In Afghanistan, two thirds of the country (27 out of 34 provinces) is experiencing rates of wasting that exceed emergency levels (based on the WHO classification). In 2020, 2.8 million children under 5 suffered from wasting and 780,000 of these children under 5 were identified as severely acutely malnourished. This is more than double than the 1.3 million children under 5 suffering from wasting that were identified in 2017, indicating an upward trend based on historical data.

Rates of wasting at the national level are currently 11.3% but there is a wide spectrum of regional disparities that range from 27.4% in Jawzjan to 9.6% in Logar provinces. The provinces with the highest levels of acute malnutrition are associated with a higher proportion of acutely food insecure people (>38% of people classified as being in crisis and emergency phases of food insecurity (IPC phase 3+)), higher rates of diarrheal morbidity among children (>18%), and a higher concentration of internally displaced people (above the national median IDP population of 3,150 people).

Altogether, the deterioration of the nutrition situation is driven by a series of complex factors. These include the COVID-19 context, poor access to health services, acute household food insecurity (due to shocks and chronic poverty), inadequate diets, sub-optimal childcare and feeding practices, poor access to water and sanitation, eroded livelihoods, as well as conflict-related shocks. A drought is also expected in 2021, and this is anticipated to negatively impact the situation. Seasonal fluctuations also exist and there are increases in acute malnutrition occurring during the months of July to September.

In response to the current nutrition situation, implementing partners deliver nutrition curative and preventive services across the country. They are delivered in health facilities, via community health workers (CHWs) at the community level, through mobile teams for the underserved population in the hard-to-reach areas and for displaced people in the IDP settlements, and through encashment centers for the cross-border population. In addition, the government and key partners are supporting the delivery of nutrition sensitive interventions through different forums such as the government led Food Security and Nutrition Plan (AFSeN) and the Nutrition Cluster.

One of the notable gaps in acute malnutrition programming is the inconsistency in the availability of therapeutic supplies that are supported mainly through short term humanitarian funding. As the government works towards the integration of the integrated management of acute malnutrition (IMAM) into the health system, achieving longer term sustainability requires addressing supply chain bottlenecks, as well as strengthening government capacity to procure and supply therapeutic commodities through their regular supply chain management procedures (SEHATMANDI), and adding nutrition supplies to the national essential medicines list.

GEOGRAPHICAL PRIORITY AREAS

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GEOGRAPHICAL PRIORITY AREAS
OUTCOME 1
REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM | PRIORITY ACTION/SERVICE
---|---
HEALTH | 1. IFA supplementation to PLW
2. IFA weekly supplementation to adolescent girls

FOOD | Promote home-based sustainable integrated farming practices:
• Production of nutrient-rich foods, including legumes, through provision of fertilizers, improved seed and other agro inputs
• Establish greenhouses, kitchen/school gardens and semi-density orchards

SOCIAL PROTECTION | Social protection mainstreaming in government interventions

OUTCOME 2
IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM | PRIORITY ACTION/SERVICE
---|---
HEALTH | Strengthening routine measles vaccination and campaign of measles
1. Strengthening vitamin A supplementation and deworming and additional micronutrient supplementation

FOOD | Capacity building of extension officers and farmers on harvest and post-harvest management and Good Agriculture Practices to ensure food safety

WASH | Improve access to safe drinking water
1. Improve hygiene and sanitation practices (improved sanitation facilities, community-led total sanitation (CLTS), improved WASH in health facilities)
2. Rehabilitation of water systems of in-patient severe acute malnutrition (SAM) centers

OUTCOME 3
IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN’S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM | PRIORITY ACTION/SERVICE
---|---
HEALTH | Maternal, infant and young child nutrition (MIYCN) practices improved, exclusive breastfeeding (EBF) and complementary feeding (CF)
1. Scale up baby friendly hospital initiative
2. Strengthen national standards to regulate the sale of breastmilk substitutes and enforce the code of marketing of breast-milk substitutes

FOOD | Establish agricultural and livestock processing and packaging centers for women
1. Increase dairy milk production, processing and marketing

SOCIAL PROTECTION | Nutrition-sensitive social protection programmes

OUTCOME 4
IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM | PRIORITY ACTION/SERVICE
---|---
HEALTH | Early identification and supplementary feeding of <5 year old children (with focus on <2 year old) with SAM (including use of domestically produced lipid-based nutritional supplements, and appropriate recipes using local ingredients and products for home-based hygienic preparation of energy-dense, nutrient-rich foods), Integrated management of <5 year old children (especially those <24 months old) with SAM through in-patient and out-patient treatment
1. Strengthen national health information systems to regularly monitor and report wasting-related data to inform the implementation of national services for its effective prevention and treatment
2. Support the inclusion of RUTF into the Essential Medicine List

FOOD | Support secure delivery chain of critical supplies—establishing systems to support the procurement, storing and delivery of critical supply such as therapeutic food etc.
1. Study the feasibility and in-country capacities to produce ready-to-use therapeutic and supplementary foods (local recipes) and study the effectiveness of these local recipes in treatment of acute malnutrition in comparison with RUTF and RUSF in different livelihood zones of the country

SOCIAL PROTECTION | Social protection programmes

By 2025

• REDUCE LOW BIRTHWEIGHT BY 30%
• INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO AT LEAST 50%
• IMPROVE TREATMENT BY REACHING 50% OF CHILDREN WITH WASTING
• IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR ALL