

ACHIEVING RESULTS for Afghanistan's children

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Nutrition

Every child survives
and thrives

Country Programme of Cooperation

UNICEF and the Government of the
Islamic Republic of Afghanistan

2015-2021

unicef 

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NUTRITION

Every child survives and thrives

UNICEF has worked continuously for Afghanistan's children for 70 years. The Country Programme guides UNICEF's partnership with the Government of Afghanistan, identifying key issues, activities, and outcomes to realize the rights of Afghan girls, boys and women within a volatile development and humanitarian context. In 2018, the Country Programme was extended to 2021 to align with the Afghanistan National Peace and Development Framework, United Nations Development Assistance Framework and the UNICEF Strategic Plan.

Context

In Afghanistan, chronic vulnerabilities and different forms of undernutrition overlap, indicating a need to address emergency needs whilst advancing and sustaining gains through development interventions. Ongoing conflict, poor access to basic services, poverty, lack of knowledge of proper nutritional practices, cultural practices, and the impact of natural disasters, continue to drive and exacerbate existing vulnerabilities, contributing towards high rates of acute malnutrition. Recent nutrition surveys show that 25 out of 34 provinces are currently above the emergency threshold for acute malnutrition.

At almost 40 per cent, Afghanistan has amongst the highest rates of child stunting in the world. If children are stunted for the first two years of life the damage is irreversible and they will never reach their full potential, limiting development.

Rates of anaemia are also very high, at 45 per cent in children and 30 per cent in adolescent girls (NNS 2013), impairing resistance to infection, reducing physical capacity and, with anaemic mothers, resulting in preterm delivery and low birth weight.

Key facts

- **37%** of children under five are stunted (AHS 2018)
- **9.5%** of children under five suffer from wasting (NNS 2013)
- **45%** of children and 30% of adolescent girls suffer from anaemia (NNS 2013)

Targets

- Infants 0–6 months who are exclusively breastfed to be increased from **43%** in 2017 to **60%** in 2021
- Children 6–23 months receiving minimum acceptable diet to be increased from **16%** in 2017 to **25%** in 2021
- Children 6–59 months receiving one round of vitamin A supplements to be increased from **8.5m** in 2017 to **9.8m** in 2021
- Children 6–59 months with severe acute malnutrition who were admitted to treatment and recovered to be maintained above **75%** recovery rates

Undernutrition is attributable to several factors such as poor exclusive breastfeeding for first six months of life or inadequately nutritious diets for children aged 6–24 months. In Afghanistan, only 16 per cent of children in this age group receive a minimum acceptable diet (DHS 2015). Other causes include lack of access to safe water and sanitation, limited food security, low parental knowledge of nutritious food, and poor availability and quality of primary health care.

Undernutrition in Afghanistan is intergenerational and cyclical, with affected mothers giving birth to low birthweight infants, who become undernourished children and adolescents. To improve the nutritional situation of mothers and children, it is essential to address this complex situation on all fronts.

Learn more: <https://www.unicef.org/afghanistan/nutrition>

regular programmes for treating children affected by SAM is central to support provided to government and partners.



Improving early childhood nutrition

Poor feeding practices are common in Afghanistan due to poverty, and limited access to nutritious foods, lack of awareness, and social norms.

UNICEF has expanded its nutrition paradigm to focus not just on treating children who are already affected by SAM, but on preventing all forms of undernutrition. This includes developing social behaviour change communication strategies on counselling families on infant and young child nutrition, including exclusive breastfeeding, through the community-based nutrition package and deployment of trained female nutrition counsellors. UNICEF also focuses on integrating nutrition into other platforms, such as with the Community-Led Total Sanitation programme, distributing vitamin A and deworming during polio vaccination campaigns, and integrating nutrition into mobile health services. Leveraging the reach of the polio eradication initiative, UNICEF provides vitamin A supplements during national immunization days and reached over eight million children in 2018.

Strengthening nutrition governance

To address the causes of malnutrition, a large-scale intersectoral effort is needed to educate families, prevent childhood illnesses, enhance household food security and improve infant and child feeding. This requires influencing the government and obtaining political will to lead national efforts to prevent undernutrition. In October 2017, this commitment was reinforced when Afghanistan joined the Scaling Up Nutrition movement to end global malnutrition and launched the Afghanistan Food Security and Nutrition (AfSEN) agenda. Continued support will help translate policies into practice and ensure that resources are available to scale up nutrition-specific activities.

HOW UNICEF ACHIEVES RESULTS

In Afghanistan, long-term development is essential to improve and sustain nutritional outcomes. UNICEF supports nutrition activities in all 34 provinces, focusing on the prevention of all forms of undernutrition, including severe acute malnutrition (SAM), stunting, and micronutrient deficiencies.

This entails improving systems and capacity to develop nutrition policies, deliver services, change behaviours around feeding of young children, and improve nutrition for adolescents and women. In Afghanistan's context, delivering emergency services and



Improving nutrition of women and adolescent girls

UNICEF takes a system-wide approach to strengthen nutrition services for girls and women. This includes strengthening the enabling environment by facilitating multisectoral partnerships; improving supply by building the capacity of service providers, procurement and supply chain management; and enhancing demand through public awareness and behaviour change activities.

With the Ministries of Public Health and Education, UNICEF seeks to decrease the prevalence of anaemia in adolescent girls through weekly iron and folic acid supplementation in schools. Over 978,000 million young women were reached in 2019, protecting their and their future children's health. Maternal nutrition is prioritized and integrated into the infant and young child feeding protocol.

Timely response to emergencies and care for children with SAM

UNICEF leads the Nutrition Cluster in humanitarian response and is bound to respond to nutritional emergencies caused by displacement, natural disaster (such as the drought of 2018–2019) and conflict. Thus,

UNICEF support partners who assess and treat children affected by SAM and procures ready-to-use therapeutic food for all partners in the 34 provinces delivering SAM services.

With cluster partners, UNICEF facilitates the development of preparedness plans for various provinces to mitigate impacts of shocks, such as drought, floods and/or displacement. When needed, UNICEF is the provider of last resort and, in the 2018 drought, led mobile teams in IDP camps that were eventually handed over to partners.

Challenges & opportunities

A weak health system and a fragile security context pose considerable challenges to ensuring needed nutrition support for women and children in Afghanistan. Remote and inaccessible communities are often the worst affected and are difficult to reach. Moreover, shocks related to insecurity or natural disaster can easily heighten food insecurity and undernutrition.

A vital opportunity to address malnutrition is through investing in intersectoral prevention activities, such as proper health services, safe drinking water and sanitation, livelihoods and income opportunities, education, and other social services.

Innovations in service delivery can also underpin results. UNICEF pioneered nutrition

treatment through health sub-centres in emergency-struck Badghis, where there were not enough full health centres to deliver services and initial response was done through mobile teams. This successfully reached more extremely vulnerable children. However, with treatment dependent on external funding, funding limitations hampered scale-up of this approach in other areas. UNICEF is working with government on simplified protocols that may be more cost-efficient.

Recent data to guide nutrition programming has been progressively strengthened. UNICEF has supported the Public Nutrition Directorate in developing an online database for data generation and analysis. The same is being developed with Ministry of Education. UNICEF advocacy has also led to the inclusion of nutrition indicators in the Afghanistan Health Information Management System. UNICEF works closely with government on monitoring and follow-up of recommendations to continuously improve quality of services delivered.

Budget

UNICEF Afghanistan's 2015–2021 budget for nutrition is US\$ 53.7 million. This excludes the humanitarian response budget.



Story

“ I usually felt tired during the school days, felt dizzy in the class, could not concentrate on my lessons and had difficulty in understanding when being taught.”

Hasina, from Nangarhar province

Hasina did not know why she felt as she did until her school was included in the UNICEF-supported weekly iron and folic acid supplementation programme. Alongside supplementation, UNICEF and the Ministries of Health and Education conduct media campaigns to encourage good practices (such as avoiding tea before or after the supplement) and to address misconceptions about supplementation.

Initially, girls were reluctant to take the supplementation due to rumours spreading on social media.

“The girls heard that iron and folic acid supplements damage their fertility and ruin their future,” says Shazia, Hasina’s teacher. “I would take the iron and folic acid first, in front of the girls in the class to address these misconceptions, as it does not impact fertility.”

The girls have certainly noticed a change. “Now I am more active in the class and understand my lessons better. I have also noticed that the spots I had on my face are fading,” says Hasina.

“ At home I always felt exhausted, was not able to do much work and also started having spots on my face.”







Hasina, from Nangarhar province



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Key alignments

Afghanistan National Peace and Development Framework 2017–2021
National Health and Nutrition Policy 2012–2020
National Health Strategy 2016–2020
National Nutrition Strategy 2016–2020
Afghanistan Food and Nutrition Security Agenda 2017

-  SDG-1 No Poverty
-  SDG-2 Zero Hunger
-  SDG-3 Good Health and Wellbeing
-  SDG-4 Quality Education
-  SDG-5 Gender Equality
-  SDG-6 Clean Water and Sanitation

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