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Apriliyati, Dea; Pasan, Etha

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The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) Humanitarian Response Plan in Handling the Afghanistan Food Crisis

Dea Apriliyati* | Etha Pasan

INSTITUTION/AFFILIATION

Study Programme in International Relations,
 Faculty of Political and Social Sciences,
 Mulawarman University, Kalimantan,
 Indonesia

CORRESPONDENCE

*Dea Apriliyati, Mulawarman University
 Jl. Muara Muntai, Gn. Kelua, Kec.
 Samarinda Ulu, Kota Samarinda,
 Kalimantan Timur, 75411
 Email: deaapriyati@gmail.com

ABSTRACT

The food crisis experienced by Afghanistan constitutes a humanitarian crisis. The Government of Afghanistan alone cannot handle this severe shortage of food. Seeing the inability of government to manage the crisis, UN OCHA took initiatives by introducing Humanitarian Response Plan (HRP) programme. This article aims to analyse UN OCHA's role and challenges dealing Afghanistan food crisis 2016-2022. Using the qualitative method with secondary data collections, the result shows that the role of UN OCHA in dealing with the Afghanistan food crisis had helped government of Afghanistan in a significant way despite facing serious challenges. The role of UN OCHA is channelled through HRP programme which contains food security and agriculture, nutrition, health, WASH, education, emergency shelter and NFI, protection, and coordination. Challenges in the distribution are influenced by aspects of access, adequacy, security and vulnerability, and sustainability. This article contributes the field of international relations, especially dealing with the issues of food scarcity. It also hopes to increase interests among scholars to study food crisis and can offer input for UN OCHA to improve quality and quantity of humanitarian assistance.

KEYWORDS

Humanitarian Response Plan; Food Crisis; UN OCHA

INTRODUCTION

A food crisis or food insecurity is a situation that is created when a person does not have access to safe and nutritious amounts of food, which is useful for normal growth and development in order to have an active and healthy life ([Napoli et al, 2011](#)). This condition is also found in Afghanistan, beginning in 1992 when there was a decline in the country's national food production due to the British-Afghanistan and Afghan-Soviet conflicts in 1979, resulting in the collapse of the food production, transport and marketing sectors, as well as the ability of its people to buy food ([Clarke, 2000](#)).

The food crisis in Afghanistan continues to occur due to the failure of the government to handle it because of the destruction of the economy as an important aspect in fulfilling Afghanistan's food security. The conflict in Afghanistan has caused the country's economy to collapse, making it difficult for people to access jobs and income to fulfil their needs. Without a stable economy, the food crisis will continue, therefore Afghanistan needs assistance to provide funds for agriculture and food supply in the country to overcome the food crisis ([Wu, 2022](#)).

The worsening food crisis and the increasing number of affected people led the Afghan government to request assistance from international organizations to deal with the problem ([NATO, 2008](#)). The United Nations as an international peace organization, through its humanitarian arm UN OCHA, was tasked with distributing humanitarian aid and dealing with the food crisis in Afghanistan. UN OCHA was first present and provided assistance to Afghanistan from July 2001 to July 2002 ([Faubert et al., 2002](#)). Then in 2009, UN OCHA decided to resume operations by distributing its assistance through the Humanitarian Action Plan for Afghanistan 2009 (HAP) programme or humanitarian action, and inaugurated the opening of the OCHA office in Afghanistan at the end of 2008 ([UN OCHA, 2009](#)).

The HAP programme itself aims to meet the urgent needs of victims of conflict and natural disasters who have lost access to social services due to increased food insecurity due to rising prices, conflict, and a worsening security situation. This is done through supporting the reintegration or resettlement of displaced people, monitoring and advocating for the protection of civilians and other human rights, mitigating food insecurity and addressing malnutrition, improving preparedness for natural disasters and disease outbreaks, and improving aid response by maximising aid coordination and capacity ([UN OCHA, 2009](#)).

In classifying the food crisis in Afghanistan, the IPC international standard has been used since 2013. The Integrated Food Security Phase Classification (IPC) is a body that classifies food insecurity and malnutrition based on the severity and amount of food insecurity and the level of malnutrition, which has been used by 30 countries in the world. According to the Global Report on Food Crises, a food crisis is a situation where a country is heading towards acute food insecurity based on IPC indicators phase 3 and above, and the country is unable to overcome the crisis that occurs so that it requires external assistance.

IPC phase 3 (crisis) indicators are food consumption gaps seen from high rates of acute malnutrition and fulfilment through income or strategies; phase 4 (emergency) food consumption gaps seen from high rates of acute malnutrition and death and fulfilment only with income or emergency strategies; then phase 5 (catastrophe/famine) - there is a lack of food and basic needs despite using strategies to meet them and critical hunger, death, destitution, and malnutrition occur. Meanwhile, a country can be said to be safe from food insecurity when it is in IPC indicator phase 2 and below, phase 1 (none/minimal) households are able to meet food and non-food needs using income, and phase 2 (stressed) households have sufficient food but cannot afford non-food expenses without a strategy ([IPC, 2023a](#)).

Despite having implemented the HAP programme from 2009 to 2015, in fact, Afghanistan's food crisis continues to occur. As can be seen in figure 1, the food crisis area is expanding, followed by an increase in the second phase of the food crisis, which is marked in yellow on the map, and the third phase, which is coloured orange.

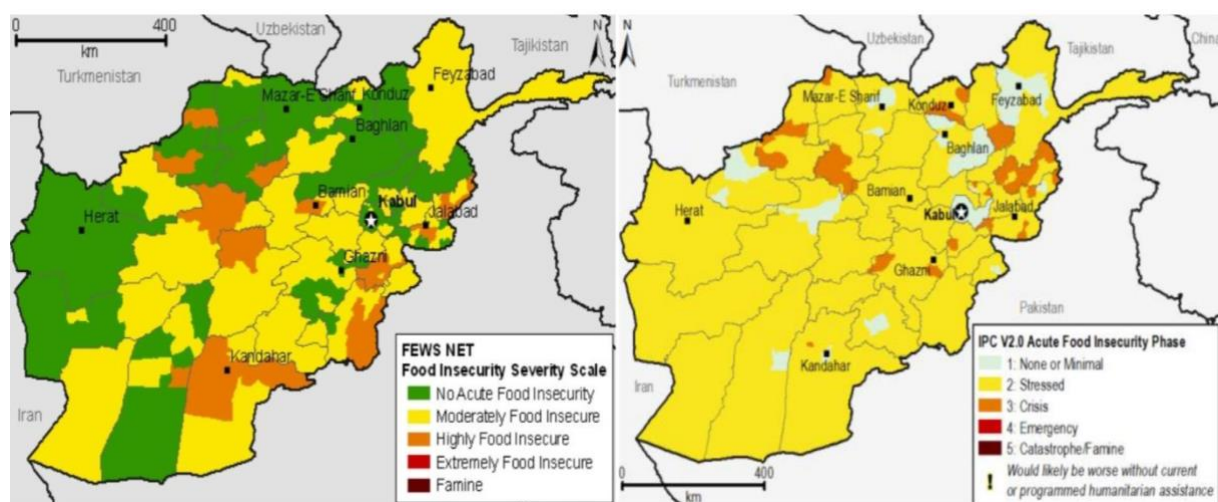


Figure 1. Map of Food Crisis Affected Areas 2010-2015

Source: [UN OCHA \(2023\)](#)

The food crisis in Afghanistan continues to fluctuate, until in 2016 it ranked as the first country in South, East and Southeast Asia with the highest Global Hunger Index (GHI) level of 34.8, where the score is on an alarming scale with a score range of 35.0 - 49.9, as seen in table 1. The GHI scale itself is divided into <9.9 (low), 10.0 - 19.9 (moderate), 20.0 - 34.9 (serious), 35.0 - 49.9 (alarming), and 50.0< (very alarming). The GHI indicators look at the percentage of undernourished population which reflects inadequate calorie intake, child wasting which reflects malnutrition, child stunting which reflects chronic undernutrition, and child mortality which reflects inadequate nutrition and an unhealthy environment ([Von Grebmer et al, 2016](#)).

Table 1. 10 Countries with the Highest GHI in South, East, and Southeast Asia

No	Country	Global Hunger Index (GHI)
1.	Afghanistan	34.8
2.	Timor-Leste	34.3
3.	Pakistan	33.4
4.	North Korea	28.6
5.	India	28.5
6.	Laos	28.1
7.	Bangladesh	27.1
8.	Sri Lanka	25.5
9.	Myanmar	22.0
10.	Nepal	21.9

Source: [von Grebmer et al \(2016\)](#)

According to the IPC report, the food crisis in Afghanistan is included in the IPC phase 3 indicator or crisis, which means that households have food consumption gaps as seen from the high rate of acute malnutrition and are able to meet minimum food with income or strategy ([IPC, 2021](#)). In 2015-2016, the area of food crisis and the number of populations affected by food crisis increased from 19% or 1,925,432 population in Nov 2015 - Mar 2016 to 25% or 6,642,308 population in Apr 2016 - Jun 2016, as shown in table 2.

Table 2. Total Population Affected by the Afghanistan Food Crisis 2013-2016

No	Food Crisis Period	Total Population Affected	Percentage of Population Affected
1.	Nov 2013 – Dec 2013	5,048,891	19%
2.	Jan 2014 – Mar 2014	1,228,831	-
3.	Aug 2015 – Oct 2015	2,095,074	8%
4.	Nov 2015 – Mar 2016	1,925,432	19%
5.	Apr 2016 – Jun 2016	6,642,308	25%

Source: [IPC info \(2023a\)](#)

The increase was caused by widespread conflict in 33 out of 34 provinces in Afghanistan, where conflict has entered residential land areas and food production areas so that 229 districts reported population displacement due to loss of residential land, loss of land for farming and livestock, loss of jobs, and experiencing threats of violence. Some of these conditions then disrupted food production activities resulting in a decrease in food production, which helped exacerbate the conditions of the food crisis due to the dwindling food availability and unable to meet the increasing food needs of the country ([UN OCHA, 2016](#)).

With only 12% of Afghanistan total land area devoted to food production, there is a threat of natural disasters affecting production productivity and food security. Droughts and floods cause crop failures, and earthquakes and extreme weather limit food distribution. However, in contrast to the conflict that has significantly impacted the food crisis situation in Afghanistan, there are natural disasters such as floods and landslides. Here were natural disasters such as floods and landslides that occurred in 2016. However, these natural disasters did not occur on a large scale, so they did not have a significant impact on the food crisis. In 2016, the number of victims of natural disasters was 69,000, lower than the previous annual average of 200,000 victims ([UN OCHA, 2016](#)).

Conflict, declining food production, economic collapse, recurring natural disasters and disease in Afghanistan have destroyed aspects of food security in the country. The food security that should have been maintained to meet the needs of the people has in fact been destroyed and resulted in a food crisis due to the failure or inability of the government to address these issues, despite the assistance provided by UN OCHA through the HAP programme. The failure of HAP programme led UN OCHA to relaunch Humanitarian Response Plan (HRP) programme in 2016 to help Afghanistan overcome the food crisis with the aim of reaching people in need of humanitarian assistance. This study will explain what assistance UN OCHA provided in HRP programme 2016-2022, and how HRP programme can affect the number of food crises in Afghanistan 2016-2022.

THEORETICAL FRAMEWORK

This article uses two concepts: humanitarian action and food security. Humanitarian action can be defined as assistance provided by volunteers, at great personal risk, at a distance, in the context of disaster, government inability to resolve, abuse or neglect, and usually armed conflict. It aims to save human lives, wherever they need help, based on the principle of humanity, in order to reduce the suffering that occurs. Pringle and Hunt revealed that in carrying out humanitarian action, actors carry it out through the protection of civilians, the provision of health services, the provision of food, the provision of water and sanitation, the provision of shelter, and the provision of facilities and relief goods needed ([Pringle and Hunt, 2015](#)). The use of this concept is in accordance with the implementation of UN OCHA aid distribution in Afghanistan through the Humanitarian Response Plan (HRP) programme to handling the food crisis that occurred in 2016-2022. So, this concept is able to explain the role of UN OCHA through the HRP programme, which aims to reach Afghan people in need of humanitarian assistance by adjusting the form of assistance and updating it every year based on conditions and priorities for assistance. The programme includes food security and agriculture assistance, nutrition assistance, health services, WASH services, education services, emergency shelter services and non-food items, protection assistance, and coordination and shared services.

Food security is a condition where there is always access to safe and sufficient food in order to live a healthy life. There are four aspects of food security: access, sufficiency, security and vulnerability, and sustainability. When the four aspects mentioned above are missing from a country, food insecurity occurs as a precursor to a food crisis. The loss of these four aspects is caused by several factors, namely conflict, natural disasters, disease, limited assistance, and different priorities or approaches between actors working together to distribute aid ([Maxwell and Frankenberger, 1992](#)). The food crisis that occurred in Afghanistan itself was also caused by the loss of the four aspects of food security in the country due to conflict and natural disasters that occurred. In addition to being the cause of the food crisis, the loss of these four aspects has also become a challenge for UN OCHA's aid distribution in Afghanistan through the 2016-2022 HRP in dealing with the food crisis that occurred, due to loss of access, limited assistance, insecurity and vulnerability, and sustainability of the food crisis. Therefore, this article adopts this concept to explain how Afghanistan can lose these four aspects of food security, which is also a challenge for UN OCHA in delivering the HRP programme to handling the food crisis.

METHODS

The type of research used is descriptive research. Descriptive research means that the research is intended to explain or describe the phenomenon under study ([Hafni, 2021](#)). The type of data used is secondary data, which means that the data source does not directly provide data relating to research to data collectors ([Sugiyono, 2016](#)). The data collection techniques used are library research and online data searches. This article used many official websites to collect data, such as the UN OCHA and IPC websites so that the data obtained is accurate. The data analysis technique used is by means of qualitative methods, which means that the research method is based on the philosophy of post-positivism to examine the conditions of natural objects, the researcher acts as a key instrument, data collection is done in triangulation (combined), data analysis is inductive/qualitative, and the research results emphasise meaning rather than generalisation ([Sugiyono, 2013](#)). Data for this article are also supplemented by quantitative data, where appropriate, in the form of tables. This article uses two concepts: humanitarian action and food security.

RESULTS AND DISCUSSION

Food Crisis in Afghanistan

Food security is very important for a country as it can help maintain the country's stability. According to the Global Report on Food Crises, a food crisis is a situation where a country is leading to acute food insecurity based on The Integrated Food Security Phase Classification (IPC) indicators in phase 3 and above, and the country is unable to overcome the crisis that occurs so that it requires external assistance. The IPC indicators of phase 3 (crisis) are food consumption gaps seen from high rates of acute malnutrition and fulfilment through income

or strategies, phase 4 (emergency), which is a food consumption gap seen from high rates of acute malnutrition and death and fulfilment only with income or emergency strategies, then phase 5 (famine), which is a lack of food and basic needs despite using strategies to meet them and critical hunger, death, destitution and malnutrition.

Afghanistan itself is a country whose people rely on the agricultural sector as the main source of livelihood, as seen in 70% of the people who work in agriculture. Due to Afghanistan's isolation and limited participation in the global economy, the country's income depends on livelihoods from the agricultural production sector. However, the presence of conflicts and natural disasters in Afghanistan has reduced the productivity of agricultural land, decreased food production, and eventually led to the depletion of food availability (Krampe, 2019). As mentioned, the beginning of the food crisis in Afghanistan was caused by the conflict between Britain and Afghanistan, and Afghanistan and the Soviets in 1979. The conflict indirectly caused Afghanistan to experience a decline in its national food production. This was caused by conflict activities that caused damage or destroyed agricultural land for food production and roads as access to food distribution, thus creating the beginning of the food crisis in Afghanistan which occurred in 1992 (Clarke, 2000). The data on the decline in food production in Afghanistan from 1988-2000 is shown in figure 2.

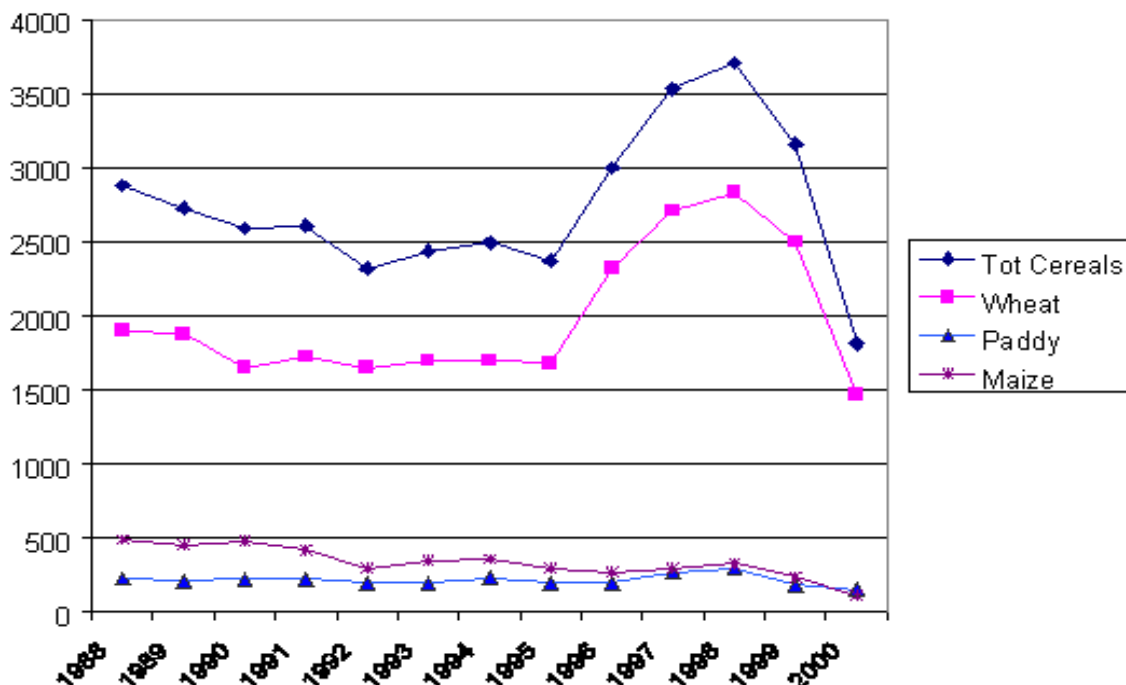


Figure 2. Data on Afghanistan Decline in Food Production due to Conflict
Source: FAO (2000)

The food crisis is considered a complex problem because it can make a country experience the danger of hunger due to lack of food, so that its people cannot survive, it can also affect the economic and political instability of the country. Therefore, food security is an important aspect for a country. But in fact, food security is not found in Afghanistan due to the ongoing food crisis that occurs in the country due to conflict and natural disasters in the country.

The conflict in Afghanistan has destroyed agricultural land for food production, destroyed roads as access to food distribution, and made a decrease in agricultural labour due to the presence of many threats that make population displacement. This has led to a decrease in food production, resulting in a decrease in food availability, which in turn has disrupted food security in Afghanistan. In addition, with the area of arable land used as a food production site covering only 12% of the total area of Afghanistan, there is a threat of natural disasters that affect the productivity of food production. Where natural disasters of drought and floods make crop failure, and earthquakes and extreme weather make food distribution limited.

The 12% of Afghanistan that can only be used as agricultural land located in the northernmost region of Afghanistan. The area mostly consists of fertile grassy plains, cultivated fields, and hills. Tropical temperatures and high humidity due to high windy rainfall allow plants to thrive. Most of the population are farmers who grow wheat, rice and cotton, and there are also sheep and goat farmers because the area has fertile grass as animal feed. However, the fertile area requires sufficient water sources for optimal harvesting due to scarce annual rainfall. So, the natural disasters that are present can cause a decrease in food production in Afghanistan, which in turn affects food security, resulting in a food crisis in the country ([Runion, 2017](#)).

The fluctuating rate of food crisis in Afghanistan as shown in table 2, making it the first country in South, East and Southeast Asia with the highest GHI rate in 2016 as shown in table 1, is also caused by conflict and natural disasters. The conflict between Afghan and pro-government forces with Non-State Armed Groups (NSAGs) and the Taliban in Afghanistan itself increased in geographical spread and intensity, as seen in figure 3. The conflict worsened when the Taliban began an offensive in Kunduz to capture other major provincial capitals, including Lashkar Gah, Farah and Maimana. The conflict intensified in civilian populated areas as well, with 33 out of 34 provinces experiencing ground fighting and 299 districts reporting displacement. This resulted in a 23% spike in casualties in 2016, with 11,418 civilians of whom 3,498 were killed and 7,920 injured due to conflict. The conflict also led to a 39% increase in displacement, with around 652,000 Afghans displaced, peaking in October with 228,000 people displaced in one month. In contrast to the conflict that significantly impacted the food crisis in Afghanistan, there were natural disasters such as floods and landslides that occurred in 2016. However, these natural disasters did not occur on a large scale, so they did not have a significant impact on the food crisis. In 2016,

the number of victims of natural disasters was 69,000, lower than the previous annual average of 200,000 victims ([UN OCHA, 2016](#)).

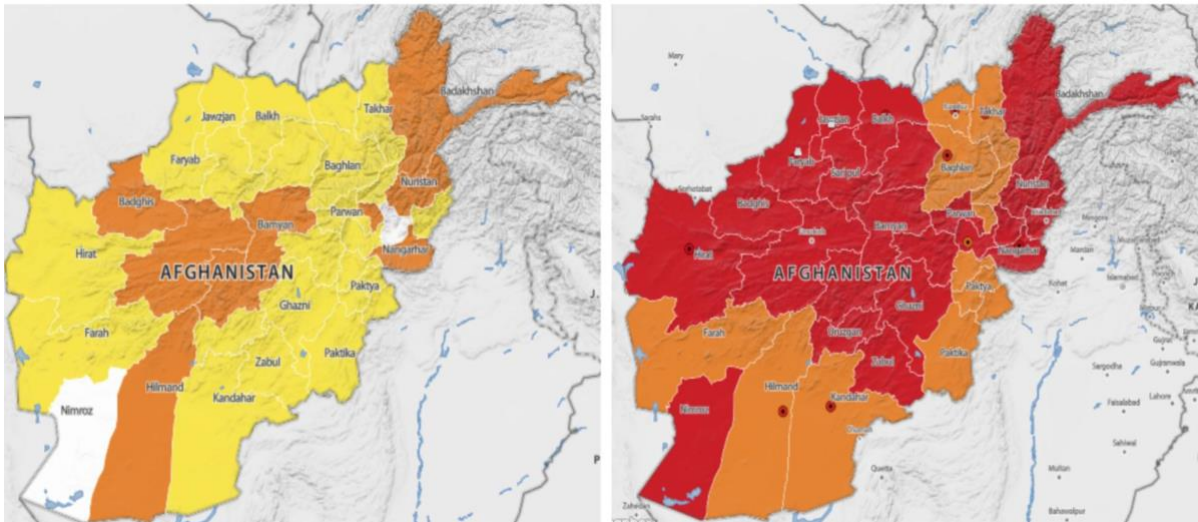


Figure 3. Afghanistan Food Crisis Area Map 2016-2022

Source: [IPC Info \(2023b\)](#)

Conflict can exacerbate the food crisis because it creates an insecure situation or safety insecurity for the livelihoods of people in conflict areas, where the conflict itself has entered civilian areas. Which then makes 70% of Afghans who make a living as farmers unable to farm due to destroyed land, and due to the insecurity of the situation makes many people move. The surge in casualties followed by the surge in refugees also increased the need for aid, but the declining agricultural labour force also caused food production to decline to the point of production failure. The government is therefore unable to fulfil the food needs of its people amidst the food crisis, requiring external assistance. The conflict has also hampered access to health and education facilities, with 119 incidents targeting health care workers, of which nearly two-thirds involved intimidation and harassment, and 9 cases of military occupation or use of health facilities by armed groups ([UN OCHA, 2016](#)).

UN OCHA Humanitarian Response Plan

The Office for the Coordination of Humanitarian Affairs (OCHA) is a part of the United Nations Secretariat, established in December 1991 by General Assembly Resolution No. 46/182 ([UN OCHA, 2021a](#)). UN OCHA is responsible for uniting the world to address the most urgent humanitarian crises by directing international assistance according to a priority scale, informing humanitarian actors in times of crisis and need for assistance, advocating for the rights of victims affected by humanitarian crises, and ensuring that humanitarian organisations have sufficient funds and resources to respond to emergency problems that occur or in the distribution of assistance ([UN OCHA, 2021b](#)).

As the food crisis continues to escalate and spread across Afghanistan, leaving the government unable to address the problem, UN OCHA is providing assistance to address the food crisis through its Humanitarian Response Plan (HRP) programme. In the programme, which was first established in 2016 and is updated annually, most of the assistance is provided through the provision of medical care, food supplies, water, and emergency shelter for refugees, as well as cash assistance that is waived for recipients to use, and human resource services for the provision of basic services, especially health care and nutrition. The objective of the HRP programme is to adjust the form of assistance provided by updating it annually and based on the conditions and priority needs needed to address the food crisis in Afghanistan.

In addressing the food crisis in Afghanistan, UN OCHA is implementing the Humanitarian Response Plan (HRP) programme, which includes:

a. Food Security and Agriculture

This assistance is the main HRP assistance by UN OCHA in dealing with the food crisis in Afghanistan. Where assistance is provided based on the priorities of affected victims through food assistance directly distributed to vulnerable populations affected by the crisis (children, pregnant women, and the elderly), in-kind assistance and vouchers, as well as cash assistance that is free to use to buy nutritious food needs. In addition, the provision of agricultural inputs, training of farmers in agricultural techniques, support for small-scale agricultural initiatives such as seed distribution, and prioritisation of income-generating agricultural activities for the Afghan people were also provided. The assistance has reached 22.3 million people, of which 68% was provided in the form of food security assistance and 32% in the form of cash assistance. Agriculture or agriculture-based livelihoods assistance has also reached 6.5 million people, of which approximately 285,000 people were aided through livelihood asset creation/rehabilitation activities, 5.8 million people were provided in-kind assistance, and 711,798 people were provided cash assistance ([UN OCHA, 2022](#)).

b. Nutrition

The nutrition assistance itself aims to address malnutrition in children under the age of five, as well as in pregnant and lactating mothers. It is provided in the form of therapeutic food, supplementary food, provision of rations and iron-rich wheat flour, as well as dietary education and nutrition counselling for vulnerable groups. Assistance was delivered under Afghanistan's Basic Package of Health Services (BPHS) programme, with Mobile Health and Nutrition Teams (MHNT) to reach inaccessible areas, 2,727 inpatient and outpatient facilities, and an additional 2,380 people targeted under the Targeted Supplementary Feeding (TSFP) programme run by 39 humanitarian actors with 542 MHNT teams. The assistance has reached 6.2 million children and pregnant and lactating women, including 664,787 girls and

boys under five with Severe Acute Malnutrition (SAM), and 1.5 million with Moderate Acute Malnutrition (MAM). The treatment percentage of children with severe acute malnutrition reached 62%, and the treatment of children with moderate acute malnutrition reached 55%. In addition, inpatient services for malnourished children have reached 40,999 children, and 948,213 pregnant and lactating mothers ([UN OCHA, 2022](#)).

c. Health

Assistance is provided in the form of rehabilitation and construction of health facilities, provision of equipment, medicines, as well as strengthening the skills and capacity of staff to provide quality services and ensure access to health services. Emergency health services include trauma care for conflict victims, surgery, and treatment of acute illnesses. For primary health care, there are vaccinations, maternal and child health care, reproductive health services, and management of common diseases. For mental health services, there is counselling and psychosocial support for victims of conflict and displacement. During the Covid-19 pandemic, ten labs, thousands of isolation rooms and intensive care rooms, training of health staff, clean water and hygiene kits, and counselling on the practice of preventing transmission of the Covid-19 virus according to WHO guidelines were provided. The assistance has reached 13.3 million Afghans, assisted by 70 other health partners. The outreach includes primary health care reaching more than 5.5 million people, health education reaching 4 million people, Maternal, New-born and Child Health (MNCH) services reaching 1.4 million people, vaccinations reaching 900,000 people, Mental Health and Psychosocial Support (MHPSS) reaching 800,000 people, handling 633,000 trauma cases, and training 45,500 trauma cases ([UN OCHA, 2022](#)).

d. Water, Sanitation, and Hygiene (WASH)

This assistance itself aims to maintain the health and hygiene of the community so as not to worsen the conditions of the food crisis due to deep infectious diseases. Where provided in the form of clean water supply, distribution of water trucks, new water supply systems through deep wells, implementation of groundwater monitoring and management systems, health practice counselling, crisis washing supplies. The assistance has reached 11 million Afghans, 52% children, including 25% women and 23% men. In addition to access to clean water, hygiene counselling has been provided to 8.6 million people and cleaning services to 1.7 million people ([UN OCHA, 2022](#)).

e. Education Services

Assistance is provided in the form of face-to-face Community-Based Classes (CBC) in collaboration with UNICEF's Cluster lead agency, Accelerated Learning Classes (ALC), Temporary Learning Spaces (TLS), and alternative learning packages (take-

home learning). The programme also recruits teachers and community members who will be trained to teach and incentivised. The assistance has reached 554,414 children in Afghanistan, consisting of 249,018 boys and 305,396 girls with quality basic education through face-to-face Community-Based Classes (CBC). 887,965 school-age children with 438,586 boys and 449,379 girls received learning materials. In addition, 18,011 teachers (12,648 male and 5,363 female) were recruited to support the CBC and TLS programmes with incentives. Where 8,497 teachers (5,450 male and 3,047 female) were trained on child-centred, protective and interactive learning methodologies, classroom management, social cohesion, life skills, and psychosocial support. Also training to 29,096 community members (22,256 males and 6,840 females) on the right to education and child protection ([UN OCHA, 2022](#)).

f. Emergency Shelter and Non-food Items

This assistance aims to safeguard people's immediate safety and well-being and improve their living standards, including victims of conflict and natural disasters, returning cross-border refugees, and vulnerable victims in need of shelter and non-food items. Provided in the form of emergency shelter, non-food items, temporary housing, shelter repairs and winterisation support. Also working with the government and the Food Security and Agriculture Cluster (FSAC) on land and property ownership, supporting people with insecure jobs and large debts, providing shelter for people with special needs, assistance for people at risk of eviction and in need of rental support, and selecting settlement sites and analysing targets for distribution of assistance. The assistance has reached 2,030,760 people in Afghanistan, including emergency shelter assistance reaching 91,197 people, non-food items reaching 530,649 people, shelter repair and improvement assistance reaching 219,253 people, winter assistance reaching 1,244,222 people, and temporary and long-term housing assistance reaching 36,786 people. The percentage of assistance reached 21% of men, 23% of women, 27% of boys, and 29% of girls ([UN OCHA, 2022](#)).

g. Protection

Protection assistance includes general protection of civilians in relation to violations of International Humanitarian Law (IHL), protection of children from life-threatening risks (abuse, neglect, violence and exploitation), protection of gender-based violence, protection of assets (houses, land, property), and Mine Action (MA) protection by providing surveys and education on risks and rights of victims. UN OCHA collaborates with the United Nations Assistance Mission in Afghanistan (UNAMA) to use the Protection Incident Monitoring Mechanism (PIMS) to identify and record human rights violations, the results of which are reported to the Report Hub. The assistance has reached 5.7 million Afghans, with

child protection reaching 4.4 million people, gender violence protection reaching 1.5 million people, asset ownership protection (house, land and property) reaching 500,000 people, and mine action protection reaching 500,000 people. In addition, around 1.2 million people were provided with cash assistance for protection and additional case management support for 2,000 people with special needs (OCHA, 2022).

h. Coordination and Shared Services

Where in this case it cooperates with other humanitarian actors including Food Security and Agriculture Cluster (FSAC), Ministry of Agriculture, Irrigation and Livestock (MAIL), Afghanistan Natural Disasters Management Authority (ANDMA), Department of Agriculture, Irrigation and Livestock (DAIL), Inter-Cluster Coordination Team (ICCT), Provincial Disaster Management Committees (PDM), Integrated Food Security Phase Classification (IPC), Post Distribution Monitoring (PDM), AWAAZ Afghanistan, Accountability to Affected Populations (AAP), and Seasonal Food Security Assessment (SFSA) (OCHA, 2022). Together with FSAC, MAIL and ANDMA target the most vulnerable households to avoid duplication and maximise assistance, with DAIL at the regional level verifying needs and targeting assistance through gap analysis. Together FSAC and ICCT strengthened emergency preparedness and relief capabilities through the development and updating of contingency plans through timely food security assessments and coordinated the provision of assistance. PDM and IPC analyses were used in the food crisis early monitoring system to easily identify priority areas for assistance ([UN OCHA, 2017a](#)). With AWAAZ Afghanistan prioritises assistance based on cross-cutting issues such as age, gender, environment, disability, in consideration of AAP, to ensure communities are heard and responded to in a timely manner ([UN OCHA, 2019](#)). Together with ICCT and FSAC, quarterly partner response data through the Report Hub is collected to measure progress. IPC analysis through SFSA will then identify the type of assistance needed, through PDM assistance will be provided as needed. And through AWAAZ Afghanistan and FSAC, urgent food and agriculture reports are responded to ensure they are heard and responded to in a timely manner ([UN OCHA, 2021c](#)).

i. UN OCHA achievements

Overall, the HRP programme reached 26.1 million Afghans, exceeding the number of people in need of assistance by 24.4 million and exceeding the planned target of reaching 22.1 million people. The data on the achievements of the HRP programme is shown in table 3.

Table 3. HRP Programme-Wide Outcome Data

Sector	People in Need	Planned Reach	People Reached
Education	7.9M	1.5M	554K
Emergency Shelter and NFI	10.9M	1.9M	2.0M
Food Security and Agriculture	24.0M	21.6M	22.3M
Health	18.1M	14.7M	13.3M
Nutrition	7.8M	5.9M	6.6M
Protection	16.2M	4.5M	5.7M
Water, Sanitation, Hygiene	15.1M	10.4M	11M
Aviation	-	-	-
Coordination	-	-	-
Not Specified/Multiple Sectors	-	-	-
TOTAL	24.4M	22.1M	26.1M

Source: [UN OCHA \(2022\)](#)

In the number of people affected by the food crisis itself, there is a decrease according to the IPC report. The affected population, which was 14,073,883 in Nov 2021 - Mar 2022 with a percentage of 34%, fell to 13,854,267 in Mar 2023 - Apr 2023 with a percentage of 32%, as shown in table 4 ([IPC, 2023b](#)).

Table 4. Total Population Affected by Afghanistan Food Crisis 2022-2023

No.	Food Crisis Period	Affected Population Numbers	Percentage
1.	Nov 2021 – Mar 2022	14,073,883	34%
2.	Mar 2022 – May 2022	13,036,510	31%
3.	Jun 2022 – Nov 2022	12,944,658	31%
4.	Sep 2022 – Oct 2022	12,536,200	30%
5.	Nov 2022 – Mar 2023	13,823,864	32%
6.	Mar 2023 – Apr 2023	13,854,267	32%

Source: [IPC Info \(2023b\)](#)

In addition to the decrease in the number of food crises above, there is also a decrease in the expansion of areas affected by the emergency phase 4 food crisis in Afghanistan in 2022-2023 according to IPC indicators, which on the map are marked in red. The map of food crisis areas Nov 2021-Apr 2023 is shown in figure 4 ([IPC, 2023b](#)).

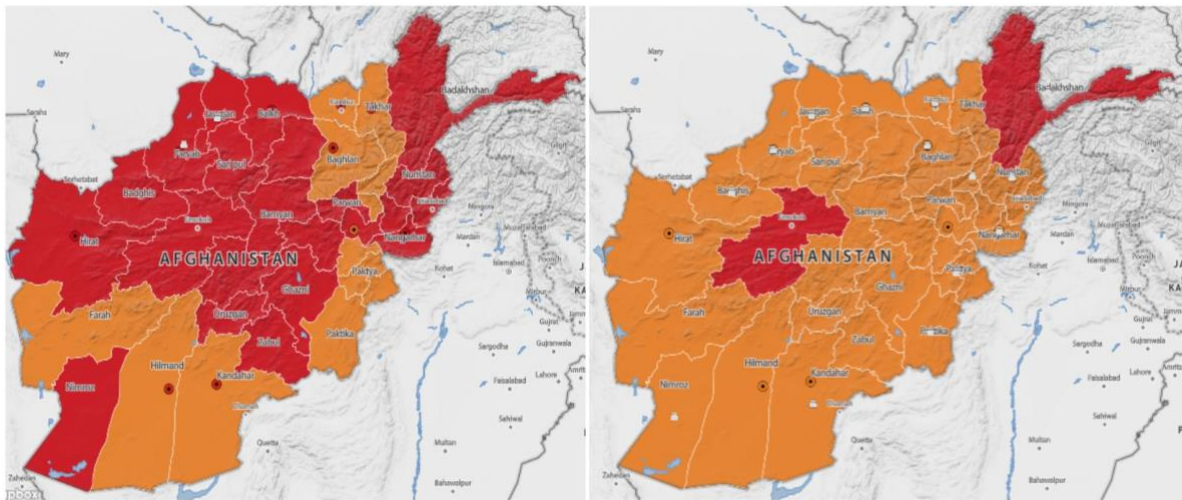


Figure 4. Map of Food Crisis Areas in Afghanistan Nov 2021 – Mar 2022 and Mar 2023 – Apr 2023

Source: [IPC Info \(2023b\)](#)

It can be seen from the data on the achievements of the HRP programme in figure 4 that the HRP programme, which reached 26.1 million Afghans, has also affected the number of food crises, which can be seen to have decreased in table 4. Where a total of 14,073,883 Afghan people was affected by the food crisis with a percentage of 34% in 2021, it fell to 13,854,267 with a percentage of 32% in 2023. In addition to the 2% decrease in people affected by the food crisis, there was also a decrease in the expansion of areas affected by the food crisis as shown in figure 3. Where in 2021, initially the phase 4 crisis or food emergency areas included 22 regions, namely Badakhshan, Nuristan, Kunar, Nangarhar, Laghman, Kabul, Parwan, Wardak, Ghazni, Zabul, Uruzgan, Daykundi, Bamyan, Samangan, Balkh, Sari Pul, Ghor, Jawzjan, Faryab, Badghis, Hirat, and Nimroz. However, in 2023 there was a decrease in the expansion of the phase 4 crisis or food emergency areas to only 2 regions remaining, namely Badakhshan and Ghor.

UN OCHA Challenges in Afghanistan

The fluctuating number of food crises itself is due to the challenges faced by UN OCHA in delivering its assistance through the HRP programme due to the loss of access, sufficiency, security and vulnerability, and sustainability ([Maxwell and Frankenberger, 1992](#)).

The loss of access to aid distribution and community access to aid in Afghanistan is caused by several factors. Conflict has damaged aid distribution roads due to roads being used as conflict sites and explosive devices ([UN OCHA, 2018a](#)). The conflict has also restricted access to travel due to administrative requirements imposed by the government and members of the Non-State Armed Group (NSAG), creating challenges for aid distribution ([UN OCHA, 2019](#)). Earthquakes have also disrupted aid delivery due to the destruction of infrastructure, logistics and roads for aid distribution, resulting in increased aid needs at a time when aid is increasingly limited. In remote areas, aid is difficult to

distribute due to destroyed roads and limited transport infrastructure, making it difficult for people to access aid, especially safe drinking water, sanitation and other hygiene services ([UN OCHA, 2021c](#)). During the Covid-19 pandemic, aid was difficult to access in time due to lockdown policies, resulting in the threat of hunger and critical malnutrition ([UN OCHA, 2020](#)). The economic collapse and extreme cash shortages since Taliban control have further exacerbated the situation, affecting the delivery and receipt of aid ([Action Against Hunger, 2021](#)).

The food crisis that disrupted Afghanistan's food security made it impossible to always provide adequate and quality food, resulting in an increase in people in need of assistance while assistance was limited. Conflicts and natural disasters have increased the number of victims, while food production activities are not running, and food availability is dwindling. Aid limitations are also caused by the difficulty of obtaining sufficient and timely funding due to donor fatigue, competing priorities, and political dynamics ([UN OCHA, 2016](#)). During the Covid-19 pandemic, aid delivery was hampered by limited space for aid distribution and access to health services, depleted availability of sanitation and hygiene materials, and unavailability of routine medical check-ups due to prioritisation of services to treat pandemic victims ([UN OCHA, 2020](#)). Ongoing attacks and forced closure of health facilities due to conflict have also increased the need for medical assistance, while health services are saturated ([UN OCHA, 2021c](#)).

Insecurity and vulnerability in Afghanistan are caused by conflict and instability that pose many threats to its communities. This can be seen in the obstruction of buying and selling activities, tensions over land, and an increase in incidents of gender-based violence that has led many communities to migrate ([UN OCHA, 2016](#)). Explosions and the exploitation or recruitment of children as members of armed groups also pose a threat to civilians, as they can cause injuries and trauma ([UN OCHA, 2017b](#)). Insecurity and vulnerability also affect humanitarian actors, as they impede aid delivery due to armed group violence against aid workers ([UN OCHA, 2018b](#)). Humanitarian actors also experience challenges in distributing aid due to suspicion of conflict parties when they want to distribute aid to areas contested by conflict members ([UN OCHA, 2020](#)). This increases food insecurity, malnutrition, migration and mortality, making aid delivery more vulnerable and difficult ([UN OCHA, 2019](#)).

The previous challenges that led to the sustainability of the food crisis were also influenced by the different views and treatments of fellow humanitarian actors working with UN OCHA in the distribution of aid. This is due to the absence of good coordination and cooperation between various humanitarian actors, the Afghan government, and other stakeholders so that the assistance provided is effective in dealing with the food crisis. However, good coordination and cooperation also poses challenges due to different priorities, mandates and approaches among actors involved in aid delivery ([UN OCHA, 2022](#)).

CONCLUSION

UN OCHA's handling of the food crisis in Afghanistan through the HRP programme from 2016-2022 has reached 26.1 million people, exceeding the 24.4 million people in need of assistance. The HRP programme, which reached more than 1.7 million people in need of assistance, a 2% decrease in the percentage of food crisis victims, and a decrease in 22 food crisis areas to only 2 areas, proves that the HRP programme run by UN OCHA has succeeded in reaching all communities, but cannot significantly reduce the number of food crises. This is influenced by the existence of challenges in the delivery of HRP programmes, namely loss of access, limited assistance, insecurity and vulnerability, and the sustainability of food crises. Conflicts, earthquakes, remote areas, and lockdown policies make it difficult to access aid distribution in affected areas. Conflicts, natural disasters, and the Covid-19 pandemic have caused a surge in victims so that aid cannot reach all victims due to limited funds and saturated aid services. Insecurity and vulnerability result in threats of violence against humanitarian actors and hamper aid delivery. Differences in priorities, mandates and approaches by co-operating actors also make food crisis response ineffective.

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ABOUT THE AUTHORS:

Dea Apriliyati completed her graduate study at the Department of International Relations, Mulawarman University Samarinda (UNMUL) in 2023.

Etha Pasan is a permanent lecture at the Department of International Relations, Faculty of Social and Political Science at Mulawarman University (UNMUL), Samarinda. Her interests included humanitarian action, human security, human rights, humanitarian law, conflicts, crises, and international organisations.

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