Each year, Sida conducts a humanitarian allocation exercise in which a large part of its humanitarian budget is allocated to emergencies worldwide. This allocation takes place in the beginning of the year as 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 bases its allocation decisions on a number of objective indicators and parameters of which the most important are related to the number of affected people, vulnerability of affected people and level of funding in previous years. One of the indicators is also related to forgotten crises in order to ensure sufficient funding to low profile crises. 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 2018, Afghanistan is allocated 98.5 Million Swedish Kronor (MSEK). Close monitoring of the situation in Afghanistan will continue throughout the year for potentially additional funding or amendments.

1. CRISIS OVERVIEW

Conflict

According to the HNO for Afghanistan 2018, what once was a low intensity conflict has now escalated into a war. The UN strategic review of 2017 reclassified Afghanistan from a post-conflict country to one in active conflict. The intensification of the conflict, combined with a surge in sectarian violence in Kabul, has led to very high numbers of war casualties on both sides of the conflict. The UN Assistance Mission in Afghanistan (UNAMA) recorded more than 8,000 civilian casualties from January until the end of September 2017, placing conflict-caused deaths and injuries at near record-high levels, but with a worsening toll from suicide attacks, and a greater impact on women and children. Deaths and injuries caused by airstrikes continue to rise: the mission documented 466 casualties from aerial attacks, a 52 % increase. In 2017, health partners also reported more than 69,000 trauma cases – a 21 % increase on those reported at the same time in 2016.

UNAMA attributed roughly two thirds of the casualties to anti-government forces – mainly the Taliban and self-proclaimed Islamic State groups. According to IRIN News, the Afghan government's authority of its own territory has eroded over the past two years and has control or influence over less than 60 percent of the country's 407 districts. While there is disagreement and confusion around what parts/percentage of Afghanistan is controlled by or disputed by the insurgents, it is clear that Taliban now control more Afghan territory than at any time since 2001 and that fighting has reached areas of large population centers.

In the absence of a political solution to the conflict, widespread and intensified hostilities are likely to persist in 2018. How this will impact population movements is yet unclear. However possible additional factors to consider include up-coming parliamentary elections that might take place in 2018 and arrival of US reinforcements.

Natural Disaster

Afghanistan is prone to natural disasters, including earthquakes, droughts, floods, storms, landslides, avalanches and extreme cold. The most frequently happening 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 small shocks to their harvests or livelihoods can be devastating forcing families to rely on negative coping mechanisms.
1.1. **Geographical areas and affected population**

The total number of displaced people is 1.9 million. Forced displacement is reported in 29 out of 34 provinces and 58 per cent 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 percent of IDPs) where social services are struggling to cope, leading to increased vulnerability and suffering.

Of the 2.1 million people living in areas of highest severity, two thirds (1.4 million people) are concentrated in 10 provinces: Badghis, Faryab, Ghazni, Hilmand, Kabul, Kandahar, Kunar, Kunduz, Nangarhar and Uruzgan. These provinces are also the most conflict affected – accounting for 59 percent of all new internal displacements in 2017, as well as hard to reach. 72 of the 100 districts identified by the Afghanistan Humanitarian Access Group are located within these provinces, in particular Nangahar, Kunduz, Kandahar and Kabul. Overall, humanitarian presence is well established in the four provinces where needs are the most severe, of concerns however is the much lighter humanitarian operational presence in Uruzgan and Hilmand, both conflict hotspots where emergency response to new IDPs is constantly required.

While 2017 has seen a significant decline in the numbers of undocumented returnees and registered refugees returning from Pakistan (decrease of 70 %) influxes remain highly dependent on the status of bilateral relations and internal political dynamics. Of additional concern are the 385,000 undocumented returnees who have arrived from Iran in 2017. In contrast to undocumented returns from Pakistan, the Iranian caseload contains thousands of special needs cases, including single females, unaccompanied migrant children, emergency medical cases, and high numbers of deportees.

One million children are crossing emergency acute malnutrition levels in the country, particularly in Uruzgan (21.6%), Kandahar (16.5%) and Kunar (16.2%) provinces, all above the international emergency response level. Out of 34 provinces, 21 were classified in IPC phase 3, one of the province Badghis is classified in phase 4. Out of 21 provinces classified in phase 3, provinces with higher number of proportions in phase 4 are: Badghis (25%), Bamyan (14%), Daikundi (10%), Ghor (12%), Saripul (10%) and Khost (10%). Female headed households are 67 per cent more food insecure than men so women and girls will be prioritized in the response.

1.2. **Critical Assumptions, risks and threats**

Risks to communities are similar to factors causing humanitarian needs. They include being affected or displaced by conflict, not having access to emergency and basic health, not having access to assistance as a result of conflict or remoteness or a combination of both. GBV, child abuse and forced labor are constant threats to women and children. Returnee and displaced children are at higher risk of recruitment by armed forces, early marriage and other forms of negative coping mechanisms depriving them of their basic rights. Partners will be encouraged to mainstream protection in all activities and to report accordingly.

Afghanistan is a high-risk corruption country. While Sida’s humanitarian partners have strong control mechanisms, partners will be encouraged to improve measures and adapt to the challenging circumstances.

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. A lack of adequate support to this population could lead to secondary displacement and failure to deliver basic services will endanger the lives of already vulnerable individuals.

1.3. **Access Situation**

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.
Insecurity and changing territorial control negatively affected access conditions in 2017. However, partners have consolidated and improved coordination efforts to expand humanitarian space. In May 2017, the Access Monitoring and Reporting Framework (AMRF) – a global tool used to measure nine categories of constraint – was launched with violence against humanitarian personnel, assets and facilities reported as the most common impediment, representing 40 percent of all incidents. As expected, there is a direct correlation between the five provinces reporting the greatest number of access constraints and those experiencing the highest levels of displacement, with Badghis, Helmand, Kabul, Nangarhar and Uruzgan hosting over one third of new IDPs in 2017. Despite challenges, humanitarian actors funded by Sida, are focusing their activities to these hard to reach areas within the Humanitarian Response Plan (HRP).

1.4. **Strategic Objectives and Priorities of the Afghanistan Humanitarian Response Plan**

The HRP for Afghanistan is for the first time a multi-year plan covering the years of 2018-2021 with an estimated cost for 2018 of USD430 million. People in need are estimated to 3.3 million and the HRP target is 2.8 million people. In targeting assistance to only those experiencing the most acute humanitarian needs as a result 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. 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 International Humanitarian Law is increased, **SO3:** People affected by sudden onset crises are assessed and provided with a timely response.

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, this has now improved. The Afghan government has a nation-wide Citizens’ Charter programme with a whole-of-community approach, which includes strong focus on IDPs and returnees. Through the Maintenance Cash and Construction Grant poor and vulnerable households in host communities, including IDPs and returnees are provided with short term cash for work employment assistance. The government’s capacity to take a more prominent role in the provision of relief to communities affected by conflict and natural disaster remains vital, and they have improved their ability to provide small-scale assistance to IDPs and returnees in several provinces in 2017 through an emergency budget of AFN5 million made available across Afghanistan’s 34 provinces. The recent launch of the National Disaster Information Management System (NDMIS) is expected to boost the emergency response management capacity of the Afghanistan National Disaster Management Authority (ANDMA). The system, which will allow the government to record disaster events, encode assessment data, understand risks, identify disaster prone areas and track the progress of Disaster Risk Reduction activities in the country, is expected to be operational nationwide by the end of 2018.

National CSO capacity is still week. But there are signs of improvements as the number of NGOs accessing the humanitarian fund CHF have increased (from 5% 2014 to 18% 2017).

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 are represented by ECHO at the HCT. Donors have regular meetings among themselves and with the HC. The Common Humanitarian Fund (CHF) is an effective mechanism for timely response to emerging needs and for coordination. A cluster system is also in place to ensure effective sectoral and inter-sectoral coordination. There is however scope for improvement for some of the clusters’ performance. 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. Operational capacity continued to decrease in 2017 with the most recent partner mapping showing a 13% reduction in the number of organizations carrying out humanitarian programmes in 2016 – from 175 down to 153. 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.

In Afghanistan, there are 32 donors providing humanitarian assistance. Top five are the US, EU, DFID, Japan and WFP. Sweden is the eighth largest donor (2016 ranked sixth). Afghanistan’s neighbors and countries in the region often provide in-kind support in reaction to larger scale incidents.

The HRP 2017 has been funded by 70%.

3. SIDAs HUMANITARIAN RESPONSE PLAN

3.1. The role of Sida and response priorities in 2018

Sida will maintain focus on the response to the most acute humanitarian needs with priority to new needs arising from the conflict. 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, will be within the framework of the HRP and its three identified Strategic Objectives. In addition, Sida will during 2018 prioritize 2 field trips with focus on financial-, organizational- and geographical follow up.

3.2. Partners

NRC: The primary target population for NRC Afghanistan is conflict affected IDPs. It is projected there will be 450,000 newly displaced IDPs in Afghanistan in 2018, in addition to 600,000 people living in prolonged displacement and 1.3 million 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 disadvantaging 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. Sida proposes to support NRC with 20 MSEK (8% 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. The proposed activities include among others a) protection: through dialogue and confidential representations based on documented allegations of IHL violations, including sexual violence and child recruitment, cover humanitarian access, dissemination sessions and first-aid and other training courses with authorities and with armed/security forces personnel and other weapon bearers b) health: provide drugs and other supplies, assistance for rehabilitating infrastructure, training and technical guidance for staff and other forms of support for 47 National Society run health facilities c) restoring family links: offer RCMs and other family-links services to IDPs and vulnerable people; reunite them with their families, where appropriate. 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. Sida proposes to support ICRC activities with 10 MSEK.

Common Humanitarian Fund: The Afghanistan Humanitarian Fund is by nature part of the HRP and will focus on the HRP’s 3 SOs. During 2017, 48% of the projects were marked by the gender marker 2a and 2b. The humanitarian fund remains important, quick, and a strategic tool to respond to acute humanitarian needs. 19% of the total funding during 2017 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 CHF has successfully responded to emergencies during the past three years of its lifetime. **Sida proposes to support CHF 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 2 MSEK.**

**SRK:** 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 planned activities with 6.5 MSEK.**

### 3.3 Synergies with Long-term Development Aid

After four decades of conflict, there are huge economic and development challenges in the country which has caused enormous chronic needs among the Afghan population and that cannot be remedied by humanitarian aid, which consists of only 7% of the total development aid that Afghanistan receives. Despite tremendous injections of international development assistance over the past fifteen years, progress towards key development indicators have in many cases reversed. In the absence of the Afghan state capable of providing basic services and protection to all its people, the burden has increasingly fallen to humanitarian actors to fill the gaps arising from development deficits.

The Humanitarian Response Plan in Afghanistan is being increasingly geared towards strictly humanitarian life-saving projects and approximately 4.8 million less people are identified as “in need of humanitarian assistance” compared with last year. It is important that the government of Afghanistan and development actors include this group of people in development programmes as relevant, in line with the commitment of “leave no-one behind”.

Sweden 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 2018 is 990 million SEK. The Results strategy for Sweden’s international development cooperation with Afghanistan 2014-2019 contributes to the following results: strengthened democracy and gender equality, greater respect for human rights and freedom from oppression; and better opportunities for people living in poverty to contribute to and benefit from economic growth and gain a good education. In the strategy it is also stated that the aid should contribute to a reduced demand for humanitarian assistance.

There are several examples of the 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 WB/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 funding, which was used to support the most vulnerable IDPs, returnees and host communities with additional income generating opportunities through a cash for work programme will be supplemented in 2018 with additional financing of USD200 to 300 million. The WB recently announced that they will also channel USD 100 million over a period of six year through the Education Quality Reform in Afghanistan (EQRA) programme in 2018 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 looking into possibility of increasing the support to community-based education geared towards underserved and displacement-heavy areas. Furthermore, in 2018 a new DRR contribution will be assessed to contribute to communities’ livelihood sources through improved agriculture and irrigation and reduce humanitarian needs arising from natural disasters.
SIDA’s HUMANITARIAN ASSISTANCE TO AFGHANISTAN IN 2018

<table>
<thead>
<tr>
<th>Recommended partner for Sida support</th>
<th>Sector/focus of work (incl. integrated or multi sectorial programming)</th>
<th>If Multi-year support indicate category B¹</th>
<th>Proposed amount (MSEK)</th>
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<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td><strong>98.5</strong></td>
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</table>

¹ Sida supports multi-year humanitarian interventions with one of the following purposes:

A. Humanitarian assistance in protracted crises, in line with multi-year Humanitarian Response Plan (only in contexts with multi-year humanitarian planning).

B. Transition/phase out of humanitarian assistance (handing over to development and national/local actors according to a proposed plan within a specific time-frame).

C. Humanitarian assistance in specifically hard-to-reach areas. Based on the observation that in many of today’s humanitarian contexts, few actors tend to have access to those with the greatest needs, Sida would like to encourage partners to build strong and durable relations with concerned stakeholders in a view to facilitate swift and efficient access also to areas considered more challenging to reach.