

## **Written evidence submitted by the International Rescue Committee-UK (AFG0021)**

### **International Rescue Committee-UK written submission to the Foreign Affairs Committee's inquiry into "Government policy on Afghanistan"**

#### **1. Introduction**

- 1.1 The International Rescue Committee (IRC) welcomes the decision of the Foreign Affairs Committee to conduct an inquiry into Government policy on Afghanistan.
- 1.2 The IRC works in conflict-affected and fragile countries around the world to deliver life-saving assistance to people affected by war, disaster and climate change and remains working with communities to assist with rebuilding through the post-crisis phase. Our presence in some 40 countries in education, health, protection, environmental health, women's protection and empowerment, and economic recovery programming provides us with an expert understanding of humanitarian and development challenges in contexts of conflict and fragility.
- 1.3 The IRC has been supporting the Afghan people in their fight against displacement and poverty for the last three and a half decades. During the Soviet occupation of 1980-1989, the IRC operated out of Pakistan assisting large numbers of refugees. Since formally establishing operations in the country in 1998, the IRC today works with thousands of communities across eight provinces, reaching over one million people each year through programmes spanning emergency response, education, protection, water and sanitation, and economic recovery programs.
- 1.4 A humanitarian crisis is engulfing Afghanistan. Huge numbers of Afghans have been displaced internally or have fled abroad because of the conflict. Those that remain are faced with crumbling public services, most notably a health service on the brink of collapse, which could leave millions of Afghans without access to healthcare. 95% of Afghans are food insecure and up to 3.2 million children under 5 are expected to suffer from malnutrition this year, with over 1 million at risk of death<sup>1</sup>. Women and girls are disproportionately impacted by the crisis, with reports indicating rises in gender-based violence and child marriage. At the same time, women and girls face greater challenges in accessing health services or gender-based violence programming.
- 1.5 Empowering NGOs working on the frontline will be a vital part in averting a humanitarian crisis. They have the community networks, the local knowledge, and the infrastructure needed to reach those in need rapidly. The IRC is finding ways to return to work in a principled and inclusive way, with the guaranteed return of female staff in eight of the nine provinces in which we operate. The role of women in the humanitarian sector in Afghanistan is critical. A principled and needs-based response must include services for women and girls -- and therefore robust female staff presence in all areas and in all aspects of the response. Without female staff, humanitarians cannot deliver programs at scale for women and girls, particularly health and protection services for victims of

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<sup>1</sup> <https://www.unicef.org/afghanistan/press-releases/half-afghanistans-children-under-five-expected-suffer-acute-malnutrition-hunger>

violence. Collective commitment to the role of women in the humanitarian response is critical to support access negotiations and ensuring the delivery of principled assistance that reaches those most in need.

1.6 Furthermore, there is little clarity on how aid funding will reach agencies on the ground. The complexity of the crisis means multiple channels of funding will be required. In addition to UN routes, which can be bureaucratic and slow, the UK must lead international efforts to provide direct funding for agencies on the frontline of the response. There is a critical window of opportunity right now to shape the response and avert a humanitarian catastrophe.

1.7 The Afghanistan crisis shows once again the need for the UK to develop a strategic, long-term approach to fragile and conflict affected states. Focusing diplomatic attention and development funding in these regions will have the biggest impact on driving down humanitarian need, building stability and prosperity, and supporting local communities to survive and recover. This would be ‘force for good’ in action.

### **1.8 The IRC recommends the following to address these challenges:**

#### **Humanitarian implications of Taliban takeover**

1.8.1 Support the integration of women’s protection and empowerment into other sectors, such as health, livelihoods, and education by conducting protection analysis prior to designing and re-starting programmes; training staff across all sectors in protection, including mitigating gender-based violence; embedding a protection focal point into other sectors.

1.8.2 Support programme adaptation. Programmes which were formerly focused on women’s protection and empowerment may need to be adapted due to added sensitivities or safety risks for staff, particularly female staff, and women and girls accessing the services. For example, previously operating Women and Girls Safe Spaces may need to transition to Early Childhood Development Centres. This will require flexibility in funding, longer funding and project agreements to allow programmes to adapt and change to the context.

1.8.3. The UK and other donors should maintain funding in the medium- and long-term for standalone services and staff regarding women’s protection and empowerment—such as case management—even if these activities are not able to resume immediately and take additional time in getting off the ground due to added sensitivities and safety risks.

#### **Ability of humanitarians to operate in Afghanistan**

1.8.4 As a major contributor to the humanitarian response and a nation that is seeking to prioritise the use of humanitarian diplomacy to address restrictions in access, the UK has a unique role to play in pressing for a commitment to principled humanitarian response from both UN agencies and the de-facto authorities by:

1.8.4.1 Utilising its diplomatic skill set to build trust between the Taliban, the UN, and agencies involved in the humanitarian response to ensure continuity of practice for humanitarian operations.

1.8.4.2 Working with other international governments to secure guarantees on NGO registration, taxation, free and open staff recruitment, aid worker security, information sharing, and client selection in addition to a clear framework for safe and principled access for humanitarians.

### **Empower frontline NGOs to scale up response**

1.8.5 Advocate for the scale up of humanitarian assistance available to INGOs through multiple channels. The UK should rapidly establish a mechanism to ensure its own funding can directly support INGOs with staff on the ground who are able to respond now. One month after the Geneva funding conference and the UK's increased pledge of funding to Afghanistan, not mechanism has been agreed.

1.8.6 Push for NGOs to have prioritised access to pooled funding mechanisms. UN's Central Emergency Response Fund to be directly accessible to NGOs through block grants – an allocation of the Fund earmarked for NGOs and managed by a UN agency. This approach was successfully piloted during the COVID response. Country based pooled funding (CBPF) mechanisms can also support scale up. The Afghan Humanitarian Fund (AHF) currently has \$72.3 million in unallocated funding<sup>2</sup>. In line with the CBPFs' 2021 Strategic Priorities, donors and the UN should prioritise NGOs as recipients of urgent efforts to disburse this money.

### **Afghanistan and the future of UK Foreign Policy**

1.8.7 The FCDO should clearly articulate a commitment to humanitarian diplomacy in fragile and conflict affected states through high level bilateral diplomacy, leadership in multi-lateral institutions, and investments in the capacity and expertise of frontline responders to negotiate their own access in contexts of fragility and insecurity.

1.8.8 The previous 2015 aid strategy contained a strong and much-welcomed commitment to aid spending in fragile and conflict states. The strategy committed to spending 50% of DFID's budget in these countries, which it described as "a major investment in global stability". The International Development Strategy should re-commit to previous UK aid strategies' pledge to spend 50% of ODA in fragile and conflict affected states.

1.8.9 The FCDO should use the forthcoming International Development Strategy to outline a strategic approach, using all tools of development, defence and diplomacy, to fragile states and outline where the UK can make a material difference to their stability and prosperity

## **2 Humanitarian implications of the Taliban takeover**

2.1 Over 677,800 people have been internally displaced by conflict in Afghanistan in 2021: 40% of those displaced are men and women, and 60% children. There are now more than 5.5 million people internally displaced. Over 72,000 refugees and asylum-seekers are in Afghanistan.

2.2 The suspension of international development financing and technical support, along with the freezing of Central Bank assets, has left Afghanistan's public sector incapacitated. Afghan healthcare

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<sup>2</sup> <https://mptf.undp.org/factsheet/fund/HAF10>

workers have not received salaries for months. Currently, 2,000 (90 per cent) of health facilities supported by international assistance are at risk of closure. This could end provision of primary health care services in 31 of Afghanistan's 34 provinces and jeopardises the ability of millions of Afghans to access healthcare. The health system faces this crisis alongside a surge in cases of measles and diarrhoea across the country, while almost 50% of children are at risk of malnutrition.

2.3 As of October, 95% of Afghan families were reported as food insecure, meaning they did not have enough food to eat every day. Urban residents are suffering from food insecurity at similar rates to rural communities. Many families do not have an income and are turning to extreme measures of survival, including sending children to work and reducing the number of meals eaten per day. A recent IRC assessment of over 4,000 families in Kabul revealed that 729 households - 4,387 individuals - were unable to access food and were in dire need of humanitarian assistance. An additional 1 million people are expected to need food assistance during September-December 2021. Afghanistan is on the brink of a major food crisis and if left without support up to 3.2 million children under 5 will suffer from acute malnutrition and over 1 million could die without treatment. The country may see universal poverty by next year.

### **3 Implication of the Taliban takeover for women and girls**

3.1 As individual and community social and financial resources have been depleted through the crisis, there has been an increase in negative coping mechanisms that disproportionately impact women and girls, including early, forced and child marriage, child labour, and the selling of children. Even prior to the Taliban takeover, girls constituted 60% of the out-of-school population, and the IRC expects to see an increase in child marriage, which will be compounded further by limited access to sexual and reproductive health services.<sup>3</sup> There have also been reports of increased risk of other forms of GBV, with women and girls – particularly those of ethnic and religious minorities - adversely and disproportionately affected.

3.2 If health care provision ceases, approximately 150 mothers<sup>4</sup> will be deprived of Caesarean sections every day. One assessment<sup>5</sup> projected that a halving of health care coverage could lead to a 33 per cent increase in deaths of women and children over the next year, leading to the deaths of 2,000 women and 25,000 children each year. The World Health Organisation has already noted reports<sup>6</sup> of women and children dying as a result of reduced access to care.

3.3 Prior to the Taliban takeover, the IRC was operating three Women and Girls Safe Spaces (WGSS) across the country; a fourth WGSS was scheduled to begin in the summertime but was cancelled due to escalating security concerns. The IRC's specialised programming for women's protection and empowerment activities– including WGSS and case management for survivors who have experienced gender-based violence (GBV) - is currently on pause due to the contraction in space for gender equality activities and increased risks to women and girls in society. The closure of specialized services for

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<sup>3</sup> IRC, 5 Most Challenging Places to Be a Girl 2021. <https://www.rescue.org/article/five-most-challenging-places-grow-girl>

<sup>4</sup> <https://www.pbs.org/newshour/show/afghanistans-economy-emergency-services-suffer-as-u-s-debates-taliban-diplomacy>

<sup>5</sup> <https://www.nytimes.com/2021/09/12/health/afghanistan-health-taliban.html>

<sup>6</sup> <https://reliefweb.int/report/afghanistan/statement-who-regional-director-whos-press-briefing-afghanistan-and-lebanon-enar>

women and girls has had devastating impacts. According to global reports, shelters for survivors of GBV in Kabul have closed at the Taliban's request, meaning that many women would have been forced to return home to an abuser or go into hiding.<sup>7</sup>

3.4 Furthermore, with COVID an ongoing risk in Afghanistan, evidence gathered by the IRC and UN Women<sup>8</sup> demonstrates the need for an inclusive humanitarian response. COVID-19 has had a disproportionate impact on women who reported discrimination in accessing services due to the lack of female health practitioners, the loss of jobs in the informal sector, and an increased burden in domestic work. Research conducted by the IRC<sup>9</sup> in conjunction with UN Women, civil society organisations, and Roshan, a mobile network operator, found that 63% of women surveyed who work in the informal sector have lost their jobs since the beginning of the pandemic.

3.5 It is encouraging that the UK has signalled unequivocal support for a principled humanitarian response and for meeting the needs of women and girls. However, women and girls are still subjected to increased levels of violence, face significant challenges accessing vital health services, and are excluded from education. It is vital that the international humanitarian response recognises that gender-based violence services are an essential and life-saving component of any effective programming. This will require dedicated funding. International donors should also ensure that women and girls can access the sexual and reproductive health services. Finally, girls must be assured of an education. Girls have already missed out on a year of education due to the pandemic – they cannot afford to miss another year, or even more.

3.6 The UK government, alongside other global donors, should therefore:

**3.6.1 Support the integration of women's protection and empowerment into other sectors, such as health, livelihoods, and education by conducting protection analysis prior to designing and re-starting programmes; training staff across all sectors in protection, including mitigating GBV; embedding a protection focal point into other sectors.**

**3.6.2 Allow time for programme adaptation. Programmes which were formerly focused on women's protection and empowerment may need to be adapted due to added sensitivities or safety risks for staff, particularly female staff, and women and girls accessing the services. For example, previously operating Women and Girls Safe Spaces may need to transition to Early Childhood Development Centres.**

**3.6.3 Maintain funding in the medium- and long-term for standalone services and staff regarding women's protection and empowerment—such as case management—even if these activities are not able to resume immediately and take additional time in getting off the ground due to added sensitivities and safety risks**

#### **4. Ability of humanitarians to operate in Afghanistan**

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<sup>7</sup> "I don't know where to go": Uncertain fate of women in Kabul shelters. <https://www.theguardian.com/global-development/2021/oct/01/i-dont-know-where-to-go-uncertain-fate-of-the-women-in-kabuls-shelters>

<sup>8</sup> <https://www.rescue.org/press-release/covid-19-has-taken-toll-all-afghans-women-have-been-disproportionately-impacted>

<sup>9</sup> <https://www.rescue.org/press-release/covid-19-has-taken-toll-all-afghans-women-have-been-disproportionately-impacted>

4.1 Humanitarian actors have engaged in regular negotiations with the Taliban at all levels (Kabul and provincial) to ensure principled humanitarian access and programme delivery. For instance, the IRC has secured agreements to resume activities with female staff in eight of the nine provinces where we have a presence.

4.2 While the de facto authorities continue to develop guidance on the delivery of humanitarian aid, verbal agreements have been secured to support the resumption of NGO led service provision. Negotiations have been led with a strong focus on common joint operating principles, including agreements for female staff to be able to return to work in their previous positions, and for non-interference in our client selection, assessments or other aspects of our programme design and delivery.

4.3 However, there have been differing approaches within the humanitarian community. Specifically, some UN agencies have returned to delivering services without female staff. Collective commitment to the role of women in the humanitarian response is critical to support access negotiations and ensuring the delivery of principled assistance that reaches those most in need.

4.4 The meeting between the UK's Special Representative for the Afghan Transition, Simon Gass, and the Taliban is an important step in building essential diplomatic ties. There is no alternative to engaging with the Taliban to ensure the continued delivery of principled humanitarian assistance.

**4.5 As a major contributor to the humanitarian response and a nation that is seeking to prioritise the use of humanitarian diplomacy to address restrictions in access, the UK has a unique role to play in pressing for a commitment to principled humanitarian response from both UN agencies and the de-facto authorities by:**

**4.5.1 Utilising its diplomatic skill set to build trust between the Taliban, the UN and agencies involved in the humanitarian response to ensure continuity of practice for humanitarian operations.**

**4.5.2 Working with other international governments to secure guarantees on NGO registration, taxation, free and open staff recruitment, aid worker security, information sharing, and client selection in addition to a clear framework for safe and principled access for humanitarians.**

## **5. Empower frontline NGOs to scale up response**

5.1 While there were weaknesses in the provision of public services in Afghanistan before the change in political control, including in the health and education sectors, it is clear that the humanitarian response cannot fully or sustainably fill the gaps left by the collapse of state led services. However, NGOs can still play a key role in supporting the temporary scale up of life saving services, notably in the health sector.

5.2 Humanitarian agencies have been present in Afghanistan for decades and have deep experience in delivering principled humanitarian aid whilst navigating complex political contexts. NGOs such as IRC have staff on the ground across Afghanistan, access to international bank accounts and hawalas, flexibility to support rapid procurement of health supplies, and strong relationships with communities needed for protection activities – which is vital for the successful provision of life-saving programmes.

5.3 In 2021, the UK has given more than £63.5m to the UN's Central Emergency Response Fund (CERF), making it the second largest contributor. And over the last 15 years, the UK has funded this vital mechanism more than any other country in the world. The CERF is the mechanism through which the

international community has sought to support the continued provision of health services in Afghanistan. \$45 million has been allocated to allow the World Health Organisation (WHO) and United Nations Children's Fund (UNICEF) to work independently of the Ministry of Public Health with existing Basic Package of Health Services (BPHS) delivery partners. This will support services to 538 health facilities<sup>10</sup>, representing just 20 per cent of those clinics that were previously supported through the BPHS funding model. These initial steps are welcome, but they are too limited in both scale and breadth to meet the needs of Afghans, particularly women and girls.

5.4 At the G20 Extraordinary Leaders' Meeting on Afghanistan on 12 October 2021 there was a welcome recognition that there needed to be urgent action to address the growing humanitarian crisis. However, it seems that much of the aid funding directed to Afghanistan will be channelled through the UN. This creates added bureaucracy and will delay the arrival of funding to those working on the frontline. It is vital that the UK and its international partners urgently clarify how aid can move quickly to those who need it in country. Delays will cost lives.

5.5 The UK and the broader international community must explore new funding channels in order to successfully expand humanitarian programming across Afghanistan. Some donors have made funding available directly to NGO partners. The UK is yet to set up such a mechanism and should do so soon. The UK can also take concrete steps, with other international donors, to encourage new funding channels. In particular, the UK Government should:

**5.5.1 Advocate for the CERF to be directly accessible to NGOs through block grants - an allocation of the Fund earmarked for NGOs and managed by a UN agency. In 2020 during the COVID-19 response, CERF released \$25 million through the International Organisation for Migration to support NGOs in delivering life-saving health, water and sanitation assistance in six countries (Bangladesh, Central African Republic, Haiti, Libya, South Sudan and Sudan) It was the first allocation in CERF's 14-year history to directly target NGOs and it successfully supported the rapid scale up of assistance to populations in need.**

**5.5.2 Push for NGOs to have prioritised access to country based pooled funding (CBPF) mechanisms. The Afghan Humanitarian Fund (AHF) currently has \$72.3 million in unallocated funding<sup>11</sup>. In line with the CBPFs' 2021 Strategic Priorities, donors and the UN should prioritise NGOs as recipients of urgent efforts to disburse this money.**

5.6 Humanitarian funding is not a long-term solution to meeting the needs of Afghans. The crisis requires the international community to simultaneously focus on agreeing a political approach to Afghanistan that allows development funding to continue to benefit civilians who need it the most. There is a critical window of opportunity right now to shape the response and avert a humanitarian catastrophe.

## **6. Afghanistan and the future of UK foreign policy**

6.1 The complexity and deterioration of this new phase in the crisis in Afghanistan requires greater engagement from the UK and the wider international community.

6.2 The largest humanitarian emergencies of 2021, of which Afghanistan has been one of the prominent examples, are almost all neglected, long-standing crises that have been the global epicentre of conflict,

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<sup>10</sup> [https://reliefweb.int/sites/reliefweb.int/files/resources/Situation-Report\\_Issue-6-6-Sept-2021.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/Situation-Report_Issue-6-6-Sept-2021.pdf)

<sup>11</sup> <https://mptf.undp.org/factsheet/fund/HAF10>

displacement, and extreme poverty for the past decade. These contexts of chronic crisis pose a security risk to the world by providing spaces where violent extremist groups can thrive with little interference

6.3 The challenges of operating in Afghanistan are emblematic of the struggles the IRC faces when operating in many other settings. Restrictions on humanitarian access, the denial of aid, and attacks on civilians and civilian infrastructure - all violations of International Humanitarian Law - are aggravating pre-existing crises by undermining both people's access to food and lifesaving services and limiting the reach of humanitarian programming.

6.4 The UK is well placed to have a sizeable impact on these trends and advance its interests through soft power. The UK has a development or diplomatic presence in 178 countries and territories. The integration of aid and diplomacy is a guiding principle for the UK Government's international strategy. The Integrated Review sets out an ambition "...to champion International Humanitarian Law and humanitarian access and provide principled humanitarian assistance at moments of crisis". The UK's membership of the G7, the G20, the UN Security Council, and NATO all provide opportunities to advance this agenda.

6.5 The Government's diplomats have shown their ability to expand humanitarian access before. In 2014, the UK was instrumental in establishing the UN Security Council resolution authorising cross-border aid into Syria, and its renewal each year since. The mechanism remains a lifeline to 2.4 million people each month living outside government control. The Foreign Secretary must build upon these successes in the years to come. The forthcoming International Development Strategy provides an opportunity to outline the FCDO's approach in this area.

6.6 The UK must also demonstrate long-term strategic patience in regions affected by conflict and crisis. The temptation to withdraw our development and diplomatic footprint from other complex contexts, such as Yemen or Syria, must be resisted.

6.7 Prioritising development and diplomatic investment in countries affected by conflict provides the greatest opportunity to drive down global humanitarian need and create more stability and prosperity in fragile regions – supporting the recently appointed Foreign Secretary's ambitions for her department. Impactful humanitarian and development assistance can also play an important role in addressing and reducing the suffering caused by conflict, supporting the ability of local communities to survive and recover, improving local governance and service delivery.

6.8 In order to deliver on this, the UK Government should adopt the following recommendations:

**6.8.1 The FCDO should clearly articulate a commitment to humanitarian diplomacy in fragile and conflict affected states through high level bilateral diplomacy, leadership in multi-lateral institutions, and investments in the capacity and expertise of frontline responders to negotiate their own access in contexts of fragility and insecurity.**

**6.8.2. The previous 2015 aid strategy contained a strong and much-welcomed commitment to aid spending in fragile and conflict states. The strategy committed to spending 50% of DFID's budget in these countries, which it described as "a major investment in global stability". The International Development Strategy should re-commit to previous UK aid strategies' pledge to spend 50% of ODA in fragile and conflict affected states.**



**6.8.3 The FCDO should use the forthcoming International Development Strategy to outline a strategic approach, using all tools of development, defence and diplomacy, to fragile states and outline where the UK can make a material difference to their stability and prosperity.**

*October 2021*