National Public Nutrition Policy and Strategy

Goals

Goals, objectives or targets related to nutrition:

Specific objectives of the Public Nutrition Strategy 2009-2013

1. To increase the awareness about nutrition amongst the general population, and provide caregivers with the knowledge, skills and support that is required to adopt healthy nutrition practices, using food-based approaches.

2. To increase the percentage of child caregivers adopting appropriate infant and young child feeding practices.

3. To reduce the prevalence of major micronutrient deficiency disorders, in particular iron, folic acid, iodine, vitamin A, and zinc, throughout the country and prevent possible outbreaks of vitamin C.

4. To strengthen case management and increase access to quality therapeutic feeding and care at health facility and community levels.

5. To ensure that all commercial and home-produced foods are safe for consumption.

6. To monitor changes in the nutritional situation in Afghanistan and evaluate the impact of nutrition strategies and programs, in order to inform development planning and emergency responses.

7. To ensure that responses to treat or to prevent moderate acute and/or chronic malnutrition are timely and appropriate, and that increases in global acute malnutrition rates are effectively managed.

8. To strengthen in-country capacity to assess the nutrition situation, and design, implement, monitor and evaluate public nutrition interventions.

Strategies

Strategies and activities related to nutrition:

1. Strategies for Nutrition Promotion at National, Provincial and Community levels

Objective 1: To increase the awareness about nutrition amongst the general population, and provide caregivers with the knowledge, skills and support that are required to adopt healthy nutrition practices, using food-based approaches

Strategy 1.1: Advocacy and sensitization on the importance of promoting healthy nutrition

Strategy 1.2: Harmonized Nutrition Promotion across sectors

Strategy 1.3: Strengthening of community-based nutrition promotion activities
Strategy 1.4: Nutrition promotion through schools and literacy courses
Strategy 1.5: Linkages to food security interventions

2. Strategies for Infant and Young Child Feeding

Objective 2: To increase the percentage of child caregivers adopting appropriate infant and young child feeding practices.

Strategy 2.1: Advocacy, regulations, guidelines.
Strategy 2.2: Behaviour change through awareness raising, counselling and community Support
Strategy 2.3: Infant and Young Child Feeding in health facilities.

3. Strategies to address Micronutrient Deficiency Disorders

Objective 3: To reduce the prevalence of major micronutrient deficiency disorders, in particular iron, folic acid, iodine, vitamin A, and zinc, throughout the country, and prevent possible outbreaks of vitamin C deficiency.

Strategy 3.1: Public education on micronutrients
Strategy 3.2: Universal Salt Iodization
Strategy 3.3: Flour Fortification
Strategy 3.4: Ghee and Cooking Oil Fortification
Strategy 3.5: Fortification of complementary foods
Strategy 3.6: Micronutrient Supplementation

4. Strategies for Adequate Management of Severe Acute Malnutrition

Objective 4: To reduce mortality from severe acute malnutrition through strengthened case management and increased access to quality therapeutic feeding and care at health facility and community levels.

Strategy 4.1: Improved Community Mobilization and Screening of Acute Malnutrition at Health Facility and Community Levels.
Strategy 4.2: strengthen network of Therapeutic Feeding Units for complicated cases
Strategy 4.3: Out-patient treatment of SAM for non-complicated cases

5. Strategies for Food Safety and Quality Control

Objective 5: To ensure that all commercial and home-produced foods are safe for Consumption.

Strategy 5.1: Food safety education for consumers, food processors, retailers and traders
Strategy 5.2: Establishment and strengthening of a food quality control system

6. Strategies for Nutrition surveillance, Monitoring and Evaluation

Objective 6: To monitor changes in the nutritional situation in Afghanistan and evaluate the impact of nutrition strategies and programs, in order to inform development planning and emergency responses.

Strategy 6.1: Strengthen nutrition surveillance
Strategy 6.2: Evidence-based action and Monitoring and Evaluation

7. Strategies for Adequate prevention and response to moderate acute malnutrition and/ or chronic malnutrition

Objective 7: To ensure that responses to treat or to prevent moderate acute and/or chronic malnutrition are timely and appropriate, and that increases in global acute malnutrition rates are effectively managed.

Strategy 7.1: Appropriate Assessments, Design and Implementation of Timely and Relevant Interventions
Strategy 7.2: Appropriate use of food assistance

8. Strategies for Human resource capacity development on Public Nutrition
Strategy 8.1: Integrate public nutrition in pre-service and in-service training
Strategy 8.2: Support to the Public Nutrition Department

M&E Indicators

M&E Indicators related to nutrition:

To protect and promote child and maternal nutrition, reduce chronic malnutrition and associated MDDs, and reduce mortality from SAM
- Prevalence of chronic malnutrition
- Prevalence of MDDs (see micronutrient targets, below)
- Prevalence death associated to SAM among children <5 yrs of age
- Coverage of treatment of SAM among children < 5yrs of age.

(Note: Proportion of SAM among children < 5 yrs of age cured and discharge. This indicator will be used as proxy indicator to measure the coverage of SAM among children <5yrs of age.)

Objective: To increase access to and utilization of quality nutrition services provided at community level and through health facilities.
- % of BPHS facilities provide nutrition services planned in the BPHS
- % of EPHS facilities provide nutrition services planned in the BPHS
- % of villages (defined by presence of a Community Development Council) where community nutrition promotion activities are delivered

Nutrition promotion:
To increase the awareness about nutrition amongst the general population, and provide caregivers with the knowledge, skills and support required to adopt health nutrition practices
- % of Afghan adult and adolescent population is aware of key healthy nutrition message on IYCF. (e.g. 9 messages in MoPH nutrition booklet)
- % of Afghan adult and adolescent population is aware of key healthy nutrition message on SAM (e.g. 9 messages in MoPH nutrition booklet)
- % of community leaders and shura members (men & women) aware of key healthy nutrition messages.
- # of functional community support groups promoting breastfeeding practices.

Advocacy and sensitization
- % of the households applies improved family nutrition practices (including their dietary diversity).
- Number of senior government officials actively participating in nutrition advocacy and sensitization meetings.
- % of funding commitment to public nutrition interventions as compare to year 2008.

Harmonized Nutrition Promotion
- # of Radio & TV spots on nutrition disseminated through the local media and average airing time
- % of health facilities providing nutrition education messages
- # of schools where nutrition education is provided
- # of producer groups receiving nutrition education through agricultural extension projects

Community-based nutrition promotion
- Number of IYCF community support groups established and operational

Nutrition promotion through schools and literacy courses
- Number of schools with school gardens available.
- Number of children participating in school gardening recreational activities
- Number of literacy learners receiving nutrition education

**Linkages to food security interventions**
- # of communities where nutrition activities are effectively linked to food security interventions (diversification and increase of home based production), or where nutrition promotion activities are integrated in agricultural and rural development programmes

2. IYCF: To increase the percentage of child caregivers adopting appropriate infant and young child feeding practices
- Increase in percentage of mothers who have initiated breast feeding within first hour after birth
- Increase in percentage of mothers that are exclusively breastfeeding until the child is 6 months.
- Increase in percentage of mothers who continue breastfeeding until the child is two years or older.
- Increase in percent of children that are receiving complementary foods at the age of 6 months
- Increase in percentage of children?s under 2 with adequate frequency of complementary feeding

**Advocacy, regulations, guidelines**
- Number of Relevant government officials, civil servants, NGO and health sector personnel, and private sector aware the IYCF Policy & Strategy
- Financial resources for IYCF mobilised and allocated
- National Committee for the Code of Marketing of BMS active
- Number of Violations of the Code and Maternity Protection Act denounced and condemned

**Behaviour change**
- Number of facilities certified as Baby-friendly facilities.
- 50% of the EPHS facilities and health centers (CHC&BHC) provide IYCF counselling as part of the MCH services. (=700)
- 50% of health care providers demonstrate correct counseling skills on IYCF
- Number of women receiving breastfeeding counseling per month per counselor in health services
- Number of health facilities conducting participatory cooking demonstrations sessions

**IYCF integration in BPHS/EPHS**
- Prevalence of iodine deficiency among school age children and women of reproductive age

3. Micronutrients: To reduce the prevalence of major micronutrient deficiency disorders, in particular iron, folic acid, iodine, vitamin A, and zinc, throughout the country and prevent possible outbreaks of vitamin C
- Prevalence of iron deficiency among under-five children and women of reproductive age.
- Prevalence of vitamin A deficiency among under-five children and women of reproductive age (night-blindness and vitamin A level in blood)
- Number of outbreaks of vitamin C deficiency

**Universal Salt Iodisation**
- % of households using iodised salt
- Quantity of iodized salt produced responding to MoPH quality standards
- % of households using iodised salt
- Quantity of iodized salt produced responding to MoPH quality standards

**Flour fortification**
- % of households using fortified flour
- Annual production of fortified flour compliant with MoPH standards

**Ghee & oil fortification**
- Standards developed for fortified ghee and oil
- Quality controls for imported ghee & oil in place at customs

**Supplementation**
- % of women pregnant and lactating women receiving iron/folic acid supplements.
- % women receiving post-partum vitamin A supplements
- Coverage of vitamin A supplementation through NIDs
- % of patients treated for diarrhoea receiving zinc
- Number of health facilities applying MoPH guidelines for supplementation

**4. SAM treatment:** To reduce mortality from severe acute malnutrition through strengthened case management and increased access to quality therapeutic feeding and care at health facility and community levels
- # of children under 5 years admitted for SAM treatment in inpatient and/or out-patient care
- % Admitted SAM children cured
- Percentage of defaulted SAM children <5yrs of age in TFUs and CMAM

**Screening & community mobilization**
- # of children screened and referred at community level
- # of children screened and referred in health facilities
- Number of CHWs applying MoPH screening guidelines

**In-patient care**
- # of SAM children admitted for in-patient care
- # of SAM patients referred for out-patient care after stabilization
- # of inpatient cases cured
- # of inpatient cases died
- # of inpatient cases defaulted
- Inpatient Average weight gain
- Inpatient Average length of stay
- Number of health facilities correctly applying MoPH guidelines for in-patient care

**Out-patient care**
- # of children admitted for out-patient care
- # of patients referred for in-patient care if complications
- # of outpatients cured
- # of out patients died
- # of out patient defaulted
- out patients average weight gain
- out patients average length of stay
- Number of health facilities correctly applying MoPH guidelines for out-patient care

**5. Food safety**
Nationwide campaign on food safety and food hygiene targeted at the public and food retailers is implemented

**Consumer and food retailer education**
- Effective inter-ministerial coordination mechanism for food safety established
- Relevant standards defined and legislation passed
- Number of inspectors trained and carrying out regular inspections
- Number of foodstuffs which can be checked in laboratory facilities or number of analyses which can be made (N.B. Not necessarily in MoPH labs)

**6. Nutrition surveillance & M&E** To monitor changes in the nutritional situation in Afghanistan and evaluate the impact of nutrition strategies and programs
- Information available to measure progress on the PNPS according to the indicators described in the present table.
- Number of Information sharing sessions on nutrition situation is regularly shared with key stakeholders (Government, donors, technical assistance providers and implementing partners)

**Surveillance**
- Estimates of prevalence of acute malnutrition among children <5yrs of age.
- IYCF M&E indicators effectively collected and results regularly disseminated to main partners
- Inpatients care M&E indicators effectively collected and results regularly disseminated to main partners
- Outpatient care M&E indicators effectively collected and results regularly disseminated to main partners
- Micronutrient M&E indicators effectively collected and results regularly disseminated to main partners

**7. Severe and Moderate acute malnutrition:** To ensure that responses to nutritional emergencies are timely and appropriate, and that increases in global acute malnutrition prevalence are effectively managed
- Number of Effective & relevant responses to nutritional crises implemented in timely manner

**Assessment and response capacity**
- Number of quality nutrition emergency assessments carried out when a crisis justifies such assessment

**Food assistance**
- Number of food assistance rations that meet the MoPH requirements (nutritional adequacy, safety, cultural acceptability)

**GAM cases management**
- Number of children admitted for MAM in SFP
- Number of children admitted for SAM in-patient care
- Number of children admitted for or SAM out-patient care
- Number of patients referred for in-patient care if complications
- Number of MAM patients cured from SFP
- Number of MAM patient defaulted from SFP
- Average weight gain of MAM cases in SFP
- Average length of stayof MAM cases in SFP
- Number of partners applying correctly SFP guidelines

**8. Public Nutrition Capacity development:** To strengthen in-country capacity to assess the nutrition situation, and design, implement, monitor and evaluate
- Number of professional staff trained in nutrition topics related to their terms of reference
- Number of professionals trained in nutrition who apply in practice the skills they have acquired
In-service and pre-service training
- Number of academic institutions providing pre-service public nutrition training
- Nutrition of session training on IYCF conducted,
- Number of session training on Micronutrients conducted,
- Number of session training on SAM conducted
- Number of session training on CMAM conducted

Support to PND
- Number of PND staff received Diploma/master degree in Public Nutrition
- Number of PND staff received training on IYCF.
- Percentage in Staff turnover

URL link:

File upload:

Reference:

Policy topics:
- Low birth weight
- Stunting in children 0-5 yrs
- Wasting in children 0-5 years
- Underweight in children 0-5 years
- Underweight in women
- Underweight in adolescent girls
- Anaemia
- Anaemia in adolescent girls
- Anaemia in pregnant women
- Anaemia in women 15-49 yrs
- Iodine deficiency disorders
- Vitamin A deficiency
- Minimum acceptable diet
- Overweight, obesity and diet-related NCDs
- Overweight in children 0-5 yrs
- Overweight in adolescents
- Overweight in school children
Dietary practice

Fat intake

Total fat intake

Trans fat intake

Sodium/salt intake

Total carbohydrate

Fibre

Sugar intake

Added sugars

Free sugars

Fruit and vegetable intake

Fruits

Vegetables

Minimum dietary diversity of women

Maternal, infant and young child nutrition

Counselling on healthy diets and nutrition during pregnancy

Growth monitoring and promotion

Breastfeeding promotion/counselling

Baby-friendly Hospital Initiative (BFHI)

Breastfeeding in difficult circumstances

Counselling on feeding and care of LBW infants

Infant feeding in emergencies

International Code of Marketing of Breast-milk Substitutes

Monitoring of the Code

Capacity building for the Code

Maternity protection

Complementary feeding promotion/counselling

Complementary food provision

Nutrition in schools

Nutrition in the school curriculum

School gardens

Promotion of healthy diet and prevention of obesity and diet-related NCDs
• Dietary guidelines
• Food-based dietary guidelines (FBDG)
• Food labelling
• Menu labelling
• Fats
• Reformulation of foods and beverages
• Salt/sodium
• Sugars
• Media campaigns on healthy diets and nutrition
• Nutrition counselling on healthy diets
• Vitamin and mineral nutrition
• Vitamin A
• Vitamin B12
• Micronutrient supplementation
• Micronutrient powder for home fortification
• Food vehicles (i.e. types of fortified foods)
• Wheat flours
• Staple foods
• Complementary foods
• Acute malnutrition
• Food distribution/supplementation for prevention of acute malnutrition
• Management of moderate acute malnutrition
• Management of severe acute malnutrition
• Nutrition and infectious disease
• Nutrition sensitive actions
• Food security and agriculture
• Health related
• Social protection related

Partners in policy implementation

• Government
  o Development
  o Education and research
  o Food and agriculture
  o Health
  o Justice
  o Nutrition council
  o Other
  o Trade
  o Women, children, families
  o Details:
    more
    Ministry of Public Health Development, Education and research, Food and agriculture, Health, Justice, Nutrition council, Trade, Women, children, families: MoPH Public Nutrition Department, Provincial Nutrition Officers, other MoPH Departments, such as the

• Bilateral and donor agencies and lenders
  o The World Bank
  o US Agency for International Development (USAID)
  o Details:
    more
    Bilateral and donor agencies and lenders: The World Bank, US Agency for International Development (USAID),

• UN agencies
  o Food and Agriculture Organisation (FAO)
  o United Nations Children's Fund (UNICEF)
  o World Food Programme (WFP)
  o World Health Organization (WHO)
  o Details:
    more
    Food and Agriculture Organisation (FAO), United Nations Children's Fund (UNICEF), World Food Programme (WFP), World Health Organization (WHO),

• International NGOs
  o International Baby Food Action Network (IBFAN)
  o Nutrition International
  o Other
  o World Alliance for Breastfeeding Action (WABA)
  o Details:
    more
International NGOs: International Baby Food Action Network (IBFAN), Micronutrient Initiative (MI), World Alliance for Breastfeeding Action (WABA), Breastfeeding Promotion Network of India

- National NGO(s)
  - Details:
    - more
    - National NGOs: Implementation of the Public Nutrition interventions is mainly done through partnerships with NGOs (in particular BPHS NGOs, but also NGOs working in agriculture, rural development and education)

- Private Sector
  - Details:
    - more
    - Private sector

Links