a third party such as local community elders. It is therefore evident from this study that the ability to use humanitarian diplomacy to access humanitarian spaces depends on existing structures which varies largely between different contexts.

2.3. Research gap

This thesis aims to build on the research field of Humanitarian Diplomacy by filling the research gap that was identified in the literature above. From the author's perspective, there is currently a lack of scholarly research on empirical value of what determines humanitarian actors' ability to access humanitarian spaces which can be generalised across contexts. To explain, a lot of research has been done on what determined the ability to access humanitarian spaces using the practice of humanitarian diplomacy within specific contexts. One of the main reasons for this is that the practice of Humanitarian Diplomacy usually happens in contexts characterised by armed conflict and violence. Thus, it is difficult for scholars to collect field data, hence this field of study is largely practitioner-led as they can use their personal experience. The drawback would be lack of systematic framework to guide and optimize their activities. Studies conducted in this manner are useful as they have a high degree of internal validity and may help us better understand the practice of Humanitarian Diplomacy within specific contexts. However, they have less external validity as they cannot be generalized to other contexts. In other words, the findings may be subjected to omitted variable bias as several factors within the context may have influenced the outcome of the practice of Humanitarian Diplomacy. Thus, there is less empirical validity within these studies as we cannot generalise the findings (Gerring 2012, 84; George and Bennett 2005, 46).

This thesis aims to contribute to fill the research gap presented above through a comparative case study. In concrete terms, the study aims to compare three different non-state humanitarian actors who have all delivered humanitarian assistance within the same conflict context, with the purpose of comparing their degree of success in the practice of humanitarian diplomacy to access humanitarian spaces within the specified context. The purpose of this is to map out how the different Humanitarian Actors have approached the practice of humanitarian diplomacy and how this influenced their ability to access humanitarian spaces. It is also important to find out what the

key factors that determined their ability to access humanitarian spaces were. The humanitarian actors that have been chosen for the purpose of this study are the following:

The non-state humanitarian actors selected for comparison are as follows: The Norwegian Afghanistan Committee (NAC), the International Committee of the Red Cross (ICRC), and Médecins Sans Frontières (MSF). The conflict context that has been selected in which to compare the three cases is the Southeast Afghanistan region, within provinces such as Ghazni, Paktia, Paktika and Khost.

2.4. Scope of thesis

2.4.1. Operationalisation of concepts

To define the scope of this thesis, the following section will operationalise what can be understood as a Civil War and the successful generation of humanitarian spaces within contexts characterised as Civil Wars.

Identifying Civil Wars

Within the context of this thesis, a conflict which can be described as a Civil War will be understood as encompassing the following conditions. 1.) Conflict that occurs inside the borders of one nation, between governments and/or armed non-state actors (ANSAs) who are in control of different parts of the country. 2.) High levels of uncertainty as there are a lack of structure and organization among the parties to a conflict, which means that it is difficult to distinguish the opposing parties from each other.

Measuring successful access to humanitarian spaces

The ability to successfully generate humanitarian spaces has been defined in various ways throughout literature. However, few indicators have been developed to measure it. In the context of this thesis, successful access to humanitarian spaces will be considered as of the fulfilment of the following two conditions: 1). Degree of ability to access people in need on both sides of the conflict. 2.) Degree of ability to do so with the guaranteed security of humanitarian workers and recipients of humanitarian assistance.

1.) Access to people in need on both sides of a conflict

To successfully generate humanitarian spaces within conflicts characterised by civil war, humanitarian actors need to negotiate with opposing parties in a conflict to be able to reach people in need on both sides of the conflict. This includes the ability to access and deliver humanitarian assistance not only to people in need within central urban areas, or areas controlled by the government, but also to people in need located within rural areas. In fact, it is more common that people in rural areas are in more need of immediate humanitarian assistance due to them being more isolated from basic infrastructures and amenities. To specify, rural areas can be understood in two ways. One, rural areas refer to areas located within government control, but are geographically difficult to reach as they are located far away from the centre, which entails less infrastructure such as public roads. Two, rural areas may refer to areas that are predominantly located within the control of ANSAs. This thesis will refer to both uses of the term and distinguish between them. However, the most important meaning of rural areas within the context of this thesis are rural areas under the control of ANSAs. It can be noted that within the contexts of civil war, it is common that urban areas are controlled by the government, and rural areas are mostly controlled by ANSAs. Thus, the farther from the centre people in need are located, the more challenging it is for non-state humanitarian actors to reach them, not merely because of geography, but also because these areas are typically controlled by ANSAs.

2.) Assured safety of humanitarian workers and beneficiaries

To successfully generate Humanitarian Spaces, non-state humanitarian actors need to be assured that the humanitarian workers delivering humanitarian services and the recipients of these services are able to work safely, without the threat of becoming targeted by the armed conflict. To clarify, one cannot assume that a non-state humanitarian actor has successfully been able to access a humanitarian space if it cannot guarantee the safety of humanitarian workers while working as well as that of the recipients of aid. The consequence of this, is that humanitarian actors cannot efficiently work with the delivery of humanitarian assistance as it may lead to more damage for the people receiving aid.

It must be highlighted that the two conditions above construct an ideal situation. Moreover, a war context is inherently characterised by high levels of volatility. Thus, it cannot be overlooked that the ability to access people in need in both central and rural areas, and the ability to do so with guaranteed safety is unrealistic. If this was true, there would most probably be no war. Thus, humanitarian workers always work under some degree of risk.

2.4.2. Selection of humanitarian actors

The independent variable of this thesis is different actor's approach to the delivery of humanitarian assistance, as well as practice of humanitarian diplomacy and how it affects the ability to successfully generate humanitarian spaces. Thus, to limit the scope of this thesis, the study will be restricted to comparing non-state humanitarian actors. This is to control that the actors do not have interests other than giving assistance to people in need. The NAC, ICRC, and MSF all follow principles of neutrality, impartiality, and independence, and thus can be identified as non-state humanitarian actors. Furthermore, the study has been limited to international non-state humanitarian actors to keep the actors as similar as possible.

Another reason for the selection of these actors is that emergency humanitarian assistance is within the humanitarian scope of all three actors and all have delivered it within Southeast Afghanistan. The thesis will look particularly at emergency relief humanitarian assistance. The reason for this is that emergency relief humanitarian assistance should be delivered to people in need on both sides of the conflict, which means that humanitarian actors will have to practice humanitarian diplomacy to access spaces controlled by different parties. Emergency humanitarian aid will be understood in the context of this thesis as assistance that is aimed at providing short-term medical assistance or lifesaving food supplies or other resources to vulnerable people affected by armed conflicts. It is important to mention that some of the selected humanitarian actors also have a wider humanitarian scope that includes long-term developmental aid. Thus, this aspect will also be considered in the study as it may affect humanitarian actors' priorities.

2.4.3. Selection of conflict context

The focus of this thesis is the study of Southeast of Afghanistan, within provinces such as Ghazni, Khost, Paktika and Paktia. So, the scope is limited to studying one conflict context, specifically

within one region of the country. In doing this, the study keeps contextual dynamics as similar as possible to control for other variables in the environment that might have an effect on the three actor's ability to generate access to humanitarian spaces. The purpose of this is to isolate the actor's approach to the delivery of humanitarian assistance and the practice of humanitarian diplomacy, with the purpose of comparing how it affects her ability to access humanitarian spaces within one specific context. The reason for this is that it can be assumed that context affects ability to access humanitarian spaces.

The conflict in Afghanistan exhibits the characteristics of a Civil War as presented above, and thus will be understood as such in the context of this thesis. However, to demonstrate consciousness in choice of context, it must be emphasized that the conflict in Afghanistan is difficult to define as it has been ongoing for over 40 years. This has resulted in multiple changes in conflict dynamics such as the involvement of actors both internal and external to the country. Thus, the time-scope of the thesis is limited to the study of Afghanistan between 2001-2021. The period starts with US invasion of Afghanistan and ends with US withdrawal and Taliban takeover in August 2021. The reason for this is that this period constitutes one full phase of the conflict under the regime of the Islamic Republic of Afghanistan, in which civil war and insurgency was ongoing in the country (Barth 2008, 58-67). Thus, the period between 2001-2021 constitutes similar conflict dynamics. Within this time-scope, Afghanistan could also be defined as a proxy war due to involvement of the US and NATO. However, the thesis is limited to focusing on access to rural areas under the control of ANSAs, therefore external actors such as US and NATO fall outside the scope of this thesis.

Southeast Afghanistan constitutes an interesting case in the context of the research question because the demographic area has played an important role within the conflict. Southeast Afghanistan is located close to the Pakistani border and the Federally Administered Tribal Areas (FATA) which have been subjected to the presence of several ANSAs and therefore constitutes an important strategic area of the conflict (Barth 2008, 16-22). Furthermore, the region is largely Pashtun-populated, which is the ethnic group that has played the most significant role in the conflict. Thus, the Southeast region exhibits similar general characteristics in terms of cultural and societal organization of communities. The communities in the Southeast region and FATA

regions are characterised by decentralized power structures, which makes communication at a macro-level challenging. As outlined in literature, a challenge in the practice of humanitarian diplomacy within conflicts characterised as civil war is that it is difficult to negotiate access at a macro-level as the agreements will not be operationalised on the ground. Hence, it is interesting to compare how different humanitarian actors approach this context to understand how they were able to practice humanitarian diplomacy to access humanitarian spaces.

Another reason for the selection of the named actors: NAC, ICRC, and MSF within this particular context is because they have all had a substantial humanitarian presence within the specified region. All three actors have delivered humanitarian assistance in the form of emergency humanitarian assistance within this region.

3. Methodology

3.1. Method

In general, this thesis is a comparative case study of three non-state humanitarian actors within one context. The research question of this thesis proposes a qualitative research design. Therefore, the thesis will explore the research question through the collection of qualitative data using qualitative research methodologies. The purpose of this is to collect in-depth data on each humanitarian actors' approach to the delivery of humanitarian assistance and practice of humanitarian diplomacy, in order to identify and better understand what factors determined the ability to access humanitarian spaces. Hence, it can be said that the research design is inductive as it aims to collect in-depth data to look for factors that may have affected the outcome (Gerring 2012, 173-175; George and Bennett 2005, 24-27). The purpose of this is to propose new hypotheses on what determines the ability to access humanitarian spaces, which could be tested within other contexts in future studies.

For this study, qualitative data was collected using mixed methods. Also, secondary data was collected on the humanitarian actors through literature and publicly available information published by the three humanitarian actors. However, due to the fact that humanitarian diplomacy is a highly sensitive topic, it was not possible to limit data collection to secondary sources as there

is little information available to the public both on where the actors have been working within Afghanistan, and also how they applied humanitarian diplomatic practices to access humanitarian spaces. Consequently, multiple hours of in-depth interviews with humanitarian workers from each organization were conducted, including representatives at a general level, and representatives who had been working with the implementation of humanitarian services within Southeast Afghanistan. In some cases, interviews were conducted with some representatives who had extensive knowledge on how humanitarian spaces were generated. The purpose of this was to map out as detailed and extensively as possible how the humanitarian actors generated humanitarian spaces within Southeast Afghanistan, and what challenges they met in attempting to do so.

3.2. Limitations

One limitation with this research design was the collection of data. The nature of the phenomenon is highly sensitive; thus, data was scarce. The most ideal way to collect comprehensive data on the phenomenon of study would be to do a field visit to conduct interviews with humanitarian workers, beneficiaries, and ANSAs. However, this was not possible due to the current situation in the chosen context. Furthermore, data on how humanitarian actors work to generate access is sensitive and thus not publicly available. Thus, digital interviews with humanitarian workers were the main source of data-collection. The limitation of interviews of humanitarian workers is that respondents might be biased or less prone to share experiences that places the organization in a negative point of view.

Furthermore, another limitation with the research design is the choice of comparison of actors within one single-case context. The reason for this is that it does not have external validity and thus cannot be generalized to other contexts as the findings will be unique to the specific context of Southeast Afghanistan.

3.3. Indicators for measuring practice of Humanitarian Diplomacy

To map out the way in which the humanitarian actors practiced Humanitarian Diplomacy in Southeast Afghanistan, six indicators were developed which were used to extract information from secondary sources, and also incorporated into an interview guide that was used to guide the

conversations. The indicators consisted of both main dimensions and subcategories. The following three dimensions were identified: context, characteristics of humanitarian actor, and practice of humanitarian diplomacy.

Firstly, the context dimension aimed to map out where the humanitarian actor had been present within the Southeast region, what was the humanitarian scope within this area, whether they were able to access central and/or rural areas, and what was the political context within this area. Secondly, the characteristics of the humanitarian actors were mapped out as type and structure of organization, humanitarian mandate, and humanitarian mission. Thirdly, the specific actions that humanitarian actors took to be able to access humanitarian spaces by focusing generally on drawing a storyline of what was done to access humanitarian spaces, or what may have been the key factors that determined whether they were able to access humanitarian spaces or not. The interview guide abstained from use of scholarly terms and jargons such as “humanitarian spaces” and “Humanitarian Diplomacy”. The purpose of this was to adapt to the interviewee as such terms are not typical among practitioners working on the ground. Examples of types of questions that were asked during interviews are demonstrated in the table below.

Dimensions	Questions
Context	<ul style="list-style-type: none"> • Where has the humanitarian actor implemented humanitarian services in Southeast Afghanistan and for how long? • What was the humanitarian scope/activities? • What has been the political context within the areas that the non-state humanitarian actor worked? E.g., Who was the authority? • Was the humanitarian actor present in central or rural areas, or both?
Characteristics of humanitarian actor	<ul style="list-style-type: none"> • What type of organization is it? How is the humanitarian actor structured? • What is the humanitarian actor’s mandate? • What is the humanitarian actor’s general humanitarian scope?
Practice of humanitarian diplomacy	<ul style="list-style-type: none"> • What specific actions did the humanitarian actor take to obtain access to people in need? • When arriving in a new area where there is a humanitarian need to start a new activity, what does the humanitarian actor do to obtain access from authorities in control of those areas? • Who do you negotiate with and how do you obtain access from them? • Where does this negotiation take place? What platforms do you use? • How does this negotiation happen? • What does negotiation look like? • What are the most typical forms of negotiating? • How often does negotiation happen?

	<ul style="list-style-type: none"> • What are the day-to-day negotiations you do? • Who is it that negotiates? • What skill/profile do they have? • What is needed to negotiate? • What challenges/obstacles were faced when negotiating?
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Table 2: Example questions for interview

4. Context

4.1. The conflict in Afghanistan

The conflict in Afghanistan was complex due to several reasons. Primarily because it can be characterized both as a Civil War between internal groups within the country, as well as a war between states or proxy war due to the fact that it included the involvement of external powers such as the US and NATO. Firstly, as a Civil War, the conflict in Afghanistan was complicated due to the fact that it involved several non-state armed groups such as the Taliban (TB). TB consists of a large network that spreads across the country. Moreover, the TB network is loosely structured which make it complex and vague. Secondly, as a Civil War, the conflict in Afghanistan was characterized by a largely divided rural population that was split between either support of the Afghan regime and Western powers, or support of the TB or other ANSAs.

The civil war in Afghanistan has been ongoing for over 40 years. It can be identified as one of the most brutal conflicts of our time, and has led to high numbers of civilian losses, and a lack of development (BBC 2022; Médecins Sans Frontières 2022). In 2001, the US declared war in Afghanistan and invaded Kabul together with the Northern Alliance, overthrowing the TB regime and establishing a Western base in the country. In 2004, the TB started a guerrilla war against the Afghan regime close to the borders with Pakistan. Between 2007-2008, TB had already gained control in the Southern and Eastern parts of the country. After decades of war, the US withdrew their troops from Afghanistan in August 2021, resulting in TB again taking over Afghanistan. Today, Afghanistan is an Islamic Emirate under the rule of TB (FN-Sambandet 2022). Since the takeover in August 2021, the conflict dynamics that once existed in the war changed entirely. Thus, the thesis focuses on Afghanistan starting from 2001 and up until August 2021. Therefore, this part is limited to outlining the conflict up until August 2021.

4.1.1. Background Afghanistan

Demography

Afghanistan is located between central and South Asia, with a land area of 647,500 square kilometres. The state is administratively divided into 34 provinces and 398 districts¹. Figure 1 shows all 34 provinces of Afghanistan, including the capital cities of each province. The capital city of Afghanistan is Kabul, which is located within the eastern region (FN-Sambandet 2022). Kabul is the largest and most populated city in Afghanistan. However, most of the population is located in rural areas outside the city centres and live of farming and livestock (Strand and Johannessen 2021). Afghanistan is a multi-ethnic society consisting of numerous ethnic groups, mainly Pashtuns, Persians, Tajiks, Turkmens, Uzbeks, Hazaras, and other smaller groups with their own unique culture and identity. Figure 2 shows how ethnic groups are dispersed in Afghanistan. Among these ethnic groups, the Pashtuns make up approximately 45% of the population and consists of around 15 million people. Thus making it the largest portion of the population, and is also the ethnic group that has played the most significant role within the conflict. (Barth 2008, 12-15). Thus, the Pashtuns will be a key focus in this thesis. The main languages of Afghanistan are Pashto and Dari, and the main religion is Sunni Islam (Barth 2008, 13).

¹ The number of provinces and districts have changed at various times during the conflict. It is therefore difficult to establish exact numbers. This thesis uses an estimate of number of provinces and districts, which may not be representative to the whole period between 2001-2021.



Figure 1 Map showing 34 provinces of Afghanistan including indication of the capital of each province (Violina 2010).

The Pashtuns

The Pashtun ethnic group is dispersed across the whole of Afghanistan; however, the most concentrated populations of Pashtuns are

located in the Southeast region in provinces such as Khost, Paktia, and Paktika, the South West of Afghanistan such as Kandahar province, and Eastern Afghanistan around Jalalabad (Giustozzi 2009, 57). It is important to note that there are three Pashtun populations that stretch across 3 political zones, including outside of Afghanistan: 15 million within Afghanistan, 10-15 million living as assimilated ethnic minorities in Pakistan, and 5 million living within the Federally Administered Tribal Areas (FATA) which is located within Pakistan along the border with Afghanistan in the South and Southeast regions (Barth 2008, 12-15). The Pashtun population living in the FATA play a significant role in the conflict. The reason for this is that the area is largely unadministered and has been used as a base for ANSAs (Barth 2008, 77-82). This will be explained in more detail below. The Pashtuns are Muslims and speak their own unique language called Pashto. The most common practice of Islam among Pashtuns is strict Orthodox, which is one of the numerous reasons why TB resides strongly with them (Barth 2008, 23-27). Figure 2 which is an ethnic map of Afghanistan illustrates how the Pashtun population (marked in beige/brown) is dispersed across Afghanistan, and shows how it spills into Pakistan across the Durand Line which is the border between Afghanistan and Pakistan. (The Choices Program 2022).

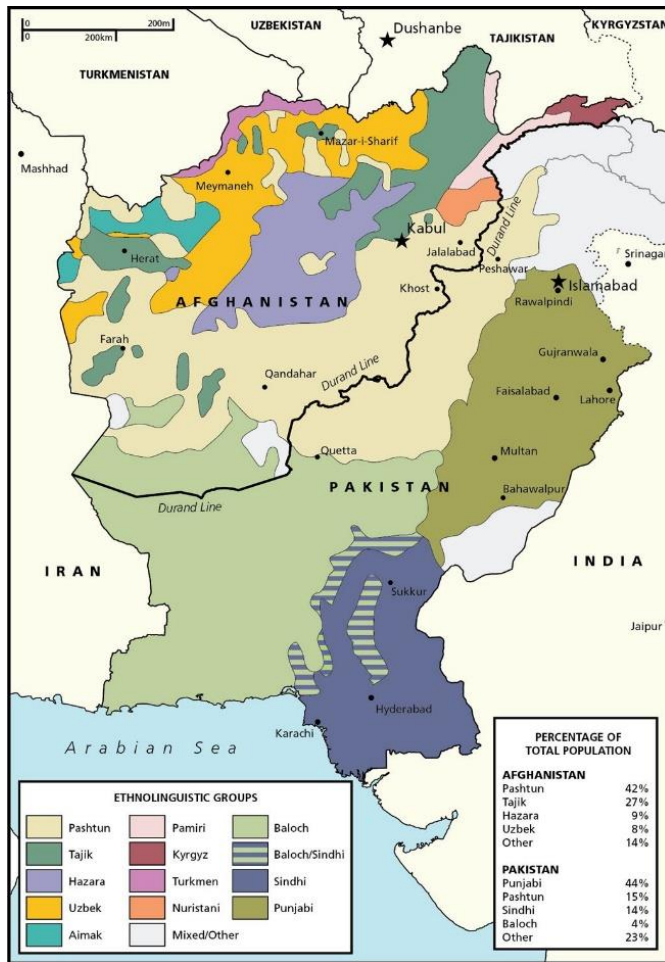


Figure 2: Map showing how ethnic groups are dispersed across Afghanistan and Pakistan (The Choices Program 2022).

Political system between 2001-2021

During 40 years of conflict, Afghanistan has had several regime changes. Each regime change will be outlined in detail in the next section. However, the time scope of this thesis is the regime between 2001-2021, known as “The Islamic Republic of Afghanistan”. The political system of the Islamic Republic of Afghanistan was established in 2001 as a result of the US invasion of Afghanistan in which the “Islamic Emirate of Afghanistan” (1996-2001) under TB was overthrown. After 5 years of

autocratic rule under TB, the US initiated a state-building mission with the purpose of building a democratic system in Afghanistan. The state that was established can be described as a highly centralised system in which all state power was concentrated in the hands of the few in the capital. The reason for this was that the newly established leadership interpreted the concept of democracy through the old regime under King Muhammad Zahir Shah (1933-1973). The regime under Zahir Shah was centralized in Kabul and constituted Afghanistan’s first experience with what they would understand as a democratic state (1964-1973). Additionally, the US wanted to maintain control of funds going into Afghanistan to avoid corruption, and thus favoured a more centralised system where this could be monitored (Murtazashvili Brick 2022, 43). In 2004, the constitutional council at the time, “Loya Jirga”, established an electoral law which used the single non-transferable vote (SNTV) system with provincial multimember constituencies instead of district multimember constituencies for the election of parliament members. The result of this was that districts were largely excluded from decision-making. Furthermore, in 2005, in the election of parliament

members to what became known as the “Wolesi Jirga” were prohibited to associate themselves with political parties, which removed democratic dimensions that could have further reinforced representation of civil society. Furthermore, the president held strong political power in the government as he could appoint ministers, including provincial and district level-officials (Murtazashvili Brick 2022, 43-44).

The first elected president of the Islamic Republic of Afghanistan was Hamid Karzai in 2004, who served as the president up until 2014 when Ashraf Ghani replaced him, who led the government up until the Taliban takeover in August 2021. Moreover, under the leadership of Karzai, many former warlords that fought Soviet troops between 1979 and 1989 known as Mujahideen commanders were chosen as provincial leaders with the purpose of increasing control of provinces. Mujahideen commanders had large networks in their own provinces. Thus, they managed to establish high control and accountability towards their districts. Moreover, this led to district leaders becoming more accountable towards provincial leaders rather than the central government in Kabul (Murtazashvili Brick 2022, 44). Secondly, the way that power is dispersed within Afghanistan is largely influenced by Afghanistan’s unique form of social organisation and culture. Local communities are usually under the control of family clans and tribal leaders. Thus, local power dynamics play a significant role in politics within the society as provincial leaders often have more accountability towards local leaders rather than to central leaders within Kabul (Barth 2008; Husum 1990; Strand and Johannessen 2021; Murtazashvili Brick 2022). This will be explained in more details below.

4.1.2. Broad conflict lines

Over 40 years of conflict has resulted in various regime changes and conflict phases in Afghanistan. This part gives a simplified recount of the history of the conflict with the purpose of identifying the key conflict dynamics beginning with the 1978 revolution but leaving out a violent past stretching back for centuries.

April revolution 1978

In 1978, a revolution arose among the students in Kabul known as the April revolution. The revolution was led by Nur Muhammod Taraki who recruited young soviet educated military

officers and was supported by the Soviet Union. The result was the murder of Daoud and the declaration of the Democratic Republic of Afghanistan (Barth 2008, 34). Through the support and advice of the Soviet Union, Taraki tried to create a socialist system in Afghanistan through school reforms, agricultural reforms, and economic development reforms. Students were sent to rural areas to compel village children to go to school, including young girls. As a result, tension grew among the Afghan people, especially Orthodox Muslims in rural areas. The result was an Islamic uprising of holy warriors known as the Mujahideen (Barth 2008, 35).

War with Soviet Union 1979-1989

The Mujahideen declared “*Jihad*” or Holy War on the Soviet Union 1979, resulting in Soviet Union sending troops on 27.12. Mujahideen called support from Islamic activists who had fled to Pakistan, as well as assistance from Pakistan, Saudi Arabia, Europe and the US (Barth 2008, 36). The result was a brutal guerrilla war largely taking place within rural villages, resulting in the flight of millions of women and children to Pakistan. Due to the nature of the war, the Soviet troops found it difficult to catch the Mujahideen soldiers in rural terrains and found it difficult to separate them from civilians. The result was the withdrawal of Soviet troops in 1989, after 10 years of warfare (Barth 2008, 37-38). At this point, the Afghan people were in a fragile state after 10 years of war (Mettelsiefen and Carrasco 2020). One of the consequences was a generation of young male Afghans growing up in refugee camps under poor circumstances for over a decade. As a result, conservative Islamic schools in Pakistan known as “*Madras*” had gathered the young boys and educated them in strong Orthodox Islamic faith. This resulted in a large Orthodox Islamic movement returning to Afghanistan after the war (Barth 2008, 39)

Civil war between warlords and rise of Taliban 1989-1996

After the Soviet troops left Afghanistan 1989, the Mujahideen seized control of Kabul. However, an internal conflict grew between them. One side of the Mujahideen, led by Gulbuddin Hekmatyar, who was a Pashtun wanted to establish a strict Islamic regime. Conversely, another segment led by Ahmed Shah Masoud who was a Tajik wanted a progressive state. This led to civil war breaking out in Kabul. The civil war led to more suffering for the people through increased starvation and abuse of women by military commanders and warlords (Mettelsiefen and Carrasco 2020). Most importantly, this led to one branch of the Mujahideen breaking out and forming what became

known as the Taliban (TB), with support from the many young refugees who had been in exile in Pakistan during the war (Barth 2008, 39). The population was severely fragile at this point, making them more open towards TB against the warlords. This led to TB seizing large parts of the country within two years (Mettelsiefen and Carrasco 2020).

The Islamic Emirate of Afghanistan 1996-2001

By 1996, TB had seized control of Afghanistan under the leadership of Mulla Omar. TB started by establishing a strong control of the population within rural areas of the Southern region especially among Pashtun societies, then the eastern parts around Khaibar, and then the city of Kabul. It is important to note that the Taliban leadership did not attempt to seize the government in Kabul (Barth 2008, 49-50). Moreover, the Taliban started to implement a strictly Orthodox Islamic system of rule in Afghanistan. Among other things, this included the implementation of Sharia Laws and rules specifically targeting women such as the ban of girls going to school, and women being prohibited from leaving their homes without a “*Mahram*: the company of a man (Barth 2008; Mettelsiefen and Carrasco 2020). A resistance movement against TB became known as the Northern Alliance (Barth 2008, 50).

Additionally, TB established an alliance with Al Qaida (AQ) under the rule of Osama Bin Laden, who fled from Iraq at the time and needed asylum. This was provided to him in Afghanistan through the alliance with TB. Bin Laden used rural areas in Afghanistan as training grounds for jihadist fighters. As a result of attacks on TB by the Northern Alliance, TB suffered heavy losses making them dependent on support from AQ (Barth 2008, 52-54). Furthermore, due to the strife between the US and AQ and the US labelling AQ as an international terrorist group, it gave leverage for the US to target TB. Thus, when the September 11 attacks happened, it gave the US a reason to invade Afghanistan (Barth 2008, 59-62; Mettelsiefen and Carrasco 2020).

US invasion 2001

In 2001, US invaded Afghanistan by sending troops and forming a coalition with the Northern Alliance. The US claimed the goal of the invasion was to hunt down Bin Laden who claimed responsibility for the 9/11 attacks and support the Northern alliance to rebuild Afghanistan as a democratic state. As an outcome, NATO formed a military mission in Afghanistan to support the

US invasion, which was known as the International Security Assistance Force (ISAF). At this point, the war in Afghanistan moved from being strictly internal to becoming international (Barth 2008, 61). The US fought the TB together with the Northern Alliance until the defeat of the TB in 2001. The US established a democracy in Afghanistan and held elections in Kabul, leading to the election of Hamid Karzai as president in 2004. The Karzai government was heavily influenced by US foreign experts which were influencing the rule in Kabul and the rest of Afghanistan, although the Western power knew little about the culture and society in Afghanistan (Barth 2008, 65-66).

Taliban comeback 2004

After the US captured Kabul in 2001, US and ISAF troops continued searching for Bin Laden and Mulla Omar within the rural areas. The troops were especially searching within the South and Southeast regions on either side of the Afghanistan-Pakistan border, where TB was rumoured to be. This included the FATA in Pakistan. The South and Southeast Afghanistan and FATA in Pakistan have a unique form of societal organization which makes it difficult to navigate (Barth 2008, 77-80). This will be explained in more detail in the next section about local conflict lines. However, it must be emphasised that the US and ISAF troops struggled to navigate these rural areas. Thus, the US and ISAF troops stirred dislike among the rural communities in Afghanistan as the troops struggled to differentiate between Taliban soldiers and civilians, often resulting in air strikes causing large numbers of civilian casualties (Barth 2008, 65-66).

Furthermore, the Western culture clashed strongly with the Afghan culture such as Pashtun customs as Western soldiers lacked honour and respect in the eyes of Afghans when they were drinking and partying, and often interrogating innocent men disrespected in front of their wives and children (Barth 2008, 76; Mettelsiefen and Carrasco 2020). Hence, this resulted in increased support for Taliban fighters among local communities. Besides, TB was using the dynamics of the rural areas for their own benefit by hiding among them. By 2004, the Taliban had recovered from the losses of their last defeat and gathered thousands of soldiers. Thus, they started a guerrilla war against the Afghan government, including the US and ISAF troops, which lasted up until the withdrawal of US troops and the Taliban takeover August 2021 (Barth 2008; Mettelsiefen and Carrasco 2020). The guerrilla war that lasted between 2006-2021 was mostly taking place within rural areas of

Afghanistan, which has resulted in local communities becoming the real losers of the war as most casualties of the war has been among civilians (Mettelsiefen and Carrasco 2020).

4.1.3. Local conflict lines – Pashtun society

As emphasised above, the Pashtuns make up the largest ethnic group within Afghanistan and have played the most significant role in the conflict. The reason for this is that the Pashtuns have been an important source for the tactics and strategies of warfare for the Taliban (TB) due to the unique local power dynamics that characterise the Pashtun form of social organisation. Using the local power dynamics, TB established a basis among the population and used the Pashtun communities to hide from US troops. This section will focus specifically on Pashtun culture and power dynamics to explain the local conflict lines.

Pashtun family tribe culture

As explained above, one of the main reasons why the Pashtuns have played a significant role within the conflict is because of the way that the group is organized in terms of how power is allocated, which can be described as largely decentralised and in constant motion. Moreover, the reason why power is allocated in this way is because of their cultural costumes (Barth 2008, 16). The Pashtuns are mostly farmers located in rural areas. Within rural areas, the Pashtuns live in large family clans, which makes family and tribe the main forms of political organization in Pashtun societies. The reason for this is that one cannot sell land to other than family tribe members, which assures that land is always dispersed among family-tribe members. Furthermore, land property can only be inherited by males from father to son, making the male the most important figure within a family tribe. However, although the family tribe is the most important form of social organization, it is also the main source of local conflict within Pashtun society. The reason for this is that a father often has more than one son, and he will allocate the land to the son who has built the strongest reputation for himself among the community, referred to within Pashtun culture as building the “strongest name” for himself. Thus, this creates a source of conflict within the family tribe as it creates competition between family tribe members (Barth 2008, 16-18). Moreover, building a name for oneself entails negotiating with other family tribe members or members of the community as a whole to form alliances to protect themselves from other family tribe members (Barth 2008, 16-18). Hence, this culture forces individuals within a family tribe to navigate the community through

being his own social entrepreneur (Husum 1990, 23-26). This results in the dispersion of power in constant motion and ever shifting depending on the actions of individuals in forming alliances.

Conflict in community as a whole

It can be argued that the unique characteristics of the Pashtun way of dispersing power within family tribes has an influence on the social organization and conflict dynamics within communities as a whole. The reason for this is that Pashto form of social organization cannot be described as something institutionalised or structured. Contrarily, it is an organization constantly in motion depending on the ever-changing power dynamics that exists within these tribes. Thus, this results in a largely decentralized societal structure consisting of networks of farmers, family members, and leaders that are dependent on each other to be protected from other groups (Barth 2008, 16-20). Furthermore, these networks of alliances continue to change and reshape based on context. Thus, instead of being structured as a hierarchy with a central power protecting the rights of the individual, the Pashto society contrarily is structured in a decentralized manner based on the ability to form alliances for protection. A result of this is that it is very difficult to navigate.

The role of the community Shura

As highlighted above, the Pashtun social organisation is very unstructured, and protection of individuals is largely dependent clan' ability to form alliances with each other. There is a lack of central structures and political institutions to guide and protect individuals in the society. However, within Afghan culture there exists an institution known as "Shura". A Shura can be described as a "gathering platform" in which family tribe leaders gather to deal with conflicts regarding power dispersion that occurs within the community. However, to understand its function, a negative definition of the term must be used. The Shura is not a council, assembly, or any other institution that could be described as a political body. The reason for this is that it does not have internal political unity. Individuals participating in the Shura represent themselves or their leader, thus there is no political ideology that binds them. Furthermore, the Shura does not have external political unity as the decisions that are made are not within the responsibility of the Shura to implement, but rather the individuals they concern. Moreover, the Shura reaches decision through presenting the conflict, and allowing all those who is a part in the conflict attend and have a say in the resolution. Moreover, a resolution is based on agreement between the parts that are touched by the conflict.

But, lobbying with other parts is allowed and may be used to build stronger alliances and shape the outcome of the decisions (Husum 1990, 15-16). Some of the customs and values of the Shura include the fact that everybody can participate but it is not compulsory. Furthermore, a decision cannot be passed if the main parties of the conflict who have something to lose are not present and the decision deliberately affect them negatively. What is significant about the Shura is that it cannot be understood as a political institution as there is no obligation to attend, and there is no obligation that what is decided will be implemented. However, what is important to note about the Shura in terms of social organisation of Afghan people is that it forms a gathering platform for leaders to discuss and solve conflicts, and that it does not have legitimacy based on political law or constitution, but rather legitimacy based on respect and autonomy of the individual. Thus, although the Shura cannot monitor the decisions, it is within the Pashtun culture that decisions of the Shura are respected by all members as members as a whole construct a political pressure on each party. However, decisions made by the Shura could be imposed on individuals through members who have influence within the territory due to military power, which will be explained in the next section of the thesis (Husum 1990, 16; Barth 2008, 74-76).

Social organization and conflict dynamics

Due to the decentralized and ever changing dynamics of the Pashtun social structure, it is easy for ANSAs to penetrate, and contrarily difficult for external parties such as military forces or humanitarian actors to navigate (Barth 2008, 21-22). Thus, as a result of this, it is not possible to make negotiations with Pashtun people at the macro-level as dispersion of power is so decentralised that the decisions made at a top level, for instance with provincial leaders, will not apply to the local context. Instead, negotiations need to be done at the micro-level starting with reaching agreements with local powerholders at the lowest possible level within a specific context, and then negotiate from there to build more alliances with other members of the community. The reason for this is that it assures that agreements made are understood at the local level, which ensures its validity. Furthermore, this form of organization has a higher probability of being valid and accepted by communities as it is a method of negotiating that is familiar with the culture (Barth 2008, 74-76).

4.2. The conflict in the Southeast region

This section aims to outline what distinguishes the Southeast region, and what local conflicts have existed in this region between 2001-2021.

4.2.1. Background of the Southeast region

Demography

The Southeast region of Afghanistan consists of the following four provinces as emphasised in the map below (Figure 3): Ghazni, Khost, Paktia, and Paktika (BMC Public Health 2016). They are located on the Southeast border with Pakistan, which can be observed on the map Figure 2 presented earlier. The significance of this particular border, known as the “Durand Line”, is firstly that it crosses into an area known as the Federally Administrated Tribal Area (FATA) which is largely an un administrated society in which tribes and communities are semiautonomous and dispersion of power decentralised. Secondly, the Durand Line is a political construction drawn by the British in 1893 to separate the two political spheres of Afghanistan and Pakistan, and thus is not a natural border which means that the communities within this area are largely blended and have similar characteristics. Thirdly, as indicated by the map (Figure 2), the population in the FATA is largely Pashtun. Thus, the area located around the border between Afghanistan and Pakistan, which includes the Southeast region of Afghanistan can be described as a society characterised by the same features and thus it is very difficult to separate between them. Moreover, the FATA area plays a significant role in the conflict as it has been strategically used by ANSAs such as TB to hide and train guerrilla soldiers for three reasons: Firstly, because it is politically located outside the sphere of influence of Afghanistan and thus could not be reached by US and NATO soldiers. Secondly, the decentralised nature of the society made it easy to build networks to hide among these communities, and thirdly because it lies close to the TB’s main bases located inside Pakistan in Peshawar and Quetta (Barth 2008, 77-82) . This will be explained in more detail below. Furthermore, the Southeast region lies close to Kabul in the South region and there are many roads that lead from the provinces in the Southeast region into Kabul. Thus, this makes the Southeast region play a significant role in the conflict (Giustozzi 2009, 57).

The Southeast region consists of the Ghazni province, and the so called “Loya Paktia” which is the common term used to refer to the Khost, Paktia, and Paktika provinces. The reason for this distinction is because Ghazni and Loya Paktia have some different cultural characteristics which has an influence on the conflict dynamics. The Paktia, Khost and Paktika provinces historically share a common family tribe root, and thus share similar cultures and conflict dynamics. Because of this, Loya Paktia has been influenced by the dominance of one particular ANSA: the Haqqani network, which will be explained below (Giustozzi 2009, 59). Moreover, the Ghazni province can be distinguished from Loya Paktia as it has some different characteristics. Firstly, Ghazni is located in the North of the Southeast region and is the province closest to Kabul. Secondly, the major ethnic groups of Ghazni have been both Pashtuns in the south of the province, and Hazaras in the North. Thirdly, the TB has been the more prominent ANSA in this province, which will be explained in more detail in the next section.

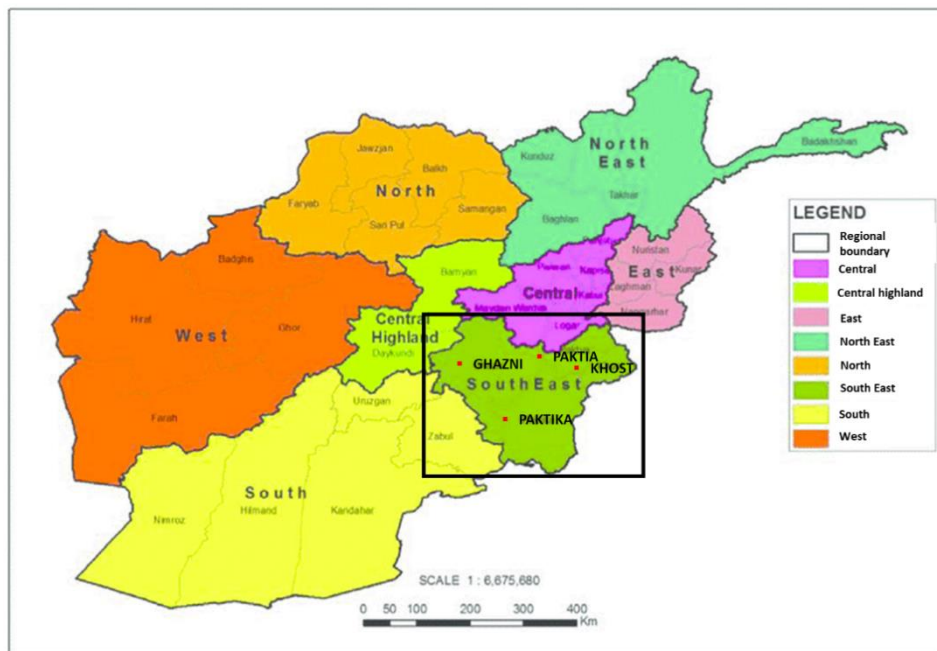


Figure 3 Map showing regional division of Afghanistan, specifically highlighting the location of the Southeast region which includes the following provinces: Ghazni, Paktia, Khost, and Paktika (BMC Public Health 2016).

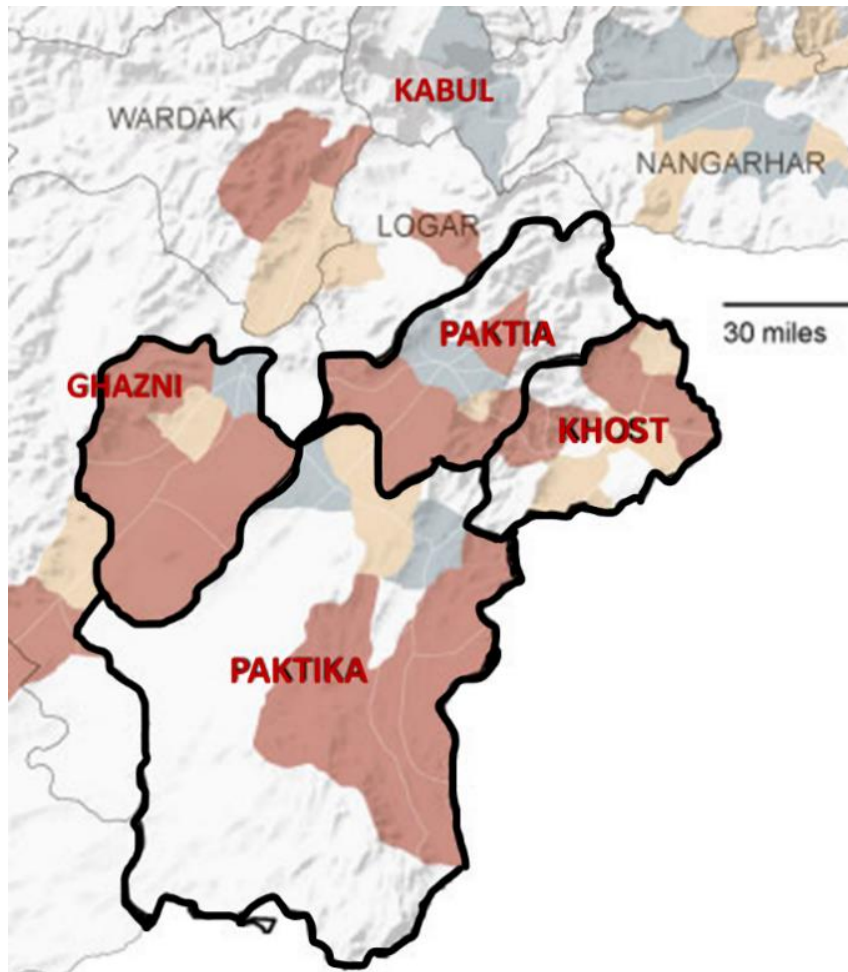


Figure 4 Map showing Ghazni, Khost, Paktia, and Paktika provinces marked with bold borders (Fairfield 2010).

Major ethnic groups

As illustrated in the map of ethnic groups in figure 2, the most dominant ethnic group in the Southeast region is the Pashtun population. The Pashtun population has played a significant role in the conflict, both because TB started among the Pashtuns and is a Pashtun movement, and because it has been infiltrated by ANSAs. Thus, this makes the Southeast region interesting because it contains the largest Pashtun population that lies closest to Kabul, but also because it is located strategically between Kabul and the FATA region, in which the Pashtun population is blended between Afghanistan and Pakistan (Giustozzi 2009, 57).

Furthermore, as illustrated in the map of ethnic groups in figure 2, another ethnic group that is dominant within the Southeast region are the Hazaras. The Hazaras are the dominant ethnic group

in the Northern part of the Southeast region, specifically in the North of the Ghazni province (The Choices Program 2022). Areas occupied by Hazara people have often been contested by confrontation with ANSAs, and thus play a significant role in the conflict in the Southeast region.

4.2.2. Conflict in the Southeast region

General conflict dynamics

In a general sense the conflict in the Southeast region between 2001-2021 has been characterised by ongoing armed clashes between the government led Afghan National Security Forces (ANSF), western led forces including the US and ISAF against Armed Non-State Groups (ANSAs). The armed clashes or Afghan insurgency started in the spring of 2003 and has in general terms revolved around the efforts of both sides to increase own operational spaces and sphere of influence. More precisely, the ANSAs have attempted to diminish the operational space and sphere of influence of the government and coalition forces. This was done by the ANSAs by firstly targeting government personnel and infrastructure, and secondly by creating fear in communities through violence against civilians who were pro-government (Giustozzi 2009, 89-94). For this reason, it can be argued that the conflict in Afghanistan cannot necessarily be classified as conflict revolving around ideology in the broader sense, but rather a conflict about shifting power dynamics that happen at a local level. The conflict dynamics revolve around family, tribes and communities forming alliances with each other and the ANSAs to protect themselves in the conflict (Barth 2008, 21-22).

ANSAs in the Southeast region

There are some differences with regard to the ANSAs that have had influence in each province. The Ghazni province has mainly been influenced by the Taliban (TB) linked to the leadership in Quetta Pakistan, and the Hizb-I Islami group under Gulbuddin Hekmatyar (HIG). The ANSAs that have been present in the Loya Paktia area (Paktia, Khost, and Paktika) are as follows: TB, the Haqqani-network (HQN), the Mansur network (MN), and the HIG. They will be explained in the next section.

It must be emphasised that the TB is the most influential ANSA within the country in general. The original power base of TB was in the Kandahar province in the South province. However, the TB spread into the rest of Afghanistan including Pakistan in the FATA and was organized in a

hierarchy consisting of leaders at a strategic-level, operational-level, and tactical-level. Firstly, the highest level of the Taliban is known as the “Taliban Leadership Council” which consists of the main leader Mulla Omar and the top ranked leaders. They were in exile in Quetta Pakistan and provided political guidance to the insurgency. Secondly, TB had a total of four main operational councils subordinate to the leadership council. They refer to them as “Shuras” and are as follows: The “Quetta Shura” located in Quetta Pakistan who worked towards the Kandahar insurgency and areas west of Herat, the “Peshawar Shura” located in Peshawar Pakistan focused on the insurgency in Eastern Afghanistan, and lastly a separate Shura for the North and North East of Afghanistan (Giustozzi 2009, 61). The purpose of these operational centres is to give ideological and spiritual guidance to the insurgency.

However, it can be argued that ANSAs who work on the ground in the provinces and districts did not have much contact with the top leaders, but rather followed the rules of their local commanders. *“(...) the different insurgent groups are only under a “certain degree of central Leadership.” “Exactly how big this certain degree is remains uncertain. The background for this uncertainty is that Taliban structures in general remain extremely secretive and elusive (Giustozzi 2009, 61).”* Due to the decentralized nature of the insurgency, TB managed to extend its influence into the country through alliances with local ANSAs within these regions. In the Southeast region the Taliban had formed alliances with Southeast based ANSAs: the HQN and the MN. These can be understood as groups that had a large influence within their territory due to reasons such as large networks, political influence through links to provincial leaders, economics influence due to drug-trading, or possession of weapons. These factors made them powerful actors within the territory, and thus can be understood as “Warlords”. Although the HQN and MN are separate from TB they must be understood as related to each other through a wider interlinked web and similar political goals. Thus, it is difficult to distinguish between them without considering local context. *“Two insurgencies definitely talk, have a common cause, coordinate at the strategic and operational level. They’ve kind of broken the country up and operate in one area and the other operate in a different area. (Giustozzi 2009, 60)”*

Thus, due to the decentralised nature of the ANSAs, it can be argued that it was difficult to understand who is in charge. In general; the ANSAs that operated on the tactical level in the

Southeast region usually consisted of many smaller armed groups with local commanders (Giustozzi 2009, 59). These smaller ANSAs form as a result of local power dynamics caused by demands from warlords and the need to protect oneself and one's own tribe. Groups would organize for protection and obey the orders of the most influential commander. Thus, the actual power broker is distanced from the activities on the ground. The ANSAs were the only actor humanitarian workers met on a day-to-day basis. However, it is challenging for humanitarian actors to identify the actual power brokers. It can generally be argued that the ANSAs have mostly been in control of rural areas within each province, except for some key districts that was liberated and controlled by the Afghan government. Moreover, central areas within each province and some key districts have generally been in control of the Afghan government.

Ghazni province

As mentioned above, the Ghazni province has been mainly dominated by the TB under the Quetta Shura. The TB had significant presence in Ghazni province after the defeat 2001, specifically developing bases in the Andar district while recovering. However, by 2003 they were already mobilizing and started the insurgency against the government and coalition forces in 2004 (Giustozzi 2009, 107-110). Moreover, the TB intimidated the population by killing civilians who were pro-government, and introducing taxes, hide Taliban soldiers, or torturing those who would reveal their position or information about them to the ANSF. Also, the Taliban significantly appointed village elders within communities to function as representatives of the community to TB. By 2006, the Taliban had regained control of most of the districts within Ghazni province, except for the district capital Ghazni city. Ghazni city has symbolically been under the control of the government since 2001 (Giustozzi 2009, 110-112). In 2007, the TB were the source of increased threats towards aid workers, sabotage, abductions and assassinations, and threats to whoever took jobs within NGOs. Thus, it can be argued that the Ghazni province was one of the most violent provinces at this time (Giustozzi 2009, 113-115).

Loya Paktia (Paktia, Khost, and Paktika)

The TB in Loya Paktia can be classified in two main categories: Firstly, the TB groups receiving direct orders from the TB leadership council in Quetta, and the TB groups led by independent commanders. Furthermore, the most influential ANSA in the Southeast region was the HQN. The

HQN had its most significant presence within Paktia, Paktika, and Khost, which also was the only area in Afghanistan they were present at the time. The HQN is distinct from the TB. However, it must be highlighted that it is often difficult to separate between them as they cooperate and form alliances with each other. The reason for this is that the HQN benefit from being linked to the TB as the most influential ANSA, and furthermore because TB benefits from the HQN presence within Loya Paktia (Giustozzi 2009, 62-77). The HQN started establishing a foothold in the Paktia province in 2003, and further became present in the Zurmat district in Paktika, and at Paktika and Khost's borders with Pakistan in the beginning of the conflict. In 2008, people working for NGO's and UN personnel had to flee with their families as the situation was deteriorating (Giustozzi 2009, 69). The MN was a small ANSA which has operated in North-eastern Ghazni and in Paktia, with a large presence in the Zurmat district. The MN was comparable to the HQN as they were in alliance with the Taliban and were only present in the Southeast region of Afghanistan at the time. Another similarity between the HQN and MN is that they operated in small armed groups and were reliant on tribal networks in the area (Giustozzi 2009, 78-83). Furthermore, the HIG was also active in the Southeast region, largely in the Loya Paktia area. The HIG was originally an anti-Soviet group in the Mujahedeen forces fighting the Soviet Union during the war 1979-89. The group, a branch of the Hezb-Islami (Islam-Party), was led by- and named after Gulbuddin Hekmatyar. This group operated largely separately from the other groups. However, they have had associations with the larger network of ANSAs.

4.3. Description of the three humanitarian actors

4.3.1. Description: The NAC

The Norwegian Afghanistan Committee (NAC) is a small International non-governmental organization (INGO) that works with the implementation of development aid and emergency humanitarian assistance in Afghanistan (Devex 2022; Norwegian Afghanistan Committee 2019). The NAC was initially established in Norway in 1979, and has had a continuous presence in Afghanistan for over 40 years (Devex 2022). Due to the changing political dynamics of the conflict in Afghanistan and challenges in collecting funds, the NAC has had to juggle between being a public voice advocating against human rights abuses in Afghanistan, and implementation of

development aid on the ground. Today, the organization does both. (Norwegian Afghanistan Committee 2022c).

The NAC receives funding from several donors. This includes larger institutions: Norwegian Governing Institutions such as NORAD, The UN, and other international organizations, as well as smaller instances such as members, individual monthly donors, small organizations, Universities, Research Institutions, and private cooperations. The NAC deliver assistance to people in need through humanitarian values that generally agree with the principles of Neutrality, impartiality, and independence. However, to remain independent, they attempt to reduce dependence on specific donors (Norwegian Afghanistan Committee 2022f).

Organisational Structure

The NAC has had roughly 200-800 employees in the field during the past 10 years, which makes it a fairly small INGO. Employees including international staff and a majority of Afghan staff, as well as local volunteer groups, working together to implement activities and programs on the ground in close contact with the local community (Norwegian Afghanistan Committee 2022f). The NAC works with several actors on different levels of Afghan society to coordinate activities and programs, including Afghan government ministries at a national and provincial level, other local NGO's or humanitarian actors, and local community leaders. As explained by an interviewee, this is necessary to understand what is needed, where the need is, and what needs are already met by other humanitarian actors to complement rather than duplicate them. However, it must be highlighted that the NAC acts independently of Afghan state institutions as they are not receiving funds from them, and thus can choose whether programs and activities are in line with organizational values and principles and strategic directions. Furthermore, the NAC works closely with the local community during all stages of implementation of both development aid and emergency humanitarian assistance. This assures the development of local capacity, local ownership, and accountability to programs. This is done through active communication and negotiation with the community elders within a district through Shuras, which the interviewees referred to as: "Community Development Council" (CDC).

Humanitarian Scope in the field:

Although the NAC is first and foremost a development aid organization, their programs and activities are also structured to meet emergency humanitarian needs and can thus also be categorized as an emergency humanitarian assistance organization. The NAC's goal is to combine the goal of reducing emergency needs among rural and hard to reach communities, while simultaneously working with the sustainability and long-term effects of these programs and activities on the communities (Norwegian Afghanistan Committee 2022g, 2020). Areas of work within the scope of development aid includes the following: Health, education, natural resource-management, and conflict management. Areas of work within the scope of emergency humanitarian assistance includes the following: ad hoc emergency humanitarian aid such as the distribution of food and non-food items (Norwegian Afghanistan Committee 2022g). The organization has had programs and activities in several locations within Afghanistan. This has significantly included the Ghazni, Paktia and Khost provinces in the Southeast. However, type of activities, shape of activity, and level of activity in these province has varied over the years depending on context (Humanitarian Data Exchange 2022; Norwegian Afghanistan Committee 2022g)

Development aid:

1.Health: The main development activities and programs within health are related to the support of education and training of healthcare workers in Afghanistan, with the purpose of strengthening existing public and private institutions of health sciences. The NAC supports the education and training of midwives, nurses, medical lab-technicians, pharmacists, and physiotherapists. Among others, NAC works with institutions of health sciences in Gardez which is the capital of the Paktia province, established in 2018. Additionally, a school campus was established in Khost in 2019 as a subdivision of the Gardez institution, with the purpose of encouraging decentralization of healthcare institutions to reach rural communities. Furthermore, the NAC are also working with the training of nurses in dialogue and conflict transformation, which will be explained below. Furthermore, in 2019 the NAC started contributing to the establishment of physiotherapy healthcare for people with disabilities in Afghanistan by supporting three institutions education and training physiotherapists, among others in Gardez and Khost. Lastly, the NAC are contributing to

the increase of capacity of pharmacy and laboratory technicians by supporting the Gardez colleague reaching out to Ghazni, Khost, Paktia, and Paktika (Norwegian Afghanistan Committee 2022b).

2. Education: The NAC works with building and strengthening the capacity of existing public-school institutions from pre-primary to tertiary levels, increase diversity in the school sector, and change attitudes towards education, especially among teachers and educators in rural and hard to reach areas in different provinces of Afghanistan, including Ghazni. This is done by working with teachers, students, and also the building and renovation of school facilities. The NAC strengthens the capacity of teachers by for instance teaching them about the importance of diversity and changing their attitudes towards education. Furthermore, the NAC builds, renovates, and maintains school facilities, including assuring that there is proper access to safe drinking water. (Norwegian Afghanistan Committee 2022h).

3. Agriculture and environment: The NAC works on programmes and activities related to increasing food security, supporting natural resource management, and encouraging environmental protection in different parts of Afghanistan, including Ghazni. Firstly, the NAC increases food security by supporting access to sufficient safe and nutritious food for local communities in rural areas by improving access to already existing food sources as well as introducing new food sources. For instance, farmers are trained on crops familiar to them are grown in the best way such as for instance potatoes and wheat. Furthermore, the NAC contributes to reducing natural disasters such as landslides that could be caused by deforestation. The NAC does this by planting trees and raising community awareness of the dangers of deforestation. Furthermore, risk of natural disasters are also reduced by managing flow of water down mountain sides which could reduce risk of floods and mudslides, and increase availability of water for farming (Norwegian Afghanistan Committee 2022e).

4. Dialogue and conflict management: The NAC strengthens the capacity of communities in conflict management by facilitating workshops in dialogue and conflict management. This is done by training local volunteers to be facilitators of conflict management workshops, which is then held for different groups within the communities such as teachers, religious leaders, or community elders and tribe leaders who participate in Shuras. Due to high conflict levels both among members

of communities and among family tribe members as a result of the war, there is a need to build capacity of dialogue and conflict management within communities to better solve conflicts. Furthermore, local healthcare workers are also trained in conflict management. The reason for this is that healthcare workers often have to navigate areas of high conflict when reaching out to patients within rural areas. Thus, it is essential that they are provided with the interpersonal tools to do so effectively. (Norwegian Afghanistan Committee 2022a).

Emergency humanitarian assistance:

1. Distribution of food and non-food supplies The NAC works with the distribution of food and other essential supplies to vulnerable people in communities affected by emergency humanitarian crises such as armed conflict or natural disaster like droughts or flooding. When communities are unable to assure food security through agricultural production as a result of humanitarian crises, the NAC will distribute food items and other materials unconditionally to these communities. Distribution of supply items may include the distribution of fertilization seeds to farmers to increase yields. These projects are usually funded by-and in cooperation with the World Food Programme (WFP) (Norwegian Afghanistan Committee 2022d, 2020, 2000).

2. Food for work: As mentioned above, the NAC combines emergency humanitarian assistance with development aid. Among others, this is done through a program known as “Food for Work”. Food for work aims to implement long-term programs and activities presented above on agriculture and environmental protection through directly employing people from the communities to build these infrastructures. In return, community members receive food and other emergency supplies. Programs may last between 3, 6, or 9-month. Programs may include building irrigation channels to supply land and avoid flooding, planting seeds to increase yields, building water dams, protecting land from erosion, or building roads. Program are funded by-and done in cooperation with WFP (Norwegian Afghanistan Committee 2000, 2022e, 2022d, 2020).

4.3.2. Description: The ICRC

The International Committee of the Red Cross (ICRC) is an international humanitarian actor known for its wide presence around the world giving emergency humanitarian assistance to civilians in need within countries affected by armed conflict. The ICRC is a part of the world's largest humanitarian network, known as the International Red Cross and Red Crescent Movement (RCRC Movement). The RCRC Movement is an umbrella-term for three separate components: *The International Committee of the red Cross (ICRC)*, *the International Federation of the Red Cross and Red Crescent societies (IFRC)*, and *the Red Cross Red Crescent National Societies (NS(s))* of which there are currently 194 around the world (International Committee of the Red Cross 2022). The ICRC is the main focus of this thesis as it is the component of the Movement that works with delivering humanitarian services in conflict zones. The ICRC was established by the Movement in 1863 to function specifically as the Movement's first response to provide emergency humanitarian assistance to civilians affected by armed conflict (International Committee of the Red Cross 2009, 4; Harroff-Travel 2006, 1-2; Slim 2019).

The majority of programs and activities implemented by the ICRC are auxiliary to already existing structures within society either administrated by the government, National Societies, or local actors and implementers. Thus, the ICRC can neither be characterised as an intergovernmental organization, nor an INGO. The ICRC has a special status within any country in conflict due to the mandate it has been given through IHL, which will be expanded upon below (International Committee of the Red Cross 2022; Harroff-Travel 2006, 2-4; Rousseau and Pende 2019, 257). The ICRC humanitarian operations are funded primarily by government authorities and supranational organizations such as the EU (IFRC 2022).

Organisational Structure

The ICRC is part of the RCRC Movement which consists of three separate components: ICRC, IFRC and NS(s). Although each component operates as separate entities, they work towards a common humanitarian mission, and follow the same principles and values which are the 7 fundamental principles, and they are all protected through IHL stated in the Geneva Conventions (International Committee of the Red Cross 2009, 8-10). However, each component fulfils different

roles within a humanitarian crisis to complement each other. The way in which each component(s) operates together within a humanitarian crisis depends on pre-given roles known as the “lead agency”. The ICRC is the lead agency within humanitarian crisis caused by conflict. Secondly, the IFRC has a corresponding role in humanitarian crisis caused by natural disaster. However, this is determined by the context in which they work. For instance, the capacity of the already existing components of the Movement within the country in question, and also the context on the ground. In the context of Afghanistan, the main components are the ICRC and the NS in Afghanistan, known as the Afghan Red Crescent Society (ARCS), which will be explained next.

The role of NSs

There are 194 National Societies (NSs) of the Movement spread around the world, including ARCS in Afghanistan. The NSs always works together with the government as an auxiliary supporting the government in areas concerning humanitarian needs in which it is unable to reach. Thus, a NS works with communities within its own country by being present in districts and local units, supporting already existing infrastructures as well as leading their own. The programmes and activities implemented by NSs varies depending on context. However, types of programs and activities may be distinguished as to whether there is an active humanitarian crisis or not. If there is an active conflict, the NS is obliged to work with promoting the 7 fundamental principles, disaster response, disaster preparedness, and strengthening healthcare in communities. NS are usually funded by government bodies, but also receive funding from public and private entities.

The role of the ICRC

The main purpose of the ICRC is to provide assistance to civilians affected by conflicts, and to promote IHL (International Committee of the Red Cross 2009, 4). The reason why the ICRC was created was that it could be observed that NSs are incapable of retaining a certain degree of independence from governments within countries affected by internal conflict (International Committee of the Red Cross 2009, 3). Thus, the ICRC functions as the intermediate party that communicates with all parties in the conflict. Likewise with the rest of the Movement, the ICRC works with implementation of programs and activities both on its own, and together with the government as an auxiliary actor supporting the government within areas related to civilians affected by conflict that it is unable to fulfil alone. The ICRC is present in over 80 countries across

the world, and its headquarters is located in Geneva, Switzerland. The ICRC has over 12,000 employees, of which 800 work at the headquarters (IFRC 2022).

Cooperation with Stakeholders

The main purpose of the Movement as a whole is to function as an auxiliary to the government, with the purpose of meeting humanitarian needs of civilians when the government is unable to do so alone. Thus, the ICRC's role is first and foremost supporting existing NS within the country in question, or the government itself to meet the needs of civilians affected by armed conflict. Hence, the majority of programs and activities implemented by the ICRC are auxiliary or complementary to already existing structures within society either administrated by the government, National Societies, or local actors and implementers.

The ICRC has different ways of interacting with the NS and the government within a country in conflict depending on the context. More specifically, the ICRC may adopt different forms of working with actors within a particular country depending on the dynamics of the conflict itself, the capacity of the existing ICRC structures within that country, and the capacity of the existing NS within that country. For instance, the ICRC may adapt a bilateral approach, which means that it works directly with the government, or it may adapt a multilateral approach, which means that it works through the existing NS which then works with the government to implement activities. Furthermore, the ICRC may implement its own programs and activities without going through the NS or government. However, the approach is selected according to the most efficient way of reaching vulnerable people. Furthermore, the type of programs and activities implemented by the ICRC also depend on context. It is important to note that the NS will always be the lead agency's primary partner in mind. (IFRC 2022).

Although the key stakeholder of the ICRC is the government, it must be emphasised that it works independently of government interests. The ICRC and the rest of the RCRC Movement are protected by IHL which were established by the Geneva conventions of 1949 signed by all countries in the world. This means that states who have signed the treaty are obliged to adhere to the rules of IHL within the context of war, conflicts, or other situations of violence. The IHL grants the ICRC special legal status as a diplomatic actor to be allowed to work with the protection and

assistance of civilians affected by conflict (Rousseau and Pende 2019, 257). Thus, the ICRC have certain privileges such as diplomatic passes and immunity from certain legal processes, and most importantly independence from government control (IFRC 2022). However, the IHL is strictly legal and not always functional in all contexts. The IHL only formally binds established state actors who have signed the Geneva Conventions. Thus, armed non-state actors are not legally bounded by this and not necessarily informed of its implications due to the chaotic nature of civil war and lack of establishment of key parties to the conflict such as ANSAs (Rousseau and Pende 2019, 255-259).

Humanitarian scope in the field:

The ICRC's main humanitarian scope is emergency humanitarian assistance, and can be summarised into five main programs and activities: Monitoring of the conditions of detention of prisoners of war, the distribution of relief supplies, the provision of medical care to the sick and wounded, the reunification family members separated by war (Harroff-Travel 2006, 1). In context of Afghanistan, the ICRC have implemented programs and activities in large parts of the country: 34 provinces in over 124 locations². The ICRC have combined both bilateral programs with the government, multilateral programs with ARCS, and also on its own. Most programs and activities are related to emergency humanitarian assistance, particularly secondary healthcare. However, this may be combined with development assistance as programs and activities may involve strengthening existing health centres.

1. Protection of Detainees: Detainees that are captured by governments and armed groups within war and conflict is a vulnerable group subjected to the breaking of IHL. The ICRC visit detainees held in prisons or detentions to provide medical assistance, restoring contact with families, and improving conditions of prisons according to national laws. ICRC delegates are granted permission to visit detainees at any time through IHL. This is done by submitting a standard conditions form, which assures them the right to for instance interview detainees without the presence of a witness, and to repeat visits (IFRC 2022).

² Due to new data protection regulations in 2015, all data on ICRC's humanitarian presence in Afghanistan is no longer available to the public. The only existing data is one dataset from 2015 (Humanitarian Data Exchange 2022).

1. Restoring family links: The ICRC restores family links within areas of armed conflict or by collecting information from families about missing persons such as displaced people or detainees. This is done through the “ICRC Central Tracing Agency” which is a worldwide network storing information about the missing individuals and their families (IFRC 2022).

2. Health services The ICRC work with activities related to making health services available to civilians affected by conflict and situation of violence. This may include primary health, secondary health, physical rehabilitation, and health care in prisons. Such programs and activities both include activities implemented directly in the communities and ran by the ICRC such as for instance ward hospitals, or they may be implemented through local partners such as government or local NGO led health infrastructures such as local hospitals. Programs and activities may include increasing local capacity by training local medical staff, assist with the building and rehabilitation of hospital structures, and distribute supplies of medicine and medical equipment(IFRC 2022).

3. Water and sanitation

The ICRC works with giving affected populations access to clean drinking water and ensure the protection of people from water hazards such as collapse of water and habitation system. Programs may involve staff traveling to communities to do ad hoc activities such as building wells or other water systems, and the purification and distribution of water for drinking in communities where it is needed (IFRC 2022).

4. Distribution of relief supplies

The ICRC distributes relief supplies which may include distributing food-and other necessary non-food supplies for vulnerable people where needed.

5. Dissemination of IHL

The ICRC work with promotion of IHL by communicating with those in control of faith of civilians with the purpose of disseminating information regarding their responsibility according to IHL. For instance, negotiating with two parts to assure healthcare workers are not targeted when transporting patients across contested areas (IFRC 2022).

4.3.3. Description: The MSF

Mèdecins Sans Frontières (MSF), also known in English as “Doctors Without Borders” is an International Non-Governmental Organization (INGO) that works with emergency humanitarian assistance, mostly in the form of medical assistance to civilians affected by conflict, epidemics, disasters, or exclusion from healthcare systems (Mèdecins Sans Frontières 2022d). The MSF was initially established in 1971 as a breakout organization from the ICRC, by a group of French doctors and journalists who disagreed with the ICRC not speaking out towards government’s human rights violations during conflicts (Mèdecins Sans Frontières 2022d; Roedde 2013). Thus, the main difference between the MSF and the ICRC is that MSF combines emergency humanitarian assistance with speaking out against human rights violations. The MSF follows the same humanitarian principles as the ICRC, mainly impartiality, neutrality, and independence. However, the MSF has grown into a humanitarian actor with distinct characteristics that differs vastly from the ICRC. The MSF is currently working with the delivery of humanitarian assistance in over 80 humanitarian crises around the world. The organization is funded by a range of different private organisations and actors (Mèdecins Sans Frontières 2022d).

Organisational Structure

The MSF is governed by 25 MSF Associations around the world, consisting of members that are former field doctors and medical professionals. (Mèdecins Sans Frontières 2022d). The MSF programs and activities are run by the 5 MSF Operational Centres (OC) that are in charge of operationalisation and implementation of humanitarian assistance in the field. The OCs are based in Barcelona, Brussels, Geneva, Paris, and Amsterdam. Additionally, each of the 25 Associations are linked to one of the 5 OCs (Mèdecins Sans Frontières 2022c). The five OCs are the most important components with regard to operations in the field. The five OCs together with their related associations are all part of the MSF Movement. However, in practice each OC works mostly separately from each other. The reason is that with time, they have become specialised in certain fields in the delivery of humanitarian services. Thus, in the event of an emergency humanitarian crises, the specialists or clusters within the MSF Movement can be mobilised rapidly as they are under the same coordination. However, the way in which the five OCs choose to work together depends on context. For instance, some contexts may require that OCs work in a more unified manner. Two examples of this are Afghanistan and Somalia. The contexts of Afghanistan

and Somalia are complicated due to conflict dynamics. Thus, this requires that the MSF coordinates programs and activities under one coordination body.

The MSF have suffered various attacks on both humanitarian workers and health facilities on Afghanistan. This has forced the organization to leave some provinces at certain points in time. The MSF have experienced two major attacks in Afghanistan: The Kunduz bombing at a trauma hospital in 2015, and the attacks on the maternity wing at Dasht-e-Barchi hospital in Kabul May 2020. The Kunduz bombing was caused by US army airstrikes, leading to the withdrawal from Kunduz in 2015. Furthermore, the attack on the maternity hospital in Kabul was done by a group of gunmen, leading to MSF's withdrawal from Kabul in 2020. These events have had a significant effect on the MSF's way of working, but also on the humanitarian world in general as they have been some of the most fatal attacks on humanitarian workers during the last decade. (Mèdecins Sans Frontières 2022). The OC's working in Afghanistan are Brussels, France, and Amsterdam. However, due to the dynamics of the context in Afghanistan, the OCs decided to work with one coordinating centre, which means that they work as one unified MSF body led by the OC in Brussels. The reason for this is that humanitarian work in Afghanistan requires a lot of coordination due to the security situation. This is significant for the context in Afghanistan and will be explained in more detail below.

Cooperation with Stakeholders

The MSF is an INGO and thus is independent of the government. Furthermore, the MSF is not protected by IHL like the ICRC. Thus, the MSF is not guaranteed access by the government to a country of conflict or disaster. The MSF must apply for permission to work within a country just like any other private entity. However, there are two main ways in which the MSF may enter a country in need of humanitarian assistance: either by applying to the government as the main access granting stakeholder or find alternative channels through third party actors. On the one hand, this has a positive impact on access as the organization can choose freely where it wants to work based on needs. On the other hand, it may be a challenge to access as it is not guaranteed or may be lost if the government disapproves of the actor. Thus, the way in which the MSF chooses to operate in the field together with stakeholders depends on the specific context with regard to the government and other stakeholders in the country in question. More specifically, the design of MSF operations

will be unique to each context in which the MSF works. In the context of Afghanistan, the MSF worked in cooperation with the government between 2001-2021 as the government wanted INGO's to work in Afghanistan.

The MSF may work in a community through deployment of their own field hospitals for secondary healthcare such as ward hospitals or maternity hospitals, or they may work through existing government health infrastructure to extend already existing structures. In the context of Southeast Afghanistan, the MSF have set up their own hospital infrastructure led by the MSF itself. This will be explained in more detail below. When the crisis is over, field hospitals are left behind and handed over to local health authorities. The majority of staff are international delegates who are specialised medical doctors. However, the MSF also hires local staff to work in hospitals when possible.

Main humanitarian scope:

The MSF's main humanitarian scope is emergency humanitarian assistance in the form of secondary healthcare such as for instance paediatric care, maternity care, epidemics, and vaccinations. But, in situations where the basic survival of a population is at risk, the MSF will provide other emergency assistance such as the provision of water, sanitation, food, shelter, and treatment of injured when there is no other humanitarian actor providing these services (Mèdecins Sans Frontières 1996).

Then MSF have been in Afghanistan since the 1980s. During the last decade, the MSF have had humanitarian programs and activities at various points in time in several locations which include Khost in the Southeast region (Humanitarian Data Exchange 2022). During this time, the MSF have mainly been working with larger hospitals for paediatric healthcare, maternity healthcare, and trauma centres, and also providing emergency humanitarian assistance in the form of the distribution of food aid and water and sanitation. In Khost, the MSF have been running a maternity hospital since 2012 (Médecins Sans Frontières 2022a).

1.Secondary healthcare The MSF's specialisation is providing healthcare services within areas affected by conflict in which local healthcare infrastructures are destroyed, no longer running-or not able to meet the needs of the population. In contexts affected by conflict, needs are usually

related to lack of secondary healthcare infrastructures. The secondary healthcare that the MSF specialise in include the following: paediatric healthcare, maternity healthcare, and trauma centres, and treatment of specialised diseases as well as the outbreak of deadly diseases. The MSF does this by setting up hospitals ran by the MSF themselves or assisting already existing hospital structures. The type of hospital or types of services delivered are specific to the context and depends on the need within that context. In Khost, the MSF are running their own large Maternity hospital. Maternity healthcare includes the supervision of deliveries, test for diseases, perform emergency c-sections and vaccinate babies for common diseases. (Médecins Sans Frontières 2022b).

2. Other emergency humanitarian assistance If the basic survival of populations is at risk, the MSF will deliver emergency humanitarian assistance in the form of distribution of food supplies and other non-food relief goods and setting up basic water and sanitation. Distribution of food may include food boxes and non-food items may include distribution of blankets and tent canvases. Basic water and sanitation may include building toilets and washing points near the hospitals (Médecins Sans Frontières 2022b).

4.3.4. Table of summary

Summarising differences between non-state humanitarian actors in the context of Afghanistan

Statements describing actor	Non-state humanitarian actor		
	NAC	ICRC	MSF
1. Characteristics of actor			
<i>Is the actor an INGO?</i>	X	NB: Neither INGO nor intergovernmental organization	X
<i>Is the actor neutral, impartial, and independent?</i>	X	X	X
<i>Does the actor have a special status in the country protected by IHL?</i>		X	
2. Humanitarian scope of actor			
<i>Does the actor focus on short-term emergency humanitarian assistance?</i>	X	X	X
<i>Does the actor focus on long-term development aid?</i>	X		

<i>Does the actor speak out against human rights violations?</i>	X		X
Funding			
<i>Is the actor funded by state-institutions?</i>	X	X	
<i>Is the actor funded by private institutions?</i>	X		X
Cooperation with stakeholders			
<i>Does the actor implement programs and activities bilaterally through existing state institutions?</i>	X	X	NB: Does not do so in Southeast Afghanistan
<i>Does the actor implement programs and activities multilaterally through third-party actors?</i>	X	X	
<i>Does the actor implement programs and activities directly in communities?</i>	X	X	X
<i>Does the actor implement programs and activities through local community?</i>	X	X	
Types of programs and activities in the humanitarian scope of emergency humanitarian assistance			
<i>Does the actor work with emergency ad hoc humanitarian assistance? e.g., distribution of food or non-food supplies, water, and sanitation etc.</i>	X	X	
<i>Does the actor work with delivery of emergency secondary healthcare?</i>		X	X
<i>Does the actor work with promoting IHL</i>		X	
Other			
<i>Has the actor had long-term presence in Afghanistan?</i>	X	NB: The ARCS have been there for a long time.	

Table 3: Summarising differences between non-state humanitarian actors in the context of Afghanistan

5. Negotiating access: Results

5.1. Humanitarian landscape in general

This part aims to briefly describe the general humanitarian landscape in the Southeast region between 2001-2021. According to the UN OCHA statistics, between 150-200 humanitarian actors have had operational presence each year (OP) in Afghanistan during this period. OP is defined by the UN OCHA as humanitarian actors that are physically present in the district and are delivering humanitarian services or implementing humanitarian programs and activities (Humanitarian Data Exchange 2022). These statistics include all humanitarian actors: national, international, state-and

non-state. Almost all 398 districts of Afghanistan have accommodated humanitarian actors at some point during the conflict (OCHA 2022). There has been between 26-42 organisations in the Southeast region each year within this period, mostly consisting of NGOs or INGOs. The humanitarian scope has been emergency humanitarian assistance and development aid, mostly in the areas of health and education. However, the number of organisations and districts have varied depending on local context.

In general, it can be observed that there has been more OP within the capitals of each province: Ghazni City in the Ghazni province, Gardez in Paktia, Khost in the Khost Province, and Sharan in the Paktika province. This can be observed from the three maps below (Figures 5-7) published by UN OCHA showing OP in the Southeast region (Ghazni, Paktia, Paktika, and Khost provinces) in 2014, 2017, and 2020 (OCHA 2022). Each map marks where the capital districts of each province are located. As mentioned earlier, the capital districts of each province have symbolically been under control of the government during most of the period. The maps demonstrate that there is generally more OP within capital districts under government control, and less within rural districts. Areas that have had the least OP in the Southeast is the Southern territory of the Paktika province and large parts of the Ghazni province. However, figures 5-7 also show how this has varied largely over the course of the conflict.

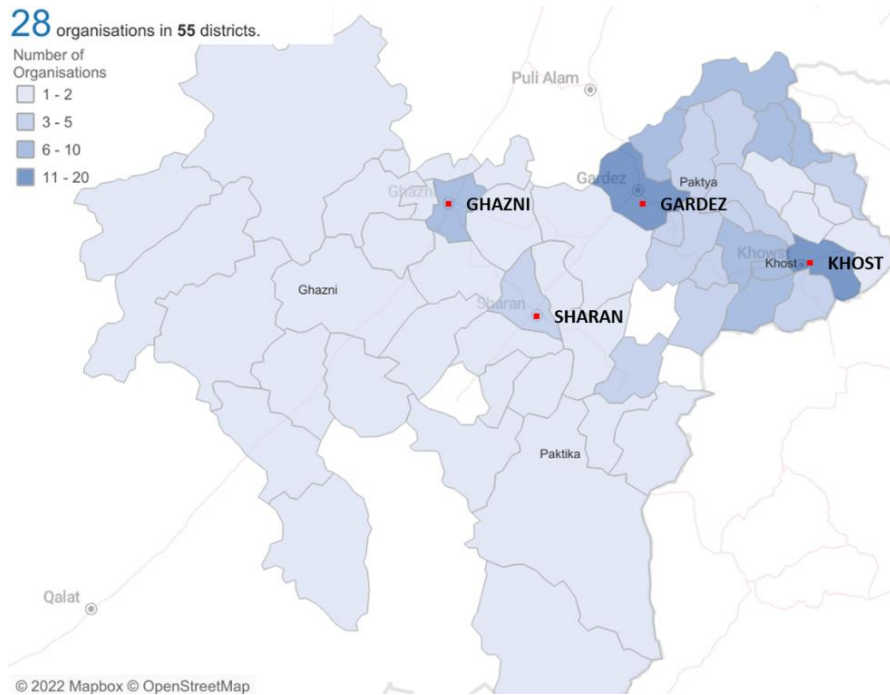


Figure 5 Map showing humanitarian presence within each district of the Southeast region of Afghanistan between January-March 2014, and with emphasis on the four capital cities of the four provinces (OCHA 2022).

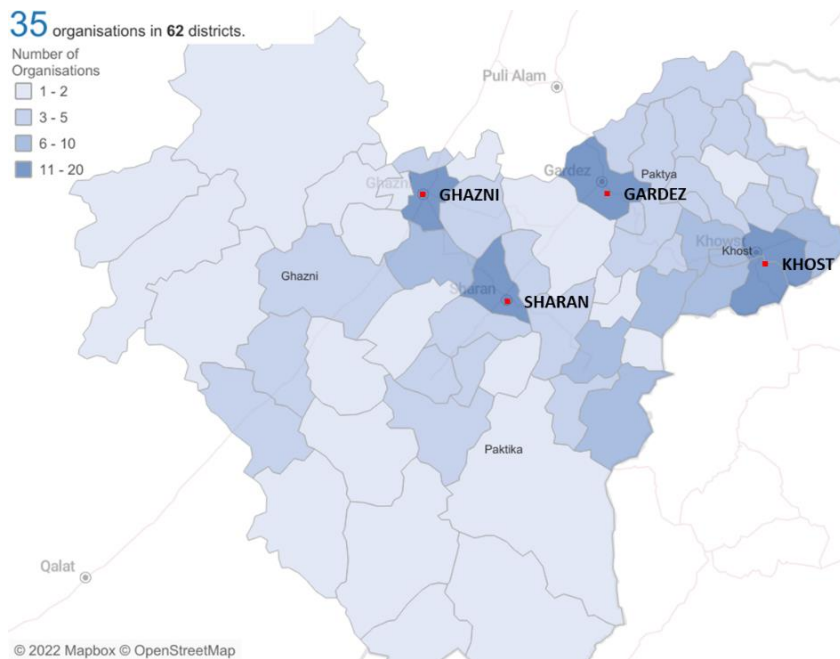


Figure 6 Map showing humanitarian presence within each district of the Southeast region of Afghanistan between January-March 2017, and with emphasis on the four capital cities of the four provinces (OCHA 2022).

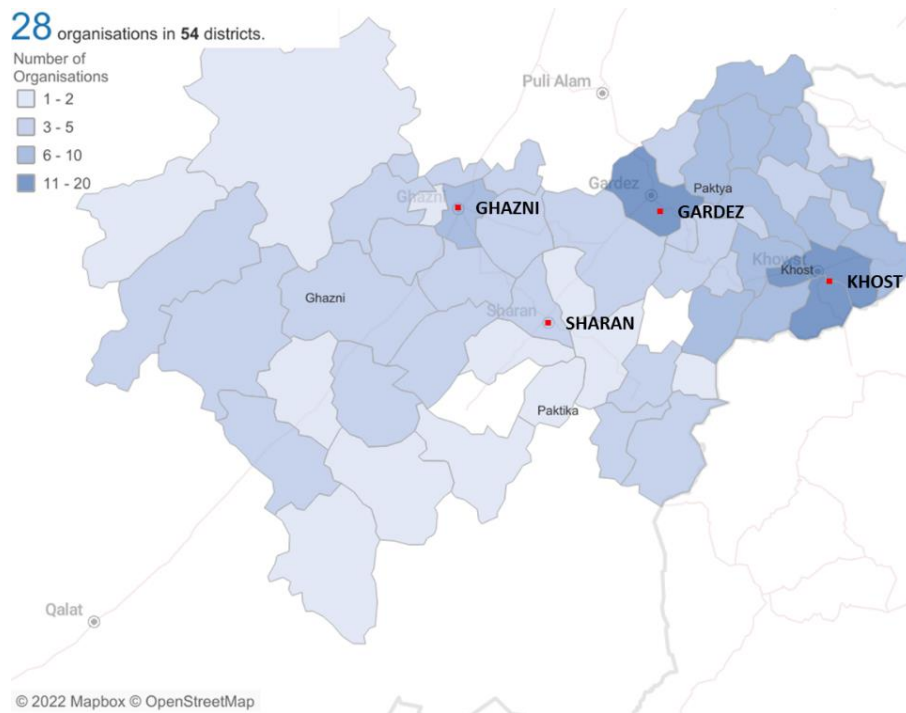


Figure 7 Map showing humanitarian presence within each district of the Southeast region of Afghanistan between January-March 2020, and with emphasis on the four capital cities of the four provinces (OCHA 2022).

5.2. Selected actors in the field

This part aims to present the data that was discovered about each actor during conversations with humanitarian workers. Firstly, the presentation will consist of where the actor has had Operational Presence (OP) in the Southeast during the period up until August 2021, the type of programs and activities that were implemented, and whether it was in central or rural areas. Secondly, the section will present how the actor negotiated access to these areas.

5.2.1. Results: The NAC

Where did the actor have access?

Within the Southeast region of Afghanistan, the NAC has been active in Ghazni, Paktia, and Khost. In Paktia and Khost, the NAC have mostly been working within the humanitarian scope of development aid related to the training of healthcare workers, which has been implemented in capital districts of provinces under the control of the government. However, the NAC has been

most active in the Ghazni province in the delivery of emergency humanitarian assistance and combining emergency humanitarian assistance with development aid. Thus, the NAC's work in Ghazni is a key focus in this section. In fact, the Ghazni province was the first province in which the NAC established its offices within the borders of Afghanistan, starting with the Andar district. Prior to this, all NAC programs and activities were implemented from their main offices at the time, which were located in Peshawar, Pakistan. The capital of the Ghazni province, Ghazni City, has been one of the main operational centres of the NAC for several decades, and the main centre for implementation of humanitarian programs and activities within Southeast Afghanistan. Moreover, the NAC has been able to establish a strong humanitarian presence within the Ghazni province for several decades and is well known among the local population.

Before the Soviet takeover in 1979, the NAC had a humanitarian presence-and was implementing programs and activities in six key districts within Ghazni: Ghazni City, Jaghori, Malistan, Andar, Nawur, and Quarabagh. However, when conflict broke out after the Soviet occupation, the NAC lost humanitarian presence in several districts including Andar, Nawur, and Quarabagh due to seizing by opposition groups, including ANSAs such as Taliban (TB). Thus, this left the NAC to continue humanitarian presence within some districts including Ghazni City, Jaghori, and Malistan. The main reason why the NAC was able to keep a degree of presence within these districts is that they have mostly been under the control of the government, and that these districts have mostly been populated by the Hazara ethnic group. However, it is essential to highlight the NAC has had on and off humanitarian presence within Jaghori and Malistan due to armed conflict that has occurred several times within these areas. However, from 2015 and up until the end of the conflict in August 2021, the NAC had continuous presence within Ghazni, Jaghori, and Malistan. The NAC has had access to all districts after the conflict ended in August 2021, but this falls outside the scope of this thesis.

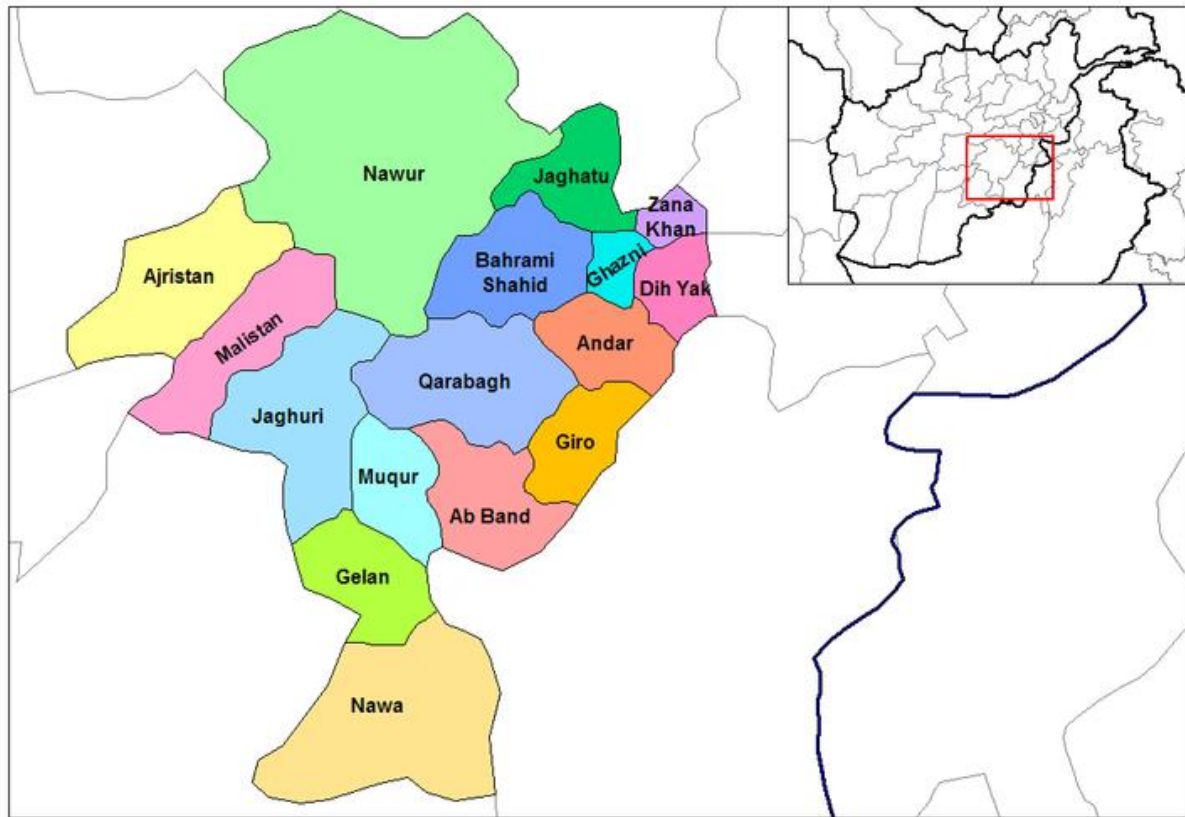


Figure 8 Map showing districts of the Ghazni province (Wikimedia Commons 2007a)

What programs and activities were implemented here?

The NAC has mostly implemented agricultural activities in the Ghazni province, which falls under the humanitarian scope of development aid. The types of agricultural programs and activities that the NAC have implemented in Ghazni include distribution of seeds and fertilizers to farmers, training of farmers in sustainable agricultural production, and work to reduce natural disasters such as landslides. These activities have mostly been implemented in Ghazni City, Jaghuri, and Malistan.

Furthermore, the NAC have implemented several programs and activities within the scope of emergency humanitarian assistance within the Ghazni province. Firstly, the NAC has distributed food-and non-food supplies to vulnerable communities, distributed seeds to farmers and assisted with the building of water dams and water irrigation systems through several Food for Work

program initiations. As explained earlier, Food for work is an emergency humanitarian program implemented in vulnerable communities in which adults within families are given work such as reconstructing roads or canal cleaning in exchange for food and resources. The purpose of this is to combine emergency humanitarian assistance with development aid.

“They don't work for us, but they work for themselves. For example, we identify one community. They choose that they are going to construct or rehabilitate the road, then they identify certain people. We check if this labour fits according to the requirement such as the age and assure that they are from poor families. So, these kinds of verifications are done and then they implement the projects. So, the project is implemented by the beneficiary from the communities.” - NAC Staff

Was this central or rural?

It can be observed that the NAC has mostly been implementing humanitarian programs and activities within what can be understood as central areas and geographically rural areas within the Ghazni province. The reason for this is that Ghazni City has symbolically been under the control of the government during most of the conflict period, and Jaghori and Malistan have additionally been controlled by the government during the majority of the conflict period. Moreover, it can be argued that the NAC have for the most part not accessed and delivered humanitarian programs and activities to civilians located within what can be defined as rural areas in the sense of areas occupied by ANSAs.

However, there are some exceptions. During different conversations with two interviewees, they were able to tell that the NAC has been able to access rural areas controlled by ANSAs at certain points during the conflict period. Between 2016-2020, the NAC was able to access the Andar-and Quarabagh districts and deliver emergency humanitarian assistance to populations in need in the form of Food for Work in cooperation with the WFP, while these districts were under TB rule. The interviewees explain that these programs were implemented indirectly through communication with village elders and their communities who negotiated with the ANSAs through community Shuras and then implemented the program in their communities themselves. The NAC was thus

able to facilitate the implementation of the Food for Work program indirectly through negotiating with community elders.

What was the political context?

In general, the Ghazni province has been heavily affected by the conflict and faced many armed clashes due to larger parts of the province being occupied by TB. However, the Ghazni City district has been a symbolic target for the government and thus has been controlled by the government during most of this period. However, the further one moves from the centre of Ghazni towards more rural areas, the TB have increasingly more influence. Historically, TB has occupied and been the most present in the following districts: Newa, Gelan, Maquir, Dih Yak, Waghaz, Khigiani, Andar, and Quarabagh. One of the reasons for this has been the large Pashtun population who has historically dominated these areas. However, the Ghazni province is a multi-ethnic province consisting of several ethnic groups including the Hazaras, Pashto, Tajik, and small communities of Sikhs and Hindus. Moreover, the Hazara ethnic group has also been a dominating group in the Ghazni province. The Hazara population has been present in the following districts: Ghazni city, Jaghori, Malistan, Nawur, Khawaja Umara, some parts of Quarabagh, and some parts of Rashidan shared with TB. There has been ongoing conflict for long periods of time, especially between the Hazara population and TB over control. TB has had a wish to capture parts of Hazara populated districts. Moreover, Jaghori and Malistan were seized by TB at several points but taken by the Hazaras and the ANSF. Hence, most of the districts in which the NAC has been able to deliver humanitarian assistance has been within government controlled or Hazara populated districts. Thus, NAC's ability to deliver assistance has been dependent on this. One interviewee argues that it was almost impossible for the NAC to access areas that were under the influence of ANSAs such as the Taliban due to lack of security for humanitarian workers. Moreover, people who work for NGOs have previously been targeted within these areas. The interviewee stated the following:

“Almost all except for three districts were facing violent conflict. And also, when we are traveling in the field, sometimes we faced armed fight. Sometimes there is a danger of road mines, and also check points. So, this is very difficult and challenging, so we are not able to implement the projects and access the very hard to reach communities in our province. We were focusing on

some specific districts – Jaghori, Malistan and centre of Ghazni city, which was a bit more secure, and the rest of the places were very hard to access due to ongoing war, really ongoing war. Today they are working in around 18 districts in Ghazni due to peace, as there is no more conflict.” – NAC staff

How was access negotiated?

To be able to access any humanitarian space, whether central or rural, whether government-or Taliban controlled, the NAC explains that they had to assure that all parties of the conflict agreed and were informed at all times. The reason for this was that there existed two governments at the time, in conflict with each other, controlling different parts: The Ashraf Ghani government, and the TB government. Moreover, this was done through negotiations between the NAC and relevant authorities including representatives of the following actors: Government ministries and officials at national, provincial, and district levels, TB representatives, local police officers, and local village elders. As explained by an interviewee, this is a highly challenging process as opposing parts within a conflict disagree on where NGOs should deliver humanitarian assistance

Firstly, it is essential that NAC negotiates access to humanitarian spaces with relevant government ministries and officials at all levels. The reason for this is that the government needs to be aware of where the NAC is working and what type of humanitarian programs and activities are being implemented. This usually include ministries at national and provincial level, and sometimes also at district level.

Secondly, one of the most important actors with which the NAC negotiates to receive access to humanitarian spaces are local villages elders within targeted communities. The reason for this is that village elders have the most knowledge about their communities and also have wide networks within these communities that are needed to be able to implement programs and activities. More specifically, negotiations take place on a social platform known as “Community Development Council” (CDC), which resembles a community Shura. Within the CDC’s, NAC employees and volunteers are able to negotiate with village elders in a step-by-step process to propose and explain criteria for programs and activities that can be implemented in the community. Moreover, together

with the village elders, the NAC is able to negotiate where, when, and how programs will be implemented. Furthermore, the NAC negotiates with the elders to decide the beneficiaries of the programs based on the most vulnerable. The communities are included in every step of the implementation of NAC programs. This assures the NAC's ability to access humanitarian spaces, as well as creating ownership and accountability to programs among the community. People within community are directly appointed for roles of implementation. The individuals who represent the NAC within the negotiation processes with village elders are usually local NAC employees and volunteers who are familiar with the communities and know the context.

Within the case of Ghazni city, Jaghori, and Malistan, it was very easy for the NAC to negotiate with both the government and local village elders during periods of stability as the population mostly consisted of Hazaras, and thus there was little resistance among the population towards the NAC, and there was close to full guarantee that the NAC could work in peace without disturbance. Within areas that were either controlled by TB, or generally Pashtun dominated, negotiation was more complicated. Interviewees explain that all interactions between the NAC and TB or other ANSAs were done indirectly through local community elders who were either relatives or well known among Taliban soldiers and could serve as a bridge between NAC and the ANSA. Thus, the NAC employees never faced directly with Taliban during negotiations themselves. Interviewees explain that the reason for this was that the security risk was too high for these employees. One interviewee stated the following:

“However, there were some promises from the Taliban side, from the local elders, but, well, we couldn't dare to, you know, take the risk. And it was really because we knew that Taliban, that there are different layers and especially the young generation who are like 17 and 16. They don't know, they don't care about NGO's or their background, it's just what they have learned, they just, you know...take action, so it was very difficult.” – NAC Staff

“We had to manage this, actually. It was not like you were able to work as you were in Kabul...you could easily work over there. (Talking about Ghazni) You had to find someone from the local community, someone who reside there and who are trusted by Taliban side. Look for those people who you know are relatives or have some kind of relation with the main commander or some points.

So, they are someone who is very well known and well trusted among the community. We hired staff from other provinces and from other regions with shaved beards, but it was not possible. You know, it was difficult for them to go. You had the clothing and everything, you had to prepare yourself for the field. So instead, we mostly relied on local staff. We carefully hired local staff and implemented projects through them. And even sometimes, if our colleagues were traveling from other provinces, they were all 100% fit with that area. So, this was the scenario.” – NAC Staff

All negotiations between the communities and TB to be able to implement humanitarian programs and activities such as those of Food for Work in Quarabagh and Andar went on for long periods of time and were very back and forth until the village elders were able to communicate and also be assured that program implementation was possible. One of the reasons for this was that areas experiencing high levels of armed conflict and in control by ANSAs were often very uncertain and risky to move inside for both staff and local village representatives. Furthermore, it was difficult to communicate and make agreements with groups such as TB as they are highly fragmented and thus it was often difficult to know who to speak with to assure that NGO’s and communities would not be targeted.

“Back and forth communication – at one point refusing, and the next accepting – then we were able to convince Taliban through negotiation. So, there were a lot of back-and-forth discussion. It was not a one-day job. Even when we had to go to the field. Our colleagues had to travel to the field and then after one or two days they couldn't meet with the local village leaders. Then when they could, he may refuse the project. This is vital and it's very important that the elders see need. And so, a lot of back-and-forth discussion happened and finally they approved. Also, there was conflict with the government, as the government were not approving some projects, arguing that this is not under the control of the government, asking why we are implementing projects over there. So this all depended on ability to communicate and negotiate these things with both sides as well as with the community and mobilization of community members, and then we could finally implement that project.” – NAC Staff

“So, the top person (talking about military commanders) was sitting somewhere that we don't know. Either inside the country or outside the country. But also, in this context there was ongoing

fighting between government and armed groups. So, their location was not possible for us to know. So, we had to find a contact person and then the contact person will be contacting their contact person and then the main person was like 10 men behind you know. So, it was really difficult for us to access. And then they were moving from one place to another place. All the time they were in a constant fight. “– NAC Staff

5.2.2. Results: The ICRC

Where did the actor have access?

Due to data protection policies of the ICRC which were implemented after 2015, it is not possible to know exactly where the ICRC has been present in Afghanistan³. However, interviews with staff indicates that the ICRC has had a wide presence in Southeast Afghanistan, and in Afghanistan as a whole during the last decade. More specifically, the ICRC has been working in all 34 provinces in over 120 locations. There are two main reasons for this. Firstly, because of the IHL, the ICRC receives a special status within the country from the Afghan government. Secondly, the ICRC works in close cooperation with the Afghan Red Crescent Society (ARCS) which is well known among the population and has an extensive network of local branches at various locations in all 34 provinces. The ICRC has carried out programs and activities in Afghanistan through bilateral partnerships with the government and the ARCS, and also implemented programs on their own.

What programs and activities were implemented here?

The ICRC has been doing various activities in the Southeast region depending on the context and needs within the particular locations. However, the most frequent activity in the Southeast region has been strengthening healthcare systems. Moreover, the ICRC has been working with strengthening the capacity of secondary healthcare in the Southeast region by supporting existing government and privately owned hospital structures. This is done by for instance training local

³ UN OCHA statistics from 2015 reveals that the ICRC was implementing the following programs in 2015: Emergency shelter and non-food-items, food security and agriculture in Ghazni, and Health, water and sanitation and emergency food in Khost and Paktia (See table for ICRC in Appendix) (Humanitarian Data Exchange 2022). This is the only existing data on ICRC presence in Afghanistan. The ICRC is not a part of UN OCHA and thus has separate rules regarding data protection.

healthcare workers, providing them with equipment or medicine, or organizing the transfer of patients from rural areas to hospitals using local taxis, ambulances, or other available transport. Furthermore, the ICRC does other smaller ad hoc programs and activities based on need such as water and sanitation, distribution of food, and visitation of prisoners of war held by the government. Furthermore, the ICRC has recently opened Orthopaedic centres, among others for prisoners who have lost body parts or are injured because of war. Programs and activities by the ICRC are done through consultations with communities directly by ICRC delegates, or through the training of local ARCS staff and volunteers traveling to communities to consult them and implement activities. Sometimes communities implement humanitarian programs and activities themselves depending in the types of programs and activities such as the distribution of food.

Another key role of the ICRC in the Southeast region and Afghanistan as a whole is the constant promotion and advocacy of IHL to both parties to the conflict with the purpose of promoting respect for humanitarian work. An example of this is to assure the respect of the transport of patients to hospitals. The interviewee highlights that this is a constant process as an emblem alone does not provide protection of humanitarian workers.

Was this rural or central?

In general, it can be said that the ICRC is able to reach out to both central and rural areas with their programs and activities in the Southeast Afghanistan, but not directly. More specifically, this includes rural areas that are geographically difficult to reach, but also rural areas controlled by the opposition. The reason why the ICRC is able to reach rural areas under the control of the opposition is because they do so *indirectly* by working through the ARCS.

Firstly, ICRC international delegates are able to work directly with central and rural areas that are not contested-and under government control as these areas are safe. This is done by ICRC delegates by negotiating with local elders and relevant interlocutors to be able to travel to the field themselves and doing consultations with the community. For instance, in the case of a water and sanitation activity in which a community needs a new water pump, the ICRC delegate will visit the field, do

an assessment, and facilitate for a local partner to produce and install a pump according to ICRC standards.

“For example, there's a clinic in the Andar district. But our main office is in the capital of Ghazni centre, Ghazni city. So, we need to do an access security assessments interlocutors informed, everything need to both parties have to be informed in advance. And once both agree, assessment is done, then we visit the facility.”- ICRC Staff

However, in areas that are contested and under the control of the opposition, the ICRC delegates are unable to travel to the field and work with the community directly. More specifically, the interviewee explains that it is neither secure, nor efficient to directly place ICRC delegates in such areas. There are two main reasons for this: firstly, the ICRC delegates are not familiar with the context, secondly because they do not have an established presence and thus have not earned the trust among these communities. Thus, to mitigate this security risk, the ICRC will work with the community indirectly by working through the local ARCS branches that exist within the communities.

“ICRC delegates do not work in rural areas; this is too risky. Only nationals and local staff can do this as they can build networks to be able to access.” – ICRC Staff

The ICRC will do this by training and strengthening the capacity of local ARCS staff and volunteers to be able to travel to their local communities to do consultations to be able to provide programs and services. This could for instance be the training of local healthcare workers or coordinating among communities for distribution of food.

“The ICRC mitigates the security risks by working indirectly through the local actors to go to some facilities in a conflict zone. So, it means you mitigate the risk rather than having a delegate going there and doing the training. You probably train a local who will be accepted in the local community, as well by the local actors in that village or that area so they can be able to deliver that training to the facility. More specifically, local employees travel to the centre to receive the training, then they go back to give the training.”.

Moreover, the reason why they choose to work through the ARCS is because the local branches established in different communities have a good understanding of the context, and because they have built a strong presence within these areas and thus have generated more trust among the population. Areas that are contested and under the control of opposition groups is difficult to navigate because interlocutors are constantly shifting, which makes the security situation volatile by default. The interviewee says the following: *“That’s why it is a conflict context. there need to be regular security analysis. Make sure you see everything that systematically needs to be done and be alert all the time. That is why we call it a high security context. Anything could change within the five minute today and five minutes later”* – ICRC Staff. Moreover, it is not efficient to place delegates that are outsiders and unfamiliar with the context in such situations. Contrarily, the ARCS have more knowledge and familiarity with the different local networks that exist in specific communities, and thus are better able to navigate them to mitigate security risks.

“The ARCS are the only ones that are able to access rural areas because of their trust and acceptance among the population. Both the access perspective and delivering it. The ARCS is the only one because of the trust and the acceptance of the population, we`re not talking about the government, but acceptance of the population and local actors. That's why ARCS can go everywhere. Their strategy is to be where no one else can be. That is their strategy.” – ICRC Staff

However, a limitation with this approach in the delivery of humanitarian assistance is that the capacity of ARCS may be low due to lack of certain expertise or resources among local branches in rural Afghanistan. But the interviewee also highlights that this approach is more beneficial for communities as it will lead to increased local ownership and accountability to programs and activities and strengthening the capacity of communities.

The second reason why is general lack of organizational capacity. Another reason why the ICRC does not work in rural areas that are contested is because certain programs and activities are not fit to do in rural areas as they require a lot of resources and thus becomes too complicated to do in such areas. An example of this is secondary health. Secondary healthcare requires a lot of resources and staff and thus it is difficult to achieve the quality that is required within rural contested areas.

Thus, the ICRC focuses on strengthening secondary healthcare by supporting existing hospitals in centres where there is government control, so that patients can travel there to receive specialised healthcare. In special cases, the ICRC will assist in transporting patients to hospitals in centres and do the negotiation necessary for respect of IHL. But this depends on type of activity.

However, the ICRC will assist in building the capacity of local primary healthcare in rural areas by training them to do a “referral system” to be able to refer patients to the ICRC and healthcare clinics in larger cities. Although the ICRC has a large capacity, they do not have the capacity to cover all districts at all times. Thus, they invest their resources in hospitals in the centre to be able to provide more quality services to a larger part of the population. Hence, it can be said that type of activity also determines ability to work in rural areas. Activities that require less resources such as water and sanitation and food distribution do not require a large capacity and so it can be done through working indirectly through ARCS staff or volunteers from local communities. Furthermore, the interviewee says that it does happen that ICRC delegates travel to the field. However, this depends on the security situation in that location and will usually be for a short visit.

What was the political context?

The reason why the ICRC is not able to work directly with communities is that Southeast Afghanistan can be described as what the interviewee called “high conflict setting”. The interviewee says that Southeast Afghanistan is generally a highly contested area due to the fact that the provinces within the region such as Khost lies at the border with Pakistan which is within the Federally Administrated Tribal Areas (FATA). Moreover, the bulk of the Southeast region which is not controlled by the government, including the FATA areas in Pakistan generally have a lack of structure and there is ongoing armed conflict. Moreover, access to rural areas requires negotiation with local communities such as village elders and wealthy landowners to build trust among the community to avoid security risks.

However, the ICRC has been able to access many areas, both central and rural areas that are under government control. As mentioned earlier, central areas such as the capitals of each province in the Southeast region have been under the control of the government. Moreover, the government

between 2001-2021 up until TB takeover was generally positive towards humanitarian actors in the country, including the ICRC. Furthermore, by working through the ARCS, the ICRC mitigate security risks in rural areas that are contested as the ARCS have more local knowledge and trust among communities.

How was access negotiated?

The interviewee explains that there are three groups of actors that the ICRC must negotiate with in order to be able to access a community and be able to carry out programs and activities - whether central or rural. These groups are Community elders, ANSA officers with influence in the territory, and the local population in general. Firstly, negotiating with community elders is essential to select activities based on needs, and also to ensure that activities follow social rules with regards to cultural sensitivity. This also ensures establishing a presence and thus trust within the community. The second group is local ANSA commanders. ANSAs often have armed monopolies within certain communities or districts, sometimes even serve as provincial leaders. Thus, it is essential to negotiate with them to assure the security of humanitarian workers and patients. Furthermore, negotiation needs to be done with the government to inform them about the work being done. In this way, both parties of the conflict are informed. Thus, negotiation must be done with different actors for different purposes to ensure access is fully achieved:

“To gain access to rural areas, one must negotiate with the elders within that particular village, and this is not necessarily the Taliban. However, on a provincial level, the mayor might be a Taliban, but it doesn’t make sense to negotiate with him to get into the village. However, he needs to be informed due to safety measures but also to avoid suspicion, and the government needs to be informed. It is a community approach, but safety needs to be assured. It goes hand in hand. “

Staff within the ICRC who are responsible for negotiating access to humanitarian spaces are the “head of delegations” or “head of mission” together with a “networking team” who specialises in negotiating access. The individuals in charge of negotiations are specifically selected and trained in negotiating access. Thus, negotiation is rarely done by “technical experts” like for instance doctors, nurses, or water and sanitation engineers. The interviewee explains that the reason for this

is that it is a confidential matter, and it requires a certain personal skill and “profile” to do this. Negotiations are confidential because the knowledge that is extracted may cause unease for individuals who are not trained on the subject. Furthermore, the ability to negotiate is dependent on individuals’ personal proximity skills to do so. More specifically,

“Personal proximity skills are very important for those who negotiate. Everybody negotiates in different ways, and sometimes misunderstandings can happen often because of culture. But we cannot control every delegate, it is by default a problem and it is context based. For instance, French and Dutch can have very strict faces. So, from there a friction happens. Frictions become dissatisfactions; dissatisfaction resulted in security incidents.”

The interviewee explains that negotiations are done by head of delegations and networking teams by analyses of the context and actor mapping. The interviewee describes the following scenario: *“So accessing place like Khost, Kandahar, it is a lot of homework to be done. It’s a lot of networking lot of analysis then to do a mapping, an actor mapping, so who? and then you start engaging people and not necessarily they are in Afghanistan. Some of them is out of Afghanistan. It’s a similar methodology you use.”*

This process starts with village elders and continues to build access from there. Extensive meetings and conversations are done with the village elders to discuss and agree on what needs to be done. The interviewee explains that this is a time-consuming process as it requires that each part understands each other. Moreover, disagreements happen, and this is why negotiation is needed, which requires a lot of personal proximity skills:

“You need to negotiate so they understand...because we’re dealing with humans here because the way they look at thing and the way we are looking at things are different. So, this is why I said it takes a lot of explaining and spending time with human interactions (...) So why these negotiations start and then rolling it could take a week. It could take a month. And once each party comes to understanding, then we could be able to provide, and what we need from them too. And that’s where it concludes, then the project starts to establish. And then that’s how we can be able to bring their

accountability from the community. What does accountability mean? It means the community have the leader. They're responsible"

Furthermore, a large part of negotiations with village elders is to inform them about the programs and activities so that they can negotiate with the ANSAs.

"(Talking about encounters with ANSAs) The elders are responsible for saying you cannot bring the weapon inside the hospital. Then that's the point. How the elder will know about this particular term? It's our responsibility to explain to the elders well we as an organization, this is our principles. These are rules of regulation. You have to respect ABC. We will respect your ABC."

The interviewee further explains that when security incidents do happen, they were often difficult to predict or generally difficult to explain. Often there is no explanation as to why security incidents do happen, and they are often a result of merely being in the wrong place at the wrong time.

"Something it is not in our hand. It's very unpredictable. That's why it's a conflict, conflict settings are difficult to predict. But the thing is, that's why you take all the mitigation measures. How you are able to work in that location and what kind of activities you can do reading your limits, and within this safety environment you can be able to provide." – ICRC Staff

5.2.3. Results: The MSF

Where did the actor have access?

The MSF has had humanitarian presence in the Southeast of Afghanistan since 2012, specifically within the Khost province Matun district, which is the capital of the province. Here, the MSF have been and are still running a specialised maternity hospital (Médecins Sans Frontières 2021). The hospital is large in size and is owned and ran by the MSF themselves. The hospital is mainly run by the MSF OC in Brussels. However, all MSF OCSs operating in Afghanistan are working as one unified MSF body. The MSF decided to adapt this particular approach in Afghanistan because of the particular context. Because of the difficulty of navigating the conflict setting using negotiation to assure security of staff and recipients of services, the MSF decided to work under one umbrella

with the purpose of changing perceptions of the organization to be viewed as one operating body, removing confusion outside of the organization, but also internally.

The hospital is located within an area that has been under the control of the Afghan governments during most of the conflict. Additionally, the MSF have been providing some limited resources and training for medical staff within rural areas. The maternity hospital in Khost city is the main activity that the MSF have had in the Southeast region (Humanitarian Data Exchange 2022).

What programs and activities were implemented here?

The hospital that the MSF is running is a specialised maternity hospital. The hospital aims to provide humanitarian assistance primarily to women who are experiencing complications during delivery. Thus, the humanitarian scope falls into the category of secondary healthcare. Furthermore, the MSF are delivering some additional services including vaccination for new-borns, family-planning services, and also undertaking health promotion activities such as programs on Sexual and Gender Based Violence (SGBV). The specialised maternity hospital is large in size, consisting of an inpatient department of 60 beds; an 8-bed delivery unit; a 28-bed new-born unit that includes a 10-bed neonatal intensive care unit, two operating theatres and a dedicated “kangaroo” mother care area (Médecins Sans Frontières 2021). The employees working at the hospital area a mix of international delegates such as nurses and surgeons, and additionally local medical professionals. However, the hospital is largely dependent on international delegates who have the expertise to run the various services that require a specialised set of skills. Contrarily, local medical professionals in the Southeast region do not have the same level of expertise because education in Southeast Afghanistan is usually less advanced than for instance Kabul. Moreover, this is different in Kabul as level of advancement in medical education may possibly be higher because it is more urbanised. Moreover, international delegates provide on the job training for local medical staff in Khost to strengthen their capacity to deliver services with the purpose of increasing local ownership. However, as highlighted by the interviewee, it is not possible to do on-job trainings in other medical facilities than in the MSF hospitals as this requires authorisations due to national rules and regulations of medical training.

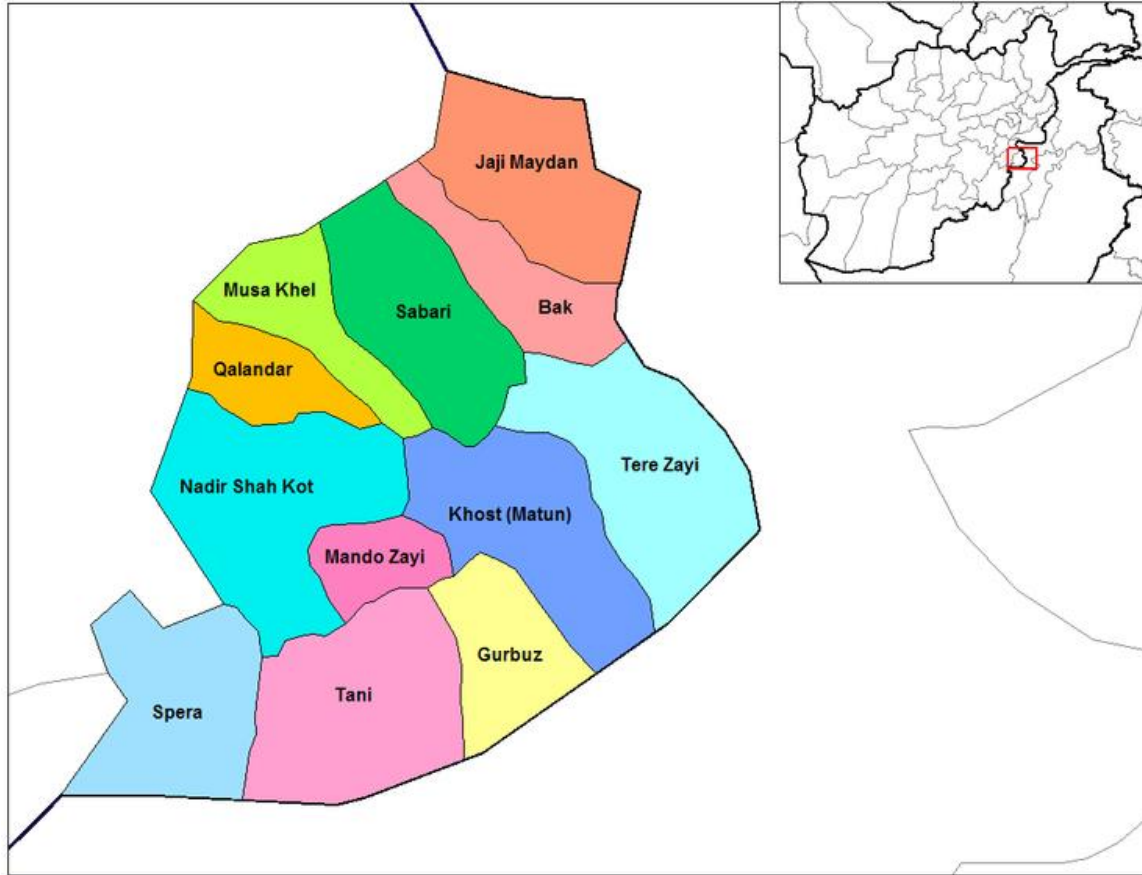


Figure 9 Map showing districts of the Khost province (Wikimedia Commons 2007b).

Was this rural or central?

As mentioned above, the maternity hospital in the Khost is located within the capital of the province, which is under government control, and has been since the establishment of the hospital. Thus, it can be argued that the MSF is not working directly with patients in rural areas. This requires patients to travel into the centres to receive humanitarian assistance. This may be a challenge due to the circumstance of the need, and also because patients located in rural areas have to travel far, and often through contested areas. As explained by the interviewee, this is highly problematic, and a reality that civilians must face in the context of armed conflict:

“(talking about patients in rural areas) *The issue with this is that many patients have to travel out of rural areas to reach clinics and hospitals in the centres. These are the challenges that civilians face in a conflict*” – MSF Staff

The MSF’s approach to delivering humanitarian services in the Southeast region, and also Afghanistan in general can be described as running larger hospital structures within areas that can be characterised as central and with guaranteed security for both humanitarian workers and patients. The interviewee outlines several factors that explain why the MSF have chosen this particular approach in Southeast Afghanistan. Firstly, in accordance with the ICRC, the MSF is not able to perform secondary healthcare within rural areas as it requires large resources in the form of staff and equipment in the field. Moreover, this is even more difficult to achieve within a contested area as additional agreements must be made with the ANSA to be able to access areas safely. The interviewee gives the following explanation:

“For example, you have a clinic, yeah. And if you want a delivery service provided by a midwife. Most of the time, women deliver at night. For that you need electricity. That means you need a generator. That means you need fuel. And then for a female to go to the hospital in the clinic unit, you need to have a “Moharram”, which means a man's presence. This is the rule in Afghanistan. Without a man, you don't go out. It's the way it is. Now, how many services are we talking about? And then she has to be there. That means the woman needs to be allowed to go at night to the facility. That means a man need to be present, that means there is a need for a small room for him to wait for his wife the whole night. And then we have electricity for that area generator. We need to have a fuel. Then you need to have a technician so we can be able to maintain the generator. And then you need the relevant tools and medicines to be there. So, there's some limitations. So, we have to accept that. That's why it's a primary care and anything beyond that. They will do a referral (of patients). So, it's better to invest in a hospital where we can provide wider services.”

Moreover, the interviewee explains that this is specific to the context in Southeast Afghanistan due to low security caused by conflict in contested areas, and the ability to negotiate safe access to these areas. It is complicated and takes time. However, this may be different in other situations. To highlight this, the interviewee compares humanitarian operations in Afghanistan to humanitarian

operations in South Sudan: *“You can't compare Afghanistan to South Sudan, where you in rural areas have a mobile team with two delegates, one doctor and a nurse. Doing home-to-home services. You can't (in Afghanistan) because the risk is quite high. You will be too exposed, being in the wrong place at the wrong time, or it could be so many things which has a direct impact on the presence of operations in the country. Yeah. So, it's a decision. The institutional decision will come based on the risk assessment (...).”* The interviewee says that it is easier to travel to rural areas in situations that are not so dangerous in terms of security, or difficult to navigate due to complexity on the ground. Thus, the MFS has adapted the approach of operating in larger hospitals within areas that promise both humanitarian workers and recipients of services are safe while work is ongoing.

The reason why the MSF has chosen to place such hospitals in central areas under government control rather than rural areas is because this places them in a position where larger portions of the population in the Southeast are able to reach them, since there are more roads that connect to central areas making it easier for patients to travel there. Contrarily, if a hospital was located in a rural contested area, it would require other patients not from this area to cross into the contested area, which increases the security risk. Thus, the MSF achieves better use of their capacity by placing larger hospitals in central areas rather than in rural areas.

Lastly, another benefit of having a hospital within a central area is to reduce the security risks of humanitarian workers due to issues related to women's health and cultural sensitivity. Because of the nature of the services provided, there is a high risk of security incidents as it is very sensitive. Moreover, the Southeast region is one of the most orthodox regions within the country, which could cause conflict. Thus, less negotiation regarding culturally sensitive matters is required when working in more central and urban areas.

What was the political context?

As explained earlier, the culture in the Southeast region can be characterised as religious orthodox. Thus, there is high cultural sensitivity among the population. Furthermore, the further one moves

from the capital of the province towards rural areas, cultural sensitivity becomes even more distinct. Thus, humanitarian services related to women's health is complicated due to the fact that it may touch upon areas that can be viewed as contentious by certain groups within communities. One example of this is programs and activities related to Sexual and Gender-Based Violence (SGBV). It is challenging to provide such services to women who have experienced sexual or gender-based violence as they may become targeted by certain groups, and therefore threatening their security.

“The centre (Kabul) and rural South are very different in culture: women in Kabul are educated and work a lot just with a scarf, but women in rural south are completely covered – access must be negotiated and consider these conservative values and adapt to them (...) Sexual and Gender Based Violence (SGBV) is very difficult to work on due to conservative culture as they need to assure safety of patient at the end – due to this, it is easier to work on emergency needs such as malnutrition etc.”

Another factor caused by the high cultural sensitivity which affects the delivery of humanitarian assistance in the Southeast region is the lack of female medical professionals. There are less educated female nurses and surgeons in the Southeast region of Afghanistan compared to Kabul. The reason for this is because Kabul is more urbanized and more people receive education, but also because the Southeast region is more orthodox and thus it is more typical that males receive an education rather than females. Thus, there are generally more male doctors and surgeons in the Southeast region. The challenge with this is that males are not allowed to treat female patients with regards to maternity related health issues. This becomes more apparent the further from the centre in Khost one goes. It is generally more difficult to provide maternity services for females, but also increasingly more difficult to treat women in rural areas as they are more sensitive and there are fewer female nurses and surgeons to treat them.

How was access negotiated?

Due to the fact that the maternity hospital in Khost is located in a central area within the boundaries of government control, the MSF do not have to engage in negotiation on the same scale as other

humanitarian actors who are working in rural areas. Moreover, due to the fact that the MSF is an INGO and a private organization which is not part of the government, the MSF have to do negotiations with government ministries to generally gain permission to work within Afghanistan, and also to assure that they are implementing activities that are complementary to other humanitarian activities in the region. The MSF had agreements with the government to work in Afghanistan due to the fact that the government between 2001-2021 was in favour of the presence of humanitarian actors within government-controlled areas of Afghanistan. Moreover, this may be different for MSF in other contexts, or in rural areas which are controlled by the opposition. Furthermore, the MSF have to negotiate with community elders to assure that the hospital services are respecting cultural customs and values of the communities. An example of this may be related to the rule that female patients are only allowed to be treated by female nurses. Furthermore, another rule may be related to the use of headscarves. The interviewee uses an example of this:

“If there is a male inside the hospital in the Ward where females are present, they are quite particular about this. When we started this MSF hospital, there were quite some rules that these elders put. Male can be present of course, but if any male professional is coming like if I'm visiting, they will turn away and everybody will look at the wall: patients, caretakers. They're just looking at the wall. Even though they're fully covered. So, it's a bit more extreme in the Southern region.”

As explained by the interviewee, the cultural customs are much stricter outside Kabul in areas such as the Southeast, which results in the need for special considerations when delivering humanitarian services. Another group that the MSF needs to negotiate with are armed groups. Although the hospital is not in a rural area, the MSF must still inform armed groups through advocacy for humanitarian work in Afghanistan and make ANSAs more aware of the humanitarian principles of impartiality, neutrality, and independence to increase the understanding that the MSF are neutral in the conflict, independent from the government, and also that they give assistance to patients on both sides of the conflict. It is also important to assure that all parts of the conflict respect IHL when transporting patients from rural areas to hospitals. There have been several attacks on MSF workers and hospitals in Afghanistan by both the US military and ANSAs and thus advocacy is essential.

5.3. Table of summary

Summarising findings for each actor

	Humanitarian actor		
	NAC	ICRC	MSF
Where did the actor work?	<p>-The NAC has worked mostly in the Ghazni province.</p> <p>-Here they have worked in mostly Ghazni city, Jaghuri, and Malistan; which have been under government control during most of the period.</p> <p>- Furthermore, the NAC has also had programmes in Andar and Quarabagh, which have been under opposition control.</p>	<p>-Has worked in Ghazni, Paktia, Paktika, and Khost, both in central and rural areas, both under government control and under opposition control.</p>	<p>-Has worked in the Khost province, Matun district which is the capital of the province and has been under government control.</p>
What programs and activities were implemented here?	<p>-In Ghazni city, Jaghuri, and Malistan, they have done development aid such as agricultural development, and emergency humanitarian assistance such as “Food for work”</p> <p>-In Andar and Quarabagh, they have done emergency humanitarian aid such as “Food for Work” programs between 2016-2020.</p>	<p>-Within central areas under government control, they have worked with strengthening existing governmental and private healthcare infrastructures. Also, they have done visitation of prisoners.</p> <p>-Within rural areas, they have worked within communities indirectly through ARCS staff and volunteers, implementing ad-hoc programs and activities such as food distribution, water and sanitation, and training of local primary healthcare workers.</p> <p>-The ICRC has been doing advocacy for IHL everywhere.</p>	<p>-Since 2012, has been running one large maternity hospital.</p>
Was this central or rural?	<p>-The NAC has mostly worked in central and geographically rural areas under government control, in Ghazni city, Jaghuri, and Malistan, allowing them to do more long-term development.</p> <p>-However, they have also been able to work in rural areas under opposition control in Andar and Quarabagh</p>	<p>-The ICRC have been able to work <i>directly</i> with communities in central and rural areas under government control</p> <p>-Also, they have worked <i>indirectly</i> with communities in rural areas under ANSA control by working through the local ARCS branches within those areas.</p>	<p>-The MSF has only been running one large maternity hospital in Khost, Matun district which is a central area under the government control.</p>

	delivering emergency humanitarian assistance for shorter periods of time.		
<i>What has been the political context?</i>	<p>-Ghazni City is the capital of the Ghazni province and thus has been symbolically under government control. Jaghuri and Malistan has been mostly Hazara populated and thus have mostly been under government control.</p> <p>-Quarabagh and Andar have been under the control of ANSAs, mostly TB, during most of the period and thus have been contested.</p>		<p>-The Khost (Matun) district is the capital of the Khost province, and thus has been symbiotically under government control during most of the conflict. However, the Matun district is close to the Pakistan border and the FATA.</p> <p>-The Southern region has strict Orthodox culture which is subject to strict rules and customs for medical treatment of women.</p>
<i>How was access negotiated?</i>	<p>-Access to Ghazni city, Jaghuri, and Malistan generated by negotiating with government ministries, community elders, and ANSAs.</p> <p>-Access to Quarabagh and Andar generated <i>indirectly</i> through village elders who negotiated with ANSA and implemented activities themselves.</p>	<p>-ICRC are guaranteed access to government-controlled areas in Afghanistan through IHL.</p> <p>-Access to rural areas generated through negotiating with Community elders and ANSAs.</p>	<p>-Access to Afghanistan negotiated with the government.</p> <p>-Negotiate with community elders to assure services are aligned with cultural customs</p> <p>-Negotiate with ANSAs to advocate for protection of hospitals to minimise possibility of attacks.</p>

Table 4: Summary of findings

6. Discussion

What determines humanitarian actors' ability to access humanitarian spaces? This thesis attempts to answer this question by comparing three different non-state humanitarian actors in Southeast Afghanistan, within the provinces Ghazni, Paktia, Paktika, and Khost, between 2001-2021. This was done by mapping out where the three different non-state humanitarian actors have worked within the Southeast region, and what they did there, whether it was in central or rural areas, and how they negotiated access. The thesis has a key focus on the ability to access rural areas that are contested and under the control of opposition groups; thus, negotiations with the ANSAs has been a main focus. The purpose was to find out what were the factors that determined their ability to

access humanitarian spaces. The purpose of this section is to compare the three actors to identify the determining factors that affected their ability to access humanitarian spaces.

Within the context of this thesis, the degree of success in the ability to access humanitarian spaces was defined in terms of two criteria: Firstly, the ability to access people on both sides of the conflict. This includes both central and geographically rural areas under government control, but also rural areas that are under the control of ANSAs. Secondly, the ability to do so with the guaranteed security of both humanitarian workers, and the recipients of humanitarian assistance. The following part aims to measure the three non-state humanitarian actor's ability to achieve successful access to humanitarian spaces according to these criteria. And to compare the three actors', with the purpose of understanding the key factors that determined their ability to do so.

In a general sense, it can be argued that none of the three non-state humanitarian actors have been able to *directly* access and deliver humanitarian assistance to people in need within areas that are rural in the sense that they are under the control of ANSAs. This finding indicates that the explanatory factors have little to do with the characteristics of each individual non-state humanitarian actor, or the specific way in which they practiced humanitarian diplomacy to negotiate access. Conversely, as this general trend was the same for each actor, it indicates that the ability to access rural areas under the control of ANSAs is determined by the context in which they operate. There are two key factors related to the context in the Southeast of Afghanistan that explain why humanitarian actors are generally not able to directly access rural areas that are contested. Firstly, the Southeast of Afghanistan has been a highly contested area in which interlocutors are constantly shifting, which makes it difficult to negotiate and guarantee safety of humanitarian workers as the situation has been volatile.

Secondly, the way in which society is structured, and the way in which power is dispersed within the society makes it difficult to negotiate access to humanitarian spaces. The way that power is dispersed within Afghan society can be described as decentralised and ever shifting. It is based on family tribe's ability to form relations with other tribes within the community to secure protection. This is especially true in the face of armed conflict as family tribes will be pressured to form relations with each other and the ANSAs to be able to protect their own family tribes. This pattern

of social organization is correspondingly reflected in the way in which the ANSAs are organized on the ground. There are several different ANSAs operating in the Southeast region that also spill into the FATA in Pakistan, which both have been important strategic areas to ANSAs. These ANSAs are often linked to each other such as TB and the Haqqani Network (HQN). These ANSA's have different levels of leaderships ranging from high-rank leaders to local armed commanders. However, the ANSAs are very fragmented and there is generally little contact between high-ranked leaders and armed commanders on the ground. Armed commanders on the ground are organized in terms of the power dispersion that is unique to that particular context. This makes it difficult to negotiate access to humanitarian spaces through high-ranked leaders at the macro-level because it is difficult to make the message reach the ground as it is challenging to identify the relevant commanders to assure the safety of humanitarian workers. Thus, it can be argued that it is not possible to practice humanitarian diplomacy at a macro-level in situations that exhibit the two characteristics listed above such as Southeast Afghanistan.

Moreover, it can be argued that all of the three humanitarian actors have been able to access and deliver humanitarian assistance to people in need within central and geographically rural areas that are within the control of the government and have been able to do so with some degree of security between 2001-2021. The reason for this is that areas that are under government control have more military protection than rural areas, and thus enjoyed a greater degree of security. Secondly, the governments between 2001-2021 were interested in the presence of humanitarian actors to be able to support infrastructures and increase development. Although it can be argued that humanitarian actors have been able access humanitarian spaces for the most part with greater degree of security in central government-controlled areas, it cannot be dismissed that several non-state humanitarian actors have suffered attacks in these areas in Afghanistan in general. Among others this includes the MSF, which have suffered some of the most fatal attacks on humanitarian workers during the conflict in Afghanistan, including the armed attack in Kabul in 2020 which was done by ANSAs.

Thus, it can generally be argued through the comparison of three different non-state humanitarian actors that their ability to access humanitarian spaces in Afghanistan is not determined by the individual characteristics of the non-state humanitarian actors, the way in which they practice humanitarian diplomacy to negotiate with ANSAs, or the way in which they are perceived by the

ANSAs. Although each of the three actors differ in organizational profile, all the three actors had close to identical ways of practicing humanitarian diplomacy to negotiate access to humanitarian spaces on the ground, and all faced the same challenges when doing so. All three actors have similar ways of practicing humanitarian diplomacy to access humanitarian spaces. This entailed negotiating with governments in the province, local community elders in the area, and lastly ANSAs in the area to guarantee security and to establish a presence in the local community. Thus, ability to access is determined by the context which can be described as highly volatile and unstructured. This makes it difficult to use humanitarian diplomacy to achieve full access to humanitarian spaces in terms of the criteria presented above, as the security of humanitarian workers and recipients of humanitarian assistance cannot be guaranteed. Thus, this leads to the argument that it is unjustifiable to generalise the ability to use humanitarian diplomacy to create access to humanitarian spaces in situations that inhibit such characteristics. These characteristics are firstly low degree of security due to volatility, and secondly lack of structures to ensure that negotiations will be conveyed to commanders on the ground. Situations that exhibit these two characteristics will be categorized as: “High-conflict contexts”.

The findings indicate that there are some exceptions to this general pattern in the Southeast region. The NAC’s ability to access humanitarian spaces and implement Food for Work in Quarabagh and Andar districts in the Ghazni province between 2016-2020 is such an exception. The Quarabagh and Andar Districts were under the control of TB and was also contested during this period. Nevertheless, the NAC was able to implement the emergency humanitarian assistance program Food for Work. Two factors explain this. Firstly, the community’s ability to organize, and the ANSAs ability to organize. The NAC was able to negotiate access to humanitarian spaces within a rural contested area by working indirectly through the local community. The reason was firstly because the local community had ability to organize the programs. Also, the local community elders had good knowledge of key actors and good communication with local Taliban commanders, which made negotiations possible. Furthermore, the Taliban within this area was very structured, which made ability to transfer messages to commanders on the ground easier. These findings correspond with the findings of Jackson and Giustozzi from Fayrab in the North region and Kandahar in the South region of Afghanistan. Jackson and Giustozzi found that humanitarian actors were able to practice humanitarian diplomacy to access humanitarian diplomacy within districts

where the local community and ANSAs were both well organized and also maintained contact with each other. The reason for this was that community elders had good knowledge of situation and local commanders and thus could negotiate with them to guarantee the security of humanitarian workers and recipients of assistance. Conversely, Jackson and Giustozzi found that this was also true in the opposite scenario where organization of community and ANSAs were totally absent. Absence of ANSAs may further be an indicate that there is little contestation in the area (Giustozzi and Jackson 2012, 31). These findings suggests that humanitarian actors can use humanitarian diplomacy to access humanitarian spaces within rural areas that attain these characteristics. These findings contradict claims that that humanitarian actors are powerless or are in an asymmetrical relationship with ANSAs (Clements 2019; Mancini-Griffoli and Picot 2004). However, within contexts characterised as volatile and decentralised such as Afghanistan, humanitarian diplomacy must be practiced at a micro-level with the local armed commanders who are in control of the specific areas that the humanitarian actor is trying to access. However, this requires deep knowledge of the local context both with regard to the security situation and local ANSAs and other powerbrokers. Thus, humanitarian actors can mitigate this challenge by working indirectly through communities who attain these requirements.

These findings can be summarised in the table below.

Model

		Degree of security within district	
		High	Low
Degree of organization of community and ANSAs	Low	Ability to access humanitarian spaces is likely but cannot be generalised. <i>Humanitarian presence will always be short-term.</i>	Ability to access humanitarian spaces highly unlikely. <i>“High-conflict context”</i>
	High	Ability to access humanitarian spaces highly likely.	Ability to access humanitarian spaces is likely but cannot be generalised <i>Likelihood may increase by using humanitarian diplomacy.</i> <i>“Humanitarian opening”</i>

Key:
 Green = highly likely,
 Red = highly unlikely,
 Yellow = likely, but cannot be generalised.

Table 5: Two factor model developed to predict ability to access humanitarian spaces.

The model shows the effect of two key-factors that characterises the context of a rural area within Southeast Afghanistan, and the effect that these factors have on the ability to access humanitarian spaces. These factors are as follows: The degree of security within the district, and the degree of organization of the community and the ANSAs within the district. Firstly, the security which is related to the level of contestation in the district can be categorised as either high or low, and the level or organization within the district can either be categorised as high or low. The effect that these two variables have on each other results in four possible scenarios of actor’s ability to access humanitarian spaces. The scenarios can be either green which is highly likely, red which is highly unlikely, and yellow which is likely but cannot be generalised.

Firstly, the actor is highly likely to access humanitarian spaces within a location if the degree of security is high and the degree of organization of the community is high. The reason for this is that there is little contestation in the area, and the community is able to organize and communicate well

with the ANSAs in the area to decrease the possibility that humanitarian workers or beneficiaries will be targeted. Secondly, in a scenario where there is high security, meaning little contestation, but the community and the ANSAs have a low degree of organization, humanitarian actors are likely able to access humanitarian spaces, but this cannot be generalized. The reason for this is that the degree of security may change rapidly within a volatile situation such as in Southeast Afghanistan. Moreover, if it does, humanitarian actors will not be able to communicate with the ANSAs as there is a lack of community structure to do so. Thus, as highlighted by the interviewee from the ICRC, humanitarian presence will probably be short-term. Thirdly, in a scenario where there is low level of security, meaning lots of contestations, and low level of organization among communities and the ANSAs, the ability to access humanitarian spaces will be highly unlikely as the situation is insecure by default, and the platform to communicate with communities and the ANSAs in the location is absent. This scenario can be categorized as a “high conflict context”, and it is not possible to generalise any best practices to accessing humanitarian spaces in such situations. Lastly, in a scenario where there is a low level of security but a high level of organization within the community, the ability to access humanitarian spaces is likely but cannot be generalized. The reason is that although the security situation is volatile, there is a possibility that access could be achieved as the community and the ANSAs are well organized. The likelihood of accessing humanitarian spaces may increase through the practice of humanitarian diplomacy. The reason for this is that the organization of the community and the ANSAs constitutes a platform for the ability to negotiate access to humanitarian spaces. Thus, the last scenario can be categorized as a “humanitarian opening”. However, this cannot be generalized as the security situation is highly volatile, thus one cannot guarantee the ability to access humanitarian spaces as it will ultimately be determined by the context.

Furthermore, this can also be observed in the case of the ICRC. The ICRC has a wide access to humanitarian spaces within Afghanistan in both central and rural areas that are contested. The reason for this is not merely due to their special status through the IHL as this status only has practical implications within government-controlled areas. Moreover, the ICRC is able to access humanitarian spaces within rural contested areas by working indirectly through the ARCS. The ARCS have a local branch within all 34 provinces of Afghanistan, including the Southeast region. These local branches are made up of staff and volunteers who are locals, and thus have a large

network within their local communities. These networks make them recognised in local communities, as well as having knowledge about the ANSAs. These factors allow them to better navigate in rural contested areas, which may be a replacement for lack of organized communities. Similarly, the NAC has also had long-term presence among local communities within the Ghazni province, which gives them increased knowledge of the situation and local communities and the ANSAs.

These findings indicate that non-state humanitarian actor's ability to access humanitarian spaces has little to do with individual humanitarian actors' different characteristics, and the way in which they practice humanitarian diplomacy to negotiate access, but rather is dependent on the context in which humanitarian assistance is delivered. The general situation in Afghanistan at the time can generally be characterized by high levels of conflict and an ever-changing structure of social networks within locations, which in turn made it difficult to navigate.

On the other hand, the way in which non-state humanitarian actors chooses to deal with these restrictions is very different across the three non-state humanitarian actors. Each of the non-state humanitarian actor are able to meet needs of vulnerable people in Afghanistan in different ways, which depends on the specific humanitarian scope of programs and activities of the actor. Not all non-state humanitarian actors choose to work in rural areas which are contested, as it is not sufficient with regard to the type of programs and activities they are implementing. One example of this is the MSF. The MSF specialise in secondary healthcare and are running a large maternity hospital in Khost province, Matun district, which is the capital of the Khost province. The Matun district was under government control. The reason why the MSF have chosen this particular approach is because it is more efficient to run such hospitals in central areas. The reason for this is firstly because secondary healthcare is complicated and requires more resources and capacity than primary healthcare services. Thus, it is very difficult to do ad hoc secondary healthcare services in rural areas as it requires humanitarian workers to facilitate for these resources where the patient is, which requires a high level of organization which is challenging to facilitate in contested areas, which is not an efficient use of resources. Furthermore, it is correspondingly not efficient to place larger hospitals within contested areas as it would require many patients to travel to contested areas, which is highly unsafe. Furthermore, there are fewer medical staff who specialises in secondary

healthcare in rural areas. Thus, MSF focus on running larger hospital structures in central areas that are not contested as they are able to utilize capacity more efficiently, and also because it makes them more accessible to larger parts of the population in the Southeast region.

However, the ICRC also works with strengthening secondary healthcare in the Southeast region, but with a different approach. The purpose of the ICRC's programs and activities within the scope of secondary health is to strengthen existing healthcare structures, and their ability to reach out to people in need by strengthening the referral system of patients. The ICRC does this through more ad hoc activities both in existing secondary healthcare systems in central areas, but also through training healthcare workers in rural contested areas to be able to refer patients to services in healthcare centres within central areas. The reason why the ICRC are able to do this is because they work indirectly through the ARCS who have local branches in rural areas and have a large network among communities and are well known there. Thus, it can be argued that the MSF and ICRC complement each other and adapt their strategy of work depending in ways in which they are able to take advantage of their individual capacities.

Similarly, the NAC choose to mostly work in central areas and/or areas under government control. The reason for this is that their main humanitarian scope is development aid such as for instance agriculture and environmental protection, which have a long-term goal. Therefore, it is not efficient to implement long-term programs and activities in highly volatile contested areas. Moreover, the NAC sometimes combine development aid with emergency humanitarian assistance by implementing Food for Work with vulnerable communities in contested areas. One of the reasons why the NAC are able to do this is that they have over 40 years presence within the Ghazni province and know communities well, which gives them the opportunity to organize and implement humanitarian programs and services indirectly through local communities in rural contested areas.

Thus, it can be said that whether each non-state humanitarian actor chooses to work in central areas, or rural areas that are contested depends on their particular humanitarian scope, and preconditions to be able to organize among communities to implement programs and services indirectly. The humanitarian scope will define the organizations capacity to work in rural areas that are contested such as the case of MSF. Furthermore, if they choose to work in rural areas that are contested, this

will depend on pre-made network among local communities established either by a third-party actor such as that of the ICRC and ARCS, or well-established humanitarian presence among communities such as NAC. Thus, if the actor is able to use an established network in local communities to access rural areas, the ability to access humanitarian spaces will finally depend on humanitarian workers' individual interpersonal skills to be able to utilize these networks to generate humanitarian spaces.

Finally, it can be argued that the three different humanitarian actors are able to meet different needs within communities, and thus complement each other. Furthermore, ability to access humanitarian spaces is not merely dependent on ability to directly access people in need in central and rural areas, there are many ways that humanitarian spaces may be generated indirectly to be able to successfully reach humanitarian spaces.

However, it must be stressed that humanitarian actors' ability to access humanitarian spaces, whether directly or indirectly, cannot be generalised in contexts that have the characteristics of a "high conflict context", which is the scenario demonstrated by the red box in the model . High conflict settings can be defined as locations where security is low as there is high levels of contestation, and locations where there is little organization among communities and ANSA's which means that platforms to be able to generate humanitarian spaces through negotiation is absent. Thus, one cannot generalize any best practices of humanitarian diplomacy within such settings as there is no way of guaranteeing the safety of humanitarian workers and recipients of humanitarian assistance. Also, it must lastly be highlighted that although safety can be assured, it is not possible to completely guarantee the safety of humanitarian workers and beneficiaries in any context characterised by civil war. The reason for this is that civil war is always volatile. Several of the interviewees claimed that they never really felt safe working anywhere in Southeast Afghanistan, which draws a picture of the conditions that humanitarian workers are dealing with on the ground.

7. Conclusion

The case of Southeast Afghanistan offers an insight into the importance of increased consciousness of the practice of humanitarian diplomacy at a micro-level. The unique form of social organization and decentralized power-structures of Pashtun communities in rural Southeast Afghanistan portrays an image of the challenges faced by humanitarian workers. The thesis offers an empirical approach to identify what determines the ability to access humanitarian spaces in high conflict contexts; through comparing three different non-state humanitarian actors in one context. It also proposes a conceptualization of the practice of humanitarian diplomacy in high-conflict contexts which can serve as a hypothesis in other contexts characterized as high-conflict contexts to test the causal weight of the theory.

This thesis has compared three non-state humanitarian actors and their practice of humanitarian diplomacy and general approach in the access and delivery of humanitarian assistance within the same high-conflict context, being the Southeast of Afghanistan between 2001-2021. The thesis aimed to uncover the main factors that determined the ability to access humanitarian spaces in provinces such as Ghazni, Paktia, Khost, and Paktika. In conclusion, the thesis finds that the main factor that determined the ability to access humanitarian spaces, specifically within regard to rural contested areas, was the context itself. In other words, non-state humanitarian actors face the same challenges on the ground. Rural contested areas in Southeast Afghanistan can be characterised by high degree of volatility accompanied by an ever-changing power-structures on the ground which makes it challenging to ensure the safety of humanitarian workers and recipients of assistance. More precisely, ability to access these areas had little do with the individual actor's practice of humanitarian diplomacy or general organizational profile, but rather the context itself which can be described as a high-conflict context. The findings suggests that scholars cannot make assumptions about the ability to use humanitarian diplomacy to gain access to humanitarian spaces in situations that exhibits these two characteristics. On the contrary, the absence of these characteristics such as well-organized local communities and ANSAs may allow access in which humanitarian diplomacy can be utilized to generate humanitarian spaces. Significantly, non-state humanitarian actors who have a strong relationship with local communities may mitigate these challenges through working indirectly through the local community. They have both local knowledge and contacts with local

powerbrokers. This was demonstrated through the ICRCs relation with the ARCS, and the NAC through their long-established presence in Ghazni. However, this cannot be generalized in areas with a high degree of security challenges as they are volatile. Finally, the ability to use these humanitarian openings to generate humanitarian spaces will depend on humanitarian workers' individual personal proximity and social skills.

The thesis further demonstrates that humanitarian actors' particular humanitarian scope and organizational capacity determines the actors' prospect to work in rural contested areas. Not all programs and activities are well-suited to be implemented in volatile areas as these areas do not allow sufficient use of resources. This is illustrated through the MSF's choice of working with specialised healthcare in larger hospitals in a central area of Afghanistan. By working in central areas under government control, the MSF mitigate challenges related to cultural dimensions and utilize their resources more efficiently to be accessible to a larger portion of the population. This is also illustrated through the NAC's development aid program in central areas of Ghazni. Contrarily, the ICRC has a different humanitarian scope in the delivery of secondary health and thus adapts a different approach to take advantage of their special status, organizational capacity, and ability to reach out in rural area through the ARCS who have a significant presence throughout the country. The findings suggests that non-state humanitarian actor's adapt different approaches to mitigate the challenges they face working within high-conflict contexts, depending on various factors such as humanitarian scope, organizational capacity, and established networks and presence in the country. It can be argued that the non-state humanitarian actors complement each other by adapting different approaches and catering to different humanitarian needs.

To expand the field, more research needs to be done on how humanitarian workers navigate volatile contexts and use "humanitarian openings" to mitigate security risks to reach out to people in need within rural areas.

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