

1. Crisis overviewⁱ

4.4 / 5	23.7 million	17.3 million	\$3.06 billion	31%
Inform severity index	People in need of humanitarian aid (HNO 2024)	People targeted in the response plan (HRP 2024)	Required to reach the target (HRP 2024)	Of the required funding secured (HRP 2024)
270 MSEK	-	37.2 MSEK	307.2 MSEK	
Initial allocation	Additional allocation	Flexible funding	Total Sida funding 2024	

Forty years of war, political turmoil, recurrent natural disasters, climate change, water scarcity and chronic poverty have made Afghanistan one of the world’s largest humanitarian crises. In 2024, 23.7 million people – over half the population- are in need of humanitarian assistance. The implications of political transition on the country’s basic services, financial systems and markets have resulted in a rapid deterioration of people’s living conditions. According to the World Bank’s Afghanistan Welfare Survey from 2023, half of the Afghan population live below the national poverty line, set at US\$ 29 per person and month.

Humanitarian access, which improved after the Taliban takeover in 2021, as the conflict became less intense, has deteriorated. Largely due to the persistent interference by the de facto authorities (DFA) and subsequent bureaucratic impediments and restrictions. The humanitarian crisis in Afghanistan is happening in a context of drastic gender crisis. Since August 2021, the DFA have issued more than 70 directives restricting women’s movement and ability to participate in education, the workforce, economy, and public life. In 2024, the DFA issued the new law “Propagation of Virtue and Prevention of Vice” (PVPV), which codifies almost all existing restrictions, it also broadens some and adds new. While the law in itself is ambiguous and its enforcement lacks certainty, it certainly presents a distressing vision for Afghanistan’s future.

In the latter part of 2023, Afghanistan experienced two major shocks that aggravated the humanitarian situation, including the Herat earthquakes in October, and the mass deportation of 350,000 undocumented Afghans from Pakistan. During 2024, Afghanistan experienced heavy rainfall that led to several destructive flash floods. Sida’s humanitarian partners have responded to the sudden shock’s using Sida’s flexible funding mechanisms.

2. Humanitarian needs & affected population

Overall, severity of need is static or increasing, and coping measures are largely exhausted. Both urban and rural areas are now equally affected. In mid-2021, prior to the Taliban takeover, nearly half of the population were already in need of humanitarian and protection assistance. Afghan people now experience one of the worst humanitarian crisis in the world. The most urgent needs identified in the Humanitarian Needs Overview (HNO) for 2024 is for Water, Sanitation & Hygiene (WASH), particularly clean water, Protection, and Food Security and Agriculture. The most vulnerable groups include women and girls, recent returnees, women headed households and persons living with disabilities.

Humanitarian Response Plan (HRP) 2024 will target 17.3 million people, a reduction of 6.7 million people compared to 2023. The reduction of PiN follows a stricter categorisation of acute humanitarian needs (boundary setting). This includes a strict exclusion of vulnerable households that qualify under the basic needs caseload. The reduced HRP targeting has been made in response to the dwindling humanitarian resources that demand stricter prioritisation where targeting is driven by focus on prioritised populations facing critical and catastrophic needs.

Two consecutive years of drought have left 30 out of 34 provinces with severe or extremely poor quality of water, and the number of people impacted by drought has risen. 21.1 million people require access to clean water and sanitation. In 2024, the WASH cluster is targeting 9.7 million people, of whom 54 per cent are children, 23 per cent are women, 8 per cent are people living with disabilities, and 2 per cent are elderly. In particular, there is an increase severity of WASH needs in 4 provinces: Daykundi, Jawzan, Uruzgan and Zabul. In addition, the risk of deteriorating hygiene and sanitation conditions, driving increases in malnutrition and diseases such as cholera, particularly in urban areas and informal settlements, continues to be high. The HRP will continue to prioritize access to clean water and safe sanitation and will also focus on basic repairs and maintenance of facilities, with a focus on acute watery diarrhoea (AWD) hotspots and drought-stressed areas.

Acute malnutrition is above emergency thresholds in 25 out of 34 provinces and is expected to worsen over time. 5.6 million people will be targeted for nutrition treatment services, an increase of approximately 1 million people from 2023. This includes 857,000 children under five admitted for severe acute malnutrition (SAM), and more than 2 million with moderate acute malnutrition (MAM). The key drivers of acute malnutrition are multifaceted, including severe acute food insecurity, sub-optimal feeding practices, high prevalence of disease, inadequate sanitation conditions and hygiene practices, and limited access to health and nutrition services. Improved chances at survival for children and women will be supported through treatment for SAM/MAM and nutrition promotion, as well as blanket supplementary feeding.

Afghanistan continues to experience marginal improvements in food security since the large degradation in the situation following the political transition of 2021. Nonetheless, over a third of Afghanistan's population (14.2 million people) are still experiencing high levels of acute food insecurity, classified in IPC Phase 3 or above (Crisis or worse) and in urgent need of

humanitarian food assistance. Of particular concern, the 2.9M people in IPC Phase 4 (Emergency), the majority of whom is located in Badakshan, Baghdis, Ghor, Ghazni, Helmand, Herat (urban and rural), Kunduz, Kandahar and Takhar provinces. The slight improvement in the food security situation can be attributed to humanitarian and livelihood support initiatives, as well as enhanced purchasing power at the household level, among other factors. By March 2024, an estimated 15.8 million people were experiencing crisis and emergency levels of food insecurity.

Despite the significant reduction in active hostilities, the humanitarian emergency in Afghanistan remains primarily a protection emergency. It is characterized by high levels of inequality, mine and explosive ordnance contamination, restrictions to freedom of movement, increased risk of GBV, child labour, early marriage and increased needs for mental health and psychosocial support, all exacerbated by recurring natural disasters. Approximately 20.8 million people need protection support, up from 16 million in 2022. The DFA's policies around women and girls remain the number one driver of protection needs. Continued restrictions on women and girls mean disproportionately limit their access to services and increase their isolation from society and markets. In particular, the limitations on women's movement continue to restrict their access to life-saving health services, particularly reproductive and GBV care, while children are vulnerable to vaccine preventable diseases, malnutrition and other diseases. Violence against the Hazara ethnic and religious population persists in the country, and the groups are at risk of violence. Afghanistan remains one of the world's most heavily contaminated countries. Two thirds of its 401 districts are contaminated with explosive hazards; 3 million people live within a 1km radius of mines, improvised explosive devices and explosive remnants of war; and more than 60 people – mostly children – are killed and maimed every month. Poverty-driven scrap metal collection further increases children's exposure to harm from explosive ordnance.

Afghanistan has a young population. Around 40 per cent of Afghanistan's 40 million people are between the ages 10-19. They are exposed to extreme situations of violence and abuse due to fighting, displacement, a poor economy, and harmful social norms and practices. Afghan girls face early marriage, honour killings, domestic abuse, and sexual violence. Afghan boys suffer many of the same risks including sexual exploitation. Both girls and boys are exposed to unsafe labour practices, contact with landmines, and violence at home.

In Afghanistan, 80 per cent of adults live with some form of disability as do 17.3 per cent of children, aged between 2 and 17 (Asia Foundation, 2020). Severe disabilities are more prevalent among females, with Human Rights Watch reporting that Afghan women and girls with disabilities face extreme barriers, entrenched discrimination, and sexual harassment in accessing assistance, education, employment and healthcare.

The weak health systems and unequal access to health care have left millions of Afghans with mounting health needs. Health facilities remain understaffed and under-resourced while shortages of medicines and supplies continue to affect people's ability to recover and receive quality care. While the demand for healthcare is similar across population groups, barriers to

accessing healthcare services tend to differ: with the availability of infrastructure being of primary concern in rural areas, and high costs affecting especially urban households. Maternal and child health needs, coupled with malnutrition, contribute significantly to mortality, with Afghanistan bearing one of the world's highest global maternal and under-5 mortality rates. According to UNFPA, a woman dies every two hours from preventable complications of pregnancy and childbirth in Afghanistan.

During the autumn of 2023, Pakistan has once again embarked on mass deportations of all undocumented Afghan nationals, the majority of whom are children (60 per cent). By mid-November 2023, 350,000 Afghans had been forced to return. A surge in returns is expected to continue in 2024. The returnee crisis has strained border points and posed additional demands on limited resources among host communities, necessitating increased humanitarian assistance.

3. The humanitarian response

In 2024, the humanitarian community will provide more targeted and integrated assistance to those areas in most acute need while recognising the extreme fragility and vulnerability to shocks characterising the entire country. The humanitarian community will also continue to mitigate the humanitarian impact of DFA policies on women and girls and other vulnerable groups. The humanitarian community will work closely with development actors working to meet basic human needs to ensure continuity of service in key areas of health, WASH, agriculture, education, and other infrastructure. However, if basic human needs support continues to decline, humanitarian operations will come under further strain.

The humanitarian community has agreed on several strategic decisions to meet the needs of Afghan people. It will increase focus on seasonal packages to reflect changing needs and allow for response efficiency and adaptation. All clusters have developed seasonal approaches that allow for greater efficiency – e.g. increased ES/NFI in the winter will be offset by a reduction in the number of people targeted for food during the harvest time. It will also work with inter-sectoral approaches to ensure comprehensive response by integrating a multi-sector approach for AWD, prevention of malnutrition and other areas that are being clearly defined to help increase impact and allow for cost-sharing. The humanitarian organisations will ensure that activities remain focused on core life-saving humanitarian activities but will work, as previously mentioned, with other actors to ensure an overall response that can also address some of the more protracted and longer-term needs, and help reduce the humanitarian caseload. While the bulk of activities remain strictly humanitarian, emergency repair to core infrastructure and support to core enabling functions such as primary health care are still required until basic service delivery is stabilised.

In addition, there are also some cross-cutting priorities. On gender equality and women's rights, the humanitarian community will continue to advocate for women and their active participation and access in all sectors and services, and for full rights to education, freedom of movement and work. With regard to centrality of protection, all partners need to mainstream and

operationalise protection into all clusters and activities, with clear indicators and monitoring. On age, gender and disability inclusive programming, all partners need to mainstream and operationalise inclusive programming throughout all cluster activities, while improving monitoring and indicators.

Notre Dame Global Adaptation Index ranks Afghanistan as the 8th most vulnerable country to climate change and least prepared to adapt. The future trends of rain and snowfall will have a major impact on the viability of traditional livelihoods and settlement patterns and will require substantial adaptations and expansions of infrastructure, particularly around water management. The humanitarian community must understand and identify environment and climate change-related risks, and take measures to manage and mitigate these risks.

4. Sida's humanitarian allocation

The country has enormous needs, which Sida will continue to respond to through a needs-based prioritisation model. For 2024, Sida will initially allocate 270 MSEK. The focus of the Sida funding from previous years will remain: a response to the most acute humanitarian needs identified in the 2024 HNO for Afghanistan. Sida assesses that the strategy to provide flexible support to a limited selection of partners, with good capacity – in particular access – to meet changing needs on the ground, has proven successful.

The below partners have been assessed and selected as they are present and have access where the greatest needs are, including in hard-to-reach areas. They integrate protection and gender in their programming and they have all showed the ability to mount fast and timely operations in a very complex emergency. All partner has also been assessed as having good risk management capacity, including systems for oversight and follow-up.

PARTNER	SECTOR	PROPOSED AMOUNT (SEK)	
		2024	2025
OCHA AHF	Multi-sector	70,000,000	-
FAO	Food Security & Livelihoods	25,000,000	-
ICRC	Health, Protection	50,000,000	-
Islamic Relief	Health, Protection	15,000,000	-
Norwegian Refugee Council	Emergency Response, Protection	15,000,000	-
UNICEF	Nutrition, Protection, WASH	45,000,000	-
WFP	Food Security & Livelihoods	50,000,000	-
TOTAL		270,000,000	-

FLEXIBLE FUNDING & ADDITIONAL ALLOCATIONS 2024		
PARTNER	FLEXIBLE FUNDING ¹	ADDITIONAL ALLOCATION
Islamic Relief	4,950,000	-
Save the Children	3,600,000	-
International Rescue Committee	3,832,050	-
Action Against Hunger	6,000,000	-
Norwegian Refugee Council	1,800,000	-
OCHA Field Coordination ²	8,000,000	-
FAO	9,000,000	-
TOTAL	37,182,050	-

5. Humanitarian-Development-Peace Nexus

There is consensus that humanitarian aid alone, in the immediate and longer-term, is neither mandated nor able to sustainably alleviate the large-scale and increasing human suffering of the Afghan people. A longer term approach is needed, something expressed by all actors operating in Afghanistan. Today there are a number of frameworks in place that could facilitate such an approach, including the recently adopted Joint Framework for the Afghanistan Coordination Group (ACG), The UN Strategic Framework for Afghanistan (UNSFA) and the World Bank approach papers, the latter two aligning to the identified priorities of the ACG Joint Framework.

The ACG Joint Framework and corresponding frameworks of the UN and World Bank include a set of core outcomes and collective outcomes and further highlights the need for greater synergies and collaboration between the ongoing humanitarian response and longer term development/basic needs support. Several donors are also in the process of defining their longer term engagement in Afghanistan over the coming years. In this regard Sida is considered one of the key donors both in terms of humanitarian support but also development support. The ratio of Swedish aid to Afghanistan is approximately one third humanitarian support and two thirds development support. This ratio is expected to remain in 2024.

One of the key challenges for a more robust overall response in Afghanistan is dwindling funding, both for humanitarian action but also basic needs support. Amidst such challenges it will become even more important with prioritisation and enhanced synergies across the HDP-nexus. Sida has the ability to continue to play an important role in this regard, taking into

¹ Flexible funding includes a mix of allocations such as Rapid Response Mechanism and other flexible funding mechanisms.

² Sida provides flexible funding to OCHA's field coordination, and this preliminary allocation is therefore subject to change.

account its long-term and holistic engagement in Afghanistan. Another challenge related to the engagement of the international community with the DFA is the need for donors to have more presence and engagement, at least on the technical level. Sida will continue to support critical programming within development/basic needs support across multiple thematic areas which could also lead to a reduction in the humanitarian caseload. Such initiatives include continued support to broad based Multi Donor Trust Funds, such as the Special Trust Fund for Afghanistan (STFA) and the Afghanistan Reconstruction Trust Fund (ARTF), but also targeted interventions implemented bilaterally through the UN and INGOs as well as local actors, the latter also spanning programming within the peace pillar of the HDP-nexus. Several of the partners within basic human needs are the same as those identified for humanitarian support.

Sida will also continue to play a key role in the overall aid architecture, including through its participation in various Strategic Thematic Working Groups (STWGs) under the ACG framework. There are clear linkages between the STWGs, the humanitarian clusters and various financing instruments, all under the overall leadership of the DSRSG/RC/HC.

ⁱ The 2024 initial allocation of humanitarian funding is based on Sida's humanitarian allocation analysis methodology. The methodology was updated during 2023 to more clearly inform an allocation of funding that is proportional between crises, in line with Humanitarian and Good Humanitarian Donorship principles. Key changes in funding levels between the initial allocations for 2023 and 2024 for specific crises are therefore not only reflecting changes in the humanitarian situation but also changes in the analysis methodology. The analysis reflects the current humanitarian situation across crises and is being updated continuously with the latest available data, thereby allowing future allocations to be informed by how indicators have changed since previous allocations. The information in the HCA is based on reports, data, and information from partner organisations and other entities, as well as observations from field visits and dialogue with partners.