Each year, Sida conducts a humanitarian allocation exercise in which a large part of its humanitarian budget is allocated to emergencies worldwide. The allocation and subsequent disbursement of funds takes place in the beginning of the year to ensure predictability for humanitarian organizations and to allow for best possible operational planning. In an effort to truly adhere to the humanitarian principles, Sida’s humanitarian assistance is grounded in the four humanitarian principles, and in particular impartiality, with its compelling urge to ensure that humanitarian action is carried out based on “needs alone”, giving priority to the “most urgent cases of distress”. Therefore, Sida’s allocation methodology is grounded in several objective indicators such as: the scale of humanitarian needs (number of people in need), the severity of humanitarian needs (including food insecurity/IPC levels), the number of people targeted for the humanitarian response, the financial coverage of the respective humanitarian appeal, national capacities to respond and underlying risks, as well as distinct indicators related to forgotten crises. Sida also strongly supports the humanitarian coordination structures. Besides this initial allocation, another part of the humanitarian budget is set aside as an emergency reserve for sudden onset emergencies and deteriorating humanitarian situations. This reserve allows Sida to quickly allocate funding to any humanitarian situation throughout the year, including additional funding to Afghanistan.

For 2019, Afghanistan is allocated an initial 110 MSEK. Close monitoring and analysis of the situation in Afghanistan will continue throughout the year and will inform possible decisions on additional funding.

1. CRISIS OVERVIEW

Conflict

What once was a low intensity conflict in Afghanistan, has now escalated into a war. Since 2017, the UN strategic review reclassified Afghanistan from a post-conflict country to one in active conflict. The intensification of the conflict between the Government and mainly the Taliban’s but also Daesh/ISIL, combined with a surge in sectarian violence in many parts of the country, has led to very high numbers of war casualties on all sides of the conflict. From 1 January to 30 September 2018, UNAMA documented 8,050 civilian casualties reflecting the same extreme levels of harm to civilians as during the same period in 2017, placing conflict-caused deaths and injuries at near record-high levels. The combined use of suicide and non-suicide improvised explosive devices (IEDs) remains being the leading cause of civilian casualties in the first nine months of 2018, causing nearly half of all civilian casualties. Aerial operations by international military forces has increased by 39 % since 2017. Women and children continued to comprise more than 60 % of all victims of aerial attacks. In 2017, health partners reported more than 69,000 trauma cases. In 2018, 114 000 trauma cases have been reported on so far – a 60 % increase.

According to latest Special Inspector General for Afghanistan Reconstruction (SIGAR) the Afghan government control or influence of its districts reached the lowest level (55.5%) since SIGAR began tracking district control in November 2015. The insurgency controlled or influenced 18% of the total land area and 26% was contested/controlled by the government and insurgents. While there is disagreement and confusion around what parts/percentage of Afghanistan is controlled by or disputed by the insurgents, Taliban now control more Afghan territory than at any time since 2001. In the absence of a political solution to the conflict, widespread and intensified hostilities are likely to persist in 2019. Election-related risks are expected to compound existing humanitarian challenges related to the conflict and drought, both of which are projected to continue into 2019. Based on current trends, it is estimated that some 500,000 Afghans may be newly displaced by conflict in 2019 and that as many as 300,000 could be uprooted by the drought, including a proportion of those already displaced in 2018.

Natural disaster

Afghanistan is prone to natural disasters, including earthquakes, droughts, floods, storms, landslides, avalanches and extreme cold. The most frequently occurring disaster is seasonal flooding. Due to mountainous terrain, floods are usually localized but with significant impact on lives, livelihoods, agriculture and other rural infrastructures. Over three decades of conflict, coupled with environmental degradation, and insufficient investment in disaster risk reduction strategies, have contributed to decaying infrastructure and increasing vulnerability of the Afghan people. Chronic poverty and decades of war has increased communities’ vulnerability so that even small shocks to their harvests or livelihoods can entail devastating effects, forcing families to rely on negative coping mechanisms. The results of the recent IPC analysis in September 2018 shows that Afghanistan is experiencing a major livelihood crisis affecting no less that 12 million people. The crisis has been primarily caused by the severe drought which limits food production and depletes farmers and livestock keepers of assets and livelihoods. The years of civil conflict and instability as well as the severely degraded condition of much of the land have compounded the impacts of the drought, leading to the current food security crisis.
1.1. Geographical areas and affected population

The most severe needs are concentrated in drought-affected provinces, as well as those subjected to prolonged fighting and hosting large numbers of IDPs and returnees – often the same places. For most part, these areas are simultaneously facing development challenges which have been exacerbated in the current context and contribute to higher intensity need. While in 2017, Nangarhar, Kunduz and Badghis recorded the highest rates of conflict-related displacement, in 2018 Ghazni, Farah and Kunduz have experienced the highest numbers. The drought has also heavily influenced population movement within the western region, with 263,000 people arriving into Herat and Badghis. Other provinces with high needs are Helmand, Kandahar, Nimroz and Zabul provinces. These people require a complementary and multi-sectoral response to guarantee their basic survival and protection.

The total number of displaced people in Afghanistan is 1.3 million. 17% are in hard to reach areas. Forced displacement is reported in 30 out of 34 provinces and 57% of all displaced people are girls and boys under 18 years of age. Most of the displaced people have moved to the cities (provincial capitals across Afghanistan now host more than 54% of IDPs) where social services are struggling to cope, leading to increased vulnerability and suffering. While returns from Pakistan are at an all-time low, with only 41,000 recorded so far in 2018, an unprecedented 650,000 Afghans have come back from Iran. Populations forcibly displaced, internally or cross-border, are exposed to a host of protection risks both pre- and post-flight, including secondary and multiple displacement. With conflict, further economic decline in Iran and an uncertain political and protection climate in Pakistan, all foreseen in 2019, it is estimated that one million displaced people will require life-saving humanitarian assistance across multiple sectors.

Currently, 12.3 million people are facing IPC Phase 3+ levels of food insecurity, five million more than this time last year, of which 3.3 million are facing IPC Phase 4 (Emergency) levels nationwide. Without urgent assistance, preliminary results indicate that 13.5 million people risks becoming severely food insecure, of which 3.6 million could face IPC Phase 4 levels over the coming months. Already Badghis, Kandahar and Nuristan have been classified as IPC 4 provinces countrywide, where more than 20 per cent of the population is severely food insecure. Daykundi and Nuristan are projected to move into IPC 4 between November 2018 and February 2019 unless emergency food and livelihoods assistance is significantly scaled-up.

Currently, 1.6 million children across Afghanistan are acutely malnourished – an increase of about 300,000 since the beginning of 2017 – including 540,000 severe acute malnutrition (SAM) cases. Women and girls face additional specific obstacles in obtaining the healthcare they require. Volatile security, as well as harmful cultural and traditional practices which see the rightful place of women as in the home, rather than at work; the imposition of strict gender segregation rules; and prohibitions on men providing medical treatment to women, all compromise women’s access to sustained and quality healthcare. Across Afghanistan today, only 15% of nurses and 2% of medical doctors are female, and despite having one of the highest fertility rates in the world, there are only 37 dedicated maternal hospitals.

In addition, for more than four years, partners have been supporting Pakistani refugees from North Waziristan with multi-sectoral assistance in Khost and Paktika provinces. Despite this, and with around 78,000 remaining in camps and surrounding areas, needs assessments consistently highlight the poor humanitarian indicators among this population group.

1.2. Critical assumptions, risks and threats

During the first nine months of 2018, UNAMA continued to receive reports of incidents of killings, sexual abuse and recruitment and use of Afghan girls and boys (using children to carry out suicide attacks as well as to transport and plant IEDs), highlighting the severe impact of the armed conflict in Afghanistan on children. UNAMA reports a continued practice of child recruitment by Anti-Government Elements, noting particular concern with Daesh/ISKP. The drought has only served to exacerbate the humanitarian needs of children across Afghanistan in 2018. Rates of child marriage in Badghis province are 13% higher than the national average, while cases of child labor, child abandonment, and child-selling have all been reported in recent months as families have resorted to negative coping mechanisms to survive severe financial hardship, including debt accumulation. Attacks on health care, medical personnel, humanitarian aid workers and education system, including specific anti-girl education campaigns by non-state armed groups are also at their highest level ever. In addition, the Hazara community is of particular concern. They are known for having a more liberal approach towards education for girls, and for active female participation in civil and political affairs. Violence and attacks toward Hazaras has intensifying across Afghanistan. If the government of Afghanistan and the humanitarian community fail to respond to the needs of IDPs, refugees and returnees, the burden of humanitarian assistance will fall to hosting communities, many who have extremely limited resources.

Afghanistan is a high-risk corruption country. According to Transparency International, Afghanistan is ranked 177/180. While Sida’s humanitarian partners have strong control mechanisms, partners will be encouraged to improve measures and adapt to the challenging circumstances.
1.3. Strategic objectives and priorities of the Humanitarian Response Plan

Now entering the 18th year of crisis, humanitarian needs in Afghanistan show no signs of abating. A chaotic and unpredictable security situation combined with the worst drought in living memory have prompted an almost doubling in the number of people in need compared to this time last year. The HRP for Afghanistan is a multi-year plan covering the years of 2018-2021 with an estimated cost for 2019 of USD 583 million. People in need of humanitarian assistance are estimated to 6 million and the HRP target is 4.16 million people. In 2017 PIN was 3.3 million and targeted 2.8 million. In targeting assistance to only those experiencing the most acute humanitarian needs, because of specific crisis, the HRP recognizes that many people living in chronic poverty and with limited access to essential services who were previously incorporated in the HRP will no longer receive similar support. Therefore, the humanitarian community also foresees the need for greater investments from development actors, the Afghan Government and donors to deliver sustainable actions and durable solutions to address the root causes of vulnerability, particularly in areas of countryside outside Kabul. The strategic objectives are firmly focused on the provision of timely and life-saving assistance to people directly affected by crisis, including conflict, natural disasters and cross-border population movement. The primary goal of the multi-year plan is therefore to save lives through the delivery of lifesaving assistance to populations in harmony with the principles of neutrality and impartiality, and thus irrespective of territorial control. The strategic objectives of the HRP are: SO 1: Lives are saved in the areas of highest need, SO 2: Protection violations are reduced and respect for Humanitarian Law is increased, SO3: People affected by sudden onset crises are assessed and provided with a timely response. Sida will follow up and advocate that protection, including child protection, is mainstreamed.

2. IN COUNTRY HUMANITARIAN CAPACITIES

2.1. National and local capacities and constraints

Afghanistan has suffered from on-going conflicts for more than four decades. The security situation has therefore always overshadowed other priorities for the Afghan government. Limited attention has previously been given to humanitarian needs, but this has now improved. The Afghan government has a nation-wide Citizens’ Charter programme with a whole-of-community approach, which includes focus on IDPs and returnees. In response to the drought, the Government and local authorities together with the humanitarian and development community are establishing a drought response plan. In addition, the Famine Action Mechanism initiative (FAM) led by the World Bank, will analyze how famine occurs and develops and what it would to take prevent them. National CSO capacity is still weak. There are signs of improvements as the number of NGOs accessing the humanitarian fund AHF increased from 5% 2014 to 15% as of November 2018.

2.2. International operational capacities and constraints

Humanitarian coordination is led by the Humanitarian Coordinator (HC) with the support of UN OCHA and the Humanitarian Country Team (HCT). Humanitarian donors at the HCT are ECHO, DIFD, USAID and when feasible Sweden. Donors have regular meetings among themselves and with the HC. The Afghanistan Humanitarian Fund (AHF), were Sweden is member in the Advisory Group, is an effective mechanism for timely response to emerging needs and for coordination. A cluster system is also in place, but this might be in the process of being revised. Response capacity, at least to medium and to some extent for even larger scale events, is high. There are sufficient supplies present. Though remoteness, road closures (due to snow or conflict), and logistics could delay responses. However, operational capacity continued to decrease in 2018. Pinpointing the exact reasons why is difficult, although it is likely to be a combination of insecurity plus the application of a more rigorous definition of what counts as a humanitarian partner. Organizations are now only included in the 3Ws mapping if they have carried out two of the following activities in the past three months: a needs assessment, delivery of assistance or a monitoring mission.

Cuts to OCHA Afghanistan budget when humanitarian needs still are high and the environment is very complex, is very unfortunate, since coordination of response outside Kabul needs to be strengthened. According to OCHA, Afghanistan will be receiving additional international resources to strengthen OCHAs footprint at the sub-national offices during 2019. The HRP 2018 has been funded by 81%.

In Afghanistan, there are approximately 28 donors providing humanitarian assistance. Top five are the USAID, ECHO, DIFD, Japan and Germany. Sweden is ranked at seventh place.

2.3. Access situation

There is a mounting access problem for relief agencies and incidents have occurred where they have been directly targeted. Furthermore, the same conflict and instability is making it equally difficult for development programmes to achieve their objectives. As the intensity and the complexity of the conflict increases, humanitarian access is becoming more problematic to negotiate and the humanitarian space is shrinking. Key challenges for the entire humanitarian community is access to contested and opposition-held areas, restricted access of the population to basic services and assistance, interference in the implementation of humanitarian activities, and military operations or ongoing hostilities.
The overall hostile operating environment tends to limit the number of available implementation partners. Despite challenges, humanitarian actors funded by Sida, are focusing their activities to these hard to reach areas within the Humanitarian Response Plan (HRP). As humanitarian access to people located in hard to reach areas has increased, there has also been an increase in safety incidents for aid workers (kidnapping, threats, killings, injuries). The latest Aid Worker Security Report indicates that Afghanistan is the most dangerous country in the world for aid workers, ahead of South Sudan and Syria.

3. SIDA’S HUMANITARIAN RESPONSE PLAN

3.1. Sidas role and Response Priorities 2019

Sida will maintain focus on the response to the most acute humanitarian needs with priority to new needs arising from the conflict and acute humanitarian needs caused by natural disaster, particularly the ongoing drought. Sida will in addition focus its response to organizations that are present were the humanitarian needs are the greatest and where Sida is able to have a close dialogue and possibility to follow up on its funding. All Sida’s contributions, except for the contribution to ICRC and SRC/ARCS, will be within the framework of the HRP and its three identified Strategic Objectives. Sida will prioritize multi-sectoral approaches leaving the choice of modalities to humanitarian actors near the response. In addition, Sida will during 2019 prioritize 1-2 field trips with focus on the drought and conflict related response. Provinces to follow up on: Herat/Bagdhis and if possible Helmand or Kandahar. A special focus will be to follow up on OCHAs coordination capacity and overall capacity of the humanitarian architecture together with mayor humanitarian donors.

3.2. Partners: further details on the humanitarian operations of respective agency will be provided following the submission of full proposals by end of January 2019. Below is based on respective organisations “Initial Submissions” provided end of October 2018.

NRC: NRC will protect and assist vulnerable women, girls, boys, and men displaced by conflict and/or in hard-to-reach areas through emergency response and protection advocacy. The primary target population for NRC Afghanistan is conflict affected IDPs and people affected by drought. It is projected there will be 600 000 newly displaced IDPs in Afghanistan in 2019, in addition to the 1.3 million people in protracted displacement. NRC will also prioritize assisting undocumented and documented returnees and Waziristan refugees. In addition, NRC will target the most vulnerable 5-15% in project catchment areas, primarily female and widow-headed households and primary school-age girls from households with severe food insecurity. In addition, SGBV prevention is included in NRCs Protection Mainstreaming Action Plan. NRC will help end disadvantage effects of prolonged internal and regional displacement by promoting durable solutions, and prevention and mitigation of forced returns. NRCs activities are within the framework of the HRP. NRC has great capacity to scale up when needed and have access to the prioritized provinces and districts to reach the affected population. Sida proposes to support NRC with 26 MSEK (11% of the NRC appeal to Afghanistan).

ICRC: With record high numbers of casualties from conflict and mass displacements, ICRCs role and protection activities are very relevant and crucial. Main priorities in 2019 include to secure acceptance from all parties to conflict. Assistance activities within livelihood and improving access to water and health care will continue to be limited to cities and to rural areas where the ICRC has safe access and/or has established partnerships. Strengthening of access to good-quality health care remains a priority. The ICRC has no clear gender analysis and is by nature not part of the HRP since they operate in the framework of the ICRC Appeal. ICRC has great capacity to scale up when needed and have access to the prioritized provinces and districts to reach the affected population. Sida proposes to support ICRC activities with 20 MSEK.

Afghanistan Humanitarian Fund: The Afghanistan Humanitarian Fund is by nature part of the HRP and will focus on the HRPs 3 SOs. During 2017, 47% of the projects were marked by the gender marker 2a and 47% gender marker 1. The humanitarian fund remains important, quick, and a strategic tool to that can respond in a coordinated way to acute humanitarian needs. 15% of the total funding during 2018 went to national NGOs. The decision to earmark USD 20 million from the Second Standard Allocation in 2017 for improved humanitarian response in hard to reach areas has encouraged partners to explore all possible avenues to reaching the most vulnerable rather than falling back on areas where they already enjoy access and needs exist, but they are not the most acute. This is exactly what Sida is looking for when it comes to humanitarian partners in Afghanistan. The AHF has successfully responded to emergencies during the past four years of its lifetime. AHF has great capacity to scale up when needed and have access to the prioritized provinces and districts to reach the affected population. Sida proposes to support AHF with 60 MSEK.

OCHA: OCHA has an extremely important coordination role in a tremendous complicated context. Donors and humanitarian organizations rely on the information OCHA collects and analyzes and its products in making strategic decisions. For example, OCHA leads the process and production of the HNO and HRP. OCHA coordinates and supports joint needs assessment, inter-sectoral analysis and prioritization, monitoring and evaluation of collective responses. It is recommended to contribute to OCHA with 4 MSEK.
SIDA’s HUMANITARIAN ASSISTANCE TO (AFGHANISTAN) in 2019

<table>
<thead>
<tr>
<th>Recommended partner for Sida support</th>
<th>Sector/focus of work (incl. cross sectoral/ multipurpose programming) and response modalities (e.g. in-kind, services, CVP or a mix)</th>
<th>Proposed amount</th>
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<tbody>
<tr>
<td>OCHA</td>
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<td>5 MSEK</td>
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<tr>
<td>Afghanistan Humanitarian Fund</td>
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<td>60 MSEK</td>
</tr>
<tr>
<td>ICRC</td>
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<td>20 MSEK</td>
</tr>
<tr>
<td>NRC</td>
<td></td>
<td>26 MSEK</td>
</tr>
<tr>
<td><strong>TOTAL: 111 MSEK</strong></td>
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</tbody>
</table>

3.3. Strategic funding in protracted crises

SRK/ARCS: This support is within the framework of a one off multi-year financing window 2018-2019. SRC works in cooperation with IFRC to support ARCS health activities and capacity. ARCS is the largest humanitarian organization in the country with presence in all 34 provinces and large network of volunteers. Sida proposes to support SRC/ARCS planned activities with 6.5 MSEK.

SIDA’S MULTIYEAR HUMANITARIAN ASSISTANCE TO (CRISIS)

(Insert total sum allocated to country. If another sum is proposed, please indicate that sum with a second/separate table)

<table>
<thead>
<tr>
<th>Recommended partner for Sida support</th>
<th>Sector/focus of work (incl. cross sectoral/ multipurpose programming) and response modalities (e.g. in-kind, services, CVP or a mix)</th>
<th>Category: a) Protracted crisis b) Exit/phase-out</th>
<th>Time-span (2019-20XX)</th>
<th>Proposed amount</th>
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<tr>
<td>SRC/ARCS</td>
<td>Health</td>
<td>a</td>
<td>2018-2019</td>
<td>6,5 MSEK</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Total: 6,5 MSEK</strong></td>
</tr>
</tbody>
</table>

3.4. Synergies with long-term development assistance

After four decades of conflict, there are tremendous economic and development challenges in the country which has caused enormous chronic needs. As per the Afghanistan Humanitarian Needs Overview for 2018-2021, 8.7 million people “exhibit chronic needs associated with long term structural deficits such as limited access to livelihoods, a significant proportion of whom have been included in previous HNOs but for which alternative development programming is more appropriate”. These needs require concerted efforts that tackle root causes. And this of course is poised by challenges, as conflict still persist in large areas of Afghanistan. However, some advances have taken place in the country, like in the area of maternal mortality and attendance in education, not least girls’ attendance in primary education. However, economic development is stagnant and even reversing. According to a recent study conducted in cooperation between the Afghan Ministry of Economy and the World Bank 54.5 % of the Afghan population is living below the national poverty line. For that reason, it is important that the development aid directed to Afghanistan supports national priorities and national structures, which would provide basic services and protection to all its people, as to ease the current humanitarian caseload. Inclusive economic development is also necessary for a long-term sustainable development process.

Sweden is well placed in that regard and has a unique and long-term commitment to support Afghanistan for the period 2015-2024 with a total indicative volume of SEK 8-8.5 billion. The allocation for 2019 is approximately 1050 million SEK. The Swedish development cooperation with Afghanistan is focusing on empowerment (democracy/human rights/gender/peace- and statebuilding), education and economic development.

In line with the commitment of “leave no-one behind”, there are several examples of synergies between humanitarian aid and long-term development aid in Afghanistan. One is the WB/ARTF Citizens’ Charter programme, mentioned above in section 2.1. A large part of Sida’s development budget to Afghanistan is channeled through the ARTF which will directly benefit the Citizens’ Charter National Priority Programmes across 14 districts in nine provinces experiencing a high level of returns and IDPs. The WB will also channel USD 100 million over a period of six year through the Education Quality Reform in Afghanistan (EQRA) programme to support access to education for out of school IDP and returnee children. Another example of the synergies between humanitarian aid and long-term development aid is the Swedish Committee for Afghanistan that includes IDPs and returnees within the framework of their new Strategic Plan, Mercy
Corps targets IDPs and returnees for improved employability through vocational training programme and Save the Children has a holistic child protection approach and are including a Disaster Risk Reduction component. In addition, Sida’s Afghanistan unit is also increasing the support to education in emergencies (EIE) geared towards underserved and displacement-heavy areas, with a three year contribution to Education Cannot Wait (ECW). Two additional new contributions to NRC and Save the Children will focus on EIE with components of psychosocial support (PSS) for IDP and returnee children. Afghanistan has the highest level of gender disparity in the primary education in the world, with only 60 girls in primary school for every 100 boys. Research amongst IDPs suggests that only 44% of IDP children are in school versus 56% of children attending school countrywide. The Embassy of Sweden in Kabul has also commissioned a study together with UNICEF on the MRM in order to facilitate the reporting and coordination regarding the six grave violations against children in armed conflict. Furthermore, a new DRR contribution has been approved that will contribute to communities’ livelihood sources through improved agriculture and irrigation and reduce humanitarian needs arising from natural disasters.