

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 U5 suffered from wasting and 780,000 of these children U5 were identified as severely acutely malnourished. This is more than double than the 1.3 million children U5 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

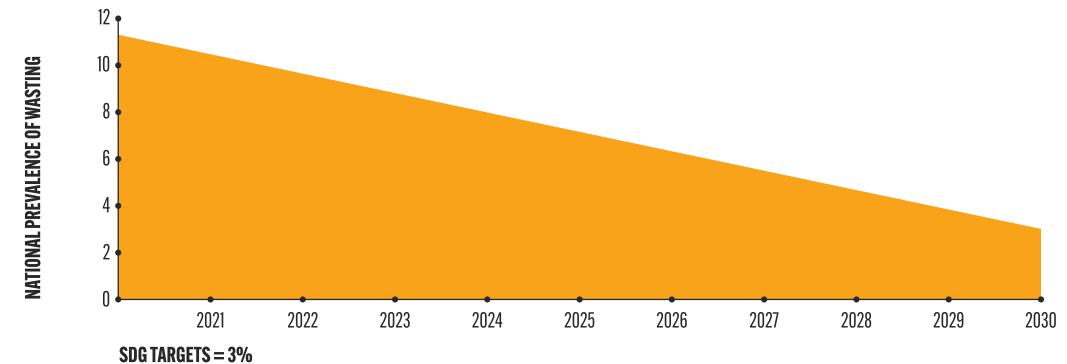
people in the IDP settlements, and through encashment centers for the cross-border population. In addition, the government and key partners are supporting the delivery of nutrition sensitive interventions through different forums such as the government led Food Security and Nutrition Plan (AFSeN) and 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.

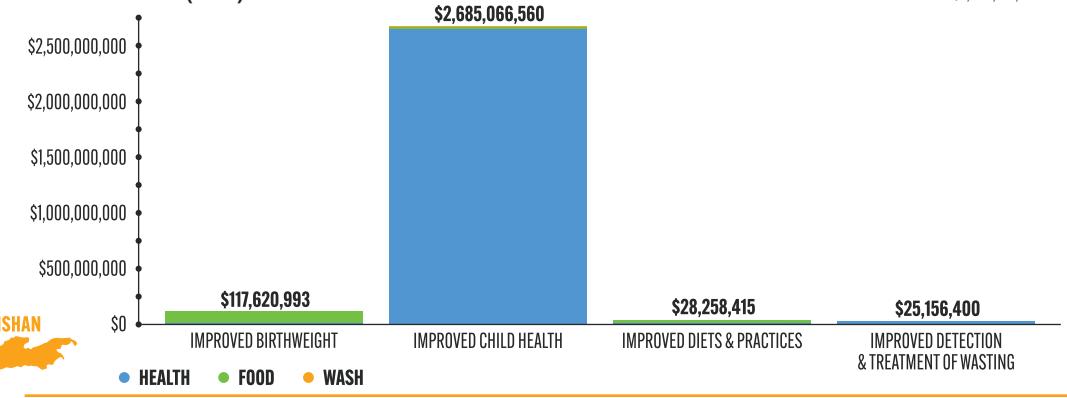
GEOGRAPHICAL PRIORITY AREAS



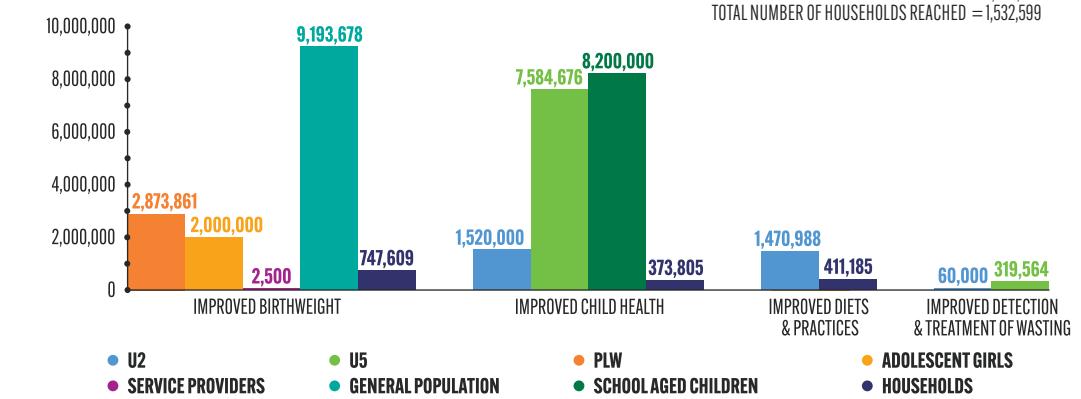
REACHING THE SDG TARGET BY 2030



ANNUAL COST (USD)



TARGET POPULATION GROUPS



By 2025

- REDUCE LOW BIRTHWEIGHT BY 30%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO AT LEAST 50%
- INCREASE 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

OUTCOME 1 REDUCE LBW BY IMPROVING MATERNAL NUTRITION

| SYSTEM | PRIORITY ACTION/SERVICE |
|-------------------|--|
| HEALTH | I. 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 backyard poultry, provision of milking sheep/goats/cows for women headed households • Establish greenhouses, kitchen/school gardens and semi-density orchards Promote balanced diets and good nutrition practices Strengthen regulations and promote the consumption of fortified food with special focus on iodized salt, fortified wheat and oil Strengthen institutional procurement as part of national and/or large-scale programmes (e.g. school meals, cash and vouchers, food assistance) Early identification and provision of special nutritious food to malnourished pregnant and lactating women |
| SOCIAL PROTECTION | Social protection mainstreaming in government interventions |

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) Scale up baby friendly hospital initiative 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 Increase dairy milk production, processing and marketing |
| SOCIAL PROTECTION | Nutrition-sensitive social protection programmes |

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 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 Improve hygiene and sanitation practices (improved sanitation facilities, community-led total sanitation (CLTS), improved WASH in health facilities) Rehabilitation of water system of in-patient severe acute malnutrition (SAM) centers |

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 MAM (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 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 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. 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 compare with RUSF and RUTF in different livelihood zones of the country |
| SOCIAL PROTECTION | Social protection programmes |