



National Nutrition and Food Security Country Paper

Afghanistan

International Conference on Nutrition – 20 Years Later (ICN+20)

FAO/WHO

English Version

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Abbreviations:

AFSANA	Afghanistan Food Security and Nutrition Agenda
ANC	Ante Natal Care
ARD	Agriculture and rural development
AMS	Afghanistan Mortality Survey
BPHS	Basic Package of Health Services
CSO	Central Statistics Office
DoWA	Department of women affairs
CE	European Commission
EPHS	Essential package of Health Services
FAO	Food and Agriculture Organization
GoIRA	Government of Islamic Republic of Afghanistan
IMR	Infant Mortality Rate
IYCF	Infant and Young Children Feeding
MAIL	Ministry of Agriculture, Irrigation and Livestock
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MoE	Ministry of Education
MoPH	Ministry of Public Health
MOWA	Ministry of Women Affairs
MRRD	Ministry of Rural Rehabilitation and Development
MUAC	Mid-Upper Arm Circumference
NAF	Nutrition Action Framework
NHP	National health policy
NHS	National health strategy
NNS	National Nutrition Survey
NPP	National priority program
NRVA	National Risk and Vulnerability Assessment
SAM	Severe Acute Malnutrition
SBA	Skilled Birth Attendance
TWG	Technical working group
U5	Under-five years of age
UNDAF	United Nations Development Assistance Framework
UNICEF	United Nations Children Fund
UNIDO	United Nations Industrial Development Organization
USAID	United State Assistant for International Development
WFP	World Food Programme
WHO	World Health Organization

Summary

When the international conference on Nutrition was conducted in 1992 Afghanistan was in deep internal conflict among various local groups formed to fight against the Soviet Union. All UN agencies that had some type of operations in Afghanistan were based in Pakistan. Scattered aid works were carried out by NGOs where security permitted them to operate.

After September 11 and the fall of the Taliban regime in 2001, the presence of the international community, the Bonn Agreement and as a consequence the interim government - Government of Islamic Republic of Afghanistan (GoIRA) was established. The international community supported GoIRA and resources were mobilized to rebuild Afghanistan.

Since then infrastructures were reconstructed and built, human capacities markedly increased. Based on the recent statement of GoIRA on the MDG achievements include: over nine million children are enrolled in school, GDP per capita has increased four times from 174 \$ in 2002 to 624 \$ in 2012 and basic health service coverage increased from 9% to 90% in 2013.

Yet Afghanistan is still confronted with many challenges in development. HDI in Afghanistan is one of the lowest in the world with over one third of population living below the national poverty line and one third faced food insecurity. More than half of children under 5 in the country are stunted, 8.7% are wasted and 38% are under weight. Infant mortality rate is still 77/1000 live birth and maternal mortality ratio is 327/100,000 live birth.

Progress in food security has been limited 4%. Based on existing data there is no improvement on children nutrition status. Agriculture development and service has not reached to the pre-war level after three decades.

During this transition period, aid will decline and the fiscal pressures will increase and domestic resources will not cover the needed costs to maintain all infrastructure assets invested over the past 10 years, or to deliver the public services currently funded by donors.^{1/} The most severe adverse impact of transition will be on the fiscal situation: Afghanistan will face a projected financing gap of 25 percent of GDP by 2021/2022, even higher in some of the intervening years.

In response to distortions created by Afghanistan's high aid dependency and reliance on the international community, as well as the impact of the coming drawdown of international troops, etc. the GoIRA is consolidating its operations through the "On-budget" status and through the NPP approach.

The MAIL is consolidating its priorities and funding for basic services delivery and infrastructure. The development of National Priority Program (NPP)s^{2/} represents an attempt for greater coherence on development interventions. Sustaining standards for basic public service delivery including food security and nutrition will require further institutional reform

^{1/} World Bank "Afghanistan in Transition – Looking beyond 2014", Directions in Development. Washington, DC: World Bank. Report No 75848, February 28, 2013

^{2/} NPP2, Kabul, May 2012

to foster additional resources and streamline planning and budgeting exercises. According to MAIL, the drivers for change in the Agriculture and Rural Development sector are related to sound planning, institutional reform at both public and private levels, scaled up education, technical support to agro-producers through the NPP2 Outreach program.

MAIL understands that the priority is security. Within this constraint and other economic and financial constraints, the NPP approach offers a more efficient and sustainable approach to food security and nutrition.

The GoIRA and MAIL understand that efforts in the food security and nutrition will be a big challenge for the GoIRA. Up to now all efforts in the education, health and nutrition are free of charge and this is due to the support of the international community. The MAIL has prepared a more efficient and reduce economic and financial constraints through the NPP2. This effort must be continued for food security and nutrition. However, the MAIL and GoIRA need a committed effort from the international community to correct the consequences of 30 years of war and conflict. .

Summary Table

<i>General Indicators</i>	<i>n/%</i>	<i>Sources / Year in 2012</i>	<i>n/% in 1992</i>	<i>Sources 1992[i]</i>
Total population	26.5 M 33.6 M	CSO UNPD		
National birth rate	35.6	AMS-2010		
Total number of live births	165	AMS-2010	48	WB
National life expectancy (males, females)	62	AMS-2010	43	WB
Human Development Index Rank	0.374	UNDP, 2011		
Population % below international poverty line	36%	UNDP		
Under-five mortality rate (per 1,000 live births)	97	AMS-2010	163	WB
Infant mortality rate (per 1,000 live births)	77	AMS-2010	1300	WB/ 1995
Maternal mortality ratio /100 000 live births (reported)	327	AMS-2010	163	WB
Skilled Birth Attendance	39%	MICS 2010/11		
Population with sustainable access to improved water source	57%	MICS 2010/11		
Household using improved sanitation facilities	31%	MICS 2010/11		
Primary school net enrolment or attendance ratio	??	UNESCO		
Primary school net enrolment -ratio of males /females	??	UNESCO		
Access to improved drinking water in rural areas - %	77%	AMS-2010	2.8%	WB
Access to improved sanitation in rural areas - %	16%	AMS-2010	14%	WB
<i>Food availability</i>				
Arable land area – %	11.77%	World Bank	11.77%	WB
Average dietary energy requirement – Kcal		FAOSTAT		

Dietary energy supply (DES) - Kcal		FAOSTAT		
Total protein share in DES - %		FAOSTAT		
Fat share in DES - %		FAOSTAT		

<i>Food consumption</i>	<i>n/%</i>	<i>Sources / Year[i]</i>	<i>% in 1992</i>	<i>Sources 1992[i]</i>
Average daily consumption of calories per person – Kcal	2,508 Kcal/p/d (median)	NRVA 2011/12		
Calories from protein - %	10.61% (Based on median protein intake)	NRVA 2011/12		
Calories from fat - %	360 kcal/day	CSO annual report 2010		
Average daily fruit consumption (excluding wine) (g)	88	NRVA 2011/12		
Average daily vegetable consumption (g)	40	NRVA 2011/12		
<i>Nutritional Anthropometry (WHO Child Growth Standards)</i>				
Prevalence of stunting in children < 5 years of age	60.5%	NNS 2004		
Prevalence of wasting in children < 5 years of age	8.7%	NNS 2004		
Prevalence of underweight children < 5 years of age	39.3%	NNS 2004		
Prevalence of obesity >30 BMI	4%	NNS 2004		
Women (15-49 years) with a BMI < 18.5 kg/m ²	21%	NNS 2004		
<i>Infant and young child feeding by age</i>				

Early initiation of breastfeeding	53.6%	MICS 2010/11		
Exclusive breastfeeding under 6 months %	54%	MICS 2010/11		
Breastfeeding with complimentary foods (6-9 months)	20.1%	MICS 2010/11		
<i>Micronutrients</i>				
Prevalence of Urinary Iodine Below Cutoff among children 7-11 years old	72%	NSS 2004		
Prevalence of Urinary Iodine Below Cutoff among non-pregnant women	75%	NSS 2004		
Households consuming adequately iodized salt	61%	NRVA 2007/8		
Vitamin A supplementation coverage rate for children aged 6-59 months-%	81%	NNS 2004		
Percentage of children age 6-59 months with iron deficiency	72%	NNS2004		
Percentage of children age 6-59 months with anemia	38%	NNS 2004		
Percentage of women age 15-49 with anemia	25%	NNS 2004		

1. Country context since 1992

1.1. Geographic information

Afghanistan is a landlocked country of 634,790 sq.km. bounded to the West by Iran, to the South and the East by Pakistan and to the North by Turkmenistan, Uzbekistan and Tajikistan. It also has small border with Peoples Republic of China in the far North East. The geography of Afghanistan is dominated by mountains. The Hindu Kush sweeps down from the north east through the central regions of the country and flattens out into the deserts of the southwest plateau. On either side of these mountains, to the North, and to the East, the land is more fertile, and it is in these areas that most agricultural activity takes place. This mountain range has also divided Afghanistan in three very different geographic regions known as; The Central Highlands, The Northern Plains, and the Southwestern Plateau. The altitude, climate, and soil conditions in Afghanistan varies greatly.

The identification and delimitation of agro-ecological zones in Afghanistan is rather difficult. The country has a very varied geography, with thousands of microclimates and micro-watersheds, and frequently conditions change from one valley to the next, within a fairly short distance. Land atlas shows that out of 634,790 sq.km total land cover of the country 5.53% is irrigated agriculture land, 5.58% rain-fed agricultural land, 0.53% fruit and vineyards, 46.84% is rangeland, 27.16% barren land, 7.4% sand cover and 3% is water body, marshland and permanent snow³.

Afghanistan has a dry, continental climate. The amplitude of temperature between day and night is very large. The variety of terrain elevation results in different climatic types. Areas, such as northeastern and central Afghanistan, lying over 2400 m above sea level, have long winters (over six months). At an altitude of 1300 – 2400 m above sea level the climate is temperate, four seasons are clearly marked, and annual precipitation up to 400 mm. Areas at an altitude between 900 and 1300 m is characterized by hot summers and annual precipitation below 200 mm. In areas at an altitude below 900 m annual precipitation is less than 100mm and the climate is dry and hot. Some small portions in Easter part of the country is influenced by southeastern monsoons and the climate is sub tropical.⁴

From an administrative prospective, Afghanistan is divided into eight development/operational regions, namely the North Eastern, Northern, Western, Central Highland, Capital, Eastern, South-Eastern and Southern regions. Afghanistan is divided into 34 provinces and 398 administrative districts. There are 15 large cities and 32 towns. Districts are further divided into smaller units called villages and municipalities.

1.2. What are the main socio and economic developments since 1992?

³ Land Cover Atlas of the Islamic Republic of Afghanistan is the latest document that is prepared by FAO 2012

⁴ AIMS (Afghanistan Information Management System)

Three Decades of War and Conflict

After the invasion by the Soviet Union in early 1980s, civil strife persisted until 1992. Continuous war led to chronic political instability, fragmentation of society, militarization of public life and the coexistence of competing power structures across the country. The repeated failure of successive governments led to the emergence of informal governance structures and to a self-reinforcing equilibrium of illicit economic activity, mainly, though not exclusively, the opium sector. Narcotics traffickers looking for new sources of supply induced many Afghan cultivators to turn to the one high-value crop available to them—opium poppy—to borrow or earn the cash to rent land, build wells, and buy food. These activities hinder revenue mobilization, state-building, security, and ultimately competitiveness and growth. Throughout this period the government ceased to provide even modest services to people. In these conditions of conflict and instability, no proper data on food production, food and nutrition security and health status have been recorded.

Since 2002, the economy of Afghanistan has improved significantly from an infusion of international assistance and investment as well as remittances from expatriates. This improvement is also attributed to its growing agricultural production and the end of a four-year drought in most parts of the country from 1999 to 2002.

Poverty and Human Development

In spite of ten years presence of international community in the country yet Afghanistan remains one of the poorest and least developed countries in the world and depends heavily on foreign aid. The country economy is donor driven and income of the country cannot suffice regular budget needs. All development budget including resources needed for security forces are through foreign aids. According to the latest statistics, about one third of country's population suffers from food insecurity and 36% lives below national poverty line. The average Afghan household spends between 56 and 77 percent of its total income on food (NRVA 2007/8). Human development index is one of the lowest in the world 0.374 (UNDP 2012). There are shortages of housing, clean drinking water, electricity, and employment (World Bank, 2011). Health service coverage has expanded, but the quality of the service is still poor. All social services, including education, agriculture and governance are free but still poor, particularly in remote areas.

Food Production and Agriculture Development

Agriculture, one of the pillars of Afghan economy, has not yet reached the level, when it was three decades ago, before invasion by the Soviet Union. Currently about 55% of households are engaged in farming and agriculture and 68% on keeping livestock (NRVA 2007/8) accounts for 31.4% of GDP. Agricultural products, led by dried fruits, nuts, carpets and rugs, account for 80% of total licit exports. Wheat as strategic crop for Afghanistan cannot fulfill country's need, even in the bumper wheat production years. Import and food aids are the means of balancing food requirement of the country. The majority of farmers practice

subsistence agriculture that is exposed to seasonal factors (i.e. rains and snow precipitation). Only 11.77 percent of its total land is arable, the figure is not changes since three decades back. The GDP per capita has only increased four times, 174 \$ in 2002 to 624 \$ in 2012 thanks to the service sector.

1.3. What are the main population, health and human development issues since 1992?

Population Census

No population census was conducted in the country during the last three decades. The last official census of Afghanistan, carried out in 1979, registered a total population of 15,551,358. Most population statistics rely on estimates and sample surveys. The 1979 Census estimated that more than 85 percent of the population lived in the rural areas and about 15 percent lived in the urban areas of the country (CSO, 1979). About half of the urban population lived in Kabul, the capital city. The nomadic population was estimated to be about 2.5 million. All estimates on population census are based on 1979 data. During two decades of war over 8 million people were displaced around one and half million lost their lives. After war in 2001 development activities started and central statistics office CSO of Afghanistan resumed its activities in 2002.

Based on latest CSO information total population of the country in 2011-12 is estimated at around 26.5 million (51% male, 49% female)⁵. Population distribution includes 19.1 million rural, 5.9 million urban and 1.5 million live as nomad. Youths (under 15 years) comprise around 46.1% population of the country. Thus, there are various estimation figures about on population growth rate. Based on 2003/5 household listing data population growth rate was estimated around 2.03 percent per annum, while UNDP states population growth rate 2.22 percent.

Health Care Services

Poor water supply, weak sanitation and hygiene practices, insecurity, lack of public policy on harmful products, unsafe drug use, danger in public places, uncontrolled waste disposal, air and noise pollution, malnutrition and food insecurity are among the main causes of health problems in Afghanistan. An interim National Health Policy (NHP) and National Health Strategy (NHS) were developed during 2002-2004. This was followed by the development of the NHP 2005-2009 and the NHS 2005-2006. The European Commission (EC), USAID, and the World Bank (WB), together with the Ministry of Public Health (MoPH), made efforts to rebuild Afghanistan's health care system.

A strategy to deliver a basic package of health services (BPHS) was developed in 2002 shortly after the establishment of the Transitional Islamic Republic of Afghanistan following the departure of the Taliban, when the country recorded some of the worst health statistics in the world (MoPH, 2005). In 2005 the essential package of hospital services (EPHS) was

⁵ CSO, Central Statistics office of Afghanistan;

There are disagreement with current population census, which is stated to be 33.4 million by UNDP

modeled to complement the BPHS and delineate the hospital referral system necessary to support the BPHS (MoPH, 2005). The BPHS and EPHS represent clearly the content of the MoPH strategic program for service delivery.

If health service is compared since fall of Taliban regime in 2001 country's health has developed significantly in this period, more than six in ten women in Afghanistan are now receiving Ante Natal care (ANC), which is more than three times the proportion of women reported to have had ANC at the time of the 2003 MICS. Around one-third of births are now being assisted at delivery by a Skilled Birth Attendance (SBA), which is more than double the level found in 2003. Over one-quarter of women received care from an SBA in the postnatal period. Hundreds of clinics and hospitals established, increasing health coverage from 9% (in 2003) to 90% in 2013, reaching millions of U5 children on immunization.

Overall, the quality of health services has improved by 25%. According to a Johns Hopkins University study (2009-2010), attendance and commitment of the health workforce is improving as is the availability of health services. Number of BPHS health facilities has been increased from 1087 health facilities (HFs) in 2004 to 1784 HFs in 2011. Number of HFs that provide Integrated Management of Childhood Illness (IMCI) services has been increased from 245 HFs in 2005 to 1307 HFs in 2011. Numbers of BPHS HFs that provide Comprehensive Emergency Obstetric Care services has been increased from 26 HFs in 2006 to 78 HFs in 2011.

In spite of all mentioned progress, The healthcare system has a long way to go for providing adequate and quality public health service in the country. The human resource capacity, infrastructure capacity to respond the increasing requirement of public health is still low; poor domestic revenue resources, reliance on NGO capacity and donors for funding, no professional standards and regulations in health care are counted as main challenges. Although health services coverage has seen marked improvements in recent years, inadequate access and substandard care are still serious problems. Qualitative field studies have found that exclusive breast feeding for six months is only 57% complementary feeding (implemented after six months of exclusive breastfeeding) is introduced too early or late with foods of inadequate nutrient density, continued feeding during bouts of infection is rare, and increased food consumption during pregnancy is unusual while "eating down" during pregnancy is common. In summary, the free healthcare system has made tremendous progresses since 2002. It still faces many challenges in the area of quality.

Education

School enrolment recorded in 2001 about a million throughout the county. This enrolment has increased to over seven million with 37% girls in 2011. Yet that only comprised 58% of total school age children; close to one million (15%) was recorded to be as permanently absent. The demand for education increased over seven fold. Based on demographic trend

predicted by MoE, around 8.8 million children need primary education by 2020 that would require another 99,000 teachers that entails over two hundred million USD cost.⁶

Sources from MoE indicates that over 7 million children are enrolled in schools, around 37% or 2.5 million of them girls. Over 4,500 school buildings have been constructed with over eight-fold increase in the number of teachers to 170,000 (30% female). Teacher Training Centers (TTCs) have increased from four to 42 – at least one per province with male and female boarding facilities; also 73 District Teacher Training Resource Centers (DTTRCs) to train new and existing teachers are active; 42,000 students enrolled in TTCs and DTTRCs (38% female). The number of TVET schools increased to 60 with 20,000 students (3,000 girls). Over 79,000 students graduated from grade 12 in 1387 (26% female). Over 250,000 adults (62% female) attend a nine-month literacy courses every year.⁷

However, the GoIRA MDG report shows that over 9 millions of girls and boys are enrolled in schools and around 4,000 schools have already been built and it will reach to 8, 900 by end of 2013⁸.

In summary, the free education system has made tremendous progresses since 2002 (seven fold growth). It still faces many challenges including increased demand for education, low human resources, limited budget, insecurity and geographic problems.

2. Comparison of the current food and nutrition situation with that of 1992

2.1. Provide an analysis of the current food and nutrition situation and compare it with the situation in 1992 to determine the progress made since the last ICN.

After three decades of war, frequent natural disasters and civil instability, Afghanistan still faces many challenges especially in the area of food security and nutrition. Despite many progresses in the area of education and health, Afghanistan remains one of the poorest in world and millions of Afghans still live in severe poverty. In the last three decades there have been no systematic interventions to improve food security and nutrition. .

Nutrition Situation

Afghanistan has the third highest child mortality rate in the world, as well as the second highest maternal mortality rate. It is estimated that 327,000 children under 5 (U5) die each year. Chronic malnutrition among children under 5 years (U5) is high. According to NNS 2004; 60.5 % of children under-5 were stunted, 33.7% under-weight and 8.7% acutely

⁶ Education for All (NPP for Education sector for period of three years)

⁷ Where we are now, MoE: <http://moe.gov.af/en/page/2022>

⁸ Statement of Afghanistan at Especial Event of MDG achievement in the country, Sept 25, 2013, NY UN.

malnourished (wasting). These wasting levels remain very high in the first few years of life (18.1% in children 1-2 years). There are indications that acute malnutrition rates may be rising, due in part to rising food prices, drought and a particularly harsh winter in 2007-2008 which had serious implications for agricultural and livestock sectors. It is also reported that 45% of U5 children are consuming less than their minimum requirements and low dietary diversity is wide spread.

Target Group	Median Urinary Iodine (µg/L)	Urinary Iodine Deficiency ¹ % (N)	Received Vitamin A Capsule within last 6 months % (N)	Anemia ² % (N)	Stunting ³ % (N)	Underweight ⁴ % (N)	Wasting ⁵ % (N)
Preschool Children 6-59.9 mos.	--	--	81.0	37.9	60.5	33.7	8.7
Children 7-11.9 yrs	49.0	71.9	--	--	--	--	--
Non-pregnant women 15-49.9 yrs	42.0	74.7	--	24.7	--	20.9	--
Men 18-60.0 yrs	--	--	--	7.1	--	--	--

¹ UI<100 µg/L

² Anemia defined as Hb<11.0 g/dL in children, Hb<12.0 g/dL in women, and Hb<13.0 g/dL in men (Hb adjusted for altitude and cigarette smoking)

³ Height-for-age Z-score <-2

⁴ Weight-for-age Z-score <-2 in preschool children, and Kg/m² <18.5 in non-pregnant women

⁵ Weight-for-height Z-score <-2

-- Not applicable

Among the key determinants in Afghanistan are insufficient health services and lack/weak public service delivery in the agriculture sector. Afghanistan faces serious food security and nutrition challenges due to low calorie intake and poor care, cause for under nutrition in the women and children in this country.

Micronutrient deficiency rates are very high amongst both children and women, based on current data available NNS 2004 anemia among U5 are 38% with 72% of iodine deficiency; 50% of U5 children having zinc deficiencies; Vitamin deficiencies, such as A and C, are also widespread.

Infant and young children feeding (IYCF) practices are often poor. Traditional and cultural beliefs can have negative effects on how young children are nourished; breastfeeding is shunned or stopped earlier than optimal; children are weaned at inappropriate ages; and complimentary foods are often inadequate or inappropriate for the nutritional needs of young children. Maternal under nutrition, a lack of support and limited resources, and a mother's workload all contribute to poor IYCF practices.

Maternal undernutrition is also a significant challenge. The 2004 National Nutrition Survey (NNS) found 20.9% of non-pregnant women of reproductive age with chronic energy deficiency (Body Mass Index <18.5). This is considered a problem of "high prevalence" according to WHO standards. The prevalence of iodine deficiency in pregnant and non-pregnant women was at least 75%, iron deficiency (48.4% non-pregnant) and anemia 25%

(non-pregnant). Women who were literate or had access to at least primary education were less likely to be undernourished and have micronutrient deficiencies. High incidence of birth defects in Kabul hospitals also suggests folate deficiency in the population, particularly among women.

Food Security Situation

Seasonality usually affects populations, particularly in remote areas, most of the household are better in peak season while food insecurity increase in off seasons during winter. “Nearly one-third of Afghanistan’s people are food-insecure, which means they cannot get enough nutritious food to support an active, healthy lifestyle”

Improvement on food security has been slow, overall rate of food insecurity has decreased only by 4%, from 31% in 2007/08 to 27% in 2011/12, due largely to improvements in rural areas from 32% to 26%, food insecurity remains unchanged at 31% in urban areas and its negative effects on nutrition, coupled with other aggravating factors, are a profound concerns that is limited availability, fragile accessibility, instability of food supplies, as well as poor diets, health, water and sanitation conditions which lead to inadequate utilization of food. The features and trends of these factors are discussed in the sections that follow, along with an identification of groups most at risk of food and nutrition insecurity

Agriculture and Food Production

Agriculture sector in Afghanistan contributed 30% to the Gross Domestic Product (GDP) at 2010/11 market price⁹. The sector’s share in overall employment is 59%¹⁰. The total value of licit export from Afghanistan was US \$388.5 million in 2010/11¹¹. The major export items were carpets and rugs (40% of the total value of the licit export), dried fruits (27%), medicinal plants (10%), wool (8%), fresh fruits (7%), skin (4%) and other items (4%). Hence, the importance of agriculture sector in the national economy and the export earnings is obvious.

Performance of the agriculture sector is dependent on climatic conditions and on cereal production, which accounted for over three-fourth (77%) of the agricultural GDP at 2010/11 market prices. Corresponding shares of horticulture and livestock sub-sector in agriculture GDP were 9% and 14%, respectively.¹²

Average annual cereal production of Afghanistan (2005 to 2009) is 5.2 million tons. Year to year changes in the production level of cereals are considerable, ranging from 3.6 million tons (in 2008) to 6.3 million tons (2009) in 5 years (2005 to 2009). In 2002, 2004, 2006 and 2008 cereal production dipped down considerably mainly due to prolonged drought followed by dismal failure of rain fed crops. In 2003, 2005, 2007, 2009 and 2010 rich cereal harvest was reaped due to favorable weather conditions.

⁹ Central Statistics Organization (CSO)

¹⁰ NRVA 2007/08

¹¹ Central Statistics Organization (CSO)

¹² Central Statistics Organization (CSO)

The highest self-sufficiency in cereal (97%) was achieved in 2009 when there was bumper harvest of cereals (6.33 million tons). In Marketing Year (MY) 2012/13 the self-sufficiency in cereals is estimated at 94%.

The importance of rain fed agriculture cannot be overemphasized given its one-third share in the overall cereal production. Firstly, among the households engaged in agriculture, about one-third households have access to rain fed land¹³. Secondly, households that rely heavily on production from rain fed crops are in the remotest areas and are intensely vulnerable to crop failures. Lastly, irrigated land access to a household is typically estimated at less than 0.8 ha¹⁴. Hence, one of the challenges is to achieve long-term sustained growth in agriculture where the weather should not play a very dominant role in the overall cereal supply.

The estimated wheat production in 2012 was (5.05 million MT) is only 1.4% below the record level of 2009 (5.12 million MT). Compared with 2011, which was a bad agriculture year, increases in production of various cereals in 2012 was forecasted as follows: wheat 48% (irrigated wheat 13%; rain fed wheat 395%)¹⁵; rice 5%; maize 3% and barley 66%. Amount of cereal required for 2012 was estimated at 6.77 million MT. Given that the domestic production of cereals is 6.34 million MT, cereal deficit in 2012 was estimated at 430,000 MT. This translates into 94% self-sufficiency in domestic production of cereals (or a considerably narrowed deficit of 6%).

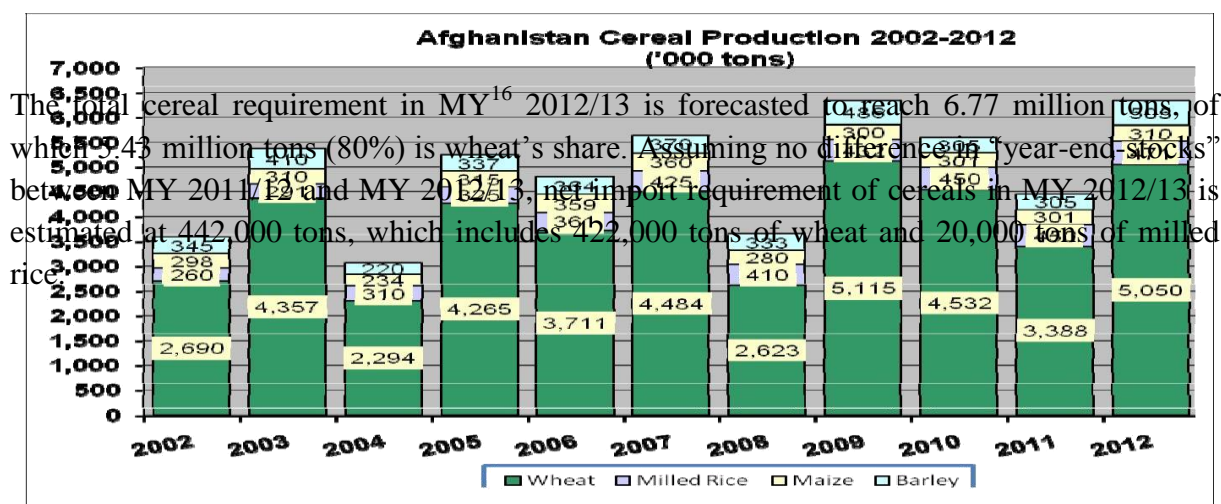
The main reason for the growth in agriculture prospects in 2012 was the favorable weather conditions. Rainfall amounts in November 2011, and January to June 2012 were good, although December 2012 was rather dry. The density and greenness of plant/pasture have been very conducive to favorable growth and development of cereal crops, horticulture and livestock alike.

Cereal production of Afghanistan remains in deficit (although small). The deficit is narrowed by four means: commercial import, food aid, use of Strategic Grain Reserve (SGR), and uncovered deficit (hunger). In 2012 wheat import requirement was less than one-fourth of the estimated imported amount in 2011 (1.8 million MT). Due to higher volume of domestic production, hunger will be alleviated because the amount of uncovered deficit.

¹³ NRVA 2007/08

¹⁴ NRVA 2007/08

¹⁵ 2011 was a very bad agriculture year specifically for rainfed wheat



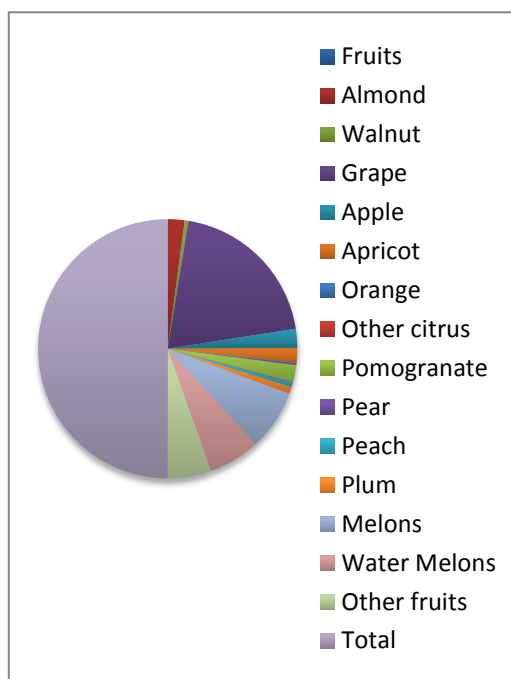
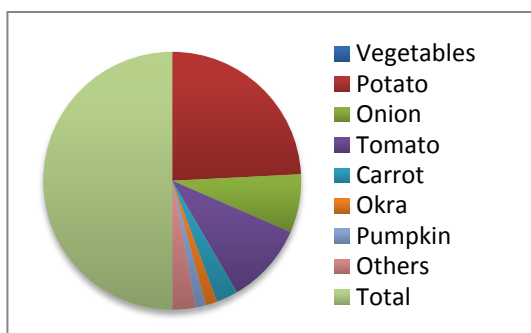
Cereal production in Afghanistan (2005-2012) (‘000 tons)								
Crop	Harvest Year							
	2005	2006	2007	2008	2009	2010	2011	2012
Irrigated wheat	2,728	2,902	2,878	2,406	3,433	3,082	3,067	3,460
Rainfed wheat	1,537	809	1,606	217	1,682	1,450	321	1,590
All wheat	4,265	3,711	4,484	2,623	5,115	4,532	3,388	5,050
Milled rice	325	361	425	410	432	450	450	471
Maize	315	359	360	280	300	301	301	310
Barley	337	364	370	333	486	305	305	505
Total cereals	5,242	4,795	5,639	3,646	6,333	5,588	4,444	6,336

Production of Fruits and Vegetables, 2012(December 2012 Estimates)

Commodity	Production (‘000 tons)
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¹⁶ Marketing Year

All fruits (Afghanistan)	
Almond	62
Walnut	14
Grape	590
Apple	70
Apricot	55
Orange	7
Other citrus	2
Pomogranate	62
Pear	3
Peach	16
Plum	25
Melons	222
Water Melons	190
Other fruits	160
Total	1,478
All vegetables (Afghanistan)	
Potato	330
Onion	100
Tomato	138
Carrot	37
Okra	20
Pumpkin	17
Others	40
Total	682



2.2. *Insert where possible* - Mapping malnutrition and food insecurity

The GoIRA has made some progress in mapping malnutrition and food insecurity. According to preliminary results of the 2011/2012 NRVA, the largest proportion of the food-insecure population resides in the Northeast provinces of Badakshan, Takhar, Baghlan and Kunduz; the Central provinces of Kabul, Kapisa, Parwan, Panjsher, Logar and Wardak; and the Southwest provinces of Kandahar, Hilmand, Nimroz, Zabul and Uruzgan. Severe to very severe food insecurity exists in the Central Highlands provinces of Bamyan, Daykundi, Ghor and Ghazni. The assessment is based on low calorie intakes, however, the prevalence of under nutrition among children, pregnant and lactating women in the food insecure areas are not higher than food security areas, the causes of malnutrition among children under five, pregnant and lactating women are Multi-factorial like food habits, food diversification practices, low awareness of families on exclusive breastfeeding and complementary feeding, poverty and etc.

2.3.Regional analysis of malnutrition and food insecurity

According to monthly statistics reports collecting from around 60 Therapeutic Feeding Units and 440 OTP (Outpatient Therapeutic Program) sites located in 34 provinces and some other local surveys revealed that the distribution of malnutrition in Afghanistan is spread over the entire country, and not specific to some province, district or area of the country, and mostly affecting the population in urban settings rather than rural areas.

2.4.Identify major constraints to implement the 1992 National Plan of Action for Nutrition and identify challenges and opportunities for improving food and nutrition security.

Between 1992-1995 Afghanistan experienced a civil war and the people suffered a lot from insecurity including food insecurity and malnutrition. From 1995 to 2002 the nutrition and food security services were provided as a response to emergency and through international organizations. Action Contre la Faim (ACF) and Medecins Sans Frontieres (MSF) were among the only organizations providing nutrition services, which was mainly treatment of acute severe malnutrition among children and World Food Program (WFP) and ICRC were providing food security services to the poor people. The government was and still busy dealing with insecurity and there was little government ownership or support to these programs. After 2002 with the establishment of the interim government and the GoIRA, many activities, projects and programs on different sectors including health and nutrition has been established.

At policy level the Afghan National Development Strategy (ANDS 2008-2013) is the Government of Afghanistan's main strategic planning document and it addresses nutrition and food security through the "Nutrition Sector Strategy" and the "Agriculture and Rural Development Sector Strategy". However, it is vague in tackling the causes and proposed solutions of under-nutrition and household food security, and both political commitment and resource allocation have remained somewhat limited.

The main guiding document for nutritional interventions since 2003 is the Public Nutrition Policy and Strategy for 2003-2006 which was revised, updated and used for 2009-2013.

The policy and strategy is focused to eighth priorities areas: 1) Nutrition promotion.2) Infant and Young Child Feeding. 3) Micronutrients. 4) Adequate care during severe acute malnutrition. 5) Food safety and quality control .6) Effective nutritional surveillance and monitoring. 7) Adequate response to nutritional emergencies. 8) Capacity development for public nutrition. And to achieve the priorities a number of objectives and activities have been proposed, although, main progresses on the policy priorities are:

- A wide range of nutrition education materials has been developed to introduce nutrition promotion through the mass media (radio, TV), health facilities (BPHS&EPHS), literacy classes, schools (in particular through the MAIL and MoE school garden project), and agricultural projects (home gardens, poultry, food processing). Nutrition Promotion

activities following the general approaches developed in the Health Promotion Strategy of MoPH and incorporated in the strategy.

- A national Infant and Young Child Feeding Policy and Strategy have been developed in 2009 to strengthen the IYCF program. Breastfeeding counseling tools development and training of more than 100 breastfeeding master trainers and 5000 counselors at health facilities and community level, the Code of Marketing of Breast Milk Substitutes by the government endorsed in 2009 and national board on implementation and enactment of the Cod has been established which is responsible to monitoring the violation from the Cod. The Baby-Friendly Hospital Initiative (BFHI) established in 15 tertiary, regional and provincial hospitals of the country, world breastfeeding has been celebrating each year since long time to promote and support exclusive breastfeeding and timely introducing of complementary feeding practices to families and mothers, according to NRVA2007/8 report the exclusive breastfeeding rate is around 57-%.
- Micronutrient programs are also one of the successful interventions on combating micronutrients malnutrition and stunting in the country, national strategy on prevention and control of micronutrients deficiencies has been developed. Since 2003, 29 iodised salt factories have been established in 10 provinces through partnerships with the private sector which are producing adequate amount of iodized salt to the people, according to NRVA 2007/8 more than 60% of Afghan families using iodized salt. A legislation making the iodized salt production mandatory, that was endorsed by the government in 2011. Much communication campaigns have been conducted on awareness rising of the people on consumption of iodized salt. A voluntary wheat flour fortification program also has been starting since 2006 in 5 big cities which are covering about 5% of the population. Supplementation of key micronutrients is now part of the Basic Package of Health Services and Essential Package of Hospital Services. Iron/folic acid supplements are given to mothers as part of ante-natal and post-natal care. Children receive vitamin A supplements as part of National Immunization Days (NID). Furthermore, preventive distributions of vitamin C tablets are done in scurvy-prone areas; also zinc supplementation is part of diarrhea treatment with ORS. The distribution of Multi Micronutrient Powder (MNP) to children 6-59 months for in-home fortification of children diet with essential micronutrients has been newly practicing through nutrition emergency projects in some provinces and trying to have regular distribution through health facilities or nutrition week campaigns. Working with Afghan National Standard Authority has been in the progress on developing national standards on fortified wheat flour and edible oil, when completed, the fortification of these staple foods also will become mandatory.
- Since 2002, 60 Therapeutic Feeding Units have been established as part of regional, provincial and number of district hospitals. To strengthen the treatment and follow up of severe acute malnutrition cases, the Community-based Management of Acute Malnutrition (CMAM) was integrated to Basic Package of Health Services in 2009, and currently there is more than 400 Outpatient Therapeutic Program (OTP) and Supplementary Feeding Program(SFP) sites under the CMAM program is functioning in 24 provinces.
- Ensuring food safety and developing national food quality control capacity is a complex task involving education and training of the public, but also of a wide range of professionals in the public and private sectors. In the MoPH the Food and Drug Quality

Control Department has been established a long time ago which is responsible for qualitative analyses of water, iodized salt, fortified flour, edible oil and other food items. Also inspections of foods in the costume, production and market levels performing by relevant departments of MoPH and MAIL.

- Various tools and methodologies has been used on monitoring and evaluation of nutrition situation and programs, like the national nutrition survey 2004 and number of other subnational surveys has been carried out by international and national NGOs in some areas, and the second national nutrition survey also carried out in 2013. Regular nutrition screening is introduced as part of routine information collection in health facilities and at community level (by CHWs using MUAC), through HMIS. A number of Nutrition indicators, such as household food consumption and coverage of iodized salt were introduced in the National Rural Vulnerability Assessment (NRVA) 2003, 2005, 2007/8 and 2011. A nutrition surveillance system is going to establish and function by support of UNICEF and WHO in the country. The national and provincial nutrition officers are performing regular monitoring the nutrition programs at the provincial and national level.
 - A nutrition cluster is established which is currently leading by UNICEF to coordinate and facilitate nutrition preparedness responses during emergencies.
 - The main achievement regarding capacity-development for public nutrition has been the establishment of the Public Nutrition Department within the structure of MoPH in 2002, and the recruitment and training of Provincial Nutrition Officers. Furthermore, many nutrition training and workshops have been conducted on various nutrition topics for health and other staff at central, provincial, district and community-levels. Recently the public nutrition department of MoPH trained 4 people from each province (two from government and two from NGOs) as master trainers on all nutrition topics which are included in Basic Package of Health Services and Essential Package of Health Services.
- In summary, the nutrition topic has been developing at high speed since 2002. However, it still faces many challenges

Major Challenges for improving food and nutrition security.

Challenges:

1. Low capacity on public nutrition programs by implementing NGOs
2. Weak coordination among different stakeholders
3. Weak monitoring and supervision at the field level
4. Inadequate funding of nutrition interventions in the BPHS by donors
5. Security
6. Geography and climatic challenges

3. Current nutrition policy framework and implementation mechanisms in the country

3.1. Describe the existing policy framework for addressing nutrition problems in your country

The Afghan National Development Strategy (ANDS) is an overarching national strategy document based on millennium development goals. ANDS has been developed for the duration of 2008 to 2013 and it is the first of its kind in the last three decades in the country. The document contains three pillars that includes 1) Security; Goal: Achieve nationwide stabilization, strengthen law enforcement, and improve personal security for every Afghan, 2) Governance, Rule of Law and Human Rights; Goal: Strengthen democratic practice and institutions, human rights, the rule of law, delivery of public services and government accountability. 3) Economic and Social Development; Goal: Reduce poverty, ensure sustainable development through a private sector-led market economy, improve human development indicators, and make significant progress towards the Millennium Development Goals. ANDS is the Government of Afghanistan's main strategic planning document, and it addresses nutrition through the "Health and Nutrition Sector Strategy" and agriculture by "Agriculture and Rural Development Sector Strategy". However, it is a development strategy, vague in tackling the causes and proposed solutions of under-nutrition and household food security, and both political commitment and resource allocation have remained major constraints. .

Under the umbrella of ANDS there are eight sectors and each sector has developed a sector strategy. Health and nutrient, agriculture and rural development are two sectors that are directly related to food security and nutrition. Both strategies are developed HNSS (2009-2013) and ARDSS (2008-2013). Under each sector strategy the relevant policies and strategies have been developed.

The "health and nutrition policy 2012-2020" of the Ministry of Public Health is committed to improve the nutrition status of the people. The mission of the MoPH is *"Improve the health and nutritional status of the people of Afghanistan in an equitable and sustainable manner through provision of quality health services and ensuring universal coverage"*. The MoPH is committed to play the stewardship role in health and nutrition sector with emphasize on the overseeing the implementation, providing an enabling policy environment for implementing partners, developing strategies national guidelines and provide support to the implementing partners. Implementation of services will be contracted through transparent manner with the non-state actors.

Health and nutrition strategy is supported through Ministry of Public Health MoPH. The strategy focuses on Stewardship, Health Financing, Resource creation, Health Service delivery. Both Ministers of public health and agriculture have signed the document to reflect both sectors contribution to the strategy. MoPH with support of UN agencies and donor community has developed the first National Public Nutrition Policy and Strategy (2003-2006-8) and a revised version (2009-2013). National IYCF policy and strategy (2009-2013) and micro-nutrition strategy (2009-2013). All the policies and strategies developed to support enabling environment for improving nutrition has inter-sector commitments.

Agriculture Development Strategy – the Master Plan, developed in 2005, is the first sector strategy for agriculture sector. The master plan implementation includes seven program areas naming food security, livestock, horticulture, natural resources management, irrigation and

rural infrastructure development, research and extensions for market development, human and institutional capacity for sustainable growth. Gender equity is highlighted among four cross cutting issues. National agriculture development framework NADF developed in 2009 by the MAIL leadership that includes four main programs e.g. natural resource management, agriculture production and productivity, economic regeneration, programme support and change management. In NADF issues related to household food security is not highlighted clearly.

Kabul conference in 2010 (the Kabul process), resulted in development of 22 national priority programs NPPs under six clusters.

1. Security: (Peace and Reintegration);
2. Human Resource Development: (Skills Development and Labor, Education for All, Higher Education, Women Affairs, Health for All Afghans);
3. Infrastructure Development: (National Regional Resource Corridor, Extractive Industries, National Energy Program, Urban Development);
4. Private Sector Development: (Trade Facilitation and SME, E-Afghanistan);
5. Agriculture and Rural Development: (Water and Natural Resource Management, Comprehensive Agriculture, Rural Access, Strengthening Local Institutions);
6. Governance: (Economic and Financial Reform, Transparency and Accountability, Efficient and Effective Government, Local Governance, Justice for ALL, Human Rights).

There are four NPPs under ARD cluster and five NPPs under human resource development cluster. NPP5 (health for all afghans) is a NPP related to MoPH and NPP2 (National Comprehensive Agriculture Production and Market Development Program) contains two sections first is food for life and second part is on small enterprise and market development. There is a subcomponent on food and nutrition, which is an improvement in terms of nutrition and food security place in strategic document. Nutrition education at community level is clearly stated in a section titled food and nutrition.

Food based dietary guideline for Afghanistan as key sources and information to educate the public on nutrition. FBDG for Afghanistan was started in 2012. Based on need assessments and with joint of efforts of MAIL, MoPH and MoE and support of UN agencies FBDG poster has been developed with 10 recommendations. FBDG development process is on progress to developed leaflets and booklets, after validation and adjustment of FBDG, capacity will be developed to disseminate the FBDG.

AFSANA with the goal of “ensuring that no Afghan suffers from hunger and every Afghan is well-nourished at all times” is a high level policy and strategic document. It is a major improvement integrating nutrition and food security objectives in government development programs. AFSANA has four food and nutrition security objectives and focuses on four

strategic field of action and five guiding principles. AFSANA has a coordination structure at national and provincial level. To support the coordination mechanism and implementation of the policy document, a secretariat is established in 2nd vice president office.

NAF is another document formulated with objectives of reducing stunting. The document's main components include strengthening of coordination, monitoring and evaluation of food security and nutrition interventions; establishment of food and nutrition committee under the leadership of second vice president; establishment of a secretariat in each ministry to oversee the implementation of action farm work activities within the ministry and coordination with other key ministries and partners; strengthening of current activities related to food security and nutrition and creating and incorporation of new activities within the policy and strategy of each ministry with close collaboration of other key ministries and stakeholders.

In addition to abovementioned policy and strategy frameworks, there are eight clusters for supporting and coordinating humanitarian assistance in Afghanistan. From among eight functional cluster for coordination and support humanitarian assistance in Afghanistan nutrition cluster and food security and agriculture cluster clearly support food and nutrition security in the country.

Food Security and Agriculture Cluster FSAC



Since the establishment of FSAC Food Security and Agriculture Cluster in the country in 2008 the cluster passed a process of review. The cluster is co-lead by FAO and WFP and have co-chair position for NGOs which elected from among all partner NGOs active in humanitarian activities. To bring national and international humanitarian partners in a platform and to enhance on time and effective humanitarian assistance for crises-affected population in the country the ToR of FSAC were reviewed in 2011. Currently FSAC has clusters in eight regions of Afghanistan with additional structures at provincial level.

Nutrition Cluster


Nutrition Cluster was activated in Afghanistan in 2008 due to high food prices and droughts in the country. It is currently activated. Cluster lead agency at national level is UNICEF. The cluster was co-lead by FAO and then the co-lead agency was Micronutrient Initiative and currently it is save the children. Each region has its own cluster or a sub-cluster for the main region. Nutrition Cluster has four focus areas that are of strategic significance. Coordination, Capacity Building, Emergency Preparedness, Assessment & Monitoring.


Current Strategy and policy framework to improve food security and Nutrition




<i>Strategy / Policy</i>	<i>Reference Period</i>	<i>Objectives and main components</i>	<i>Budget / Donor</i>	<i>Stakeholders</i>	<i>Key points</i>	<i>Integration of Nutrition</i>
Afghanistan National Development Strategy (ANDS) and Sector Strategies						
Afghanistan National Development Strategy ANDS	2008-2013	<p>ANDS is an overarching national document based on MDG for Afghanistan. ANDS has the following vision:</p> <ul style="list-style-type: none"> • A stable Islamic constitutional democracy at peace with itself and its neighbors, standing with full dignity in the international family. • A tolerant, united, and pluralist nation that honors its Islamic heritage and deep aspirations toward participation, justice, and equal rights for all. • A society of hope and prosperity based on a strong, private sector-led market economy, social equity, and environmental sustainability. <p>ANDS contains three pillars and goals.</p> <ol style="list-style-type: none"> 1. Security: Goal: achieve nationwide stabilization, strengthen law enforcement, and improve personal security for every Afghan, 2. Governance, Rule of Law and Human Rights: Goal: strengthen democratic practice and institutions, human rights, the rule of law, delivery of public services and government accountability. 3. Economic and Social Development: Goal: reduce poverty, ensure sustainable development through a private sector-led market economy, improve human development indicators, and make significant progress towards the Millennium Development Goals. <p>Third pillar of AND encompasses six components such as: infrastructure and natural resources, education and culture, health and nutrition, agriculture and rural development, social protection, economic governance and private sector development.</p> <p>ANDS has six cross cutting issues: capacity building, gender equity, counter narcotics, regional cooperation, anti-corruption, and environment.</p>		Government of Afghanistan	Under ANDS, eight sectors were identified and for each sector a sector strategy was developed. The focus on nutrition is under the third pillars, which a sector on health and nutrition. Based on ANDS component Afghanistan health and nutrition sector strategy is developed. ARD sector strategy has five thematic areas where agriculture production and agriculture and rural development is part of the strategy thematic area. Food security is not highlighted in any of the related sector strategy.	Nutrition is not directly incorporated in ANDS
Agriculture and Rural	2008-2013	The long term vision of Agriculture and Rural Development is to ensure the social, economic and political well-being of rural		Government of Afghanistan:	Agriculture and rural development strategy lays heavily on rural livelihood and	



development strategy		<p>communities, especially poor and vulnerable people, whilst stimulating the integration of rural communities within the national economy.</p> <p>ARD sector strategy is implemented through following five thematic areas.</p> <ol style="list-style-type: none"> 1. <i>Local Governance</i> 2. <i>Agricultural Production</i> 3. <i>Agricultural and Rural Infrastructure</i> 4. <i>Economic Regeneration</i> 5. <i>Disaster and Emergency Preparedness</i> 		MRRD and MAIL leading	development which a pre-determinants of good food security and nutrition.	
Health and Nutrition Sector strategy	2009-2013	<p>To improve the health and nutritional status of people of Afghanistan, with a greater focus on women and children, disabled, marginalized populations, and under -served areas.</p> <p>Main components are:</p> <p>Stewardship Health Financing Resource creation Health Service delivery</p>	Not specified	Government of Afghanistan. MoPH is leading, donors, implementing partners and UN partners	The document is for all the country and all population. Nutrition is under service delivery as Promote healthy food intake, feeding and caring practices and protect all Afghans from all forms of malnutrition including micronutrient deficiency disorders through integrated and coordinated programming. In collaboration with development partners, Take the lead and develop capacities to prevent, identify and reduce malnutrition using multi-sectoral public nutrition approach.	
Policy and Strategy Frameworks to Improve Nutrition and Food Security						
Afghanistan Food Security and Nutrition Agenda (AFSANA)	2013-Ongoing	<p>Strategic objectives of AFSANA:</p> <p>Objective 1: Assure the availability of sufficient food for all Afghans. Target: Increase food production by 20% within five years.</p> <p>Objective 2: Improve economic and physical access to food especially by vulnerable and food insecure population groups. Target: Decrease, by 5% per annum through 2020, the proportion of people who suffer from hunger.</p> <p>Objective 3: Ensure stable food supplies over time and in disaster situations. Target: Establishment of effective disaster preparedness and response mechanisms including a strategic grain reserve (SGR)</p>		<p>Government of Afghanistan:</p> <ul style="list-style-type: none"> • MAIL • MRRD • MoPH • MoSLA • ANDMA 	<p>AFSANA aims at strategic field of action that is based on food security dimensions:</p> <ul style="list-style-type: none"> • increasing availability, • improving access to food, • ensuring stability of food supplies, and • improving healthy diets and food utilization <p>The main government stakeholders are: MAIL, MRRD, MOPH, MOSLA, ANDMA and other government organs include: MoCI, MoE, MoEW, CSO, MoWA, MoF and MoFA. In addition to the mentioned national government institutions, local government</p>	

		<p>with an initially targeted volume of 200,000 MT and strengthened resilience of the rural population against shocks.</p> <p>Objective 4: Promote healthy diets and expanded access to improved water, sanitation and health services to ensure adequate food utilization and enhanced nutrition particularly of women and children. Target: Reduce stunting in children aged 0-24 months by 5% by the end of 2016.</p>			<p>institutions, NGP, CSOs, private sectors and international partners are other stakeholders of the policy and strategy framework.</p> <p>The document includes a monitoring and evaluation section as well.</p>	
Nutrition Action Framework (NAF)	2012-2016	<p>The overall objective of the Nutrition Action Framework is to reduce stunting among children 0-23 months.</p> <p>Main components of the document are:</p> <ul style="list-style-type: none"> • Strengthening of Coordination , monitoring and evaluation of food security and nutrition interventions • Establishment of food and nutrition committee under the leadership of second vice president • Establishment of a secretariat in each ministry to oversee the implementation of action farm work activities within the ministry and coordination with other key ministries and partners. • Strengthening of current activities related to food security and nutrition and creating and incorporation of new activities within the policy and strategy of each ministry with close collaboration of other key ministries and stakeholders. 		<p>Government of Afghanistan:</p> <ul style="list-style-type: none"> • MAIL • MoCI • MoE • MoPH • MRRD 	Food Security, Nutrition, Water and Sanitation, education, and regulations on trade of food items are among the key areas integrated.	
Agriculture Sector Development Strategy and Framework						
ARD sector Strategy	2007/8-2012/13	<p>ARD sector strategy include five parts and long term vision of Agriculture and Rural Development is <i>to ensure the social, economic and political well-being of rural communities, especially poor and vulnerable people, whilst stimulating the integration of rural communities within the national economy</i></p> <p>The implementation of strategy is planned under five thematic areas: local governance, agriculture production, agriculture and rural infrastructure, economic regeneration and disaster and emergency preparedness.</p>		Government of Afghanistan: MRRD, MAIL	ARD cluster strategy, under umbrella of ANDS is committed to contribution to achievement of MDG targets that are directly related to improving food and nutrition security in Afghanistan	
Agriculture Sector Development	2005	<p>The Master plan implementation contains seven program areas:</p> <ol style="list-style-type: none"> 1. Food security 2. Livestock 		Government of Afghanistan: <ul style="list-style-type: none"> • MAIL 	Agriculture sector development strategy (the master plan) a framework for revitalization of agriculture and natural	

strategy Master plan		<ol style="list-style-type: none"> 3. Horticulture 4. Natural resources management 5. Irrigation and rural infrastructure development 6. Research and extensions for market development 7. Human and institutional capacity for sustainable growth <p>The master plan has three priority areas that include livestock and animal products, fruits and nuts and cereal production. Cross cutting issues in the master plan are natural resource management, research and extensions, development of financial system and gender equity.</p>			<p>resources sectors and thus improve rural livelihood and food security.</p> <p>Strategies to address food insecurity and malnutrition includes reduction of malnutrition, particularly MDDs; accelerate food production and productivities and improve distribution of food; improve household consumption of safe and diverse food; and provide food safety net for poor.</p>	 <p>Nutrition and food security is very limited in Master plan</p>
National Agriculture Development Framework	2009	<p>National agriculture development framework contains four programs that was carried out with changes of management in MAIL in 2008:</p> <ol style="list-style-type: none"> 1. Natural Resource Management 2. Agriculture Production and Productivity 3. Economic Regeneration 4. Programme Support and Change Management <p>Framework objective: <i>Economic growth and food security depend upon natural resource management, increasing agricultural production and productivity, improved physical infrastructure and market development. This is the path to poverty reduction, licit crops and national security. This is the mission of the Ministry of Agriculture, Irrigation and Livestock.</i></p>		<p>Government of Afghanistan:</p> <ul style="list-style-type: none"> • MAIL • MRRD 	<p>The greater goals of economic growth and food security is heightened in the document with emphasise on three goals that include interdependence of natural resources, agricultural production and productivity and economic regeneration. The goals form the foundation of a vigorous, licit agricultural sector that will make its participants, and Afghanistan, more prosperous and secure.</p>	<p>As a cross cutting issue, nutrition is not really considered in NADF</p>
Home Economic Strategy		<p>The overall goal and objectives of the Home Economics Directorate are the following:</p> <p>Overall goal: To improve the food security, nutrition and livelihoods and overall well-being of vulnerable populations living in rural, peri-urban and urban areas in Afghanistan.</p> <p>Specific objectives: The following three specific objectives are defined to ultimately reach the above stated overall goal:</p> <ol style="list-style-type: none"> 1. To increase and diversify agricultural production and productivity with a focus to reduce food insecurity and malnutrition among vulnerable populations in rural, urban and peri-urban areas 2. To create and diversify sources of income for vulnerable households with a focus on income generation through the agricultural sector 			<p>Improving food and nutrition security lays in the overall goal of the strategy. Integration of nutrition in government policies, improving household nutrition support capacity of related government institutions are among the core responsibilities of HED.</p>	<p>HED strategy is highly nutrition and food security sensitive in agriculture sector policy and strategy documents</p>

		3. To support women and youth groups so as to strengthen and promote their contribution to agricultural and households' economic development.				
Health and Nutrition policy and strategy documents						
Health and Nutrition communication Sector strategy	2009-2013	<p>Behavioral objectives should be defined for primary participant groups (e.g. mothers, fathers, grandmothers);</p> <ul style="list-style-type: none"> • To increase the proportion of mothers with infants less than six months who do not give water along with breast milk. • At least 60 per cent of women with infants less than 2 years report at least one contact with a mother support group. <p>Social change objectives for secondary participants (e.g. health providers, community workers, religious leaders, etc.):</p> <ul style="list-style-type: none"> • Trained health providers/CHWs will develop plans for conducting communication sessions on IYCF and implement at least 70% of planned sessions. • Trained health providers/CHWs use at least 3 of 4 main communication skills • At least 20% of religious leaders are sensitized and promote priority IYCF practices during their regular and special prayers and ceremonies. <p>Advocacy objectives</p> <p>For tertiary participant's groups (e.g. policy and decision makers, Government authorities).</p> <ul style="list-style-type: none"> • 50% of local government authorities (all directors and programme managers) and development partners are sensitized about the National IYCF Strategy and initiate allocation of resources for implementing relevant sections of the action plan". • Reporters and gatekeepers from 50% of national media outlets (print, broadcast, radio and web) producing increased coverage on IYCF practices and impact on child mortality, nutrition, health and development. 		MOPH, MoCI, UN partners, Implementing partners and donors	Health and Nutrition communication Sector strategy	
Nutrition Strategies and Policies						

National Public Nutrition Policy and Strategy	2009-2013	<p>All Afghans are protected from all forms of malnutrition, by benefiting from optimal food intake, feeding and caring practices and health, nutrition and hygiene services</p> <p>Main components are:</p> <ul style="list-style-type: none"> • Nutrition promotion • Infant and Young Child Feeding • Micronutrients • Adequate care during severe acute malnutrition • Food safety and quality control • Effective nutritional surveillance and monitoring • Adequate prevention and response to moderate acute malnutrition and/ or chronic malnutrition • Capacity development for public nutrition 	Not specified	MoPH, MAIL, Donors, Implementing partners, UN partners (FAO, UICEF, WFP and WHO), technical agencies (GAIN, MI)	<ul style="list-style-type: none"> • Multi-sectoral collaboration • Community-based interventions and civil society participation • Community-based interventions and civil society participation • Sustainability and use of local resources • Integration in all levels of the health system • Evidence-based interventions and action-oriented strategies: 	
National IYCF Strategy and Policy	2009-2013	<p>OBJECTIVE: To increase the percentage of child caregivers adopting appropriate infant and young child feeding and caring practices (by 20%, by 2013).</p> <p>Components: Early initiation of breastfeeding</p> <ul style="list-style-type: none"> • Exclusive breastfeeding to six months • Use of commercial formula and respect of the Code of Marketing of Breast Milk Substitutes • Continued breastfeeding to two years and beyond • Introduction of solid/semi-solid foods at six months • Promotion of micronutrient-rich foods and appropriate supplementation • Maternal health and nutrition • Children in exceptionally difficult circumstances • Infant and Young Child Feeding in Emergencies 		MoPH, MAIL, Donors, Implementing partners, UN partners (FAO, UICEF, WFP and WHO)	National IYCF Strategy and Policy	
Micronutrient Strategy	2009-2013	<p>The overall aim of Micronutrient strategy is: how to “prevent, control and treat major micronutrient deficiency disorders and their outbreaks throughout the country with a major focus on iodine, iron, zinc, folic acid, Vitamin A and Vitamin C”. The document is supplementing the Public Nutrition policy and strategy.</p> <p>Main components of the document are:</p> <ul style="list-style-type: none"> • Strengthen micronutrient deficiency prevention (and 		Government of Afghanistan. MoPH is leading, donors, implementing partners and UN partners, MI, GAIN	The target groups are children under five years old and women of reproductive age, especially pregnant and lactating women.	

		<p>treatment) through the BPHS;</p> <ul style="list-style-type: none"> Expand and strengthen public-private-civic sector partnerships; and Develop public and private sector human capacity and expertise. 				
National Priority Programs Documents on Human Resource Development HRD and Agriculture and Rural Development ARD clusters						
Human Resource Development cluster include five NPPs. Health for All Afghans is the most directly linked NPP in HRD cluster		<p>NPP1: Sustainable Decent Work Through Skills Development and Employment Policies for Job-Rich Growth</p> <p>NPP2: Education for All</p> <p>NPP3: Expanding Opportunity for Higher Education</p> <p>NPP4: Capacity Development to Accelerate NEPWA Implementation</p> <p>NPP5: Health for All Afghans</p> <p>To improve the health and nutritional status of the people of Afghanistan in an equitable and sustainable manner through quality health services provision, advocacy for the development of healthy environments and living conditions and the promotion of healthy lifestyles.</p> <p>Main components are:</p> <ul style="list-style-type: none"> Improve health financing Strengthen and expand existing health service delivery Good Governance and Institutional Development 	Not specified	Government of Afghanistan. MoPH is leading, donors, implementing partners and UN partners	<p>Nutrition is reflected as sub-component 4 through the following activities:</p> <p>Nutrition promotion</p> <p>Infant and Young Child Feeding</p> <p>Micronutrients</p> <p>Adequate care during severe acute malnutrition</p> <p>Food safety and quality control</p> <p>Effective nutritional surveillance and monitoring</p> <p>Adequate prevention and response to moderate acute malnutrition and/ or chronic malnutrition.</p> <p>Capacity development for public nutrition</p>	
The overarching vision of the ARD Cluster is ‘to build prosperous rural and pastoral communities’ which the 4 NPPs contribute to via their		<p>NPP-1: National Water and Natural Resources Development Program</p> <p><u>Goal:</u> To ensure effective utilization, together with proper management, of existing water and other natural resources to accelerate agricultural productivity and provide safe drinking water and a hygienic environment, with viable rural energy options for rural prosperity.</p> <p>NPP-2: National Comprehensive Agriculture Production and Market Development Program</p> <p><u>Goal:</u> To improve sustainable agriculture production and productivity and increase on and off-farm enterprises, contributing to food security, inclusive economic growth and reduced dependency of subsistence and marginal farmers and labourers on narcotic crops.</p> <p>NPP-3: National Rural Access Program</p>		<p>Government of Afghanistan:</p> <ul style="list-style-type: none"> MAIL MRRD MoEW MCN 	<p>NPP-2, which is <i>National comprehensive agriculture production and Market development program</i> puts a lot of emphasis on food security and nutrition.</p> <p>NPP-2 is divided into two separate but complementary Components: (1) <i>Food for Life</i> (FFL) and (2) <i>Enterprise and Market Development</i> (EMD).</p> <p>The Food For Life (FFL) Component is an innovative, integrated approach to comprehensive and sustainable agricultural development that focuses on production and productivity and food security and nutrition is well integrated in this section.</p>	

individual goals.		<p><u>Goal:</u> To promote equitable economic growth by providing year-round access to basic services and facilities in rural Afghanistan.</p> <p>NPP-4: Strengthening Local Institutions Program</p> <p><u>Goal:</u> To establish a productive, participatory partnership between the Government and the people it serves using three major vehicles that focus on community-based governance for development.</p>			<p>The <u>Goal</u> of FFL is ‘to increase agriculture production and productivity of cereals, legumes, oilseeds, horticulture, and livestock in an integrated and targeted approach that will improve rural livelihoods, thus increasing the sustainability of licit agriculture over narcotic crops, and contribute to national and household-level food and nutrition security’.</p>	
		Gender Policy and Strategy				
Gender Policy of MAIL	2009-ongoing	<p>MAIL gender policy include three policy level components: engendering the institution; building transformative communities; and engendering programs that is three program under national agriculture development framework.</p> <p>Policy Vision of MAIL “<i>Enhancement of gender equality in the agriculture sector through active cooperation of both women and men for the opportunity to contribute and benefit equally from the activities of all sub-sectors in the agriculture sector</i>”</p>		Government of Afghanistan: MAIL	Gender sensitive agriculture is a food security sensitive agriculture in context of Afghanistan where women plays a vital role but they are marginalized on decision making and resource allocation.	
Gender Policy of MRRD	2010-2014	<p>Gender policy of MRRD contains five components. Component one is introduction and component two is on overview of gender in context of rural development with associated challenges. Component three focus on gender equality and poverty reduction issues, while component four looks at policy issues that include follow policy objectives:</p> <ol style="list-style-type: none"> 1. Increased participation of women in decision making and implementation processes, institutionally and programmatically, within the MRRD 2. Identifying and developing capacity requirements for women and men within MRRD 3. Equitable distribution of rural development and reconstruction benefits for women and men in all provinces of Afghanistan 4. Engendering all steps of project cycle management within the 		Government of Afghanistan: MRRD	Gender sensitive rural development improve access of women in resources and thus improves their livelihood and contribution to better household food security and nutrition.	

		MRRD				
		Component five is on implementation of Gender policy				
Strategic Intent of MRRD	2010-2014	<p>Strategic intent of MRRD includes 5 strategic focus areas:"</p> <ol style="list-style-type: none"> 1. Rural infrastructure and economic development 2. Local governance 3. Rural development policy and planning 4. Institutional and sectoral strengthening 5. Human capital development <p>Women empowerment, environment protection, disaster management and stabilization and conflict mitigation are under cross cutting issues.</p>		Government of Afghanistan: MRRD	Improving rural infrastructure and economic development and hence enhancing livelihood of rural population will directly feed into improving household food and nutrition security	
National Education Strategic Plan of Afghanistan	2010-2014	<p>The strategic plan contains 5 priority programs:</p> <ol style="list-style-type: none"> 1. General education and Islamic education 2. Curriculum development, teacher education and science and technology education 3. Technical and vocational education 4. Literacy 5. Education management <p>In addition to priority programs, situation analysis, monitoring and evaluation and costing part of the strategy.</p>		Government of Afghanistan: MRRD, MoRA,	National education strategic plan I and II, national education interim plan and education for all are policy and strategy level document of education sector.	

3.2. Describe food and agriculture programmes and interventions being implemented to improve nutrition. These could include agriculture production programmes, processing, storage, preservation, dietary diversification, or food fortification programmes to improve food and nutrition security. You may also make reference to ecosystems, food biodiversity, land rights, gender, trade issues, fiscal policies including food subsidies/taxes, input subsidies, tariffs etc.

Project Name	Component	Objective	Time	Province/ Districts
Improvement of Rice-based Agriculture for Afghanistan(RIP)	Production	Productivity of rice that is compatible with the market needs is improved in the target areas	2011-2016	8 provinces
Project for the Development of Wheat Breeding Material (SATREPS)	Production	Novel breeding materials for sustainable wheat production in Afghanistan are developed through international collaboration	2011-2016	Country wide
North North-East Agriculture Support Project (NEASP)	Production	The project aims to promote the development of agriculture in the north and north eastern region of Afghanistan, with a focus on cotton, cereals and oil crops	2011-2014	4 Provinces
Afghan Agriculture Research & Extension Development (AGRED)	Production	To increase agricultural productivity and income through the application of science and technology.	2012 - 2017	26 Provinces
AFD/ Animal Husbandry Development Project (AHDP)	Food security	The overall goal of the project is to contribute to reduce poverty in rural Afghanistan. More specifically, the project objective is to improve food security of 169,500 rural households in selected districts in the provinces of Kabul, Parwan, and Logar by increasing agriculture and livestock productivity		3 Provinces
Variety Seed Industry Development (Transitional Phase)		Sustainable certified seed production of staple crops by private enterprises and marketing directly to farmers in several provinces throughout Afghanistan at affordable and cost-effective prices.	2013-2014	Country wide
Support to Extension Systems, Household Food and Livelihood Security (HFLS) – Phase II	Food security	The overall objective of the project is to improve household food and livelihood security through a model extension system, delivering demand driven services in Dehdadi district of Balkh Province and Central district of Bamyan province in direct support to achievement of the MDG-1 Goal	2013-2016	4 Provinces
WB Construction of Strategic wheat Reserve	Storage	The Strategic Grain Reserve will store 150,000MT as a reserve stock with the potential to assist about 2.5 million people in times of natural and man-made calamities for six months at 80kg/person.		4 Provinces
Technical assistance to MAIL to strengthen the planting material and horticulture industry in Afghanistan (PHDP II).		Support MAIL horticulture policy. Develop National Collection of fruit variety. Develop the private nursery industry and a certification system for planting material. Build capacities. Develop and support ANHDO and ANNGO	Nov. 2010-Feb. 2015	6 Provinces

Strengthening the role of women in agriculture development for improved household food		Womens roles in agricultural production and productivity as well as economic re-generation in rural, urban and peri-urban areas is enhanced.	2012 - 2014	12 Provinces
Policy Development and FFL Implementation Support in Afghanistan	Policy	The capacity of MAIL and its partners to formulate and implement policies, programmes and projects that comprehensively address food and nutrition security problems is improved and consolidated.	2012 - 2015	Country wide

3.3. What are the success stories, best practices and lessons learnt from implementing food and agriculture based programmes aimed at improving nutrition?

Key finding of lesson learnt workshop of a Joint Programme “Feeding the Children of Afghanistan together” a three-year, multi-agency programme that was funded through the Millennium Development Goals Achievement Fund (MDG-F). Its primary aim was to deliver a comprehensive package of community nutrition and food security interventions, while strengthening the institutional framework for addressing malnutrition and chronic food insecurity issues in an integrated manner:

- Over-all, the establishment of different mechanisms of inter-sectoral coordination at different levels was highly appreciated. Regular meetings for each of the coordination mechanisms were identified as an important practice to ensure transparency, increase ownership and move beyond coordination towards true collaboration.
- The integration of food security and nutrition was seen as difficult and problematic by some participants. However, the most concrete suggestion for supporting integration of the two in the future was to improve implementation of an integrated package at the community level.
- Some participants suggested supporting increased Government authority in order to support their ownership and improve sustainability.
- While ownership at the higher Ministerial levels, and sometimes with the UN agencies, was seen as a problem by some, other participants highlighted the engagement and commitment of all partners at the community level.
- Even though there were critical comments regarding gaps in proper reviews, and management issues (e.g. new funds were in some cases released very late, as not all UN agencies were implementing and dispersing existing funds at the same pace), it was highlighted that the UNJP has made best use of its time and funds; in spite of the complexity of the task, a maximum of the targeted population was covered.
- One challenge that was raised several times, and in different contexts, was the high turn-over of staff, especially within the Ministries. One good practice to mitigate the

negative effects would be to formulate clear Terms of Reference for all involved stakeholders.

- During the workshop it became obvious that the particular needs of implementing partners (IPs) were sometimes not addressed well enough by the UNJP overall. IPs mentioned that it would be important for their activities be evaluated as stand-alone, not only as part of the UNJP.
- Sustainability, as a concept, was intensely discussed. The understanding of sustainability, which was shared by most participants, was somewhat narrower than the facilitators'. Whereas the facilitators suggested that an activity can be considered sustainable if it is being picked up by another actor in another area and benefits another target population, participants insisted that sustainability implies the continuation of the programme with its various activities already in place.
- The need to scale up some of the programme's activities was particularly highlighted participating IP representatives.
- One interesting suggestion by the participants for increasing the UNJP's sustainability was to also involve communities financially in the projects, e.g. by 20% - 50% of the implementation costs.

Three critical lesson learnt from *support to household food security and livelihood of vulnerable and food insecure farming family project*, a three year project by FAO to support MAIL:

1. The quality of field support to farmers was a major determinant of whether farmers remained active. The project was dependent on seasonal results to help determine whether it was producing effective results. Therefore, any lack of support to farmers could only be observed at the end of the cropping season, and by then, a significant period of the project had elapsed. The project team then had to expend additional effort to try and re-activate inactive farmer groups, which raised the risk of costs outweighing the benefits. The project needed to develop a system that closely monitored the work of district extension staff to ensure they were providing sufficient support to their farmers. If workloads were onerous, then perhaps, more District Project Officers may be required. The project is being prepared and implemented in parallel to the MAIL – not integrated with the MAIL so institutional memory will disappear after the end of the project.
2. The baseline survey should be able to capture data regarding income, wealth (poverty) levels, household food insecurity and dietary diversity. A representative sample of potential farming households should be surveyed that provides this information. Sufficient time and effort devoted to conducting an effective baseline survey will be rewarded with evidence-based data to measure the project's impact during the project and at the final evaluation.

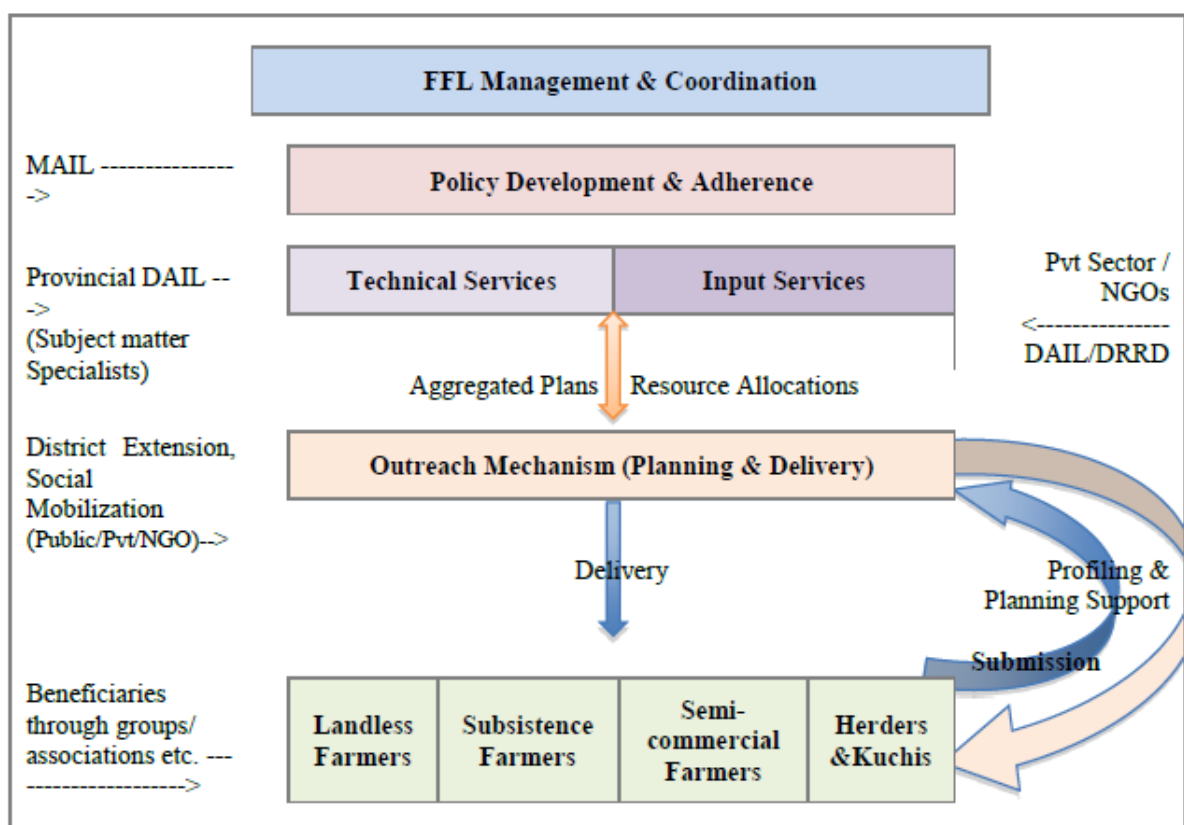
3. The baseline survey provided a picture of the current livelihood status among farming households in the project districts, which helps PMT define their project beneficiaries and develop criteria for selecting food insecure and vulnerable farming households. The project demonstrated that very poor farming households could not meet the cost recovery requirements for the inputs they used, and would be better suited to social protection projects, such as food-for-work. For any farmers wishing to participate in the project, they should complete a similar survey to the baseline survey in order to determine their capacity to meet the project beneficiary selection criteria.

3.4. Describe the policy and programme implementation mechanisms in your country for improving food and nutrition security.

AFSAN as a national policy and strategy document endorsed by President's Office has clear food and nutrition security goals, objectives and targets focuses on four strategic areas of action to improve food and nutrition security. The four strategic field of actions include increasing food availability, improve access to food, improve stability and food supplies, improve food utilization and nutrition. Mechanism of implementation of AFSANA is considered with support of high level steering committee at national level with central government and FNS focal in each related ministries and agencies and a provincial steering committee in each province to coordinate with provincial and district level authorities. The steering committees decisions and coordination are supported by a FNS secretariat under 2nd vice president office. High level secretariat will be chaired by 2nd vice president and with members from among ministries and stakeholders (MAIL; MoPH; MoCI; MRRD; MoF; MoWA; MoE; MoLSAMD; MoWE; and ANDMA)

The second program is the implementation model of food for life (FFL) of the NPP 2 is a bottom-up, participatory planning and delivery approach by reaching to farming communities and their organizations, enabling private sector partnerships as well as MAIL's extension and MRRD's social mobilization networks as support mechanisms (see model below). The delivery of services will be carried out through existing government, private sector and civil society organizations, and guided by policy that will be formulated and implemented from the Centre through the provinces to the districts. FFL will utilize existing structures, organizations, resources and activities where possible, through improved coordination mechanisms and management. Since FFL is primarily a MAIL program, in practice the implementation of FFL means MAIL taking ownership through its existing structure and ensuring departments across the Ministry are actively engaged in the processes leading to planning and implementation of activities, in coordination with MRRD and MCN. The structural arrangement for implementing FFL is designed to highlight the Ministry's ownership of the Component by ensuring it is fully embedded within the MAIL organization.

FFL Implementation Model



4. Analysis of past and current nutrition actions in the country

4.1. What progress has been made in terms of political commitment since the 1992 International Conference on Nutrition (ICN)?

Like the country itself, a lot of progress has been made since 2002, when the transitional government took over. In those days, government and the people hardly know about nutrition. Awareness on nutrition was very limited, the government had no capacity in all line ministries such as MoPH, MAIL and MRRD. Only in 2003 that the first National public nutrition policy and strategy was developed that evolved into an improved version for period of 2008-2013. In the same time IYCF policy and strategy along with micronutrient strategy was developed along with the development of better policy documents and the capacity in Public Nutrition Department at MoPH and Home Economics Directorate at MAIL enhanced. With continuous advocacy of UN agencies and NGOs supporting better nutrition and food security in the country, awareness increased on nutrition and food security. Food security and nutrition in MAIL policy documents was weak and now received increased attention in the recent years especially with the FFL component of the NPP that now has a section on food nutrition. This is an attempt by the MAIL to coordinate programs and projects for a more sustainable effort. In addition to sector level policy and strategy document that is nutrition sensitive, Afghanistan food security and nutrition agenda (AFSANA) is developed and endorsed by the President's Office. This is a high level inter-sectoral nutrition and food security policy document. To support coordination and implementation mechanism of AFSANA, a secretariat is established in the 2nd vice president office. In addition to that nutrition action framework NAF is another high level document formulated by support of UN agencies, yet to be endorsed and

implemented. Development of both documents supported by GoIRA indicates increased political commitment to improve nutrition and food security at high government decision making level.

Security as a top priority for the international community and the government of Afghanistan has shadowed all development efforts, including nutrition and food security efforts. It is important to note that there is a lot of change in decision making level on supporting nutrition programs. Nutrition and Food Security is evident in policy development trends of the GoIRA in the last decade; yet there is a long way ahead in advocating for better nutrition and food security program implementation.

4.2.What progress has been made in terms of operational capacity since the 1992 ICN?

4.3.Managerial capacities of line ministry staff at the national, provincial and district levels?

4.4.Technical capacities of Ministry staff, agriculture service providers and R&D sector?

Health and agriculture sectors are two key supporters of food and nutrition security in the country, each sector has a department focusing on nutrition and food security. HED in MAIL is the key related department on improving food and nutrition security in agriculture sector. HED had started with a few staff a decade ago. Now it has grown to 40 staff (14 male and 26 female) covering 18 provinces out of total 34 provinces in the country. HED capacity has increased in gardening, post-harvest management, food processing, nutrition (particularly on nutrition education, complementary feeding, counseling and cooking demonstrations) with more focus on child and mother feeding practices. HED needs further capacity development to increase its analytical, planning and management skills.

PND has a representative in each 34 provinces of Afghanistan, capacity of PND staff is markedly enhanced on various aspects of nutrition and currently leading most of the nutrition decisions and interventions in the country.

Capacity Development in MAIL at all Levels

Development and growth is subject to capacity from government institutions. Decades of war and internal conflicts have destroyed the government of Afghanistan, thus, government institutions lacked experienced staff. From 1992 to 1996 the government had to rely on decades old staff led by political affiliates. During the Taliban regime the government institutions were run by Taliban militants with no formal and modern education. With the reestablishment of the security situation, UN agencies have come to the rescue of the GoIRA and been able to operate in most areas of Afghanistan. After the collapse of the Taliban regime, the GoIRA relied again on old staff with low level of education or outdated staff.

From 2001 till 2005 many projects were implemented and donor money was spent on different development activities throughout the country with lack of ownership and coordination from the government. Different projects to support government institutions and build the capacity of its civil servants started. Since 2002, the capacity development of the civil servants has been the major focus of the GoIRA.

Afghanistan's agriculture sector has the potential to further grow, address self-sufficiency issues and contribute to food security and economic growth. For this reason, it is imperative that the agriculture sector be given continuous support and persistent attention. To ensure agricultural sustainability and effective service delivery while exploiting the full potential of licit agricultural production, integrated value chains and market opportunities, strong public services along with the development of the private sector must be considered as the key to capacity building and development efforts.

Afghanistan is still a conflict country and that institutional reforms will take time and require both capacity and continuity, particularly for a ministry with such a diversified mandate, the current structure of MAIL constrains its efficient and effective performance and coordination. The MAIL reforms developed in 2009 with limited engagement of all directorates and provincial departments resulted in an increase in the number of organizational units in the central Ministry in Kabul from 65 to 85, and a decrease in the number of extension workers at the provincial at district level. This has increased the management overhead in the absence of management capacity and worsened issues such as communication and coordination. Limited attention was paid to the provincial and district structures and how these relate to the central Ministry and vice-versa.

An enormous amount of technical expertise has been lost in the agriculture sector over the past 30 years. This **loss of human capital** must be replaced as quickly as possible if the sector is to recover to its former vibrancy, reduce dependency on external expertise, and enable Afghans to fulfill their potential.

Already, under the framework of a number of development projects, MAIL has **refined its functions and services** in relation to the private sector for different agriculture sub-sectors, and further plans are being made, including the new *Afghanistan's Extension Model*, as well as the reform of veterinary and animal health services.

MAIL currently has 3 deputy ministers, 6 general directorates (Grade 1), 40 central directorates (Grade 2) and 34 provincial directorates (Grade 2). However, the MAIL Tashkeel (organization) is **not yet appropriately aligned** with the Ministry's overall goal and strategic objectives, including addressing food security issues. Its structure does not facilitate efficient and effective service delivery in the agriculture sector, particularly at the provincial level.

Under the Change Management process, MAIL has undertaken around 85 **organizational assessments** of key departments across the Ministry, which helped identify gaps, strengths, weaknesses and opportunities for change. In 2010, a *Transformation Roadmap and Communication Plan* was developed, which served as the baseline for a number of subsequent institutional development and process improvements in the Ministry.

Capacity building and change management projects (CBCMP) from United State Department of Agriculture (USDA), DAFA II from AusAID and AFIDS from EU are among examples and success story of capacity building projects.

They have trained change management specialists which are paired with MAIL civil servant counterparts to provide on the job training, mentoring and coaching. They assigned CMs in key areas such as research and extension. By providing these training to civil servants in these key areas, services will be improved which can result in improving food security.

The mandates of a number of directorates and sub-directorates have been revised, including clear linkages with the Ministry's overall goals, and with the key objective to reform the core functions and services of the Ministry. New mandates will need to define clear and adequate functions, responsibilities, accountabilities, reporting requirements and intra linkages.

Organizational Structure: Although MAIL's organizational structure was reviewed in 2008, and key reforms have been implemented, including the realignment of provincial departments with the Center's structure (e.g. Agricultural Affairs, HR, Procurement, Policy & Planning, M&E, IT units, etc.) and the devolution of 1,200 positions to the provinces, the overall structure of the Ministry needs to be further reformed in order to reflect recent changes in the strategic framework, key functions and service delivery needs of the Ministry including the coordination of activities through the NPP2 program.

Operation: Lack of clearly defined functional responsibilities between directorates at the center and between directorates at the center and provincial departments has led to limited effectiveness in the operation of the Ministry and timely delivery of service to farmers. Compounding this problem is the lack of decentralized decision-making and delegation of responsibilities. (Decentralization has already taken place for a number of key functions, including HR, procurement, M&E and IT) but further efforts will be needed).

Staffing: Currently, the education level of civil servants staff within the MAIL is still low with 42% of staff holding only primary education, a clear handicap for the Ministry to adopting new technology and methodologies in its operations, while contracted staff are not entitled to act as official civil servants and only play a support and advisory role. The low level civil service salary structure, lack of career path as well as limited capacity building and operational support combine to engender disincentive, low morale and lack of motivation in staff;

Resources: Inadequate budgetary resources for operation (e.g. office management, vehicle maintenance, fuel and other consumables) and others are cited as major constraints particularly in the provinces and districts, which directly impacts the delivery of services to farmers.

Planning and Program Management: There is very little evidence that tashkeel directors undertake sufficient levels of planning and programming of activities, which are critical in ensuring proper operation of directorates.

Intra- and Inter-Organizational Linkages: There is a distinct need for strengthening of internal and external coordination and consultation mechanisms to facilitate the development and implementation of cohesive strategies regarding the role of the Ministry in the sector and more effective service delivery to farmers. There is also a need for better linking provincial and central departments, both so that evidence from the field can inform policy making and central policies can be implemented on the ground.

4.5. What monitoring and evaluation mechanisms exist for

- a) assessing impact on nutrition of food and agriculture related policies, programmes and interventions?*
 - b) ensuring nutrition objectives are integrated into national development processes?*
- How long have they been in place? What indicators are collected and used?*

At national level AFSANA approach of establishing and food and nutrition information system is based on existing scattered data collected by CSO (NRVA), various ministries ME systems, UNICEF, WFP, FAO and NGOs data collection mechanisms and strengthening institutional FNS information systems and collect data based on AFSANA log frame implementation.

The Public Nutrition Department (PND) is monitoring all nutrition services provided by implementing partners across the country. The nutrition implementing partners are reporting their activities according to the standard formats prepared by the PND, the progress of their activities will be monitored and supervised by the PND team from the capital Kabul as well as provincial nutrition officers at the provincial level

The PND with technical support of WHO and UNICEF and financial support of CIDA, is developing the national nutrition monitoring and surveillance system. The objective of this initiative is to regularly collect data from the health facilities and communities to monitor the outcome of the nutrition programs as well as the trend of nutrition status among the target population. The system will be comprised of routine data collection from health facilities and communities sentinel sites as well as regular small scale household surveys.

ME mechanism for NPP2 is based on log frame of the part and budget allocated by Ministry of Finance in all related MAIL programs. The main departments responsible for such initiatives in MAIL are MIS and ME departments.

The existing monitoring and evaluation mechanism in the MAIL

Monitoring and evaluation (M&E) are integral and individually distinct parts of programmed preparation and implementation in MAIL. They are critical tools for forward-looking strategic positioning, organizational learning and for sound management. MAIL gives importance to monitoring and evaluation (M&E) of all its programs it gives focus on food security programs. In 2007 the directorate and deputy directorate for M&E was established under the General Directorate of Plan and Policy Coordination.

The M&E Directorate plays a key role in monitoring and evaluation of projects, designing of policies and strategies in the MAIL. Main task of the M&E directorate is to monitor and evaluate the progress of projects to make sure they are in line with MAIL policies and requirements. While the project is in implementation stage the role of M&E Directorate is to make sure, that each project must provide the progress table. For field monitoring, the relevant directorate makes a request to the Minister's Office for a joint M&E team. The structure of the joint M&E team requires one member to be from M&E Directorate. The joint M&E delegation team work on and certifies the project progress. If problems arise the team will propose recommendation for improvement.

The M&E Directorate monitors all projects two or three times a year in all provinces. Reports for each province with their recommendations are presented to the Minister's Office, with distribution to all relevant directorates. The directorate is facing problems such as development of the Tashkil, lack of capacity and most importantly lack of staff. .

4.6.Consideration of sustainability issues (e.g. environmental degradation, food biodiversity loss, intensification of production and monoculture agriculture)

4.7.To what extent are nutrition objectives integrated into food and agriculture programmes or projects?

Since 2003 projects supporting nutrition in MAIL are based at the Home Economic Directorate, the main directorate in MAIL working in the integration of nutrition into food and agriculture programs. Apart from nutrition projects of MAIL supported by FAO, HED supports the integration of nutrition in other food and agriculture programs and project has been challenging.

By increasing the capacity of HED, all projects supervised and run by HED would be more nutrition sensitive. The integration of nutrition at policy and strategy level has resulted into the development of NPP2 and AFSANA. These policy and strategy documents are now nutrition sensitive.

4.8.Targeting: Who is currently being targeted for nutrition action in the country? Who has been targeted in the past? Are nutrition actions currently reaching the intended target population groups throughout the country? How do current coverage rates compare to the past?

The most vulnerable population of the country are the rural poor, women and children, Internally Displaced Persons (IDPs) and returnees, destitute urban dwellers, and a number of other extremely poor and vulnerable households are most at risk of food and nutrition insecurity. They are likely to suffer from acute and chronic food insecurity, and lacking assets and sources for survival, do resort to formal or informal social safety net support. They comprise a significant proportion of the Afghan population and their need for access to food is perhaps the most challenging and daunting imperative in the FNS sphere. According to statistics and surveys, around 36% of the population is food insecure.

Nutrition and food security projects have been sporadic, each project has its own criteria for selection and targeting of beneficiaries. The main criteria of selection are highest level of food insecurity, accessibility and vulnerability level (PLW and children). In food production and food security projects at MAIL usually managed by FAO there has not been a systematic approach for targeting the most suitable people. This is partly due to the fact that FAO approach which is project based, donor driven and each project covers only a few districts in the country. When the project ends after a short interventions the result is not sustainable as food security and nutrition interventions require long term and systematic approach. Furthermore, ownership of the MAIL in this area is dubious.

CMAM Targeting Mechanism

The Community Management of Acute Malnutrition (CMAM) program is targeting severe malnutrition cases, including severe acute (children 0-59months) and severe moderate (children 6-59 months, pregnant and lactating women). The CMAM program has been integrated in BPHS guideline since 2010, supplementing the hospital based management of severe acute malnutrition cases (TFUs) which is mostly covering the severe acute malnutrition cases with complication. Like in the case of FAO, the CMAM program is running mostly as vertical program supporting by UNICEF and WFP.

The program has four major components including, 1) Inpatient care which is covering severe acute malnutrition with complications , 2) Out Patient Therapeutic Program (OTP) which is targeting children 6-59months of age with non-complicated cases of severe acute malnutrition ,3) Supplementary Feeding Program(SFP) which is mostly targeting moderate acute malnutrition cases, and 4)community mobilization. Currently there is around 400 OTP and SFP sites functioning in 24 provinces.

Nutrition in BPHS

Public nutrition is one out of seven elements of Basic Package of Health Services which delivering health care services through six types of health facilities (Health Post, Mobile health team, Sub-Center, Basic health Center, Comprehensive Health Center and District Hospital). And the main nutrition interventions through above mentioned health facilities are:

- Prevention and assessment of malnutrition
- Case finding of acute malnutrition
- Iron + Folic acid supplementation to pregnant and postpartum women
- Management of severe acute malnutrition (acute severe and acute moderate)
- Diagnose ,treatment and management of micronutrient deficiency diseases
- Counseling on breastfeeding
- Growth monitoring and promotion
- Heath promotion and nutrition counseling
- Social mobilization and community awareness

According to MoPH Health and Nutrition Policy 2012-2020 the main national targets are:

- To reduce Maternal mortality ratio from 327/100000 Live birth in 2010 to 270 in 2015
- To reduce infant mortality rate from 77/1000 Live births in 2010 to 60 in 2015
- To reduce under five children mortality rate from 97/ 1000 Live birth in 2010 to 85 in 2015
- To reduce chronic malnutrition among children under 5 years of age from 65.5% in 2004 to less than 50% in 2015.

AFSANA targets until 2016, which is based on an objective.

1. **Target:** Increase food production by 20% within five years.

2. **Target:** Decrease, by 5% per annum through 2020, the proportion of people who suffer from hunger.
3. **Target:** Establishment of effective disaster preparedness and response mechanisms including a strategic grain reserve (SGR) with an initially targeted volume of 200,000 MT and strengthened resilience of the rural population against shocks.
4. **Target:** Reduce stunting in children aged 0-24 months by 5% by the end of 2016.

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