

SPECIAL **REPORT** no. 171

The Crisis of Food Insecurity in Afghanistan

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Abstract

Eleven million people in Afghanistan are experiencing food insecurity, and 97 percent of the country's population are on the brink of universal poverty by mid-2022. Every year, about 250,000 people suffer the devastating impacts of environmental disasters such as floods, droughts, avalanches, landslides, and earthquakes. The circumstances are climacteric, as agriculture is the biggest livelihood provider in the country and influential in its economy. Almost 80 percent of all

livelihoods come from farming and herding and 70 percent of the population reside in rural areas. On the occasion of World Food Day in October, ORF's Centre for New Economic Diplomacy organised a digital panel discussion with key stakeholders on the subject of enhancing food security in Afghanistan. This report builds on the ideas shared during the discussion.

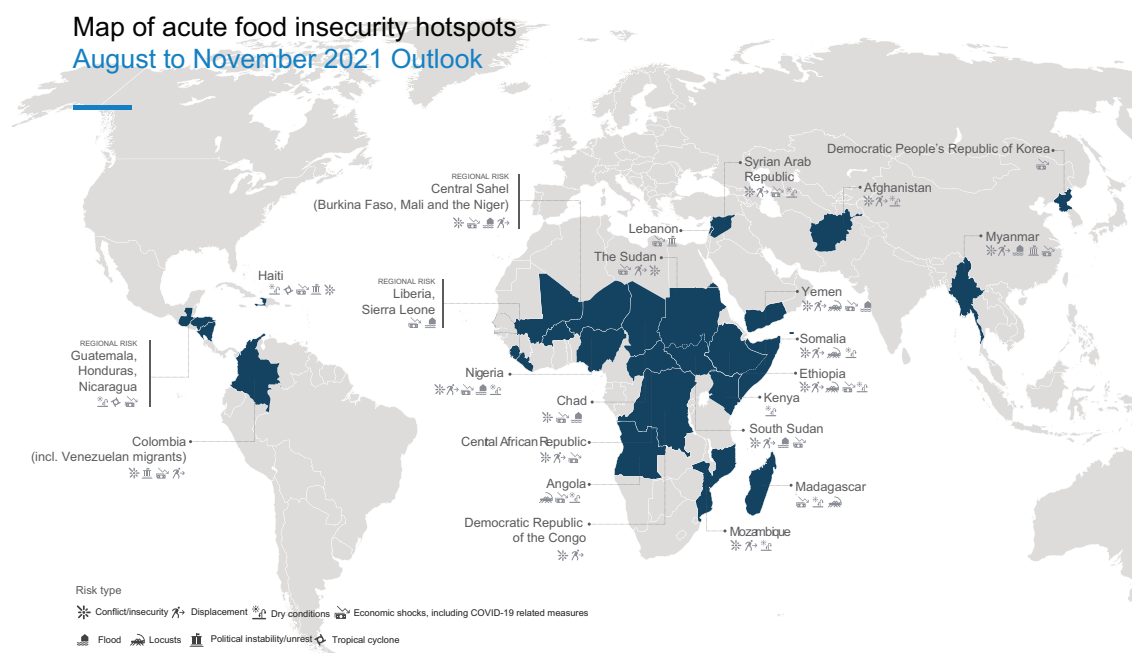
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Introduction

The Food and Agriculture Organization (FAO) and the World Food Programme (WFP) have warned 23 countries, including Afghanistan, of worsening acute food insecurity by November 2021 (see Figure 1).¹

As per the Integrated Food Security Phase Classification (IPC), more than one in two Afghans will be facing emergency levels of acute food insecurity from the November 2021 to March 2022 lean season (see Figure 2).

Figure 1:
Acute food insecurity hotspots



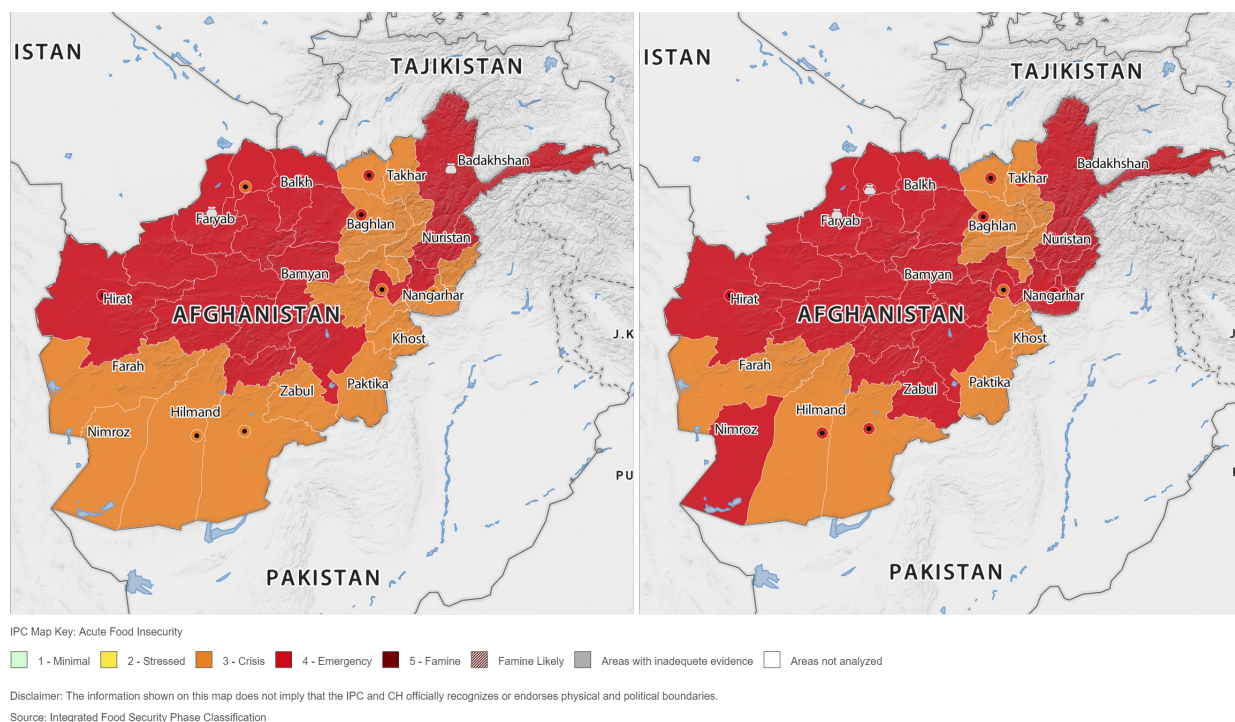
Source: WFP and FAO 2021 ²

The country will require urgent humanitarian interventions to meet basic food needs, protect livelihoods, and prevent a humanitarian catastrophe. An additional two million people are predicted to plunge to ‘Emergency’ levels of food insecurity during the winter season.³ This push will be due to below-average rainfall, which is driven by recurring episodes of La Niña, and its consequent negative impact on livestock and agricultural produce. FAO has estimated that the past five droughts induced by La Niña reduced the production of wheat by 16 percent to 27 percent. Livestock production is also expected to fall, as

30 percent of the ruminants will be affected.⁴ A wheat deficit of 2.5 million tonnes is estimated to result from one of the most severe droughts in 30 years.

The country faces extensive risk of widespread famine in the near future if adequate aid is not provided soon. Afghanistan is already in a precarious position, ranked 103rd out of 116 countries on the Global Hunger Index 2021, and having a severe hunger level with a score of 28.3.⁵

Figure 2:
Acute Food Insecurity (Current: September – October 2021 and Projected: November 2021 – March 2022)



Source: IPC Acute Food Insecurity Analysis ⁶

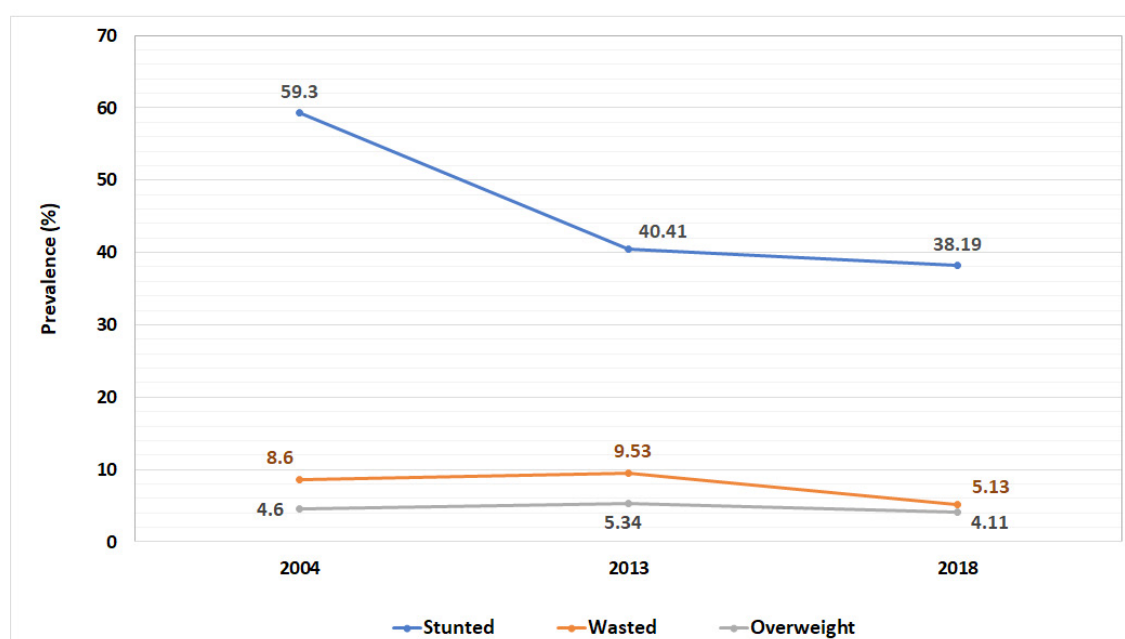
Nutrition and Human Development

Undernutrition in Children Under Five

Child and maternal undernutrition are the most significant health risk factors in Afghanistan. In children, malnutrition manifests either in the form of ‘stunting’ (low height in relation to age), or ‘wasting’ (low weight in relation to height), or both. Despite progress, Afghanistan continues to record a high prevalence of stunting at 35.1 percent (see Figure 3), which is higher than the Asia region average at 21.3 percent. Further, wasting and overweight rates in this category of children are 5.1 percent and 3.9 percent, respectively (see Figure 3).⁷ Stunting has lasting effects: a World Bank study has found that a one-percent shortening in adult height because of childhood stunting is associated with a 1.4-percent loss in economic productivity.⁸

The nutritional status of children under five years of age continues to deteriorate in most parts of Afghanistan, thereby directly threatening their lives. The United Nations Children’s Fund (UNICEF) warns that unless interventions are introduced soon, some 1.1 million children are at risk of death due to acute and severe malnutrition.⁹ The reasons for such alarming conditions are increased food insecurity over the past decades, lack of access to health services (due to forced displacement or issues with physical accessibility and distance to nutrition services), poor access to water and sanitation, poor maternal nutrition, low immunisation coverage, and high disease burden.

**Figure 3:
Prevalence of stunting, wasting and overweight in children under five years of age**



Source: Global Nutrition Report 2020 ¹⁰

Undernutrition in Women

No progress has been made towards achieving the target of reducing anaemia among women of reproductive age, with 42 percent of women aged 15 to 49 years now affected. Malnutrition in adults cannot be ignored, with 8.6 percent of women in the 15-49 age group being underweight.¹¹ The country has not shown any progress towards

achieving the target for reducing obesity, with an estimated 7.6 percent of adult women and 3.2 percent of adult men living with obesity. Afghanistan has shown limited progress towards achieving the diet-related non-communicable disease (NCD) targets, with diabetes affecting 12.2 percent of adult women and 11.6 percent of adult men.

At the same time, Afghanistan is on-course to meet the global nutrition targets for childhood overweight and exclusive breastfeeding. The country has achieved 58-percent exclusive breastfeeding. Timely breastfeeding interventions, age-appropriate complementary feeding, complete immunisation, and Vitamin

A supplementation have been deemed essential in enhancing nutrition outcomes in children. Yet, only 15 percent of children below two years receive an adequate diet.¹² Undernutrition is of particular concern in women, children, displaced people and returnees, households headed by women, people with disabilities, and the poor.

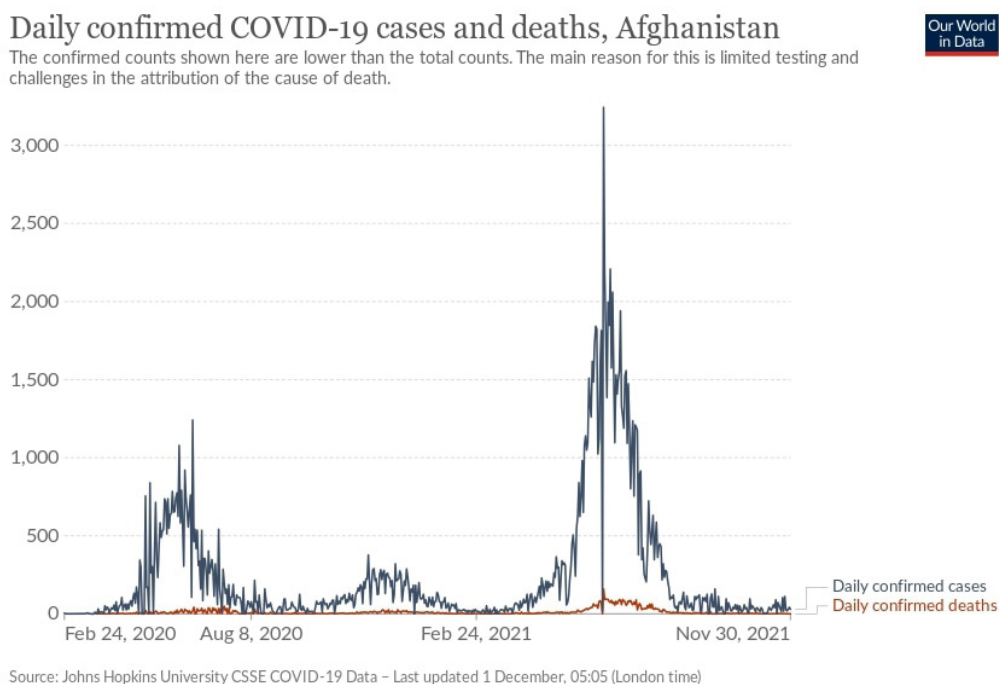
“Unicef warns that unless interventions are introduced soon, some 1.1M Afghan children could die due to acute malnutrition.”

The COVID-19 Fallout

The past year exposed how prolonged conflicts and poor development has created a weak and vulnerable health system in Afghanistan. The country has already seen three waves of COVID-19 infections, with the peak in early June 2021 resulting from the spread of the highly transmissible delta variant. It has conducted less than a million tests and, at the time of writing this report, did not have a dedicated policy for contact-tracing or testing.^{13,14}

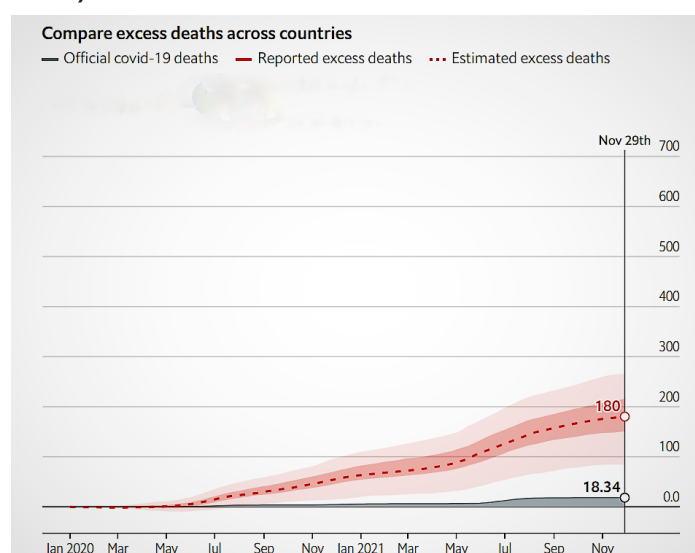
As of 30 November 2021, 7,308 deaths have been attributed to the pandemic (see Figure 4). Amidst the breakdown of political and health systems and poor testing capacity, however, this might be a gross under-estimation of the reality. *The Economist* estimates that the number of excess deaths in Afghanistan could be between 34,000 to 110,000 (see Figure 5).¹⁶

Figure 4:
Daily new COVID-19 cases and deaths



Source: Our World in Data ¹⁵

**Figure 5:
Cumulative and Estimated Excess Deaths due
to COVID-19 per 100,000 Population (as of 29
November 2021)**



Source: *The Economist* ¹⁷

In terms of vaccination, as of 20 November 2021, a total of 5.12 million doses have been administered across Afghanistan. Only 8.67 percent of the population are fully vaccinated.¹⁸

With rising malnourishment and interrupted aid, the country’s population is rendered more vulnerable for a fourth wave.

Impact on Economic Security and Nutrition

The World Bank estimates that close to 15 million Afghans across 2 million households are particularly vulnerable to the consequences of the economic lockdown. The lockdown restrictions across the country left many unemployed and job-insecure. With the loss of jobs and income, poverty is predicted to rise from 54.5 percent to 72 percent.¹⁹ Another contributor to food insecurity is internal displacement due to storms, floods, droughts and, most importantly, conflicts and violence. Over 404,000 new displacements associated with war and violence were recorded in 2020; at least 3.5 million people are internally displaced.²⁰ As of 7 November 2021, the United Nations High Commissioner for Refugees verified that 682,891 people had been displaced by conflict.²¹

As of 2020, 47.3 percent of the population of Afghanistan lived below the national poverty line. Afghanistan's economy experienced unprecedented disruption in 2020. The gross domestic product (GDP) contracted by an estimated 5 percent in 2020, as COVID-19 containment measures exacerbated the economic impact of persistent violence and political instability. The Asian Development Bank predicts a rise in GDP to 3 percent in 2021, and to 4 percent in 2022 with normalising economic activity.²²

Nonetheless, many households in Afghanistan are struggling to meet their basic food needs. According to the 2020 Seasonal Food Security Assessment, 40 percent of households have poor food consumption, and 32 percent have low dietary diversity (i.e., consuming four food groups or less). The North, North-East and Central highland provinces are the worst affected in terms of poor food consumption.²³

Afghanistan's rank of 148 on the World Bank's Human Capital Index of 173 countries is indicative of declining progress in building human capital conditions for children. The pandemic has put at greater risk any progress in improving human capital, in areas such as health, survival, and reduction of stunting, leading to food insecurity and poverty.²⁴ At the same time, the lack of investment in health and education has also led to slower economic growth. Afghanistan has been worst affected by food crises and the prevailing conditions have aggravated food insecurity.²⁵

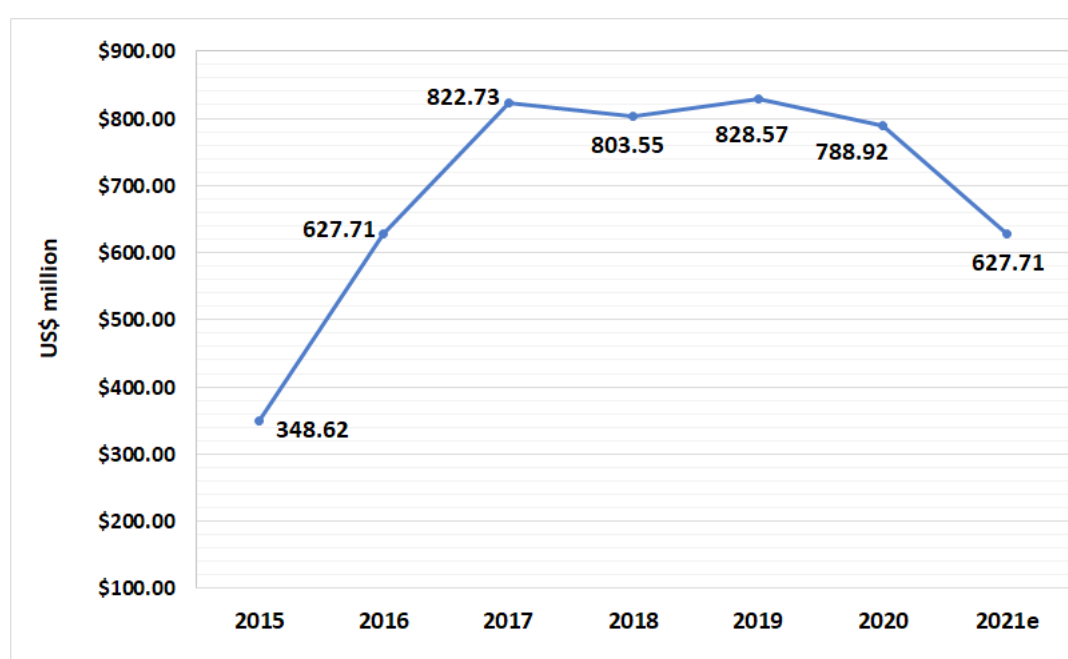
The Return of the Taliban

Impact on Foreign Aid

Since the return of the Taliban in August 2021, Afghanistan has been seeing intense economic turmoil, as foreign aid payments worth billions of US dollars got shut down and US\$10 billion of Afghan Central Bank's assets were suspended. The on-budget support from international development funding has been suspended amidst

political disagreements. Foreign aid amounted to about 40 percent of the gross domestic product and three-quarters of government funding.²⁶ Remittances fell from USD 829 million in 2019 to USD 789 million in 2020 (see Figure 6). There was a further decline to an estimated USD 628 million in 2021.²⁷

Figure 6:
Remittance inflows in Afghanistan (2015-2021)



Source: KNOMAD-World Bank²⁸

With diminished aid, frozen bank assets, and sanctions imposed by the United States, the country has fallen into a banking crisis, which has resulted in rising prices. Fuel prices are going up at unprecedented rates. As the banking system is nearing a collapse, there is a looming cash liquidity crisis hurting livelihood opportunities in turn. Years of progress will be undone if aid is cut off for a long time. The country was moving forward on the multi-sector approach to scale nutrition that brought together agencies such as WFP, FAO, UNICEF, and WHO, with the government ministries, in an effort to put together a strategy and implement a plan to improve nutrition in Afghanistan. Today, the immediate priority is to stabilise the food security and nutrition situation over the next six months.

Impact on Healthcare Services

Following the fall of Kabul to the Taliban, access to vital medicines has been severely disrupted. The rising incidence of measles and diarrhoea, and the risk of resurgence of the Polio virus among children, are worrying. Maternal and neonatal mortality will likely increase again. International partners such as WFP and UNICEF had previously helped the Government in implementing nutrition interventions prior to the pandemic. Through the Sehatmandi project, the Government was able to hire 2,000 nutrition counsellors to dispense advice on correct infant and child feeding and maternal nutrition practices. The country had almost 1,300 health facilities, with medical doctors in each, for the management of acute malnutrition. The nutrition program added by WFP and UNICEF supported a provision of severe malnutrition as well as the Community-Based Nutrition Program (CBNP).^a

a The Public Nutrition Directorate of the Ministry of Public Health in Afghanistan introduced the Community Based Nutrition Programme (CBNP) in 2017, supported by UNICEF and other partners. It aims to improve the diets and feeding practices of young children.

Today the Sehatmandi project,^b which was considered the backbone of the healthcare delivery system in Afghanistan, is rapidly collapsing. According to WHO, only 17 percent of clinics set up under the project remain functional, while two-thirds have already depleted their supplies of lifesaving drugs.²⁹ Isolation facilities for COVID-19 patients will also reduce drastically, with only 3 percent of the 1,318 beds remaining operational.³⁰

Impact on Women

The Taliban restrictions on women are oppressive and can be fatal in the long run. Women constitute nearly 50 percent of Afghanistan's Community Health Worker (CHW) program.³¹ The Sharia law implemented in the country has placed prohibitions on the autonomy and mobility of women and young girls, affecting access and delivery to equitable healthcare, especially during a pandemic.³² Women's exclusion from an already low-density health workforce, with 4.6 medical doctors, nurses and midwives per 10,000 people, will further overburden the bleak system.³³

Anecdotal evidence shows that the onset of grave food insecurity has also increased the incidence of child marriages in the region.³⁴ The non-government CARE International estimated that women are three times more likely to report not having a balanced diet and also consuming comparatively less dairy and meat. Additionally, women in Afghanistan solely own only about 3 percent of land and rarely have livestock to their name.³⁵ Considering the large agrarian livelihoods umbrella of the country, this points to dismal control over their health and nutrition status.

Given this new regime, it is still unclear how the multiple crises will unfold. The future of the status of women and the roles they are going to have in the rebuilding process remain uncertain. A global humanitarian effort is needed to protect the people of Afghanistan.

b Sehatmandi is a multi-year, multi-donor funded project (EU, USAID, ARTF, and The World Bank) that provides access to affordable primary and secondary healthcare, nutrition, and family planning services across all 34 provinces of Afghanistan. The project is implemented by the Ministry of Public Health in close collaboration with the NGOs which assist in managing health facilities that deliver essential package of health services (EPHS) in hospitals and the basic package of health services (BPHS) in clinics.

Recommendations


The participants in ORF's panel discussion agreed that the drivers of the food insecurity in Afghanistan are interconnected, and the impacts manifest across different sectors.

The social, environmental, economic and health ecosystems drive each other into strenuous entanglements. The interconnected nature of these associations increases food insecurity, leading to future risks. Definitive actions need to be taken in an immediate and scaled manner to build long-term sustainability against the consequences.³⁶ As Afghanistan sinks into a hunger calamity, the inaction from the international community is disheartening. ORF's panel of experts agreed on the need for increased humanitarian support until some semblance of political stability is achieved. It is imperative to recognise the need to respond in a

difficult context like this and hurdle the obstacles imposed by political wrangling. The global humanitarian community should render aid and support to health and nutrition programs, and ensure social safety nets are put in place in order to improve the lives of vulnerable families and individuals experiencing poverty and hunger.

The intricate challenges to combatting food insecurity and undernutrition call for greater inter-sectoral cooperation and consonance in policy implementation, with global investments to protect the vulnerable. Food security and nutrition surveillance are vital, especially within the context of the ongoing pandemic. It is critical to understand the challenges of the ground and conduct timely monitoring of impacts.

Conclusion: The Imperatives in Afghanistan

- 1** To put food security, health, and other basic services ahead of politics to overcome food insecurity, hunger and poverty.
- 2** To ensure social safety net programs to protect households from the economic shocks of the pandemic, natural disasters, and other crises.
- 3** To invest in data-gathering and surveillance to help understand and tailor actions based on resources available.
- 4** To prioritise four main areas for development: supporting infant and young child feeding; prevention of anaemia in adolescent girls and women of reproductive age; management of acute malnutrition; and the implementation of nutrition-sensitive interventions to address the underlying determinants of malnutrition. 

Annexure

ORF Digital Roundtable

Enhancing Food Security in Afghanistan

16 October 2021

Participants

- Mary Ellen Mc Groarty, Representative & Country Director at WFP, Afghanistan
- M. Homayoun Ludin, Senior Technical Nutrition Advisor, MSH, Afghanistan
- R.V. Bhavani, Poverty and Social Protection Specialist, FAO, Bangladesh
- Purnima Menon, Senior Research Fellow, International Food Policy Research Institute

The discussion video can be accessed here: <https://youtu.be/h130w8PKG8A>

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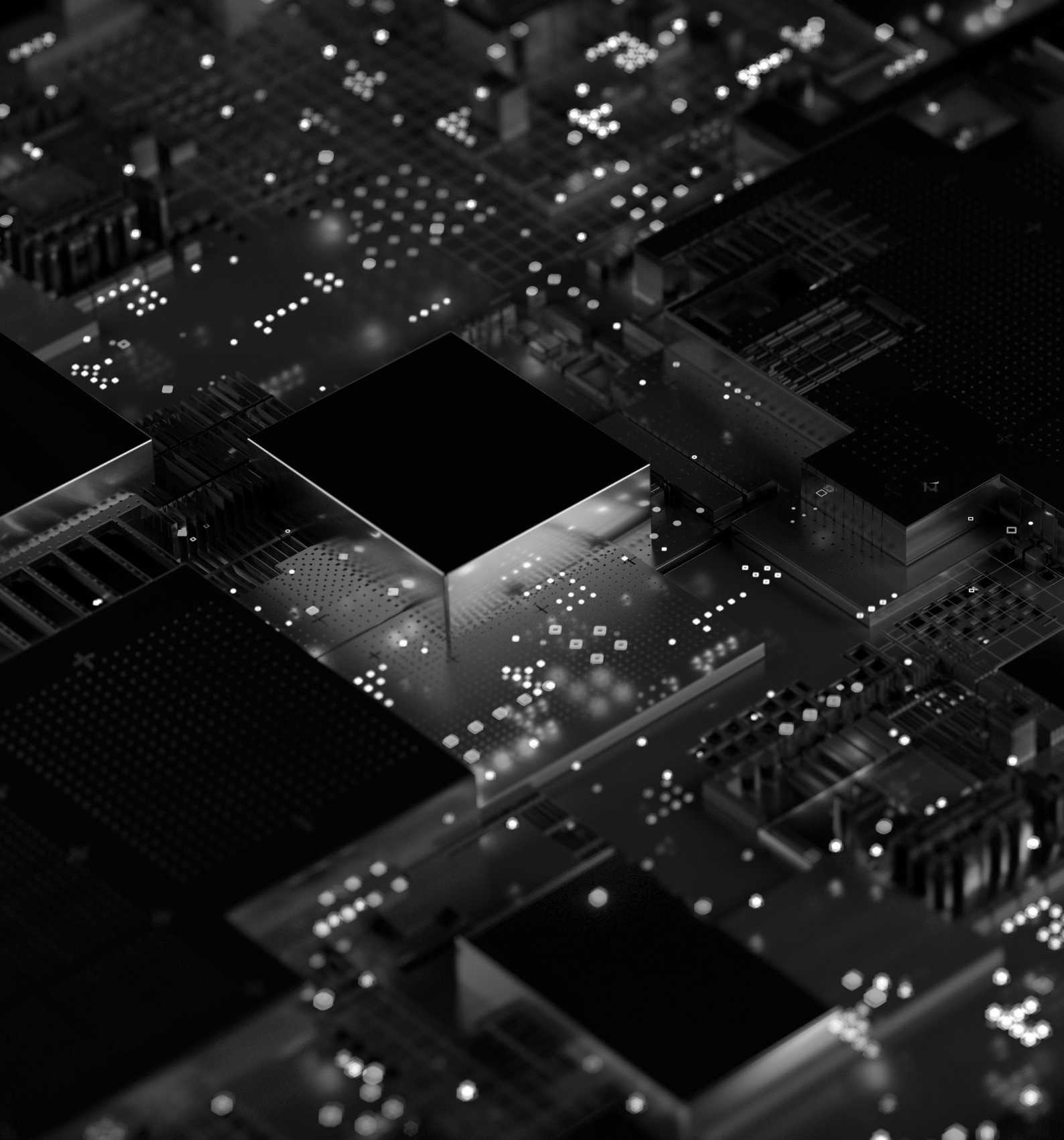
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