

## Background

Afghanistan is among the world's top 5 countries most exposed to humanitarian risk.<sup>1</sup> Ongoing conflict, natural disasters and large-scale displacement are undermining the progress that has been made in Afghanistan, and much of the country remains in the grip of a humanitarian emergency. The UN Office for the Coordination of Humanitarian Affairs estimated that in 2015 almost seven and a half million Afghans will need humanitarian assistance out of a population of only around 30 million people.<sup>2</sup> These needs arise 'from widespread but low to medium-level conflict, internal displacement due to conflict and natural disasters, Pakistani refugees seeking refuge in Afghanistan, and a decrease in the ability of the government to deliver its planned development goals.'<sup>3</sup> Other indicators paint an even worse picture; a 2013 national nutrition survey, for example, pointed to high levels of child malnutrition—one in ten Afghan children under the age of five is acutely malnourished, and one in 25 at risk of death through severe malnourishment.<sup>4</sup>

## Progress

Progress has been made by Afghans and the international community in improving the humanitarian situation in Afghanistan. Afghans have played a major role in the design and delivery of activities at every level. Particular success has been seen in community-based projects such as the National Solidarity Programme, the Basis Package of Health Services (BPHS),<sup>9</sup> and local education programmes.<sup>5</sup> Average life expectancy is now 49 years of age— an increase from the previous 42, maternal mortality has fallen from 1,600 deaths per 100,000 births in 2001 to 327 in 2010, enrolment in schools has increased from 1 to 8 million over an 11 year period, and Afghans have better access to safe drinking water.<sup>6</sup>

Similarly, the UK's multi-year Humanitarian Programme for Afghanistan (2014-2019) recognises Afghanistan's immediate humanitarian needs by prioritising the emergency response and reducing the impact of recurrent humanitarian shocks on the most vulnerable through community-based Disaster Risk Management and resilience-building.<sup>7</sup> Both the UK and Afghan governments acknowledge the important role INGOs and Afghan civil society play in providing humanitarian assistance. DFID have also increased funds to the INSO and EISF who provide humanitarian aid workers in Afghanistan security updates, information, and analysis.

## Challenges

**Emergency humanitarian situation** Afghanistan is prone to a range of recurrent environmental disasters— earthquakes, avalanches, drought and flooding. Droughts and floods are especially severe in northern provinces as a result of geography and environmental degradation. Floods in 2014 were devastating, affecting 150,000 people, whilst in early 2015 avalanches and floods killed 224 people and left thousands homeless.<sup>8</sup>

Additionally, the violent and protracted conflict has taken a heavy toll on Afghans. Civilian casualties rose again throughout 2014, up 22 percent from those of 2013. UNAMA recorded for 2014 a total of 10,548 civilian casualties (3,699 deaths and 6,849 injured), the highest levels in a single year since it started such records in 2009.<sup>9</sup> Conflict continues to disrupt already limited health services and prevent civilians from safely reaching markets, employment and schools. The conflict and violence also impacts the communities' access to humanitarian assistance. Afghanistan continues to be an extremely dangerous setting in which to deliver aid, with 57 aid workers killed, 47 injured and 182 abducted in 2014.<sup>10</sup>

The practical impact on humanitarian assistance is that aid workers sometimes cannot work where they are needed most. Despite the large scale of ongoing emergencies in Afghanistan, international support for the

humanitarian response is declining. In 2014 the UN lowered its humanitarian appeal by 14 percent despite acknowledging a worsening humanitarian situation, recognising that donors were not likely to provide adequate funding for a larger appeal. Even more concerning, the appeal remained only 55 percent funded by September of that year. The United States, by far Afghanistan's biggest donor, slashed its total assistance to Afghanistan (including non-humanitarian funding) from \$4 billion in 2010 to \$2 billion in 2014, with most of the funding for large-scale development projects rather than community-based development or humanitarian assistance.<sup>11</sup> Additionally, most local and national NGOs struggle to access opportunities provided by the Common Humanitarian Fund (CHF). Providing capacity building to organisations would ensure more ground-level NGOs are able to successfully obtain CHF support.

**Chronic need** Afghanistan's decades of conflict and frequent natural disasters have created chronic problems as well as dynamic, new ones. Despite significant improvements in recent years, Afghanistan remains one of the least developed countries in the world. Eight million Afghans are food insecure, meaning they have a calorie intake that is insufficient to sustain a healthy and active life; a further 2.2 million are very severely food insecure.<sup>12</sup> According to latest figures (2012), 25% of the working-age population are un- or under-employed, and a staggering 81% are in vulnerable employment (day labourers, unpaid family workers etc), resulting in 36.5% of the population living below the poverty line.<sup>13</sup> This increases the risk of young people adopting negative coping strategies such as turning to crime, drugs and gangs within urban settings, and facing radicalisation across the country.<sup>14</sup> Although the number of children enrolled in school has significantly increased in the last few years, 52% percent of Afghan girls still do not have access to primary education.<sup>15</sup> In the population aged 25 years and older, less than 25% completed any formal education, and only 10% of women, resulting in literacy rates of only 47% for men and 17% for women.<sup>16</sup> Compounding the lack of education facilities and personnel for children and adults, schools and education staff are the targets of attacks such as suicide bombs and arson, with 1,100 incidents from 2009-12.<sup>17</sup>

Afghans lack adequate access to basic services, particularly in rural areas. On average there are only three health workers available per 10,000 Afghans, substantially below the 22 minimum standard.<sup>18</sup> Access to health services remains even more challenging in the insecure provinces and districts where it is needed most.<sup>19</sup> In recent years, aid agencies, donors and the Government have improved their ability to coordinate in responding to these long-term crises. However, without a comprehensive plan to coordinate humanitarian and development programming, aid providers still cannot ensure that local people are getting the lifesaving and life-building assistance they need.<sup>20</sup>

**An ongoing displacement crisis** Displaced people, women, children and young people suffer disproportionately from emergencies and chronic poverty in Afghanistan. The country is still in the midst of world's largest protracted displacement crises, with 667,000 Afghans displaced inside the country. As conflict between Afghan security forces and non-state armed groups has increased, so too have levels of forced displacement. While 5.8 million Afghans have voluntarily returned to Afghanistan from other countries since 2002,<sup>21</sup> this has presented huge challenges for Afghanistan's absorption capacity and hampered development efforts. Since summer 2014 Eastern Afghanistan has seen an influx of refugees from Pakistan, escaping military operations there; more than 95,000 people have fled to the Afghan province of Khost and another 17,000 to neighbouring Paktika province.<sup>22</sup>

Just as worrying is the sudden influx of returnees from Pakistan in early 2015: in a ten week period, almost 52,000 Afghans returned from Pakistan, more than double the number for the whole of 2014. Many reported their return was a result of harassment and intimidation by Pakistani authorities,<sup>23</sup> who recently stated that all legally registered Afghan refugees must leave their country by the end of 2015. With UNHCR estimating 1.6 million legally registered, and twice as many illegal Afghan refugees in Pakistan, the Afghan government and UN agencies face an urgent capacity and funding crisis to support these returnees. Internally displaced people (IDPs) and returnees are doubly disadvantaged, experiencing both the challenges affecting the entire country and the acute issues that accompany migration including limited access to land to settle, safe drinking water, basic sanitation, shelter, land for grazing, basic services, and job opportunities.

Across Afghanistan, women and girls face disproportionate protection risks like sexual exploitation, early marriage and domestic violence<sup>24</sup>—and are limited in their ability to work or obtain education, a situation that is compounded if they are displaced.<sup>25</sup> Almost two in five women cannot find enough work, and families of female-headed households are worse off than those with men.<sup>26</sup> Children from displaced families “are often forced into child labour to support their families, preventing them from attending school and putting them at risk of child recruitment” into armed groups.<sup>27</sup>

#### **BAAG’s recommendations to the UK Government:**

1. **Donors should respond adequately to the large scale of humanitarian need in Afghanistan**, fully funding the UN appeal and providing additional direct support to aid agencies.
2. **In line with Good Humanitarian Donorship principles, all donors should systematically promote resilience to recurrent natural disaster** by providing support to Afghan institutions, NGOs and local communities for disaster risk reduction, emergency preparedness livelihood support and social protection.
3. **To address chronic humanitarian need and protracted displacement, donors and aid actors should coordinate** to ensure that humanitarian and development funding and programming are connected and complementary. Effectively pursuing post-2015 development goals, including livelihood creation and education, is needed to tackle the underlying causes of humanitarian crises and build resilience.
4. **Donors should provide financial and technical assistance** for the Solutions Strategy for Afghan Refugees and the National IDP Policy. The needs of vulnerable groups - particularly women, children, internally displaced people and refugee returnees - should be prioritised.
5. **Donors should support, and aid agencies provide, programming that is context sensitive.** Aid actors should work impartially with all members of the community. Donors should incorporate flexibility in management of funds and explore remote management possibilities.
6. **Donors should support initiatives to improve inter-ministry coordination** and the review of current land and housing policies in Afghanistan to recognise the need for cohesive governmental efforts to facilitate conditions for the local integration of IDPs and reintegration of returnees.

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<sup>1</sup>OCHA (2013) *2013 Global Focus Model*  
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<sup>2</sup> OCHA (2015) *2015 Humanitarian Needs Overview for Afghanistan*  
<https://docs.unocha.org/sites/dms/Afghanistan/Afghanistan%20HRP%202015%20Humanitarian%20Needs%20Overview.pdf>

<sup>3</sup> Ibid

<sup>4</sup> Ministry of Public Health (2013) *2013 National Nutrition Survey*  
<http://reliefweb.int/report/afghanistan/national-nutrition-survey-afghanistan-2013>

<sup>5</sup> British & Irish Agencies Afghanistan Group, European Network for NGOs in Afghanistan, Afghanaid, International Rescue Committee, CARE International, InterAction, Norwegian Refugee Council (2014) *Protecting the Most Vulnerable*  
<http://www.baag.org.uk/sites/www.baag.org.uk/files/resources/attachments/Afghanistan%20Humanitarian%20Paper%202014.pdf>

<sup>6</sup> Ibid

<sup>7</sup> DFID (2014) *Humanitarian Programme for Afghanistan – Business Case*  
<http://devtracker.dfid.gov.uk/projects/GB-1-203904/documents/>

<sup>8</sup> OCHA (2015) *Afghanistan Humanitarian Bulletin Issus 37*  
[http://reliefweb.int/sites/reliefweb.int/files/resources/MHB\\_Feb15\\_final.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/MHB_Feb15_final.pdf)

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- <sup>16</sup> Ibid
- <sup>17</sup> Global Coalition to Protect Education from Attack (2014) *Education Under Attack 2014*  
[http://www.baag.org.uk/sites/www.baag.org.uk/files/resources/attachments/Education%20under%20attack\\_2014.pdf](http://www.baag.org.uk/sites/www.baag.org.uk/files/resources/attachments/Education%20under%20attack_2014.pdf)
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<http://www.msf.org/article/between-rhetoric-and-reality-ongoing-struggle-access-healthcare-afghanistan>
- <sup>20</sup> See BAAG Policy Position Paper on Service Delivery for more details.
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