Are Data Available for Tracking Progress on Nutrition Policies, Programs, and Outcomes in Afghanistan?

Data DENT
Data for Decisions to Expand Nutrition Transformation

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Authors:

International Food Policy Research Institute: Manita Jangid, Sumanta Neupane, Samuel Scott, Phuong Hong Nguyen, Sunny Kim, Purnima Menon

UNICEF Regional Office South Asia: Zivai Murira, Harriet Torlesse

Project Note:

The analysis and development of this report was led by International Food Policy Research Institute (IFPRI) as part of the Data for Decisions to Expand Nutrition Transformation (DataDENT) initiative. DataDENT is a five-year initiative (2017-2022) that aims to transform the availability and use of nutrition data by addressing gaps in nutrition measurement and advocating for stronger nutrition data systems. DataDENT is funded by the Bill & Melinda Gates Foundation.

Acknowledgements:

This report was prepared by IFPRI South Asia Office (SAO) and the UNICEF Regional Office South Asia Nutrition Section. The review team is grateful to Suzanne Fuhrman (Nutrition Manager), Said M. Yaqoob Azimi (Information Management Specialist) and all other staff members of UNICEF Afghanistan Country Office for their enormous contributions to this review. We also thank Vera de Jong (Consultant) and S. Riley Auer (Communications Coordinator, Johns Hopkins University) for copyediting and formatting the report.

Suggested Citation:

Jangid, M., S. Neupane, S. P. Scott, P. H. Nguyen, S. S. Kim, Z. Murira, H. Torlesse, and P. Menon. 2021. *Are Data Available for Tracking Progress on Nutrition Policies, Programs and Outcomes in Afghanistan?* New Delhi: DataDENT / International Food Policy Research Institute.

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Abbreviations

ADHS	Afghanistan Demographic and Health Survey
ALC	Accelerated Learning Center
ANC	Antenatal Care
ARI	Acute Respiratory Infection
BFHI	Baby-Friendly Hospital Initiative
BMI	Body Mass Index
BMI-Z	Body Mass Index Z-Score
BPHS	Basic Package of Health Services
CBNP	Community-Based Nutrition Package
CHW	Community Health Worker
CSO	Central Statistics Organization
ECD	Early Childhood Development
eLENA	E-Library of Evidence for Nutrition Actions
EPHS	Essential Package of Hospital Services
EWEC	Every Woman Every Child
GNMF	Global Nutrition Monitoring Framework
HAZ	Height-For-Age Z-Score
HMIS	Health Management Information System
ICF	International Classification of Functioning
IFA	Iron and Folic Acid
IFPRI	International Food Policy Research Institute
IMAM	Integrated Management of Acute Malnutrition
IMCI	Integrated Management of Childhood Illness
IMNCI	Integrated Management of Neonatal and Childhood Illness
IYCF	infant and young child feeding
KMC	Kangaroo Mother Care
LAM	Lactational Amenorrhea Method
MAM	moderate acute malnutrition
MIYCN	Maternal, Infant, Young Child Nutrition
MNP	Micronutrient Powder
MoE	Ministry of Education
MoPH	Ministry of Public Health
MUAC	Mid-Upper Arm Circumference

NCD	Noncommunicable Diseases
NOD	Nutrition Online Database
NID	National Immunization Day
NNS	National Nutrition Survey
NPNS	National Public Nutrition Strategy
ORS	Oral Rehydration Salts
PLW	Pregnant and Lactating Women
PNC	Postnatal Care
RMNCAH	National Reproductive, Maternal, Newborn, Child and Adolescent Health
ROSA	Regional Office for South Asia
SAM	severe acute malnutrition
SDG	Sustainable Development Goal
SHP	School Health Policy
STEPS	Stepwise Approach to Surveillance
UNICEF	United Nations Children's Fund
USI	Universal Salt Iodization
VLBW	Very Low Birth Weight
WAZ	Weight-For-Age Z-Score
WHO	World Health Organization
WHZ	Weight-or-Height Z-Score
WIFS	Weekly Iron and Folic Acid Supplementation
WLZ	Weight-for-Length Z-Score
WRA	Women of Reproductive Age

Executive Summary

The World Health Organization (WHO) and other global nutrition and health agencies recommend nutrition actions throughout the life-course to address malnutrition in all its forms. In this report, we examined how Afghanistan's nutrition policies and programs address recommended nutrition actions, determinants, and outcomes. We reviewed population-based surveys to assess the availability of data on nutrition actions, nutrition outcomes, and the determinants of these outcomes; we also assessed the data availability in administrative data systems for selected nutrition actions and outcomes.

Our policy review identified a total of 53 recommended evidence-based nutrition actions; of these, 50 were applicable to Afghanistan, and 44 of those were addressed in nutrition policies and programs. Nutrition actions that were not included in current policies and programs were: food supplementation during adolescence, food supplementation for complementary feeding, and iron and folic acid (IFA) supplementation during childhood. Although policies addressed IFA supplementation and deworming during preconception and calcium supplementation during pregnancy, there was currently no program to implement these actions. National strategies and plans recognized and aimed to address all key determinants of nutrition; they also expressed an intent to address all Sustainable Development Goal (SDG) nutrition targets for maternal, infant, and young child nutrition. Noncommunicable diseases (NCDs), however, did not currently have targets in the national strategies.

Of the 44 actions that Afghanistan's policies and programs address, our data review indicated that population-based surveys contained data on only 22 actions; similarly, out of 17 selected actions we reviewed in the administrative data system, data was available on only ten actions. In population-based surveys, data was not available on indicators related to IFA supplementation and deworming during adolescence, counseling during pregnancy, newborn care, counseling on infant and young child feeding (IYCF), or on growth monitoring, identification and management of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) during early childhood. In administrative data systems, data was not available on IFA supplementation and counseling during pregnancy, support for early initiation of breastfeeding, multiple micronutrient powder (MNP), or zinc supplementation during early childhood. Most indicators on immediate and underlying determinants were available from population-based surveys; however, none of the population-based surveys contained data on dietary diversity among pregnant women or coverage of households under the social protection schemes. Data on all outcome indicators were available in the population-based surveys.

In conclusion, Afghanistan's policy landscape for nutrition is robust but its consideration of NCDs is limited. The gaps in data availability for tracking progress on nutrition are much greater than the gaps in the policies and programs that are designed to address the recommended actions. Future population-based surveys and other data systems should aim to fill the identified data gaps for nutrition actions.

1 Introduction

The World Health Organization (WHO) and other global nutrition and health agencies recommend nutrition actions throughout the life-course to address malnutrition in all its forms. It is anticipated that if evidence-based nutrition actions are implemented, supportive policies and legislation are introduced, and functioning health, education, and social protection systems established, then countries will be able to improve the nutrition and health status of their women and children, from which economic development and increased equity will inevitably follow (Nguyen et al. 2020).

As global recommendations are updated based on available evidence, it is anticipated that national governments and partners will, in turn, build on these recommendations to update national policies and programs. In addition, as countries develop national and subnational nutrition strategies and align policies and programs to these strategies, it will be critical to efficiently track progress on the roll-out of nutrition actions. Alongside the tracking of progress on nutrition actions, countries must also know whether programs are on track to help achieve change in key determinants of nutrition status and, ultimately, in nutrition outcomes. However, little is known in the South Asia region about policy coherence with globally recommended actions. Even less is known about the degree to which countries are able to track their progress on interventions, determinants, and outcomes as they build their national nutrition strategies.

To address this gap, the International Food Policy Research Institute's (IFPRI) South Asia Office, in collaboration with the UNICEF Regional Office for South Asia (ROSA) and others, examined the alignment of national nutrition policies and programs with recommended global nutrition actions, and then assessed the availability of national data to track progress on nutrition. We have compiled an overview of nutrition policies, programs, and data information systems for tracking nutrition actions, determinants, and outcomes in all the countries in the South Asia region, including Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka. This report presents findings for Afghanistan.

It has two major objectives:

1) To assess the extent to which Afghanistan's policies and programs a) address the recommended nutrition actions across the life-course; b) recognize both immediate and underlying determinants of nutrition; c) aim to tackle the key relevant nutrition outcomes, and

2) To examine the availability of data to track progress on nutrition actions, determinants, and outcomes in Afghanistan.

Review findings are intended to provide an evidence base that will further support national governments and their partners in identifying gaps in nutrition actions and improving data availability so as to track progress on nutrition actions, determinants, and outcomes.

2 Approach

The approach and methods used for the policy review and for the data-availability review are described below. The review focuses primarily on the critical period from adolescence to early childhood, but, where relevant, we also include information pertaining to noncommunicable disease (NCD) outcomes that have been part of national strategies.

2.1 Methods: Policy Review

The policy review required three steps: first, to create a base framework of nutrition actions, determinants, and outcomes; second, to assemble national nutrition policies, strategies, and implementation guides; and third, to synthesize information on nutrition actions, determinants, and outcomes against the base framework.

2.1.1 Identification of nutrition actions, determinants, and outcomes

Global guidance documents recommend several nutrition actions throughout the life-course, that is in adolescence and preconception, during pregnancy, around delivery, postnatally, and in early childhood. We identified a long list of recommended evidence-based nutrition actions from various sources (Box 1).

Box 1. Sources of recommended evidence-based nutrition actions

- *Essential Nutrition Actions: Mainstreaming Nutrition Through the Life-Course* (WHO 2019)
- *Guideline: Implementing Effective Actions for Improving Adolescent Nutrition* (WHO 2018)
- *Recommendations on Antenatal Care for a Positive Pregnancy Experience* (WHO 2016)
- *WHO Recommendations on Health Promotion Interventions for Maternal and Newborn Health 2015* (WHO 2015)
- *WHO Recommendation on Postnatal Care of the Mother and Newborn* (WHO 2013)
- *Making Pregnancy Safer: The Critical Role of the Skilled Attendant. A Joint Statement by WHO, ICM and FIGO* (WHO 2004)
- "Measuring the Coverage of Nutrition Interventions Along the Continuum of Care: Time to Act at Scale." (Gillespie et al. 2019)
- *The Global Strategy for Women's, Children's and Adolescents' Health 2016–2020* (Every Woman Every Child [EWEC] 2016)
- "Evidence-Based Interventions for Improvement of Maternal and Child Nutrition: What Can Be Done and at What Cost?" (Bhutta et al. 2013)

Appendix 1 presents a full list of the identified nutrition actions by life-course. This list formed the frame of reference for the review of policies and programs.

To identify whether current policies and plans recognize and address immediate and underlying determinants of nutrition, we used the conceptual framework laid out under the following:

- "Strategy for Improved Nutrition of Children and Women in Developing Countries." (UNICEF. 1991), and
- "Maternal and Child Undernutrition and Overweight in Low-Income and Middle-Income Countries" (Black et al. 2008).

Finally, the reference list of nutrition outcome indicators came from nutrition targets under the Sustainable Development Goals (SDGs) and from additional targets that were included in the WHO's Global Nutrition Monitoring Framework (GNMF) (WHO 2017). To ensure country specificity, we also included additional nutrition outcomes that are stated in the country strategies; some of these were not included in either the SDG or GNMF list of targets.

2.1.2 Nutrition policy and program documents

We identified the government-issued nutrition-relevant policies, strategic plans, program implementation, and operational guidelines (as of May 31, 2020). We accessed these documents through online searches, UNICEF regional and country offices, and key informants working in the region. Our final list of documents for Afghanistan included five nutrition-relevant national policies/plans/strategies and five program documents, as well as program implementation guidelines currently in use (Box 2).

Box 2. List of documents reviewed

Policy/plan/strategy

- *National Maternal, Infant and Young Child Nutrition Policy 2019–2023* (Afghanistan, Ministry of Public Health [MoPH] 2019)
- *School Health Policy (SHP) 2019–2029* (Afghanistan, Ministry of Education 2019)
- *National Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy (RMNCAH) 2017–2021* (Afghanistan, MoPH 2017)
- *National Public Nutrition Strategy (NPNS) 2019–2023* (Afghanistan, MoPH 2019)
- *National Maternal Infant and Young Child Nutrition Strategy (MIYCN) 2019–2023* (Afghanistan, MoPH 2019)

Program document/program implementation guideline

- *Operational Guide for Implementing the National Maternal, Infant and Young Child Nutrition Strategy 2019–2023* (Afghanistan, MoPH 2019)
- *Integrated Management of Acute Malnutrition: National Guidelines 2018* (Afghanistan, MoPH 2018)

- *A Basic Package of Health Services for Afghanistan 2010* (Afghanistan, MoPH 2010)
- *Mother and Child Health Handbook* (Afghanistan, MoPH 2019)
- *The Essential Package of Hospital Services for Afghanistan* (Afghanistan, MoPH 2005)

2.1.3 Synthesis of information

Among the nutrition actions that global guidance documents recommend, we first identified those that are applicable in Afghanistan.[1] We developed a spreadsheet on which to enter the information for each recommended and applicable nutrition action (policy name, year published, policy recommendations, program guideline name). We then reviewed Afghanistan's policies and programs to determine whether the recommended and applicable nutrition actions were being directly or indirectly addressed by the policies. If a nutrition action was addressed in the policy, we reviewed program implementation and operational guidelines to assess implementation status, recommendations, and geographic reach.

We assessed whether policies and strategies recognized the immediate and underlying determinants of nutrition and what activities were aimed at addressing these determinants; we did not, however, assess the overall adequacy of the activities aimed at addressing these determinants.

Finally, we reviewed the policies and plans to examine which nutrition outcomes were targeted. In addition to examining which global nutrition outcomes were targeted in the national plans, we also assessed whether country-specific nutrition outcomes were present as key policy targets.

Two IFPRI researchers reviewed the national policy and program documents and their mapping to the framework of actions, determinants and outcomes; the resulting spreadsheet was cross-checked by staff at UNICEF regional and country offices.

2.2 Methods: Data Availability

For each of the nutrition actions, determinants, and outcomes in the framework described above, we assessed the availability of data to track progress both in population-based surveys and in administrative data sources. To assess data availability in population-based household surveys, we reviewed the questionnaires used in the Afghanistan Demographic and Health Survey 2015 (CSO, MoPH, ICF 2017), the National Nutrition Survey (NNS) Afghanistan (2013) (UNICEF 2013) and Afghanistan STEPS Survey 2018 Fact Sheet (Ministry for Policy and Planning 2018).

In administrative data systems, we assessed the data availability of only ten high-impact nutrition interventions identified in the Lancet framework (Black et al. 2013) and *Essential*

[1] The applicability of some recommended nutrition actions depends on settings; IFA supplementation for adolescents, for example, is only applicable if the anemia prevalence among women of reproductive age (WRA) is more than 20 percent (see Appendix 1 for related details).

Nutrition Actions: Mainstreaming Nutrition Through the Life-Course (WHO 2019). The data availability was qualitatively assessed through an in-country consultative process coordinated by UNICEF Country Office Nutrition Information System (NIS) focal points, who reviewed and assessed the data availability in Health Management Information System (HMIS) (Afghanistan, MoPH 2011), Nutrition Online Database (NOD) and National Immunization Days (NID) reporting system.

3 Findings: Overview of Policies and Programs in Afghanistan

In this section, we address 1) the extent to which policies and programs address recommended nutrition actions across the life-course; 2) the key determinants of malnutrition that are targeted in Afghanistan's policies; and 3) the key nutrition outcomes that are targeted in Afghanistan's policies.

3.1 To What Extent Do Policies and Programs Address Recommended Nutrition Actions?

Global guidance documents recommend a total of 53 nutrition actions through the life-course; of these, 50 nutrition actions were applicable in Afghanistan (Table 1).[2] Policies addressed 48 of these actions and programs addressed 44. Both policy and programs addressed two of three nutrition actions during adolescence; policy addressed four of four actions during preconception, but programs addressed only two of four; policy addressed 15 of 15 actions during pregnancy, while programs addressed 14 of 15; both policy and programs addressed 12 of 12 actions for women during delivery and for postnatal care (PNC); policy addressed 15 of 16 actions during early childhood, while programs only addressed 14 of 16 actions. Appendix 1 provides details on how policies and programs address recommended nutrition actions; Appendix 2 provides details on program implementation.

Afghanistan's nutrition policy and programs did not address food supplementation during adolescence, food supplementation for complementary feeding, or daily IFA supplementation during early childhood. Programs did not address daily IFA supplementation and deworming during preconception or calcium supplementation during pregnancy.

[2] The nutrition actions that are not applicable include energy and protein dietary supplementation, vitamin A supplementation and micronutrient power (MNP) supplementation during pregnancy. Under integrated management of acute malnutrition, however, pregnant and lactating women (PLW) with moderate malnutrition receive a fortified food supplement (Super Cereal) on a monthly basis until recovery or until the infant reaches six months.

Table 1. Nutrition actions addressed and not addressed by policies and programs in Afghanistan, by life-course

Life-course	Nutrition actions	
	Addressed in national policies and programs	Not addressed in national policies and/or programs
Adolescence	• Daily or intermittent iron and folic acid (IFA) supplementation • Preventive deworming	• Food supplementation
Preconception	• Contraception • Iodine supplementation	• Daily or intermittent IFA supplementation • Preventive deworming
Pregnancy	• Antenatal care (ANC) screening by trained providers • ANC screening by trained providers during first trimester • Four or more ANC screenings • Daily or intermittent IFA supplementation • Preventive deworming • Tetanus toxoid vaccination • Nutritional counseling on healthy diet • Weight monitoring • Advice about weight after weighing • Advice on consuming calcium • Advice on consuming IFA • Advice on consuming additional food • Advice on birth preparedness • Advice on exclusive breastfeeding	• Calcium supplementation
Delivery and postnatal period	• Institutional birth • Skilled birth attendant • Optimal timing (delayed) of umbilical cord clamping • Assessment of birth weight • Support for early breastfeeding and immediate skin-to-skin contact • Optimal feeding of low-birth-weight infants • Counseling of mothers of low-birth-weight infants on Kangaroo Mother Care (KMC) • Postnatal care (PNC) for babies around day three, day seven, and within six weeks after birth • PNC for women within three and seven days of delivery and within six weeks after delivery • Breastfeeding counseling • IFA supplementation • Food supplementation for malnourished lactating women	-

Life-course	Nutrition actions	
	Addressed in national policies and programs	Not addressed in national policies and/or programs
Early Childhood	• Breastfeeding counseling • Counseling on appropriate complementary feeding • Iron-containing micronutrient power (MNP) • Zinc supplementation during diarrhea • Oral rehydration salts (ORS) during diarrhea • Vitamin A supplementation • Preventive deworming • Growth monitoring (weight assessment) • Counseling on nutritional status • Identification of severe or moderate underweight • Inpatient management of severe acute malnutrition (SAM) • Outpatient management of SAM • Management of moderate acute malnutrition (MAM) • Immunization	• Food supplementation for complementary feeding • Daily IFA supplementation

Source: Review of policies and programs (see Appendix 1 for details)

Note: Micronutrient Powder (MNP) is available in select provinces.

3.2 Which Key Determinants of Malnutrition Are Targeted in Strategies?

We reviewed three strategy documents: 1) *National Public Nutrition Strategy (NPNS) 2019–2023* (Afghanistan, MoPH 2019); 2) *National Maternal Infant and Young Child Nutrition Strategy (MIYCN) 2019–2023* (Afghanistan, MoPH 2019); 3) *National Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy (RMNCAH) 2017–2021* (Afghanistan, MoPH 2017). All three strategies recognized and included activities to address both the immediate and underlying determinants of undernutrition at least partially. Immediate determinants include inadequate breastfeeding and/or complementary feeding, infectious diseases, and inadequate nutrient intake by mothers, while underlying determinants are women's education and their appropriate age of marriage/childbirth, sanitation and hygiene, food security, and whether they are covered by social protection schemes (Table 2). Appendix 3 provides details on activities included in the strategies.

Table 2. Immediate and underlying determinants recognized and addressed in national strategies

Potential indicators	Recognized and addressed
Immediate determinants	
1. Inadequate nutrient intake by children	
Breastfeeding	
Early initiation of breastfeeding	✓
Exclusive breastfeeding	✓
Continued breastfeeding	✓
Complementary feeding	
Timely introduction of complementary feeding	✓
Minimum dietary diversity	✓
Minimum meal frequency	✓
Minimum acceptable diet	✓
2. Infectious diseases	
Diarrhea	✓
Acute respiratory infection (ARI)	✓
3. Inadequate nutrient intake by mothers	✓
Underlying determinants	
1. Women's status	
Completion of high school	✓
Early marriage	✓
Early childbirth	✓
2. Sanitation and hygiene	
Use of improved sanitation facilities	✓
Safe water, handwashing	✓
Safe disposal of faeces	✓
3. Food security	✓
4. Socio-economic conditions	
Covered by social protection schemes	✓

✓=Addressed; ✗=Not addressed

Source: *NPNS 2019–2023* (Afghanistan, MoPH 2019), *MIYCN strategy 2019–2023* (Afghanistan, MoPH 2019), *RMNCAH 2017–2021* (Afghanistan, MoPH 2017)

3.3 Which Nutrition Outcomes Are Targeted by Afghanistan's Strategies?

In order to determine which nutrition outcomes were targeted by Afghanistan's strategies, we reviewed two strategy documents: 1) *National Public Nutrition Strategy (NPNS) 2019–2023* (Afghanistan, MoPH 2019); and 2) *National Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy (RMNCAH) 2017–2021* (Afghanistan, MoPH 2017). These strategies together aimed to address all five maternal, infant, and young child nutrition outcome targets in the SDGs, that is, low birth weight, stunting, wasting, overweight among children under five years, and anemia among women of reproductive age (WRA). Among the additional nutritional outcome indicators in the GNMF (WHO 2017), however, the strategies we reviewed aimed to address only overweight among adolescent girls (11 to 19 years). Finally, Afghanistan's nutrition policies/plans did not appear to address the global goals related to the outcomes of NCDs (Table 3).[3]

Three country-specific nutrition targets were included in Afghanistan's national policies: underweight among children under five years, anemia among adolescents (11 to 19 years) and anemia among children (six to 59 months).

[3] NCDs are a top policy priority in Afghanistan's *National Health Policy 2015–2020* (Afghanistan, Ministry of Public Health, n.d.a); NCD outcomes, however, are not included in the monitoring and evaluation framework of the country's *National Strategy for Prevention and Control of Noncommunicable Diseases 2015–2020* (Afghanistan, Ministry of Public Health, n.d.b) or in its *National Health Strategy 2016–2020* (Afghanistan, Ministry of Public Health 2016).

Table 3. Nutrition outcomes on which Afghanistan's strategies are focused

Nutrition outcomes	Sources	Included in country policy/plan
Global nutrition goals/targets		
Low birth weight (infants)	SDG	✓
Stunting (children zero to 59 months)	SDG	✓
Wasting (children zero to 59 months)	SDG	✓
Overweight (children zero to 59 months)	SDG	✓
Anemia (non-pregnant women 15 to 49 years)	SDG	✓
Underweight (non-pregnant women 15 to 49 years)	GNMF	✗
Overweight (school-age children and adolescents five to 19 years)	GNMF	✓
Overweight (women over 18 years)	SDG	✗
Overweight (men over 18 years)	SDG	✗
Hypertension (adults over 18 years)	SDG	✗
Diabetes (adults over 18 years)	SDG	✗
Additional country-specific nutrition goals/targets		
Underweight (children zero to 59 months)		✓
Anemia (children six to 59 months)		✓
Anemia (adolescent girls 11 to 19 years)		✓

✓=Addressed; ✗=Not addressed

Source: *NPNS 2019–2023* (Afghanistan, MoPH 2019), *MIYCN strategy 2019–2023* (Afghanistan, MoPH 2019), *RMNCAH 2017–2021* (Afghanistan, MoPH 2017)

Note: SDG = Sustainable Development Goal; GNMF = Global Nutrition Monitoring Framework

4 Findings: Data Availability for Tracking Progress on Nutrition in Afghanistan

4.1 Availability of Data on Program and Policy Actions

Multiple data sources exist in Afghanistan; The Afghanistan Demographic and Health Survey (ADHS) 2015; National Nutrition Survey (NNS) 2015; and Afghanistan STEPS Survey 2018 are the primary nationally representative population-based surveys. The Health Management Information System (HMIS), Nutrition Online Database (NOD), and National Immunization Days (NID) reporting systems are the primary administrative data systems.

Of 44 nutrition actions that Afghanistan's policies and programs addressed, our review of population-based surveys revealed that the surveys provided data to assess coverage of only 22 actions; this included two aimed at women during preconception, nine for women during pregnancy, five for women during delivery and in the postpartum period, and six actions for early childhood. (Table 4). We assessed HMIS, NOD, and NID reporting systems for data availability regarding 17 nutrition actions; of these 17, data on only ten could be found in any of the sources, one aimed at women during delivery and nine for early childhood.

None of the data sources, population-based surveys, or administrative data systems contained data on actions during adolescence (Table 4). Regarding actions aimed at women during pregnancy, data was missing on a number of aspects, including nutrition counseling; advice about weight after weighing; advice on consuming calcium, IFA, and additional food; and advice on birth preparedness. For women during delivery and in the postpartum period, data is not available in any of the sources with regard to support on early initiation of breastfeeding, indicators related to care of low-birth-weight babies, breastfeeding counseling, IFA supplementation, or food supplementation for malnourished lactating women. None of the sources contained data on counseling on nutritional status or management of MAM during early childhood.

Table 4. Data availability on nutrition actions across the life-course

Nutrition actions	Data availability				
	Population-based surveys		Administrative data sources		
	ADHS 2015	NNS 2013	HMIS	NOD	NID
Adolescence					
Daily or intermittent iron and folic acid (IFA) supplementation	✗	✗	–	–	–
Preventive deworming	✗	✗	–	–	–
Preconception					
Contraception	✓	✓	–	–	–
Iodine supplementation	✓	✓	–	–	–
Pregnancy					
Any antenatal care (ANC) screening by a trained provider	✓	✓	–	–	–
ANC screening by a trained provider during the first trimester	✓	✓	–	–	–
Four or more ANC visits	✓	✓	–	–	–
Daily or intermittent IFA supplementation	✓	✓	✗	✗	✗
Preventive deworming	✓	✓	–	–	–
Tetanus toxoid vaccination	✓	✗	–	–	–
Nutritional counseling on healthy diet	✗	✓	✗	✗	✗
Weight monitoring	✗	✓	–	–	–
Advice about weight after weighing	✗	✗	–	–	–
Advice on consuming calcium	✗	✗	–	–	–
Advice on consuming IFA	✗	✗	–	–	–
Advice on consuming additional food	✗	✗	✗	✗	✗
Advice on birth preparedness	✗	✗	–	–	–
Advice on exclusive breastfeeding	✗	✓	✗	✗	✗
Delivery and postnatal period					
Institutional birth	✓	✓	–	–	–
Skilled birth attendant	✓	✓	–	–	–
Optimal timing (delayed) of umbilical cord clamping	✗	✗	–	–	–
Assessment of birth weight	✓	✗	✓	✗	✗
Support for early breastfeeding and immediate skin-to-skin contact	✗	✗	✗	✗	✗
Optimal feeding of low-birth-weight infants	✗	✗	–	–	–

Nutrition actions	Data availability				
	Population-based surveys		Administrative data sources		
	ADHS 2015	NNS 2013	HMIS	NOD	NID
Counseling of mothers of low-birth-weight infants on Kangaroo Mother Care (KMC)	✗	✗	–	–	–
Postnatal care (PNC) for babies around day three and day seven, and within six weeks after birth	✓	✓	–	–	–
PNC for women within three and seven days of delivery, and within six weeks after delivery	✓	✓	–	–	–
Breastfeeding counseling	✗	✗	–	–	–
IFA supplementation	✗	✗	–	–	–
Food supplementation for malnourished lactating women	✗	✗	–	–	–
Children (zero to 59 months)					
Breastfeeding counseling	✗	✗	✓	✗	✗
Counseling on appropriate complementary feeding	✗	✗	✓	✗	✗
Iron-containing micronutrient powder (MNP)	✓	✗	✗	✗	✗
Zinc supplementation during diarrhea	✓	✗	✗	✗	✗
Oral rehydration salts (ORS) during diarrhea	✓	✗	–	–	–
Vitamin A supplementation	✓	✓	✗	✗	✓
Preventive deworming	✓	✗	✗	✗	✓
Growth monitoring (weight assessment)	✗	✗	✓	✗	✗
Counseling on nutritional status	✗	✗	–	–	–
Identification of severe or moderate underweight	✗	✗	✓	✗	✗
Inpatient management of severe acute malnutrition (SAM)	✗	✗	✗	✓	✗
Outpatient management of SAM	✗	✗	✗	✓	✗
Management of moderate acute malnutrition (MAM)	✗	✗	✗	✓	✗
Immunization	✓	✗	–	–	–

✓=Available; ✗=Not available; - = Nutrition actions for which data availability was not assessed in administrative data system

Source: Questionnaires of the ADHS 2015 (CSO, MoPH, ICF 2017) and NNS 2013 (UNICEF 2013) and spreadsheet compiled by UNICEF Afghanistan country office on data availability in HMIS, NOD and NID (November 2020).

Note: ADHS = Afghanistan Demographic and Health Survey; NNS = National Nutrition Survey; HMIS = Health Management Information System; NOD = Nutrition Online Database; NID = National Immunization Days.

4.2 Availability of Data on Key Determinants

Both the ADHS 2015 and the NNS 2013 had data on breastfeeding, complementary feeding, infectious diseases (acute respiratory infection [ARI] and diarrhea), toilet facility at home, and access to safe drinking water (Table 5). Only ADHS 2015 had data on women's education, appropriate age of marriage/childbirth, mother's use of toilet, designated place for handwashing, and safe disposal of child's faeces. Only NNS 2013 had data on household food security.

The only two indicators that were not included in either the ADHS 2015 or NNS 2013 were dietary diversity of pregnant women and whether households were covered by social protection schemes.

Table 5. Potential indicators and data availability on immediate and underlying determinants

Determinants	Potential indicators	Data availability	
		ADHS 2015	NNS 2013
Immediate determinants			
Nutrient intake by children			
Breastfeeding			
	Percentage of infants zero to five months who were breastfed within one hour of birth	✓	✓
	Percentage of infants zero to five months who were fed only breast milk	✓	✓
	Percentage of children six to 23 months who had been breastfed in the 24 hours preceding the survey	✓	✓
Complementary feeding			
	Percentage of children six to eight months who had been introduced to solid, semi-solid, or soft foods	✓	✓
	Percentage of children six to 23 months who were consuming at least four out of the seven defined food groups	✓	✓
	Percentage of children six to 23 months who were breastfed and who also achieved the minimum dietary diversity and age-appropriate minimum meal frequency	✓	✓
	Percentage of children six to 23 months who received a minimum acceptable diet (apart from breast milk)	✓	✓
Infectious diseases			
	Percentage of children zero to 59 months who had had diarrhea in the last week	✓	✓
	Percentage of children zero to 59 months who had had acute respiratory infection (fever and chest drawing) in the last week	✓	✓
Nutrient intake by mothers			
	Percentage of currently pregnant women who were consuming foods from at least five out of the ten food groups	✗	✗
Underlying determinants			
Women's status			
	Percentage of women aged 15 to 49 years who had completed their high school (ten+ years of schooling)	✓	✗
	Percentage of women aged 20 to 24 years who had been married before their eighteenth birthday	✓	✗
	Percentage of women aged 20 to 24 years who had given birth to a child before their twentieth birthday	✓	✗

Determinants	Potential indicators	Data availability	
		ADHS 2015	NNS 2013
Sanitation and hygiene			
	Percentage of households with children under two years in which the house had a toilets	✓	✓
	Percentage of children under two years who were living in households with safe water	✓	✓
	Percentage of households with children under two years where the mother also used the toilet	✓	✗
	Percentage of households with children under two years which had a designated place for handwashing with soap	✓	✗
	Percentage of children under two years whose faeces were safely disposed of	✓	✗
Food security			
	Percentage of households moderately or severely food insecure	✗	✓
Socio-economic conditions			
	Percentage of households covered under social protection schemes	✗	✗

✓=Available; ✗=Not available

Source: Questionnaires of the ADHS 2015 (CSO, MoPH, ICF 2017) and NNS 2013 (UNICEF 2013)

Note: ADHS = Afghanistan Demographic and Health Survey; NNS = National Nutrition Survey.

4.3 Availability of Data on Nutrition Outcomes

Data on a majority of nutrition outcomes targeted by Afghanistan's policies and programs were available in the NNS 2013 (Table 6). Data on NCD-related outcomes were available in the STEPS survey 2018. Data on low birth weight was available in the ADHS 2015 but—unusually for the ADHS—data on other anthropometric outcomes was not available.

Other than data on low birth weight and wasting, no other nutrition outcome indicators were tracked in administrative data systems.

Table 6. Data availability on nutrition outcomes

	Outcome indicators	Data availability			
		ADHS 2015	NNS 2013	STEPS 2011	HMIS
SDG	Low birth weight (percentage of infants born with birth weights under 2500 grams)	✓	✓	-	✓
	Stunting (percentage of children zero to 59 months who were below -2 HAZ)	✗	✓	-	✗
	Wasting (percentage of children zero to 59 months who were below -2 WHZ)	✗	✓	-	✓
	Overweight (percentage of children zero to 59 months who were above 2 WAZ)	✗	✓	-	✗
	Anemia (percentage of non-pregnant women 15 to 49 years who were anemic)	✗	✓	-	✗
GNMF	Underweight (percentage of non-pregnant women 15 to 49 years who had a BMI of less than 18.5 kg/m^2)	✗	✓	✓	✗
	Overweight (percentage of children and adolescents five to 19 years who had a BMI-Z greater than one)	✗	✓	-	✗
	Overweight (percentage of women over 18 years who had a BMI greater than 25 kg/m^2)	✗	✓	✓	✗
SDG	Overweight (percentage of men over 18 years who had a BMI greater than 25 kg/m^2)	✗	✗	✓	✗
	Hypertensive (percentage of adults over 18 years who are had a systolic blood pressure above 140 mmHg and diastolic blood pressure above 90 mmHg)	✗	✗	✓	✗
	Diabetic (percentage of adults over 18 years who had a fasting blood sugar level above 7.0 mmol/l [126 mg/dl])	✗	✗	✓	✗
Country specific	Underweight (percentage of children zero to 59 months who were below -2 WAZ)	✗	✓	-	✗
	Anemia (percentage of children six to 59 months who were anemic)	✗	✓	-	✗
	Anemia (percentage of adolescent girls 11 to 19 years who were anemic)	✗	✓	-	✗

✓=Available; ✗=Not available; - =Not applicable

Source: Questionnaires of the ADHS 2015 (CSO, MoPH, ICF 2017) and NNS 2013 (UNICEF 2013), STEPS survey 2018 Factsheet (Ministry for Policy and Planning 2018) and spreadsheet compiled by UNICEF Afghanistan country office on data availability in HMIS (November 2020).

Note: ADHS = Afghanistan Demographic and Health Survey; NNS = National Nutrition Survey; STEPS = STEPwise approach to surveillance; HAZ = height-for-age z-score; WHZ = weight-for-height z-score; WAZ = weight-for-age z-score; BMI = body mass index; BMI-Z = body mass index z-score.

5 Conclusions and Recommendations

5.1 Policy Gaps

Afghanistan has a robust nutrition policy framework and various programs that are intended to deliver nutrition actions throughout the life-course. Findings show that policies and programs address 44 of the 50 recommended nutrition actions that are applicable for Afghanistan. Gaps in addressing nutrition actions are more concentrated for women during preconception and children. Neither Afghanistan's nutrition policies nor its programs currently address food supplementation during adolescence, food supplementation for complementary feeding, or daily IFA supplementation during childhood; policies—but not programs—currently address daily IFA supplementation and deworming during preconception, and calcium supplementation during pregnancy. It is promising, however, that national strategies recognize and address all key determinants of nutrition. National programs also aim to tackle a range of globally accepted nutrition goals; country-specific goals related to child underweight and adolescent anemia are also included in Afghanistan's policies.

5.2 Data Gaps

The gaps in data availability for tracking progress on nutrition are much greater than are the gaps in policies and programs aimed at addressing the recommended nutrition actions.

- The ADHS is not designed to collect information on adolescents (11 to 19 years) but the NNS is. Future rounds of the NNS should consider collecting information on IFA supplementation and deworming for adolescent girls. School platforms are used to distribute IFA and deworming to adolescent girls in Afghanistan; the opportunity to acquire this data from the education sector should be explored.
- Gaps in data availability for tracking the progress of nutrition actions aimed at women during pregnancy are mostly around indicators related to counseling; the upcoming Demographic and Health Survey (DHS) using the DHS-8 questionnaire, should be able to fill this gap. Future rounds of population-based surveys, however, should fill the gaps in data on nutrition actions during delivery as well.
- Data gaps are prominent for interventions targeting children, including on new-born and PNC and on nutrition actions during early childhood; these need to be closed.

5.3 Recommendations

This report is intended to spark discussions among the nutrition policy community in Afghanistan and where relevant, to support decisions about closing both policy and data gaps. Our primary recommendations are noted below.

- Assess whether the gaps identified in this nutrition policy review are relevant to close in the context of the current burden of malnutrition in Afghanistan; if relevant the nutrition policy community in Afghanistan should consider updating national nutrition strategies to fully address all forms of malnutrition.

- Review opportunities for strengthening nutrition data collection—both via surveys and administrative data—to close gaps in data needed for tracking progress on existing policies and programs. Given the data gaps identified in our review, efforts to improve the availability of data on child nutrition interventions are likely most important.

6 Appendices

6.1 Appendix 1: Nutrition Actions Addressed by Policies and Programs

S.N	Nutrition actions	References	Nutrition action is applicable	Policy		Program	
				Nutrition action is addressed by policy	Policy document name	Program availability and program name	Geographic coverage (1 = Pilot; 2 = Scale up in select districts; 3 = Nationwide)
	Adolescence						
1	**Intermittent or daily iron and folic acid (IFA) supplementation** *(Intermittent if anemia prevalence is more than 20 percent and daily if anemia prevalence is greater than 40 percent among non-pregnant women)*	(WHO 2019)	✓ Anemia among women of reproductive age (WRA) is 40 percent (NNS 2013)	✓	National Public Nutrition Strategy (NPNS) 2019–2023; National Maternal, Infant, Young Child Nutrition (MIYCN) Strategy 2019–2023; National Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Strategy 2017–2021; School Health Policy (SHP) 2019–2020	✓ **Weekly Iron and Folic Acid Supplementation (WIFS) Program**	3
2	**Preventive deworming** *(If prevalence of any soil-transmitted helminth infection is 20 percent or higher among adolescents 11 to 19 years)*	(WHO 2018)	✓ Data not available	✓	NPNS 2019–2023; MIYCN Strategy 2019–2023	✓ **WIFS**	3
3	**Food supplementation** *(All countries, all settings)*	eLENA (WHO, n.d.)	✓	✗	NA	✗	NA

S.N	Nutrition actions	References	Nutrition action is applicable	Policy		Program	
				Nutrition action is addressed by policy	Policy document name	Program availability and program name	Geographic coverage (1 = Pilot; 2 = Scale up in select districts; 3 = Nationwide)
	Preconception						
4	**Daily or intermittent IFA supplementation** *(Intermittent if anemia prevalence is more than 20 percent and daily if anemia prevalence is greater than 40 percent among non-pregnant women)*	(WHO 2019)	✓ Anemia among WRA is 40 percent (NNS 2013)	✓	MIYCN Strategy 2019–2023	✗	NA
5	**Preventive deworming** *(If prevalence of any soil-transmitted helminth infection is 20 percent or higher among WRA, that is, 15 to 49 years)*	(WHO 2019)	Data not available	✓	MIYCN Strategy 2019–2023	✗	3
6	**Contraception** *(All countries, all settings)*	Every Woman Every Child, 2016–2030 (EWEC, n.d.)	✓	✓	RMNACH 2017–2021	✓ **Family Planning; Basic Package of Health Services (BPHS)**	3
7	**Iodine supplementation** *(If 20 percent or fewer households have access to iodized salt and pregnant women are difficult to reach)*	(WHO 2019)	✓	✓	Universal Salt Iodization (USI) regulation of salt iodization 2011; MIYCN Strategy 2019–2023	✓ **USI**	3
	Pregnancy						
8	**Antenatal care (ANC) screening by a trained provider** *(All countries, all settings)*	(WHO 2004, 2016)	✓	✓	RMNCAH 2017–2021	✓ **ANC; BPHS**	3

S.N	Nutrition actions	References	Nutrition action is applicable	Policy		Program	
				Nutrition action is addressed by policy	Policy document name	Program availability and program name	Geographic coverage (1 = Pilot; 2 = Scale up in select districts; 3 = Nationwide)
9	**ANC screening by a trained provider during the first trimester** *(All countries, all settings)*	(WHO 2004, 2016)	✓	✓	RMNCAH 2017–2021	✓ **ANC; BPHS**	3
10	**Four or more ANC visits** *(All countries, all settings)*	(WHO 2004, 2016)	✓	✓	RMNCAH 2017–2021	✓ **ANC; BPHS**	3
11	**Energy and protein dietary supplementation** *(If underweight prevalence among women is more than 20 percent)*	(WHO 2019)	✗	✓	NPNS 2019–2023	✗	3
12	**Daily or intermittent IFA supplementation** *(Daily in all countries, all settings; intermittent if anemia prevalence among pregnant women is less than 20 percent or if daily iron is not acceptable due to side-effects)*	(WHO 2019)	✓	✓	NPNS 2019–2023; MIYCN Strategy 2019–2023	✓ **ANC; BPHS**	3
13	**Vitamin A supplementation** *(Where five percent or more of women have a history of night blindness during pregnancy in the past three to five years, or if 20 percent or more of pregnant women have vitamin A deficiency)*	(WHO 2019)	✗ Data not available	✓	MIYCN Strategy 2019–2023	✗	NA
14	**Calcium supplementation** *(Where dietary calcium intake is low)*	(WHO 2019)	✓ Data not available	✓	NPNS 2019–2023; MIYCN Strategy 2019–2023	✗	NA
15	**Iron-containing MNP supplementation** *(In settings with a high prevalence of nutritional deficiencies)*	(WHO 2019)	✗	✗	NA	✗	NA

S.N	Nutrition actions	References	Nutrition action is applicable	Policy		Program	
				Nutrition action is addressed by policy	Policy document name	Program availability and program name	Geographic coverage (1 = Pilot; 2 = Scale up in select districts; 3 = Nationwide)
16	**Preventive deworming** *(Where pregnant women have a 20 percent or higher prevalence of infection with hookworm or T. trichiura infection AND a 40 percent or higher prevalence of anemia)*	(WHO 2019)	✓ Data not available	✓	NPNS 2019–2023; MIYCN Strategy 2019–2023	✓ **ANC; BPHS**	3
17	**Tetanus toxoid vaccination** *(All countries, all settings)*	(WHO 2016)	✓	✓	RMNCAH 2017–2021	✓ **ANC; BPHS**	3
18	**Nutritional counseling on healthy diet** *(If underweight prevalence among women is more than 20 percent)*	(WHO 2019)	✓	✓	NPNS 2019–2023; MIYCN Strategy 2019–2023	✓ **ANC; BPHS**	3
19	**Weight monitoring** *(All countries, all settings)*	(WHO 2016)	✓	✓	NPNS 2019–2023; MIYCN Strategy 2019–2023	✓ **ANC; BPHS**	3
20	**Advice about weight after weighing** *(All countries, all settings)*	(WHO 2016)	✓	✓	NPNS 2019–2023; MIYCN Strategy 2019–2023	✓ **ANC; BPHS**	3
21	**Advice on consuming calcium** *(All countries, all settings)*	(WHO 2019)	✓	✓	MIYCN Strategy 2019–2023	✓ **ANC; BPHS**	3
22	**Advice on consuming IFA** *(All countries, all settings)*	(WHO 2019)	✓	✓	MIYCN Strategy 2019–2023	✓ **ANC; BPHS**	3
23	**Advice on consuming additional food** *(All countries, all settings)*	(WHO 2019)	✓	✓	NPNS 2019–2023; MIYCN Strategy 2019–2023	✓ **ANC; BPHS**	3
24	**Advice on birth preparedness** *(All countries, all settings)*	(WHO 2015)	✓	✓	RMNCAH 2017–2021	✓ **ANC; BPHS**	3

S.N	Nutrition actions	References	Nutrition action is applicable	Policy		Program	
				Nutrition action is addressed by policy	Policy document name	Program availability and program name	Geographic coverage (1 = Pilot; 2 = Scale up in select districts; 3 = Nationwide)
25	**Advice on exclusive breastfeeding** *(All countries, all settings)*	(WHO 2019)	✓	✓	MIYCN Strategy 2019–2023	✓ **ANC; BPHS**	3
	Delivery and postnatal						
26	**Institutional birth** *(All countries, all settings)*	Every Woman Every Child, 2016–2030 (EWEC, n.d.)	✓	✓	MIYCN Strategy 2019–2023	✓ **Delivery Care- BPHS & Essential Package of Health Services (EPHS)**	3
27	**Skilled birth attendant** *(All countries, all settings)*	Every Woman Every Child, 2016–2030 (EWEC, n.d.)	✓	✓	RMNCAH 2017–2021	✓ **Delivery Care- BPHS**	3
28	**Optimal timing (delayed) of umbilical cord clamping** *(All countries, all settings)*	(WHO 2019)	✓	✓	NPNS 2019–2023; MIYCN Strategy 2019–2023	✓ **Newborn Care- EPHS**	3
29	**Assessment of birth weight** *(All countries, all settings)*	(WHO 2013)	✓	✓	RMNCAH 2017–2021	✓ **Newborn Care- EPHS**	3
30	**Support for early breastfeeding and immediate skin-to-skin contact** *(All countries, all settings)*	(WHO 2019)	✓	✓	NPNS 2019–2023; MIYCN Strategy 2019–2023	✓ **Newborn Care- EPHS**	3

S.N	Nutrition actions	References	Nutrition action is applicable	Policy		Program	
				Nutrition action is addressed by policy	Policy document name	Program availability and program name	Geographic coverage (1 = Pilot; 2 = Scale up in select districts; 3 = Nationwide)
31	**Optimal feeding of low-birth-weight infants** *(All countries, all settings)*	(WHO 2019)	✓	✓	MIYCN Strategy 2019–2023	✓ **Newborn Care - EPHS and BPHS**	3
32	**Counseling of mothers of low-birth-weight infants on Kangaroo Mother Care (KMC)** *(All countries, all settings)*	(WHO 2019)	✓	✓	MIYCN Strategy 2019–2023	✓ **Newborn Care - EPHS and BPHS**	3
33	**Postnatal care (PNC) for babies around day three, day seven and within six weeks after birth** *(All countries, all settings)*	Every Woman Every Child, 2016–2030 (EWEC, n.d.)	✓	✓	RMNCAH 2017–2021	✓ **Newborn Care - EPHS and BPHS**	3
34	**PNC for women within three and seven days, and within six weeks, after delivery** *(All countries, all settings)*	Every Woman Every Child, 2016–2030 (EWEC, n.d.)	✓	✓	RMNCAH 2017–2021	✓ **Newborn Care - EPHS and BPHS**	3
35	**Breastfeeding counseling** *(All countries, all settings)*	(WHO 2019)	✓	✓	MIYCN Strategy 2019–2023	✓ **Postpartum Care-BPHS and EPHS**	3

S.N	Nutrition actions	References	Nutrition action is applicable	Policy		Program	
				Nutrition action is addressed by policy	Policy document name	Program availability and program name	Geographic coverage (1 = Pilot; 2 = Scale up in select districts; 3 = Nationwide)
36	**IFA supplementation** *(With a 20 percent or higher population prevalence of gestational anemia)*	(WHO 2019)	✓ Where 38 percent of the pregnant women are anemic (Global Nutrition Report country profile)	✓	MIYCN Strategy 2019–2023	✓ **Postpartum Care-BPHS**	3
37	**Food supplementation for malnourished lactating women** *(All countries, all settings)*	(WHO 2018)	✓	✓	NPNS 2019–2023	✓ **Integrated Management of Acute Malnutrition (IMAM)**	3
	Early childhood						
38	**Breastfeeding counseling** *(All countries, all settings)*	(WHO 2019)	✓	✓	NPNS 2019–2023	✓ **Public Nutrition-BPHS**	3
39	**Counseling on appropriate complementary feeding** *(All countries, all settings)*	(WHO 2019)	✓	✓	NPNS 2019–2023; MIYCN Strategy 2019–2023	✓ **Public Nutrition-BPHS**	3
40	**Food supplementation for complementary feeding** *(In food-insecure populations)*	(Bhutta et al. 2013); eLENA (WHO, n.d.)	✓	✗	NA	✗	NA

S.N	Nutrition actions	References	Nutrition action is applicable	Policy		Program	
				Nutrition action is addressed by policy	Policy document name	Program availability and program name	Geographic coverage (1 = Pilot; 2 = Scale up in select districts; 3 = Nationwide)
41	**Iron-containing micronutrient powder (MNP)** *(Where the prevalence of anemia in children under five years of age is 20 percent or more)*	(WHO 2019)	✓ Where 45 percent of children six to 59 months are anemic (NNS 2013)	✓	NPNS 2019–2023; MIYCN Strategy 2019–2023	✓	NA
42	**Daily IFA supplementation** *(Daily if anemia prevalence among children aged six to 59 months is 40 percent or more; intermittent for children aged 24 to 59 months if anemia prevalence among this group is 20 percent or more)*	(WHO 2019)	✓ Where 45 percent of children six to 59 months are anemic (NNS 2013)	✓	MIYCN Strategy 2019–2023	✗	NA
43	**Zinc supplementation during diarrhea** *(All countries, all settings)*	(WHO 2019)	✓	✓	NPNS 2019–2023	✓ **Integrated Management of Neonatal and Childhood Illness (IMNCI)-BPHS**	3
44	**ORS during diarrhea** *(All countries, all settings)*	(WHO 2019)	✓	✓	NPNS 2019–2023; MIYCN Strategy 2019–2023	✓ **IMNCI-BPHS**	3

S.N	Nutrition actions	References	Nutrition action is applicable	Policy		Program	
				Nutrition action is addressed by policy	Policy document name	Program availability and program name	Geographic coverage (1 = Pilot; 2 = Scale up in select districts; 3 = Nationwide)
45	**Vitamin A supplementation** *(Where the prevalence of night blindness is one percent or more in children aged 24 to 59 months, or the prevalence of vitamin A deficiency is 20 percent or higher in infants and children aged six to 59 months)*	(WHO 2019)	✓	✓	NPNS 2019–2023; MIYCN Strategy 2019–2023	✓ **Public Nutrition-BPHS**	3
46	**Preventive deworming** *(Living in areas where the baseline prevalence of any soil-transmitted infection is 20 percent or higher among children aged 12 months and older)*	(WHO 2019)	✓	✓	MIYCN Strategy 2019–2023	✓ **Public Nutrition-BPHS**	3
47	**Growth monitoring (weight assessment)** *(All countries, all settings)*	(WHO 2019)	✓	✓	NPNS 2019–2023	✓ **Public Nutrition-BPHS and EPHS, IMNCI**	3
48	**Counseling on nutritional status** *(All countries, all settings)*	(WHO 2019)	✓	✓	NPNS 2019–2023	✓ **Public Nutrition-BPHS and EPHS, IMNCI**	3
49	**Identification of severely or moderately underweight** *(All countries, all settings)*	(WHO 2019)	✓	✓	NPNS 2019–2023; MIYCN Strategy 2019–2023	✓ **Public Nutrition-BPHS and EPHS, IMNCI**	3

S.N	Nutrition actions	References	Nutrition action is applicable	Policy		Program	
				Nutrition action is addressed by policy	Policy document name	Program availability and program name	Geographic coverage (1 = Pilot; 2 = Scale up in select districts; 3 = Nationwide)
50	**Inpatient management of severe acute malnutrition (SAM)** *(All countries, all settings)*	(WHO 2019)	✓	✓	NPNS 2019–2023; MIYCN Strategy 2019–2023	✓ **Public Nutrition-BPHS and EPHS, IMNCI**	3
51	**Outpatient management of SAM** *(All countries, all settings)*	(WHO 2019)	✓	✓	NPNS 2019–2023; MIYCN Strategy 2019–2023	✓ **Public Nutrition-BPHS and EPHS, IMNCI**	3
52	**Management of moderate acute malnutrition (MAM)** *(All countries, all settings)*	(WHO 2019)	✓	✓	NPNS 2019–2023; MIYCN Strategy 2019–2023	✓ **Public Nutrition-BPHS and EPHS, IMNCI**	3
53	**Immunization** *(All countries, all settings)*	Every Woman Every Child 2016–2030 (EWEC, n.d.)	✓	✓	MIYCN Strategy 2019–2023	✓ **Expanded Program on Immunization-BPHS**	3

NA = Not applicable

6.2 Appendix 2: Program Implementation/Operational Guidelines for Nutrition Actions

S.N	Nutrition actions	Program
		Implementation/operational guidelines
	Adolescence	
1	Daily or intermittent iron and folic acid (IFA) supplementation	In 2015, the Ministry of Public Health (MoPH) and Ministry of Education (MoE) began jointly to provide Weekly Iron and Folic Acid Supplementation (WIFS) to school-going adolescent girls aged ten to 19 years; this was implemented in order to improve their school performance and boost pre-pregnancy stores of iron for a healthy reproductive life. Adolescent girls ten to 19 years should receive weekly IFA supplementation; the recommended dosage is 60 mg of iron and 400 µg of folic acid weekly, 40 weeks per year. This program provides IFA through schools for school-going girls and through Accelerated Learning Centers (ALCs) for out-of-school girls.
2	Preventive deworming	Adolescent girls should receive a deworming tablet twice a year; this is administered through schools for school-going girls and through ALCs for out-of-school girls. Deworming is part of the WIFS program of the Ministries of Health and Education.
	Preconception	
3	Contraception	The lactational amenorrhea method (LAM), postpartum family planning, and post-abortion care are promoted in order to minimize the numbers of children born less than 24 months after the previous child, especially among teenagers and other young couples; programs also promote greater awareness of the risks of early pregnancy during adolescence and of high-parity pregnancies.
4	Iodine supplementation	According to the *Operational Guide for Implementing the National Maternal, Infant, and Young Child Nutrition (MIYCN) Strategy 2019–2023* (Afghanistan, MoPH 2019), all pregnant women should receive 250 µg/day of iodine supplements during the first trimester of pregnancy and no later than the second trimester.
	Pregnancy	
5	Antenatal care (ANC) screening by a trained provider	*A Basic Package of Health Services for Afghanistan 2010* (Afghanistan, MoPH 2010) states that ANC should be provided by all levels of health facility; home-based ANC is provided by midwives under the Integrated Child Survival Package.
6	ANC screening by a trained provider during the first trimester	*A Basic Package of Health Services for Afghanistan 2010* (Afghanistan, MoPH 2010) states that ANC should be provided by all levels of health facility; home-based ANC is provided by midwives under the Integrated Child Survival Package.
7	Four or more ANC visits	*Operational Guide for Implementing the National MIYCN Strategy 2019–2023* (Afghanistan, MoPH 2019) notes the WHO's recommendation of a minimum of eight antenatal care visits during pregnancy for improved maternal and child health outcomes.
8	Daily or intermittent IFA supplementation	*Operational Guide for Implementing the National MIYCN Strategy 2019–2023* (Afghanistan, MoPH 2019) specifies that all pregnant women should receive a daily dose of IFA (60 mg of iron and 400 µg of folic acid) from conception through delivery. *Operational Guide for Implementing the National MIYCN Strategy 2019–2023* (Afghanistan, MoPH 2019) specifies that if daily iron is not acceptable due to side-effects, all pregnant women should receive weekly IFA supplementation (120 mg of iron and 2800 µg of folic acid).

S.N	Nutrition actions	Program
		Implementation/operational guidelines
9	Preventive deworming	*Operational Guide for Implementing the National MIYCN Strategy 2019–2023* (Afghanistan, MoPH 2019) states that all pregnant women should receive 400 mg albendazole or 500 mg mebendazole every six months starting from the second trimester.
10	Tetanus toxoid vaccination	*A Basic Package of Health Services for Afghanistan 2010* (Afghanistan, MoPH 2010) states that all health facilities should provide Tetanus immunization during pregnancy.
11	Nutritional counseling on healthy diet	*Operational Guide for Implementing the National MIYCN Strategy 2019–2023* (Afghanistan, MoPH 2019) states that all pregnant women should be weighed and should receive dietary assessment and nutrition counseling. Counseling is done during home visits of pregnant women by a midwife and during ANC visits to a health facility.
12	Weight monitoring	*Operational Guide for Implementing the National MIYCN Strategy 2019–2023* (Afghanistan, MoPH 2019) provides detail for routine weight monitoring during pregnancy; routine monitoring of weight and of mid-upper arm circumference (MUAC) should be conducted and recorded in a register at every ANC visit.
13	Advice about weight after weighing	*Operational Guide for Implementing the National MIYCN Strategy 2019–2023* (Afghanistan, MoPH 2019) provides the details of the counseling that all women should receive following weight measurement. A midwife/nurse should counsel on healthy pregnancy weight gain based on measurement results and should provide information on the risks of being underweight, overweight, and obese. *Mother and Child Health Handbook* (Afghanistan, MoPH 2019) stipulates that weight must be measured during each ANC visit and that at least one kg/month of weight must be gained after the fourth month of pregnancy.
14	Advice on consuming calcium	*Operational Guide for Implementing the National MIYCN Strategy 2019–2023* (Afghanistan, MoPH 2019) provides details on the information to be disseminated to pregnant women regarding calcium consumption; it includes the importance of taking calcium during pregnancy, the dosage, and the possible side-effects. A midwife/nurse should advise pregnant women to take the total amount divided into three doses, and to preferably take them at mealtimes. *Mother and Child Health Handbook* (Afghanistan, MoPH 2019) states that calcium tablets must be taken as per the healthcare provider's advice, preferably during mealtime, from the fifth month of pregnancy until delivery; the pregnant woman should be informed that this helps prevent high blood pressure.
15	Advice on consuming IFA	*Operational Guide for Implementing the National MIYCN Strategy 2019–2023* (Afghanistan, MoPH 2019) provides information to be disseminated to pregnant women regarding IFA consumption; this includes the importance of taking IFA during pregnancy, the dosage, and the potential side-effects. Specifically, a midwife/nurse should provide information on the importance of IFA supplements in the prevention of maternal anemia, puerperal sepsis, low birth weight, preterm birth, and neonatal malformation; she should inform the pregnant woman that these supplements do not cause the baby to grow bigger than normal, nor do they cause a complicated birth. The pregnant woman should be advised to take the IFA supplement at night in order to reduce nausea, and to take it with food to help it be absorbed into the body more easily.
16	Advice on consuming additional food	*Operational Guide for Implementing the National MIYCN Strategy 2019–2023* (Afghanistan, MoPH 2019) provides information that all pregnant women should receive on the consumption of additional food; they should be advised to consume at least one extra meal/snack per day—approximately 300 kcal/day—in addition to their regular three meals, in order to meet the extra energy requirements of pregnancy.

S.N	Nutrition actions	Program
		Implementation/operational guidelines
17	Advice on birth preparedness	*Mother and Child Health Handbook* (Afghanistan, MoPH 2019) provides advice on saving money, on knowing the expected date of delivery, on ensuring an accompanying person for delivery, on identification of blood donors, on the selection of a health facility for delivery, on identification of means of transport, on the person taking care of the home during the hospital stay, and on the preparation of a safe delivery kit in case unable to go to the health facility.
18	Advice on exclusive breastfeeding	*Operational Guide for Implementing the National MIYCN Strategy 2019–2023* (Afghanistan, MoPH 2019) provides advice under infant feeding and on the care that all pregnant women should receive during pregnancy; it also includes advice on exclusive breastfeeding up to six months.
	Delivery and postnatal	
19	Institutional birth	*A Basic Package of Health Services for Afghanistan 2010* (Afghanistan, MoPH 2010): All health facilities should assist childbirth but only a limited number of facilities manage complicated cases.
20	Skilled birth attendant	*The Essential Package of Hospital Services for Afghanistan* (Afghanistan, MoPH 2005): Services at all public facilities in Afghanistan are standardized; this includes a Basic Package of Health Services (BPHS) for primary healthcare facilities and an Essential Package of Hospital Services (EPHS). All public health facilities, from basic health centers to specialty hospitals, are expected to provide essential newborn care and newborn resuscitation, as well as many other curative interventions by skilled providers.
21	Optimal timing (delayed) of umbilical cord clamping	*Operational Guide for Implementing the National MIYCN Strategy 2019–2023* (Afghanistan, MoPH 2019) recommends delaying cord clamping and cutting until one to three minutes after birth or until pulsations cease, for babies who do not require positive-pressure ventilation.
22	Assessment of birth weight	*Mother and Child Health Handbook* (Afghanistan, MoPH 2019): A newborn card is included in the handbook which records the birth weight.
23	Support for early breastfeeding and immediate skin-to-skin contact	*Operational Guide for Implementing the National MIYCN Strategy 2019–2023* (Afghanistan, MoPH 2019) states that health workers should facilitate immediate and uninterrupted skin-to-skin contact of mother and baby; further, health workers should encourage and provide skilled support for the mother to effectively initiate breastfeeding within one hour of delivery or when the baby shows sign of readiness.

S.N	Nutrition actions	Program
		Implementation/operational guidelines
24	Optimal feeding of low-birth-weight infants	*Operational Guide for Implementing the National MIYCN Strategy 2019–2023* (Afghanistan, MoPH 2019) recommends optimal feeding of low-birth-weight babies: • If the infant is not strong enough to suckle, the mother should be supported to express breast milk and feed the newborn breast milk with a cup or spoon • Infants who cannot be fed mother's own milk or donor human milk should be given standard infant formula from the time of discharge until six months of age. Very low birth weight (VLBW) infants who cannot be fed mother's own milk should be given preterm infant formula if they fail to gain weight despite adequate feeding with standard infant formula; they should then be transferred to standard infant formula once gaining weight • They should be fed using a cup or spoon; frequency of feeding should be based on infants' hunger cues, although feedings should be no longer than three hours apart • Daily calcium (120–140 mg/kg per day) and phosphorus (60–90 mg/kg per day) supplements should be given during the first months of life to infants who are fed mother's own milk or donor human milk • Iron supplementation of 2–4 mg/kg per day starting at two weeks and continuing until six months of age for infants fed mother's own milk or donor human milk • Vitamin D supplements at a dose ranging from 400 IU to 1000 IU per day should be given until six months of age Infection prevention control should be ensured by giving extra attention to hygiene, especially handwashing
25	Counsel mothers of low-birth-weight infants on Kangaroo Mother Care (KMC)	*Operational Guide for Implementing the National MIYCN Strategy 2019–2023* (Afghanistan, MoPH 2019) recommends KMC to promote early initiation of breastfeeding; this is particularly important for preterm and low-birth-weight infants.
26	Postnatal care (PNC) for babies around day three, day seven, and within six weeks after birth	*Mother and Child Health Handbook* (Afghanistan, MoPH 2019) recommends four postnatal visits, the first within 24 hours of delivery, the second on the third day after delivery, the third visit seven to 14 days after delivery, and the fourth visit six weeks after delivery.
27	PNC for women within three and seven days after delivery, and within six weeks after delivery	*Mother and Child Health Handbook* (Afghanistan, MoPH 2019) recommends four postnatal visits, the first within 24 hours of delivery, the second on the third day after deliver, the third visit seven to 14 days after delivery, and the fourth visit six weeks after delivery.
28	Breastfeeding counseling	*Operational Guide for Implementing the National MIYCN Strategy 2019–2023* (Afghanistan, MoPH 2019) stipulates that a midwife, a community health worker (CHW), or a volunteer trained in maternal nutrition and breastfeeding counseling should visit the homes of newborns to provide counseling and support for optimal maternal nutrition and infant feeding. In the first week after delivery, the home should be visited on the day of delivery and on day three and day seven; in the second week there should be two visits with three days in between; the subsequent four visits should be weekly.
29	IFA supplementation	*Operational Guide for Implementing the National MIYCN Strategy 2019–2023* (Afghanistan, MoPH 2019) specifies that all postpartum women should receive IFA supplementation (60 mg iron, 400 µg folic acid) daily until three months after delivery.

S.N	Nutrition actions	Program
		Implementation/operational guidelines
30	Food supplementation for malnourished lactating women	*Integrated Management of Acute Malnutrition: National Guidelines 2018* (Afghanistan, MoPH 2018) states that pregnant and lactating women (PLW) who are identified with moderate malnutrition should receive a monthly fortified food supplement (Super Cereal) until recovery or until the infant reaches six months of age.
	Early childhood	
31	Breastfeeding counseling	*Operational Guide for Implementing the National MIYCN Strategy 2019–2023* (Afghanistan, MoPH 2019) states that health workers should disseminate the following message to mothers with a children aged zero to 23 months: according to the defined MoPH criteria, give ONLY breastmilk for the first six months of life—no other food or fluids including prelacteals—except in rare cases for social (for example, orphans) or medical reasons; after six months, continue breastfeeding but complement with other foods until two years of age or beyond.
32	Counseling on appropriate complementary feeding	*Operational Guide for Implementing the National MIYCN Strategy 2019–2023* (Afghanistan, MoPH 2019) states that all women should receive the following: • Counseling on age-appropriate feeding during PNC, on child health, and on vaccinations • Advice on the provision of child protective nutrition support measures during PNC, child health or vaccination Group cooking demonstrations on complementary feeding after weekly Outpatient Therapeutic Program (OTP) growth monitoring sessions.
33	Iron-containing micronutrient power (MNP)	*Operational Guide for Implementing the National MIYCN Strategy 2019–2023* (Afghanistan, MoPH 2019) recommends micronutrient for children aged six to 23 months if prevalence of anemia in children aged six to 23 months is >=20%. The recommended dose is one sachet per day for two months (total 60 sachets), followed by four months without any sachets, then restart with one sachet per day/60 sachets for two months (total dosage of 120 sachets per year). But currently available in select provinces.
34	Zinc supplementation during diarrhea	*Operational Guide for Implementing the National MIYCN Strategy 2019–2023* (Afghanistan, MoPH 2019) specifies that all children between six and 23 months should receive 20 mg of zinc supplementation per day during episodes of diarrhea, which should continue for ten to 14 days; likewise, Infants under the age of six months should receive 10 mg of zinc supplementation per day during episodes of diarrhea, which should continue for ten to 14 days.
35	Oral rehydration salts (ORS) during diarrhea	Children under Integrated Management of Childhood Illness (IMCI) programs should receive ORS during episodes of diarrhea.
36	Vitamin A supplementation	*Operational Guide for Implementing the National MIYCN Strategy 2019–2023* (Afghanistan, MoPH 2019) recommends the following vitamin A dosages: • Infants six to 11 months: 100 000 IU (30 mg RE) vitamin A, one dose • Children 12 to 59 months: 200 000 IU (60 mg RE) vitamin A every four to six months The main delivery platforms are the National Immunization Days (NID) campaigns which include vitamin A supplementation; the routine supplementation of vitamin A via BPHS platforms is being piloted.

S.N	Nutrition actions	Program
		Implementation/operational guidelines
37	Preventive deworming	*Operational Guide for Implementing the National MIYCN Strategy 2019–2023* (Afghanistan, MoPH 2019) states that all children 12 to 23 months should receive 250 mg mebendazole twice yearly; deworming should be given as part of vitamin A supplementation. The deworming target group is children nine to 59 months.
38	Growth monitoring (weight assessment)	*Integrated Management of Acute Malnutrition: National Guidelines 2018* (Afghanistan, MoPH 2018): National growth monitoring is provided in the community and the health facility every month for children under two years; it assesses weight-for-age z-scores (WAZ). The respective indicators are plotted on the child's growth chart and recorded in a register. Children with breastfeeding difficulties, weight faltering, or WAZ in red or yellow zones are referred for investigation.
39	Counseling on nutritional status	*Integrated Management of Acute Malnutrition: National Guidelines 2018* (Afghanistan, MoPH 2018): As a follow-up on growth monitoring, mothers also receive skilled counseling and support for appropriate Infant and Young Child Feeding (IYCF). Counseling is done based on a Community-Based Nutrition Package (CBNP) for CHWs.
40	Identification of severe or moderate underweight	*Integrated Management of Acute Malnutrition: National Guidelines 2018* (Afghanistan, MoPH 2018): Severe Acute Malnutrition (SAM) in children under six months is identified by nutritional edema, poor weight-for-length z-scores (WLZ), breastfeeding difficulties, and weight gain failure; SAM in children six to 59 months is identified by nutritional edema, MUAC, weight-for-height z-scores (WHZ) and WLZ.
41	Inpatient management of SAM	*Integrated Management of Acute Malnutrition: National Guidelines 2018* (Afghanistan, MoPH 2018) provides screening and inpatient treatment plans for children under six months and children six to 59 months with SAM who are referred or presenting at a health facility.
42	Outpatient management of SAM	*Integrated Management of Acute Malnutrition: National Guidelines 2018* (Afghanistan, MoPH 2018) provides detailed screening and outpatient treatment plans for children under six months and children six to 59 months with SAM who are referred or presenting at a health facility.
43	Management of moderate acute malnutrition (MAM)	*Integrated Management of Acute Malnutrition: National Guidelines 2018* (Afghanistan, MoPH 2018) states that a take-home amount of ready-to-use supplementary food (RUSF) which provides 500 Kcal per day (one sachet of 92 g) should be given in order to help the child recover lost weight; this should be given as a supplement to home foods, and if the child is being breastfed then breastfeeding should be continued.
44	Immunization	Eleven antigens are currently in public use against vaccine-preventable diseases.

6.3 Appendix 3: Activities Included in National Strategies to Address the Key Determinants of Nutrition

Key determinants of nutrition	Strategies that recognize	Activities included in national strategies
1. Immediate determinants		
a. Inadequate nutrient intake by children		
Breastfeeding	National MIYCN Strategy 2019–2023; NPNS 2019–2023	*National Maternal Infant and Young Child Nutrition Strategy (MIYCN) 2019–2023* (Afghanistan, Ministry of Public Health [MoPH] 2019) aims to: • Strengthen measures to control the inappropriate marketing and use of breast milk substitutes. • Advocate for application of the national *Maternity Protection Act* legislation to support the breastfeeding rights of working women. • Establish and train cadres at the provincial level to be dedicated MIYCN–BFHI (Baby-Friendly Hospital Initiative) master trainers and monitors. • Ensure that health providers who attend deliveries are trained in breastfeeding support and that they also provide support for immediate skin-to-skin contact of the newborn–mother dyad, early exclusive breastfeeding (within one hour), and Kangaroo Mother Care (especially for low-birth-weight babies).
Complementary feeding	National MIYCN Strategy 2019–2023; NPNS 2019–2023	*National MIYCN Strategy 2019–2023* (Afghanistan, MoPH 2019) aims to: • Expand coverage of Infant and Young Child Feeding (IYCF) spaces or corners to all healthcare facilities, ensuring they provide adequate space and privacy for assessment and counseling of the mother–child dyad. • Integrate key targeted maternal, infant, and young child nutrition support, messaging, and counseling into all key service points as an essential component of the package of healthcare services across the continuum of care: antenatal (especially in the third trimester), maternity, newborn, pediatric, family planning, maternal mental health, immunization, outpatient department, and Integrated Management of Acute Malnutrition (IMAM). • Conduct monthly participatory cooking demonstrations by nutrition counselors or other trained staff, according to Article 25 of the “Regulation on Protection and Strengthening of Child Feeding by Breast Milk”. • Apply the IMAM guidelines to ensure that IYCF counseling, re-lactation assistance, and education are routinely integrated as a standard operating procedure in the management of acute undernutrition; it also aims to encourage and support primary caregivers’ active involvement throughout the rehabilitation process of their undernourished children.

Infectious diseases	National MIYCN Strategy 2019–2023; NPNS 2019–2023	*National MIYCN Strategy 2019–2023* (Afghanistan, MoPH 2019) aims to ensure that maternal, infant, and young child nutrition are appropriately integrated into training that is focused on Integrated Management of Neonatal and Childhood Illness (IMNCI) such as diarrheal disease, acute respiratory infection (ARI), well-child care, family planning; noncommunicable diseases (NCDs), maternal mental health, HIV/AIDS, relevant legislation, and into any other applicable areas or programs. Technical support should be provided as required.
b. Inadequate nutrient intake by mothers	NPNS 2019–2023	*National MIYCN Strategy 2019–2023* (Afghanistan, MoPH 2019) offers guidance on optimal maternal nutrition during pregnancy and postpartum, micronutrient supplementation, and healthcare practices; it aims to support both mother and child optimal nutrition through home visits.
2. Underlying determinants		
a. Women's status		
Education	NPNS 2019–2023	*National Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy (RMNCAH) 2017–2021* (Afghanistan, MoPH 2017) seeks to coordinate, and collaborate, with other sectors to ensure adequate responses to multisectoral issues including literacy and education of women.
Right age of marriage/childbirth	NPNS 2019–2023	*RMNCAH 2017–2021* (Afghanistan, MoPH 2017) seeks to increase community awareness about the prevention of early pregnancy; the Ministry for Labour, Social Affairs, Martyrs and the Disabled (MoLSAMD) leads on this. There are several programs and policies in Afghanistan on child marriage, including the National Action Plan to Eliminate Early and Child Marriage.
b. Sanitation and hygiene	NPNS 2019–2023	*RMNCAH 2017–2021* (Afghanistan, MoPH 2017) seeks to coordinate, and collaborate, with other sectors to ensure adequate responses to multisectoral issues including water and sanitation; the National MIYCH Strategy aims to advocate, and provide support, for the integration of maternal, infant and young child nutrition into Water, Sanitation and Hygiene (WASH) initiatives, particularly for the promotion of improved hygiene practices by pregnant women and by caregivers of infants and young children.
c. Food security	NPNS 2019–2023	*National MIYCN Strategy 2019–2023* (Afghanistan, MoPH 2019) aims to: • Advocate for, establish, or strengthen linkages and partnerships in order to integrate maternal, infant, and young child nutrition into agriculture extension programs where they exist (such as nutrition education, participatory cooking sessions, small livestock production, homestead produce production); it aims to increase caregivers' knowledge and skills for optimal use of, and access to, nutrient-rich local foods. • Ensure that maternal, infant, and young child nutrition is strategically integrated into the multisectoral Afghan Food Security and Nutrition Agenda (AFSeN-A) platform, through collaborating and coordinating with the Nutrition Technical Working Group. • Advocate for wider availability and consumption of fortified foods
d. Socio-economic conditions	NPNS 2019–2023	One of the anticipated results under *National Public Nutrition Strategy (NPNS) 2019–2023* (Afghanistan, MoPH 2019) is increased linkages with health, education, agriculture, rural development, WASH, early childhood development (ECD), and other institutions for resilience-building at the community level; in order to achieve this, there is a plan to implement cash transfer schemes and community development activities.

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