



Islamic Republic of Afghanistan

# AFGHANISTAN FOOD SECURITY AND NUTRITION PLAN

2019 to 2023



12 November 2018

PART 1. STRATEGIC PLAN

## Acknowledgments

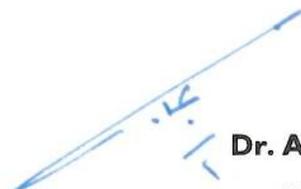
The Afghanistan Food Security and Nutrition (AFSeN) Strategic Plan was led by the Government of Islamic Republic of Afghanistan (GoIRA). This Strategic Plan builds upon the earlier AFSeN-Agenda (AFSeN-A) and we are sincerely indebted to the entire AFSeN-A team that has continually been working to support the vision of food-secure, well-nourished, healthy, and productive Afghans. We also express our sincere gratitude to the AFSeN-A Secretariat, Core Group, and Steering Committee for their tireless efforts in ensuring contributions and ownership across multiple sectors and stakeholders.

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**Dr. Abdullah Abdullah**

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## Abbreviations

AFSeN-A	Afghanistan Food Security and Nutrition Agenda
ANDMA	Afghanistan National Disaster Management Authority
ANPDF	Afghanistan National Peace and Development Framework
ANSA	Afghanistan National Standard Authority
BPHS	Basic Package of Health Services
CBNP	Community-Based Nutrition Package
CSO	Civil Society Organization
FAO	Food and Agriculture Organization of the United Nations
EPHS	Essential Package of Hospital Services
FSN	Food Security and Nutrition
GIEWS	Global Information and Early Warning System (FAO)
GoIRA	Government of the Islamic Republic of Afghanistan
IPC	Integrated Food Security Phase Classification
IMAM	Integrated Management of Acute Malnutrition
IYCF	Infant and Young Child Feeding
M&E	Monitoring and Evaluation
MAIL	Ministry of Agriculture, Irrigation and Livestock
MoCI	Ministry of Commerce and Industry
MoE	Ministry of Education
MoEC	Ministry of the Economy
MoEW	Ministry of Energy and Water
MoF	Ministry of Finance
MoFA	Ministry of Foreign Affairs
MoLSAMD	Ministry of Labour, Social Affairs, Martyrs and Disabled
MoHIA	Ministry of Hajj and Religious Affairs
MoPH	Ministry of Public Health
MoWA	Ministry of Women's Affairs
MRRD	Ministry of Rural Rehabilitation and Development
NAF	Nutrition Action Framework
NCADPP	National Comprehensive Agriculture Development Priority Program
NEPA	National Environmental Protection Agency
NGO	Non-Governmental Organization
NHLP	National Horticulture and Livestock Project
NSIA	National Statistics and Information Authority
PHDP	Perennial Horticulture Development Project
SDG	Sustainable Development Goal
SFR	Strategic Food Reserve
SO	Strategic Objective
SUN	Scaling Up Nutrition
UN	United Nations
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene
WFP	World Food Programme
WHO	World Health Organization



# THE STATUS OF NUTRITION IN AFGHANISTAN

# **STRATEGIC PLAN**

## Introduction

Food insecurity and malnutrition remains a widespread and serious issue in Afghanistan, due to insufficient availability, limited access and poor utilization of food, unstable food supplies caused by disasters, high prevalence of diseases, poor access to safe drinking water and sanitation facilities, suboptimal feeding and caring practices, and poor access to quality health services. The Government of the Islamic Republic of Afghanistan (GoIRA) recognizes that food and nutrition insecurity results in hunger and malnutrition, which negatively impact human and economic development and is thus directly committed to the achievement of Sustainable Development Goal (SDG) 2: Zero hunger.

The nationalization of SDG targets, completed in 2017, aims to streamline and integrate the SDG targets into national policies, with the support of coordination structures. This approach ensures a strong unified framework to carry out multisectoral efforts to improve nutrition and ensure food security and sustainable agriculture, with the Government as lead of the process. In this regard, the “Afghanistan National Peace and Development Framework” (ANPDF, 2017 to 2030)—which builds on the Afghanistan National Development Strategy (2008 to 2013)—provides an overarching policy and strategic framework for national development and thus for the achievement of SDG targets via its eleven national priority programs, some of which are directly related to SDG 2. While SDG 2 and Zero Hunger represent the vision for 2030, ANPDF represents the first step toward its achievement.

Proof of such alignment with the 2030 Agenda is demonstrated by the various ministries, such as the Ministry of Public Health (MoPH); the Ministry of Agriculture, Irrigation and Livestock (MAIL); Ministry of Rural Rehabilitation and Development (MRRD); Ministry of Women’s Affairs (MoWA); National Environmental Protection Agency (NEPA); Afghanistan National Disaster Management Authority (ANDMA); and others which have started adopting specific food security/nutrition targets and indicators in line with SDG 2.

As further demonstration of the GoIRA’s commitment to achieve all the SDG 2 targets, it joined the Scaling Up Nutrition (SUN) Movement in September 2017 and launched the “Afghanistan Food Security and Nutrition Agenda” (AFSeN-A) in October 2017. Given that AFSeN-A is a multi-stakeholder platform that sets forth a comprehensive framework for coordinated and coherent efforts to achieve its various outcomes, it contributes directly to SDG 17, which focuses on partnerships for development, and more specifically on target 17.14, which aims to “enhance policy coherence for sustainable development.”

While AFSeN-A was formally launched in 2017, the first draft was originally developed in 2012. In the intervening period, there have been significant changes in the political, economic, and social context within the country. The GoIRA has adopted the AFSeN-A as an overall umbrella policy framework that aims to achieve national food security and improved nutrition.

The process of developing the AFSeN-A Strategic Plan was undertaken through a multisectoral consultative process involving bilateral discussions and workshops with key stakeholders at each stage. The process began with undertaking the Multi-Sectoral Food Security and Nutrition Context Analysis and Stakeholder Mapping. The context analysis took the form of a desk review of the food security and nutrition situation in the country, covering the following domains: food security and nutrition; agriculture and vulnerability to climate change and shock; food production as well as availability, access, and utilization of food; nutrition; health; education; water, sanitation and hygiene (WASH); poverty; gender; and the governance and policy environment. The second step was the

development of: (i) a log frame presenting the Strategic Plan’s goal, strategic objectives, outcomes, and key action areas; and (ii) an M&E indicator framework presenting the indicators, baselines, targets, source of verification, and responsibilities for tracking and monitoring progress. Indicators are included to measure progress toward meeting the goal, strategic objectives, and outcomes. The Strategic Plan (Part 1) is intended to be followed by the preparation of an Operational Plan (Part 2). The Part 2 plan further elaborate on the operational details and modalities for the implementation of the Strategic Objectives, and will include dedicated chapters on monitoring and evaluation, operational research, capacity building, advocacy, financial management and costs of implementation.

The AFSeN-A, the Zero Hunger (SDG 2) Strategic Review, MAIL strategies and Nutrition Action Framework, ANPDF, and National Priority Programs are among the main documents that have provided the overall framework for the development and elaboration of this Strategic Plan. The objectives and targets of this Strategic Plan are aligned with global and national commitments and development aspirations, especially SDGs 2 and 17, but also contribute indirectly to the achievement of other SDGs.

The goal and strategic objectives are consistent with Afghanistan’s commitments to meet the Sustainable Development Goals (SDG 2 and 17) and support the achievements of other relevant SDGs, in particular SDG 1—No Poverty, SDG 3—Good Health and Well-Being, SDG 4—Quality Education, SDG 5—Gender Equality, and SDG 6—Clean Water and Sanitation, which are in line with the MoPH’s National Nutrition Strategy, the MAIL Food Security and Nutrition Strategy, and the Afghanistan Health Policy 2015-2020. The AFSeN-A Strategic Plan recognizes that achieving food security and nutrition will require the shared commitment and contribution of all stakeholders including Government, the donor community, national and international non-governmental organizations (NGOs), the private sector, and the United Nations (UN) agencies responsible for the expansion and implementation of the various components of the strategic objectives and correlated SDG 2 targets articulated in this document.

The AFSeN-A Strategic Plan strategic objectives (SOs) are structured in alignment to SDG 2 and 17, as follows:

 <b>SDG 2 No Hunger</b>		
<b>SDG target 2.1:</b> End hunger and ensure that people have access to sufficient and nutritious food all year round	<b>SO 1:</b> Ensure adequate economic and physical access to food, especially by vulnerable and food-insecure population groups (e.g. small farmers, poor rural households, and rural women)	
	<b>SO 2:</b> Ensure food and nutrition supplies over time and in emergency situations	
<b>SDG target 2.2:</b> End all forms of malnutrition	<b>SO 3:</b> Improve the quality of nutritious diets, particularly among women, children, and vulnerable groups	
	<b>SO 4:</b> Increase access to nutrition-related quality health care services	

	<b>SO 5:</b> Improve water, sanitation, and hygiene as well as education for better nutrition	
<b>SDG target 2.3:</b> Double smallholder productivity and income	<b>SO 6:</b> Improve rural infrastructure and strengthen nutritional value chains while protecting natural resources	
<b>SDG target 2.4:</b> Ensure sustainable food production systems and implement resilient agricultural practices in the context of climate change and other hazards	<b>SO 7:</b> Increase availability of nutrient-rich foods through domestic (local) food production	
<b>SDG target 2.5:</b> Maintain the genetic diversity of seeds, cultivated plants, and farmed and domesticated animals and their related wild species	<b>SO 8:</b> Increase nutritional and market value of foods (wheat, other main staples, and animal products)	
 <b>SDG 17 Partnerships for the Goals</b>		
<b>SDG target 17.14:</b> Enhance policy coherence for sustainable development	<b>SO 9:</b> Strengthen food security and nutrition governance	

The AFSeN-A Strategic Plan spells out the roles and responsibilities of government and non-government stakeholders and identifies coordination structures at the central level (i.e. High-Level Food Security and Nutrition Steering Committee chaired by H.E. the Chief Executive and supported by AFSeN-A Technical Secretariat as well as Focal Points at core ministries and agencies) and at the subnational level (i.e. Provincial Food Security and Nutrition Committees) to facilitate the implementation of the AFSeN-A Strategic Plan.

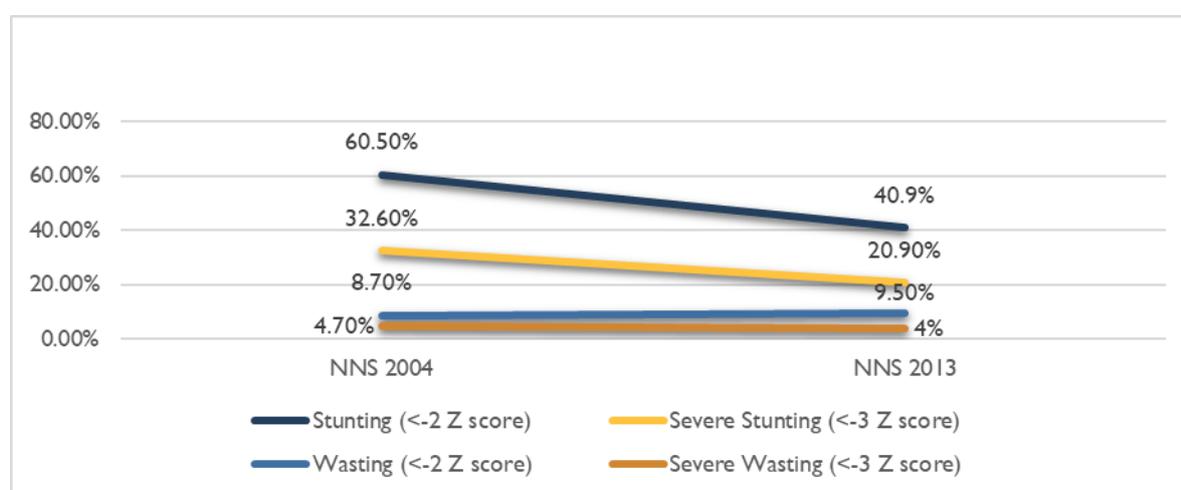
## Contextual analysis

The GoIRA joined the SUN Movement in September 2017, and in October 2017, the Government's AFSeN-A was launched. The Agenda sets forth a comprehensive framework for coordinated efforts to put an end to hunger, achieve food security, improve nutrition, and promote sustainable agriculture. While formally launched in 2017, the first draft of the AFSeN-A was originally developed in 2012. Since then, there have been significant changes in the political, economic, and social landscape of the country.

The Zero Hunger Strategic Review published in October 2017 attempts to provide the Government a way forward in accelerating its efforts toward achieving Zero Hunger (SDG 2) (WFP, 2017). The review highlights six broad issues which are driving food insecurity and undernutrition in Afghanistan: protracted conflict, climate change, natural disasters, demographic shifts, limited job opportunities, and transparency/accountability. Furthermore, the review recommends continuing the support to AFSeN-A, since hunger should be framed in its multidimensionality, thus requiring multisectoral and multi-stakeholder coordination platforms active at both the national and subnational level.

Malnutrition continues to be a widespread and serious issue in Afghanistan, especially among children, with deleterious implications for human and economic development. According to World Health Organization (WHO) criteria, the country has a very high prevalence of stunting and wasting—40.9 and 9.5 percent, respectively (National Nutrition Survey, Afghanistan, 2013). While the nutrition situation in the country remains of grave concern, national surveys have shown a significant improvement in stunting—reduced from 60.5 percent in 2004 to 40.9 percent in 2013 (National Nutrition Survey, Afghanistan, 2013) (Figure 1). Prevalence rates were slightly—though not significantly—higher for boys than for girls for both stunting (42.3 and 39.4 percent, respectively) and wasting (10.3 and 8.7 percent, respectively). However, both forms were noted to be significantly higher among the poorest compared with the richest quantile of the population (49.4 percent compared with 31.1 percent for stunting and 9.8 and 6.8 percent for wasting, respectively).

**Figure 1. Nutrition indicators in Afghanistan over time.**



Source: National Nutrition Survey, Government of the Islamic Republic of Afghanistan, 2004 and 2013.

Despite improvements at the national level, the situation varies considerably across provinces. In the context of stunting—the values range from 24.3 percent for Ghazni to 70.8 percent for Farah. The provinces of Bamyán, Badghis, Nangarhar, Ghor, Paktia, Kunar, Nuristan, and Farah are most adversely affected with a stunting prevalence of more than 50 percent (National Nutrition Survey, Afghanistan, 2013).

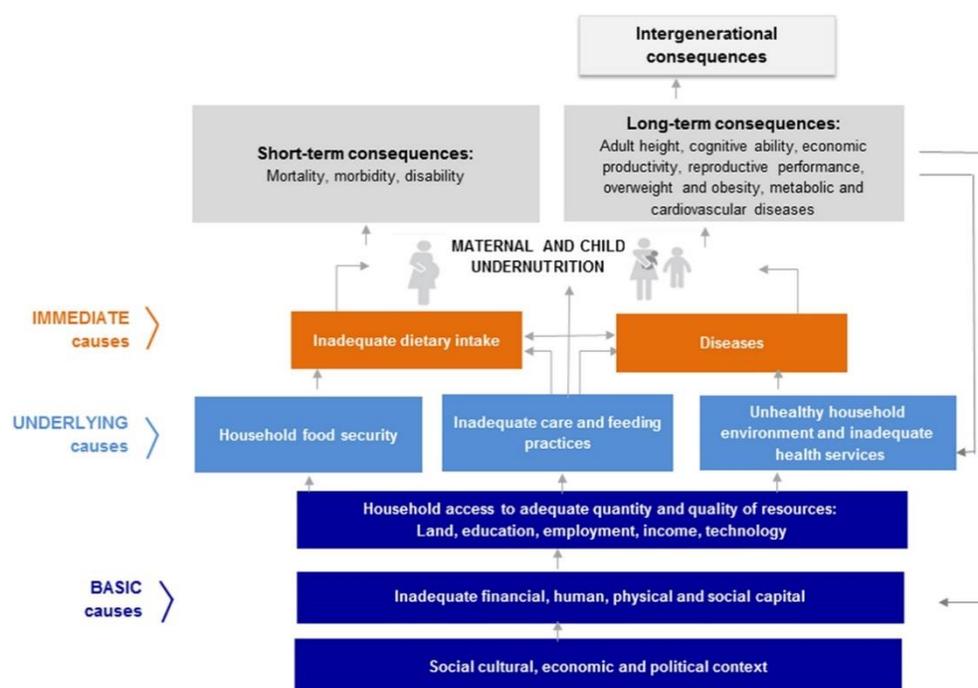
Provincial variations in the prevalence of wasting ranged from 3.7 percent in Faryab to 21.6 percent in Uruzgan. In the provinces of Laghman, Kunar, Wardak, Paktia, Khost, Nuristan, Nangarhar, and Uruzgan, more than 15 percent of children under the age of five were wasted (National Nutrition Survey, Afghanistan, 2013).

Among possible causes of malnutrition in general are issues relating to maternal health and care practices, such as too early and too frequent pregnancies, high levels of maternal anemia, and suboptimal breastfeeding and care practices. A better understanding of the context-specific causes and solutions is urgently needed in order to effectively focus control efforts.

Malnutrition impairs an individual’s development, mental and physical capacities, and productivity throughout that person’s lifetime. As such, adequate nutrition is essential to the growth and development of both individuals as well as families, communities, and the nation as a whole.

Good nutrition and care practices are vital to human and economic development, in particular during the first 1,000 days of life: from conception throughout pregnancy and up to 24 months of age. Poor nutrition is the result of multiple causes: immediate, basic, and underlying (Figure 2).

**Figure 2. UNICEF's conceptual framework of the determinants of child undernutrition, 2015.**



Source: UNICEF, UNICEF's Approach to Scaling Up Nutrition. New York, NY; 2015. United Nations Children's Fund. Accessed from: [https://www.unicef.org/nutrition/files/Unicef\\_Nutrition\\_Strategy.pdf](https://www.unicef.org/nutrition/files/Unicef_Nutrition_Strategy.pdf).

Among the immediate causes in the Afghan population, infant and young child feeding (IYCF) practices are vastly inadequate in the country and can be seen as an important cause of undernutrition. Only 41 percent of the children are exclusively breastfed as recommended, approximately half of the children receive prelacteal foods, and premature introduction and poor quality of complementary foods are widespread (DHS 2015). The 2013 National Nutrition Survey reported that 27.6 percent of children 6 to 24 months received a dietary diversity that met minimum standards. As well, it has been shown that children of illiterate mothers were less likely to meet the minimum dietary standards than the diets of children of higher-educated mothers (26.4 and 34.3 percent, respectively), and a similar pattern is observed among the poorest quartile of the population compared with the richest (16.9 and 37.4 percent, respectively) (National Nutrition Survey, Afghanistan, 2013).

Micronutrient deficiencies are also highly prevalent among preschool children, women of reproductive age, and adolescent girls, particularly iron-deficiency anemia and vitamin A deficiency.

The AFSeN-A identifies a number of further key causes of food insecurity impacting undernutrition in the country, primarily:

**Insufficient food production and availability at the national and household level**, due to low agricultural productivity. Poor agricultural productivity is, in turn, driven by low technology use, a lack of agricultural inputs and services, decreased surface of irrigated and rain-feed lands, conflict and insecurity, destroyed and neglected irrigation systems, poor water management, climate hazards,

weak land rights, poor land distribution, and high levels of migration, especially from rural areas to the cities including increasing populations in the whole country, particularly in urban areas.

*Recent trends:* The trend of declining food production and increasing imports has continued in recent years. Cereal production decreased from an average of 6.8 million tons in the years 2013-2015 to 5.5 million tons in 2017 with just 4.7 million tons forecasted for 2018. The declining domestic production was largely—but not wholly—offset by increased food imports. Cereal imports increased from 1.8 million tons in 2013-2014 to 3 million tons in 2017-2018 (FAO, 2018).

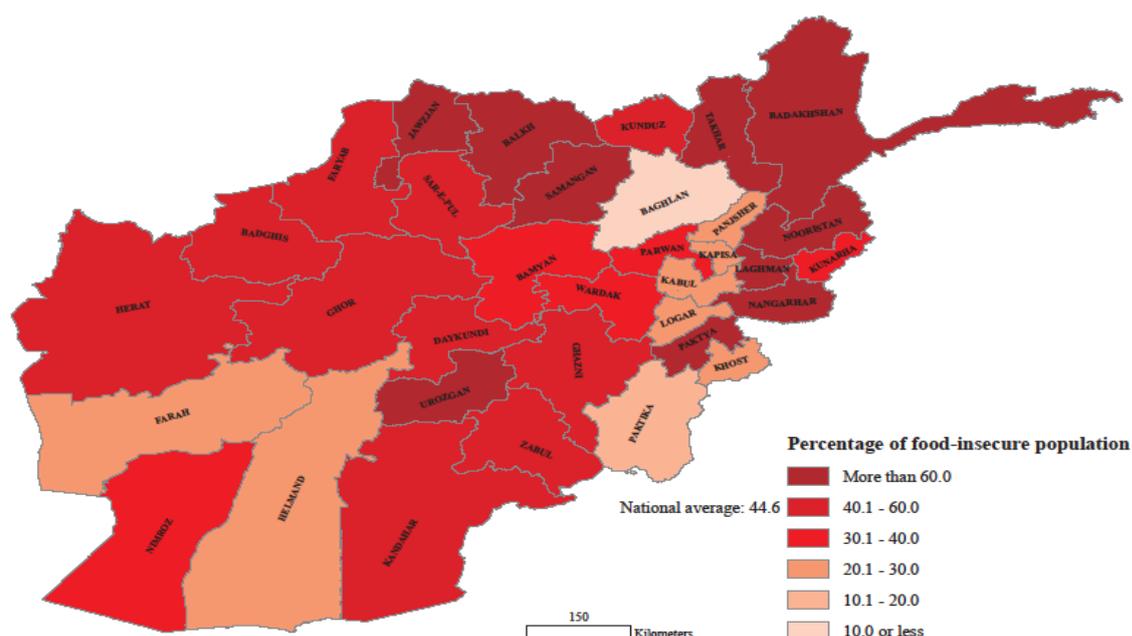
**Insufficient access to food**, due to high levels of poverty, unemployment, gender disparity, and poor market infrastructure.

*Recent trends:* More than half of the population (54.5 percent) live below the poverty line—increasing their likelihood of having insufficient access to nutritious foods, general food insecurity, and associated nutritional deficiencies. In line with increased poverty rates across the country from 38 percent (2011-2012) to 55 percent (2016-2017), the number of food-insecure households went up from 30 percent to 45 percent during the same period (NSIA, 2017). The 2017 Afghanistan Zero Hunger Strategic Review indicates that populations particularly vulnerable to food insecurity are women, children, displaced persons, returnees, woman-headed households, persons with disabilities, and those living in poverty.

**Instability in food production and supply**, due to recurrent shortages arising from seasonal variation in supply, natural disasters, conflict, market failures and price shocks, climate change and hazards, and low resilience to shocks among food producers and within the wider food system.

*Recent trends:* In spring 2018, almost 2.2 million people were considered to be chronically food insecure (Figure 3), of which 1.4 million people are at risk of acute food insecurity due to drought. Earthquakes, floods, avalanches, mudslides, and heavy snowfall are other natural disasters of significance in recent years affecting thousands of people. In addition, about 500,000 people have been displaced in 2017 and an additional 100,000 in early 2018 due to conflict. A large share of displacements are located in areas difficult to access (FAO, 2018).

**Figure 3. Map of food-insecure populations by province in Afghanistan.**



**Poor food use and utilization**, due to poverty and multiple related causes. One primary cause is high prevalence of infectious disease, including diarrheal disease and respiratory infection, particularly during cold months (as assessed during the National Nutrition Survey [NNS] 2013, 8.6 percent of the children suffered from respiratory infection episodes and 35.5 percent from episodes of diarrheal diseases during the two weeks prior to the survey [National Nutrition Survey, Afghanistan, 2013]). Other principal causes include limited access to and quality of health services, a lack of access to safe drinking water, poor hygiene and sanitation, inadequate caring practices, gender inequity, poor education (particularly of women), a lack of food quality and safety control, and poor food regimes of households, among others.

*Recent trends:* Access to and quality of health services and WASH practices have improved in recent years. However, they are still far from adequate, resulting in an ongoing high incidence of infectious disease—such as diarrhea and worm infections—implying a significant loss in nutritional value of consumed food. Effective efforts to improving nutrition must also aim to improve the quality of food consumed, sanitation, hygiene practices, and access to quality services.

### Protracted conflict

A major cause of undernutrition in Afghanistan is the decades-long cycle of armed conflict and violence which has led to the loss of many thousands of lives and millions of displaced persons and destroyed livelihoods. Conflict has severely impacted governance and institutions in the country, in turn impacting quality and access to basic services such as health care, education, social protection, and market infrastructure with further consequences for the health and nutrition status of the population.

### Gender disparities

Gender inequity is manifested in not only inadequate control over resources and limited access to economic opportunities but also through a lack of access to health and education services or limited opportunities to participate in development activities, such as agriculture activities (GoIRA, 2012a).

Women deprived of education and health services are less capable of assuring dietary adequacy in the household, are less likely to pursue beneficial care and feeding practices, and will be biologically and physiologically less likely to deliver healthy infants capable of surviving childhood and exhibiting healthy growth and development (GoIRA, 2012b).

There is clear evidence that improvements in the education status of women go hand in hand with better nutritional status of their children. Children of higher-educated mothers, for instance, received a better diet than children of illiterate mothers (minimum acceptable diet for children 6 to 24 months: 19.6 and 11.6 percent, respectively), and are less likely to be stunted or wasted. Better-educated women are also less likely to be underweight, and better-educated adolescent girls are less likely to be under- or overweight or obese (National Nutrition Survey, Afghanistan, 2013).

The reduction in stunting in Afghanistan occurred in tandem with what is likely a closely associated increase in utilization of health- and nutrition-related services in much of the country and an increase in girls' education since the fall of the Taliban regime. Better-educated mothers, for instance, access ante- and postnatal care and are more likely to make use of micronutrient supplementation programs (National Nutrition Survey, Afghanistan, 2013). As evident from global research, there is a close association between early and frequent pregnancies and high rates of stunting in early childhood. Though the knowledge about family planning and contraceptives is high in Afghanistan, its use is very limited, most notably among illiterate women. One fifth of currently married women use a modern family planning method (DHS, 2015).

While encouraging, progress has occurred from very low baseline levels. Improvements in service coverage as well as efforts to promote women’s empowerment desperately need to be further intensified across the country, especially in marginalized and hard-to-reach areas.

Gender dynamics are key to improving food security and nutrition outcomes. Women in Afghanistan continue to face widespread inequality and discrimination—particularly in regard to education, economic opportunities, and social status—which means they are more likely to experience recurring challenges. In recent years, women’s socioeconomic and health status has improved in Afghanistan, but still remains extremely poor compared with other countries.

Women now have the right to work and have legal control of their finances. It is also increasingly socially acceptable for women to work in urban and peri-urban areas. However, it remains unacceptable for women to work in the vast majority of rural areas, resulting in the threat of violence or exclusion. Despite some recent progress, 85 percent of working-age women are still under- or unemployed. Of these women, 71 percent are not looking for employment (NEPA, 2016). For women who do work in paid labor, the most common sectors of employment are livestock (42 percent), manufacturing (24 percent), and farming (21 percent) (NEPA, 2016). As work opportunities have increased, women are now significantly involved in the agriculture and livestock sectors. They are mostly engaged in food processing and sale of dairy—increasing their opportunities for income generation.

Afghani women’s domestic responsibilities, household chores, and care for household members result in a heavy workload. The fertility rate is 5.1 children per woman nationally. The household labor burden is compounded in many areas by a lack of access to services, assets, resources, and infrastructure, notably proximate water and electricity (World Bank, 2014).

## Policy frameworks and programs

There are a number of important policy documents already in place in Afghanistan, which are highly relevant to the efforts needed to improve food and nutrition security. In 2012, the Afghan Government developed the Nutrition Action Framework with a focus on a multisectoral approach to combat undernutrition during the first 1,000 days from conception to 2 years of age. It elaborated plans for the development and implementation of nutrition strategies and programs across five government ministries, including Public Health, Agriculture, Commerce, Education, and Rural Development.

Other important policy directives adopted by the Afghan Government include the National Public Nutrition Policy and Strategy (2015), the National Nutrition Communication Strategy (2015), the National Reproductive, Maternal, Child and Adolescent Health Strategy (2017), the National Health Policy (2012 -2020), and the National Health Strategy 2016-2020. A basic building block to the proposed scale-up of nutrition interventions through the health sector are under implementation through the Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services (EPHS) (Box 1).

### **Box 1: Basic Package of Health Services and Essential Package of Hospital Services**

The Ministry of Public Health (MoPH) considers nutrition a fundamental priority and has listed nutrition interventions as the first pillar of MoPH's Strategic Plan for 2013-2020. The MoPH-approved Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) specifies the delivery of selected maternal and child nutrition services through the primary public health care network, which includes a range of facilities from village health posts to district and provincial hospitals that are within a two-hour walking distance for 80 to 90 percent of the population.

The main components of nutrition in BPHS and EPHS are: (1) assessment of malnutrition (individual and population level); (2) prevention of malnutrition; (3) treatment of malnutrition; and (4) surveillance and referral. BPHS implementers are supposed to provide the above nutrition services; however, the coverage and quality of these services are low due to a shortage of financial resources and capacity.

To effectively improve the nutritional status of the population over time, MoPH's Public Nutrition Policy Strategy recommends that evidence-based interventions must be sustainably implemented with adequate quality and high coverage into the foreseeable future and tracked through a systematic program-monitoring and surveillance system.

In order to make the objectives of the AFSeN-A more directly implementable, the overall framework set out has been broken down into individual sector strategies and programs.

MAIL's Food Security and Nutrition Strategy (2015-2019) outlines relevant actions, besides food production, to be undertaken by MAIL to contribute to other aspects of food security and nutrition. Particularly in regard to nutrition, the strategy includes objectives to ensure the availability of sufficient food for all Afghans and to improve economic and physical access to food, especially by vulnerable and food-insecure population groups.

To ensure stable food supplies over time and in disaster situations and to promote healthy diets, adequate food utilization and good nutrition practices are key, particularly for women and children. MAIL also formulated and adopted the National Comprehensive Agriculture Development Priority Program (NCADPP) (2016-2023). The NCADPP vision is to achieve food and nutrition security and balanced economic growth through agriculture, resulting in stability and economic empowerment of women and men. Its strategic priority 6 focuses explicitly on food security and nutrition and resilience building, while other priorities strategically focus on: improving irrigation systems (priority 1); increasing wheat and cereal production (priority 2); improving horticulture and vegetable high-value chains (priority 3); improving livestock development (priority 4); and carrying out institutional reforms to achieve strategic priorities 1 to 6 (Box 2). The Citizens' Charter National Priority Program and the National Priority Program for the Economic Empowerment of Women are also essential to tackle the causes of food insecurity and malnutrition.

## Box 2: National Comprehensive Agriculture Development Priority Program

The National Comprehensive Agriculture Development Priority Program (NCADPP) is a five-year (2017-2021) National Priority Program of the Government of Afghanistan, which operates from the Ministry of Agriculture, Irrigation and Livestock (MAIL). It is a strategic framework for agriculture in which the emphasis shifts toward a farmer-centric view from the current institutional view. In order to deliver on these priorities, MAIL will embark on addressing critical enabling factors. First, MAIL must ensure implementation of an integrated service approach that places the farmer at its center. Second, MAIL must invest limited resources in different sectors of agriculture and differentiate between extensive farming and intensive farming. Intensive farming has the potential to earn the country an increasing amount of revenue, expand employment in secondary and tertiary production processes, and provide greater return on investment.

The NCADPP is funded by World Bank and implemented by MAIL through the core national objectives of self-reliance and increased income and employment generation. The strategic framework sets seven key priorities: (1) improving irrigation systems; (2) wheat and cereal production; (3) development of industrial and high-value horticulture crops and vegetables; (4) livestock development; (5) climate-change-sensitive natural resource management; (6) food security and nutrition and resilience building; and (7) institutional reform.

While a number of highly relevant policies and strategies have been developed, there has been a lack of consistent follow-up on their commitments and targets. Although these policies generally outline a positive direction, often they fail to be implemented to their full potential. Like other sector policies and strategies in Afghanistan, they are not, or are at best partially, implemented due to lack of capacities, lack of funds, and the volatile security situation. The situation will need to be closely monitored with regular feedback to decision-makers and the Steering Committee to match the actual situation.

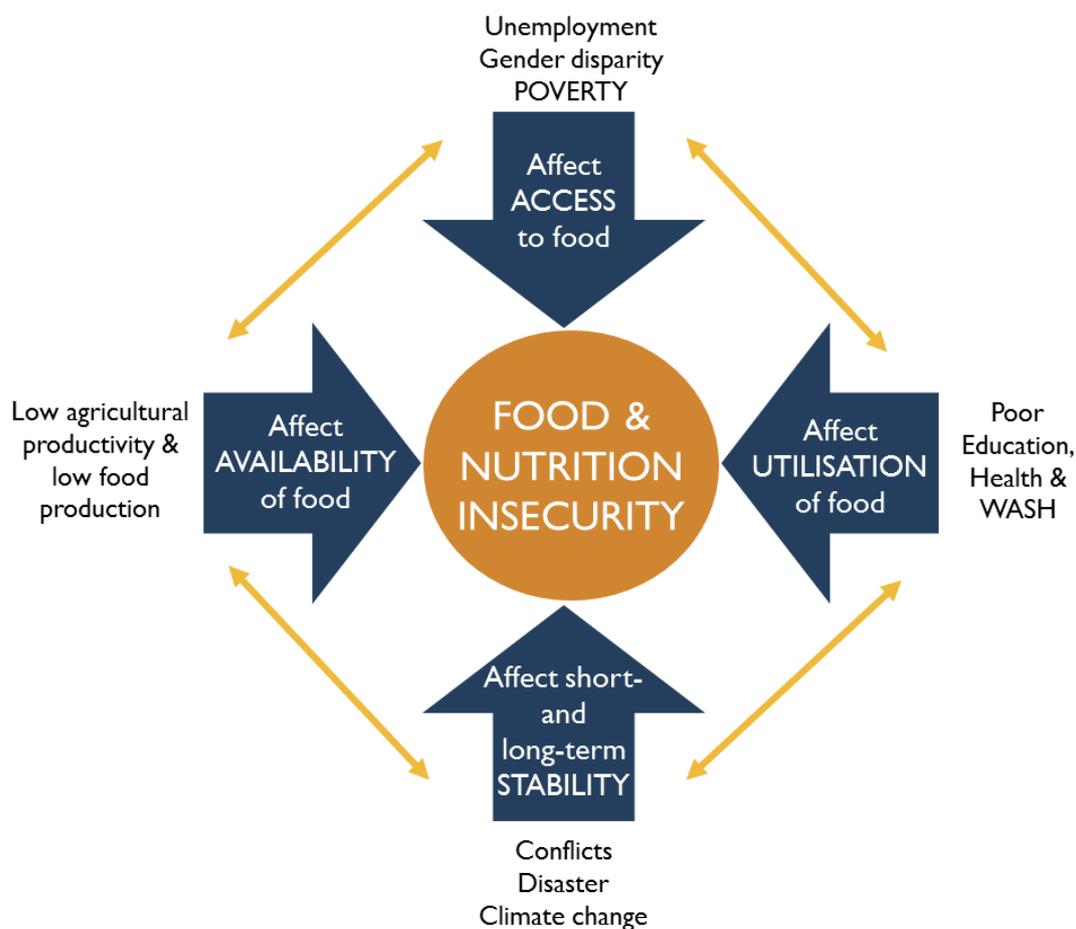
This forms a serious limitation in Afghanistan's current efforts to enhance food security and nutrition. While some program-based reporting and monitoring does take place, there are few systematic approaches. As a result, assessment of Afghanistan's nutritional status depends largely on sectoral or cross-sectional surveys—such as the Afghanistan Demographic and Health Survey, the National Nutrition Survey, the Afghanistan Living Condition Survey, and the Humanitarian Assessment and Cluster Reporting Systems, such as SMART, iMMAP, the United States Agency for International Development (USAID)/Office of Foreign Disaster Assistance's Reliefweb, or the nutrition information system of the Nutrition Cluster—but there is a limited information base to guide intersectoral assessment.

For effective implementation of the multisectoral actions outlined in the Strategic Plan, it will be essential to establish a sound reporting and monitoring system. The recently established SDG reporting and monitoring system is an important step in this direction, particularly when linking SDG 2 to the M&E plan of AFSeN-A.

The food security and nutrition situation in Afghanistan requires immediate attention and action for the country. While the importance of the issue is widely recognized, it is important to pursue the vision of adequate food security and nutrition through relevant and attainable (SMART) goals and targets to implement necessary and appropriate actions and to track their achievements. Multisectoral efforts across different ministries need to be planned, coordinated, and assessed to allow for the achievement of the SDG 2 targets, and thus aim for Zero Hunger by 2030.

Figure 4, developed and presented to the AFSeN-A, depicts the negative cycle of the main drivers of malnutrition and food insecurity and their two-way relationship with hunger in Afghanistan.

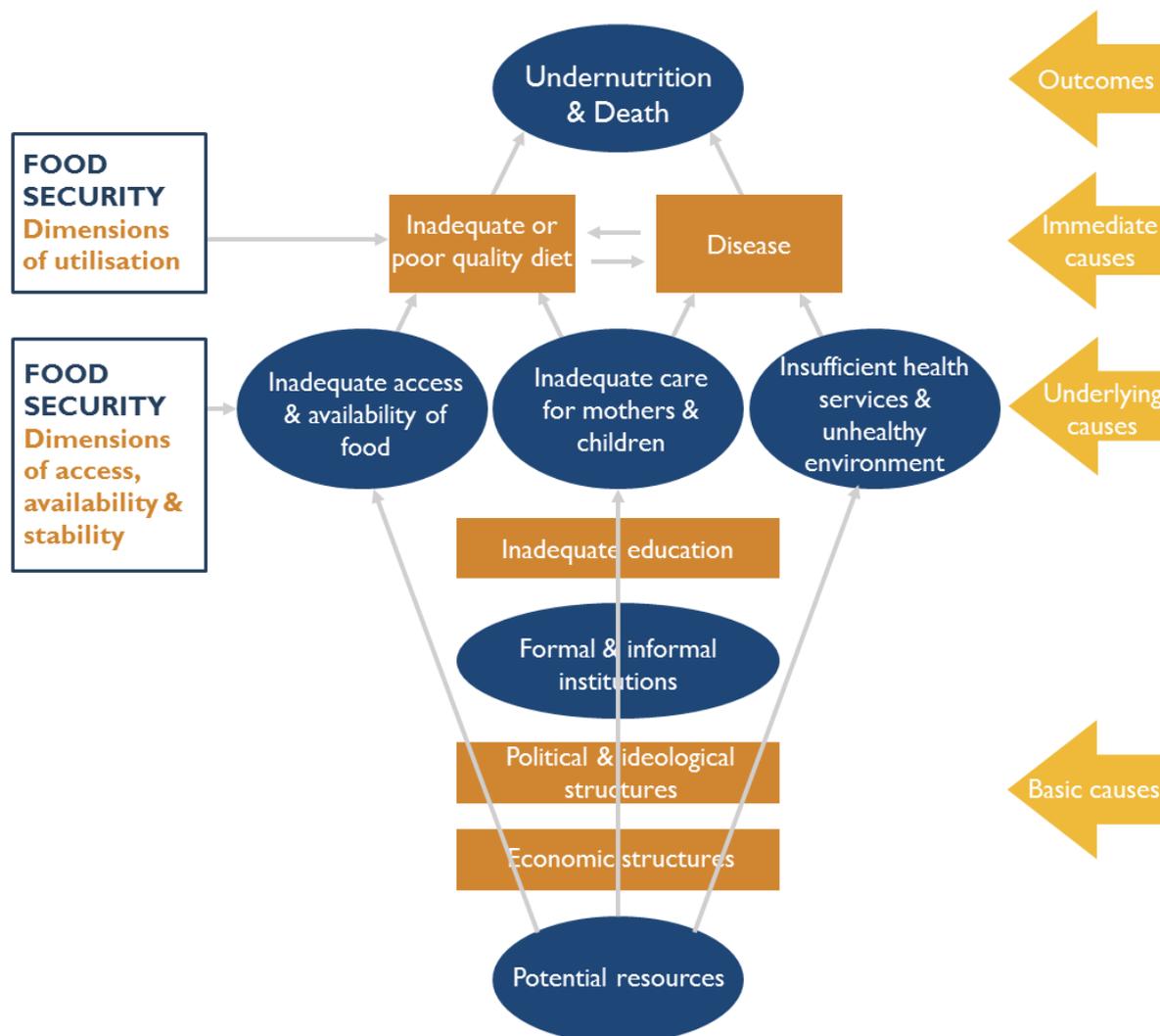
**Figure 4. Factors causing and aggravating food insecurity in Afghanistan.**



Source: Metz, M. & C. Toe, Analysis of the Food Security and Nutrition Situation in Afghanistan, Background Document to the Afghanistan Food Security and Nutrition Agenda (presented at: AFSeN-A, Dec. 2012, p. 2).

Figure 5 presents the conceptual framework of malnutrition (UNICEF, 2015) and the linkages between the causes of malnutrition and the four dimensions of food insecurity in terms of utilization, access, availability, and stability (Stamoulis & Zezza, 2003). Figure 5 builds on key globally recognized direct, intermediate, and basic causes of malnutrition to better understand, analyze, and address malnutrition and areas that should be addressed under the AFSeN-A Strategic Plan in combination with efforts to advance the achievement of food and nutrition security and the SDG 2.

Figure 5. Conceptual framework of malnutrition and the dimensions of food security.



Adapted from: UNICEF, UNICEF's Approach to Scaling Up Nutrition. New York, NY; 2015. United Nations Children's Fund. Accessed from: [https://www.unicef.org/nutrition/files/Unicef\\_Nutrition\\_Strategy.pdf](https://www.unicef.org/nutrition/files/Unicef_Nutrition_Strategy.pdf) and Stamoulis, K. and Zezza, A. 2003. A Conceptual Framework for National Agricultural, Rural Development, and Food Security Strategies and Policies. ESA Working Paper No. 03-17, November 2003. Agricultural and Development Economics Division, FAO, Rome. [www.fao.org/documents/show\\_cdr.asp?url\\_file=/docrep/007/ae050e/ae050e00.htm](http://www.fao.org/documents/show_cdr.asp?url_file=/docrep/007/ae050e/ae050e00.htm).

## Stakeholder analysis

To inform the development of this Strategic Plan, a stakeholder mapping and analysis was conducted to identify the main stakeholders who can support food security and nutrition interventions in the country and to estimate their potential contribution to the scale-up of food security and nutrition efforts through an intersectoral approach.

Basic information was collected from potential stakeholders regarding their main investment areas, policies and strategies, current programs and key areas of support, strengths and challenges, and geographic focus. Information was also collected on the main challenges which could limit or inhibit the attainment of the Strategic Plan's goals and targets and their recommendations for addressing them (strategical, technical, managerial, and operational). The information was used to draw

conclusions in terms of strengths, weaknesses, and opportunities to support the scaling up of efforts to improve food security and nutrition in Afghanistan, which was used to inform the development of this Strategic Plan and the associated log frame (Annex 2). The information was collected from the following stakeholders:



**Government:** MoPH; MAIL; MRRD; MoWA; Ministry of Education (MoE); Ministry of Higher Education; Ministry of Labour, Social Affairs, Martyrs and Disabled (MoLSAMD); Ministry of Energy and Water (MoEW); Ministry of Hajj and Religious Affairs (MoHIA); Ministry of the Economy (MoEC); Ministry of Refugees and Reparations (MoRR); Ministry of Information and Culture (MoIC); Ministry of Commerce and Industry (MoCI); ANDMA; National Statistics and Information Authority (NSIA); and Afghanistan National Standard Authority (ANSA).



**Academia:** Kabul Medical University and Agriculture faculties.



**Donors:** Global Affairs Canada, European Union (EU), USAID, and the World Bank.



**UN Agencies:** Food and Agriculture Organization of the United Nations (FAO), United Nations Children’s Fund (UNICEF), World Food Programme (WFP), and WHO.



**Other International Organizations:** Action contre la Faim, MEDAIR, Save the Children, World Vision, and FHI360/IHSAN as well as Global Alliance for Improved Nutrition and Nutrition International.

**National Organization:** Afghanistan Human Rights Organization (AHRO).

This section outlines the stakeholders based on their functional roles as advisory, policy oversight, coordination, implementation, or M&E. The government sectors are identified based on their mandate. The Chief Executive Office of the GoIRA provides oversight on the AFSeN-A; the Directorate General of the Council of Ministers’ Secretariat through the AFSeN-A Technical Secretariat coordinates; and the line ministries implement. The other stakeholders are identified based on the activities they support or implement, including development partners, civil society organizations, donors, UN agencies, and the private sector.

**Table 1. Stakeholder demands and expectations.**

Stakeholder	Demands and expectations
<b>President and Chief Executive Offices</b>	<ul style="list-style-type: none"> <li>Provide policy guidance and recommendations to improve food security and nutrition outcomes and AFSeN-A implementation.</li> </ul>
<b>Afghanistan Food Security and Nutrition Agenda Technical Secretariat</b>	<ul style="list-style-type: none"> <li>Coordinate AFSeN-A–related coordination platforms.</li> <li>Review AFSeN-A–related sectoral policies, strategies, programs, and technical and operational aspects to ensure coherence and alignment of AFSeN-A–related actions with the ANPDF, Afghanistan-SDGs, and National Priority Programs.</li> <li>Contribute to the common objective, share information, provide inputs, and support the development and implementation of the Strategic Plan.</li> </ul>
<b>Government line ministries and agencies</b>	<ul style="list-style-type: none"> <li>Implement and coordinate sectoral plans.</li> <li>Develop and implement required policies, regulations, guidelines, and standards.</li> </ul>

Stakeholder	Demands and expectations
	<ul style="list-style-type: none"> <li>• Ensure institutional capacity building.</li> <li>• Conduct follow-up of planned food security and nutrition activity implementation.</li> <li>• Conduct M&amp;E of relevant efforts.</li> </ul>
<b>NGOs / civil society</b>	<ul style="list-style-type: none"> <li>• Advocate with key stakeholders and coordinate inputs of members to influence decision-makers for the implementation of food security and nutrition policies and strategies in-country and meet the commitments made for SDGs 2 and 3.</li> <li>• Advocate for the implementation of multi-stakeholder, multisectoral, and multilevel efforts for improved food security and nutrition in-country.</li> <li>• Advocate for clear policies and strategies.</li> <li>• Advocate for collaboration, coordination, and accountability.</li> <li>• Support implementation of food security and nutrition interventions.</li> <li>• Ensure effective coordination and collaboration with sectorial ministries and related food security and nutrition departments.</li> </ul>
<b>UN agencies</b>	<ul style="list-style-type: none"> <li>• Provide resources for policy analysis and advice, financial and material aid, and technical assistance.</li> <li>• Support implementation of interventions.</li> <li>• Conduct advocacy and capacity-building efforts.</li> <li>• Ensure technical collaboration and coordination.</li> </ul>
<b>Donors</b>	<ul style="list-style-type: none"> <li>• Increase funding and resource mobilization through effective and evidence-based advocacy.</li> <li>• Ensure coordination and communication of development and humanitarian aid for nutrition and food security among development partners and outside the donor community.</li> </ul>
<b>Private sector</b>	<ul style="list-style-type: none"> <li>• Lead efforts with respect to input supply, marketing, imports, and exports.</li> <li>• Abide by relevant national legislation and standards.</li> <li>• Contribute to farming, food processing, infrastructure improvement, and organizational development.</li> <li>• Ensure effective coordination with government sectorial ministries and related food security and nutrition departments.</li> </ul>
<b>Communities</b>	<ul style="list-style-type: none"> <li>• Participate and engage with programs and processes.</li> <li>• Utilize services where available and accessible.</li> <li>• Be vocal about their needs and priorities.</li> <li>• Engage with feedback mechanisms to shape further development of programs and policies.</li> <li>• Hold government and other rights duty bearers to account for upholding their rights.</li> <li>• Fully collaborate with Government and NGOs for their support.</li> </ul>
<b>Academia</b>	<ul style="list-style-type: none"> <li>• Conduct innovative and high-quality research.</li> <li>• Ensure institutional capacity building.</li> <li>• Collaborate with governmental sectorial ministries and food security and nutrition departments on food security and nutrition issues.</li> </ul>



# VISION AND STRATEGIC FRAMEWORK FOR NUTRITION

## Vision, mission, and principles (rationale)

### VISION

Food-secure, well-nourished, healthy, and productive Afghans.

### MISSION

To implement and scale up evidence-based and innovative multisectoral food security and nutrition interventions.

### Overall goal

To improve the food security and nutrition situation of Afghan people.

### GUIDING PRINCIPLES

The development and proposed approach to the implementation of the Strategic Plan are guided by eight principles.

#### Guiding Principle 1: Food and nutrition as a human right

The Government of Afghanistan shall act in accordance with its commitment to ensure the rights of all citizens, including equitable access to food and nutrition, with a particular emphasis on vulnerable groups. These groups include, among others: women, children, internally displaced persons, returnees, orphans and people living with disability, the poor and hard-to-reach, and otherwise socially or economically marginalized individuals and communities. The most nutritionally vulnerable populations groups will be targeted for each set of interventions by ensuring the application of transparent and measurable selection criteria of food insecurity and malnutrition.

The Afghan Independent Human Rights Commission—Afghanistan’s national human rights institution—is dedicated to the promotion, protection, and monitoring of human rights and the investigation of human rights abuses. Other stakeholders, including UN and civil society organizations (CSOs), monitor human rights violations and advocate for promotion and protection of human rights. Close cooperation between the AFSeN-A Technical Secretariat and the Human Rights Commission for reporting and monitoring will ensure an early indication and alignment of food security and nutrition policies, programs, and actions to human rights principles and provisions.

#### Guiding Principle 2: A multisectoral approach

A multisectoral approach will facilitate joint sharing of information and resources, planning, and monitoring and well-coordinated implementation of relevant sectors and stakeholders, including Government institutions, national and international NGOs, UN agencies, private sector, civil society, academia, and media. This principle aims to reduce duplication of efforts and ensure efficient use of resources to maximize impact for food and nutrition security. A flexible and process-oriented approach will allow for feedback to inform adjustments and improvements in a timely manner.

#### Guiding Principle 3: Alignment to global and national declarations, frameworks, initiatives, and targets relevant to food security and nutrition

This principle includes but is not limited to the targets set by the World Health Assembly for 2025, the framework of the Global Decade of Action for Nutrition, and the SDGs and their targets, in particular SDG 2 and the Zero Hunger initiative, among others. The Afghanistan Food Security and Nutrition Strategic Plan will also be aligned with strategic national and local initiatives standards, guidelines, and conventions important and relevant to nutrition.

#### **Guiding Principle 4: Good governance, transparency, and accountability**

Implementation of the Strategic Plan shall be guided by principles of good governance and shall include oversight, coordination, and accountability from national and provincial authorities. Resource allocation and utilization for food and nutrition shall be tracked and monitored at all levels. Good finance and management systems shall be adopted which comply with international donor standards and ensure effective and efficient use of resources. Effective reporting and monitoring and evaluation (M&E) systems shall be adopted to ensure accountability and transparency. To ensure accountability to beneficiaries, strong engagement from CSOs shall be sought and feedback, redressal, and third-party service delivery monitoring mechanisms shall be established.

#### **Guiding Principle 5: Ownership, partnership, and clarity in roles and responsibilities**

Prioritization of food security and nutrition as well as the wider sustainable socioeconomic development of the nation will be sought from the highest levels of leadership across the public and private sectors and within academia. Goals, objectives, and strategies shall be jointly agreed upon and pursued in cooperation by relevant Government institutions, ministries, and departments as well as private-sector partners and the international community. Clear principles of coordination and cooperation will help to clarify responsibilities and foster partnerships within and between sectors and actors for effective implementation. Detailed and budgeted workplans shall clarify responsibilities and determine financial requirements.

#### **Guiding Principle 6: Community participation**

Communities shall be empowered to express their own priorities and needs and to participate in planning, implementation, and monitoring processes. This participatory approach will ensure community ownership and in turn sustainability of progress. Community platforms and networks shall be leveraged or established toward this end. Cross-sectoral linkages at the community levels shall ensure complementarity and convergence to optimize impacts to reduce food insecurity and malnutrition among the poorest households.

#### **Guiding Principle 7: Life-cycle approach and inequalities**

The life-cycle approach shall be utilized to inform policy and programming to ensure that the nutritional needs of different age groups and stages of life are addressed. To break the intergenerational cycle of malnutrition, the first 1,000 days of life, from conception to two years of age, will be prioritized. Other populations of particular focus are 2 to 5 years, school-aged and adolescent populations, women of reproductive age, and their families and households.

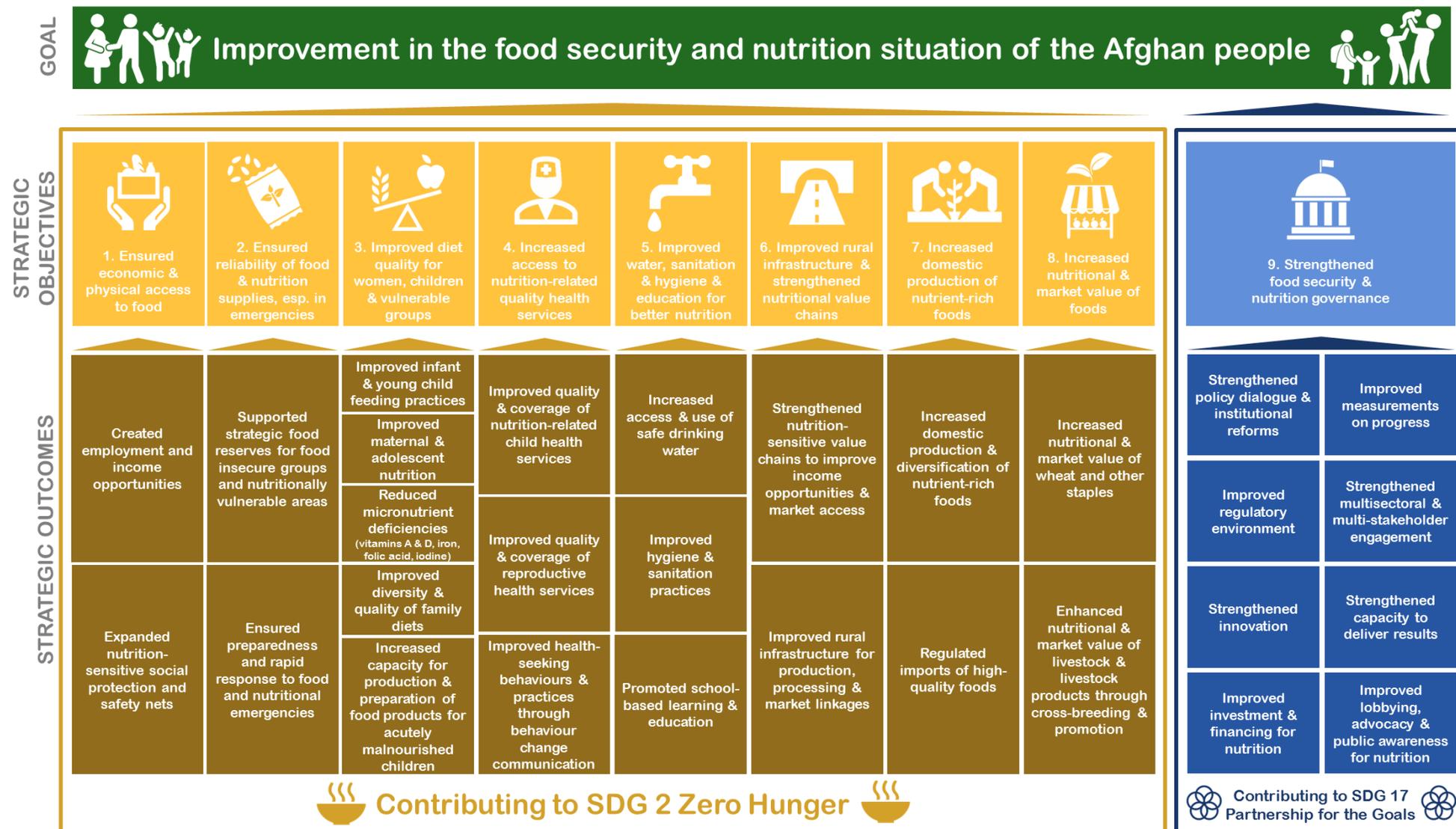
#### **Guiding Principle 8: Gender equality and inclusiveness**

Gender sensitivity and responsiveness and issues of gender dynamics pertaining to wider social exclusion shall be at the forefront in food and nutrition service planning and implementation. This will ensure that gender dynamics are addressed, and the differing needs of the population are met in an equitable way.

## **Objectives, outcomes, and key action areas**

The following section presents a short introduction of each strategic objective organized by SDG target and sequence, its outcomes, a summary of the action areas, some guiding principles and responsibilities. The full framework is illustrated in Figure 6. Annex 2 provides the full log frame, including the systematic listing of key action areas.

Figure 6. Logical framework for the AFSeN-A Strategic Plan.





## *SDG 2.1. Ending hunger and ensuring that people have access to sufficient and nutritious food all year round*

The strategic objectives associated with this SDG target are to:

- **(SO1) Ensured adequate economic and physical access to food, especially by vulnerable and food-insecure population groups (e.g. small farmers, poor rural households and rural women).**
- **(SO2) Ensure food and nutrition supplies over time and in emergency situations.**

*Various actions for increasing food production and productivity are planned, financed, and under implementation through the National Comprehensive Agriculture Development Priority Program (NCADPP). The AFSeN-A Strategic Plan will focus on complementary and additional actions aiming to enhance the NCADPP's impact on food security and nutrition. Close coordination and joint monitoring are important to achieve the set common goal.*

Efforts to maximize positive impact of the AFSeN-A through improving economic access to a diversified diet, especially among the most vulnerable and food insecure populations, over time and in emergencies.



### **Strategic Objective 1. Ensure adequate economic and physical access to food, especially for vulnerable and food-insecure population groups**

Growth in the agricultural economy has powerful poverty-alleviating potential when it occurs in an equitable manner—as poverty tends to be more prevalent among rural households who are reliant on agriculture for their livelihoods.

This objective aims to increase agricultural productivity and production as a means to lead to better incomes and employment, both on- and off-farm. This increase, in turn, will improve access to nutritious and more diverse food, non-food basic goods, and essential social services that alleviate underlying causes, such as access to education and health services and a clean and healthy environment.

While this approach can become sustainable, it takes time and resources. Alone, it does not resolve the plight of highly vulnerable, food-insecure population groups—who often lack productive assets and labor capacity (e.g. female-headed households with young children, elderly, disabled, or orphans) and who have little or no opportunity to benefit from economic growth in a direct manner.

Therefore, complementary and specifically targeted interventions like public transfer schemes—employment and income generation, public works programs, social safety nets, and consumer subsidies—are required to ensure a minimum level of subsistence for these Afghans whose needs are often immediate and urgent. Small-scale farmers, in particular female farmers and rural communities, are the main target group.

### **Outcome 1.1. Created employment and income opportunities**

The aim of this outcome is to improve access to food by increasing household income through the diversification, promotion, and implementation of employment and income schemes focusing on women and small-scale farmers in rural communities. The promotion of nutrition-sensitive value chains through diversification and increases in food production—by improving processing and storage and supporting market linkages and local trade, particularly targeting women and focusing on local and community markets—are key actions under this outcome.

The primary agency responsible for this outcome is MAIL, in close cooperation with the MoWA.

### **Outcome 1.2. Expanded nutrition-sensitive social protection and safety nets**

This outcome supports social protection schemes creation—such as food or cash transfers, food/cash-for-work, and food-for-asset creation—closely linked to food security and nutrition information and education for identified nutritionally vulnerable households. It also allows for conditionalities linking the scheme to participation in nutrition, health, or education services. This, in turn, will have a longer-term impact improving nutritional behavior.

Food- or cash-for-work measures (public works) will be designed to create productive communal infrastructure, such as feeder roads, schools, small-scale irrigation, improved water systems, and small-community market places. These assets will be beneficial to improve food security related to community infrastructure.

Social protection schemes will be well focused and clearly targeted to the most food-insecure and vulnerable populations to improve their access to nutritious foods and to address their nutritional needs. The key action areas to expand nutrition-sensitive social protection in Afghanistan include identifying best and promising schemes, building the required capacities, and strengthening and scaling up the implementation of promising schemes, such as conditional or unconditional food or cash transfers, food- or cash-for-work schemes, or assets or voucher schemes. The primary agencies responsible for this outcome are MAIL, MRRD, and MoLSAMD.



## **Strategic Objective 2. Ensure food and nutrition supplies and basic services over time and in emergency situations**

In Afghanistan, the household food and nutrition situation is strongly compounded by temporary shortages arising from seasonal factors, natural disasters, conflicts, and market and price shocks.

The roles and responsibilities of the Government and other stakeholders in disaster preparedness and response are outlined in the National Disaster Management Plan issued by ANDMA (Gupta, 2010). Sector-based interventions focusing on mitigation, prevention, preparedness, and response are formulated by MAIL, MoPH, MRRD, and ANDMA. Long-term recovery and rehabilitation arrangements are under the responsibility of individual line ministries.

The UN, donors, and NGO community also play a vital role in emergency preparedness and response, coordinated through their humanitarian response mechanisms. These mechanisms coordinate through emergency clusters—most importantly the Food Security and Agriculture Cluster and Nutrition Cluster, but also other relevant clusters for Health and WASH, among others.

An effective implementation of disaster management plans requires a strong and well-coordinated approach, involving the listed stakeholders as per their responsibilities and mandates.

Results of a well-functioning nutrition and early warning system will help to focus on the most vulnerable areas and pockets of high rates of malnutrition. It will also be imperative to ensure that capacities are strengthened and disaster prevention, preparedness, and mitigation measures as well as basic nutritional services are in place for the most affected populations so they are prepared when and where required.

This strategic objective has two main outcomes of interest: first, focusing on food supply and ensuring that strategic food reserves (SFRs) are in place; and second, ensuring that food security and nutrition preparedness, response, and mitigation measures are functional.

### **Outcome 2.1. Supported strategic food reserves for food-insecure and nutritionally vulnerable areas**

Strategic food reserve implementation is covered under the NCADPP with a focus on three areas: (1) building and rehabilitating SFRs, (2) establishing and managing SFRs, and (3) building capacity for SFR management.

The AFSeN-A Strategic Plan supports SFRs with an effort to increase its relevance and linkage to support nutritional objectives by facilitating the incorporation of highly diverse foods suitable to address nutritional needs as well as advocating and ensuring that highly food-insecure and emergency-prone locations are prioritized for the establishment of an SFR.

AFSeN-A's role and action areas include the close coordination with the SFR stakeholders to investigate the various options for addressing nutritional needs by exploring and advocating for the incorporation of nutritious foods and further promoting the establishment of SFRs in highly food-insecure and emergency-prone locations.

The primary agency responsible for this outcome is MAIL, in close cooperation with MRRD.

### **Outcome 2.2. Ensured preparedness and rapid response to food and nutritional emergencies**

This outcome aims to improve preparedness and a rapid response to prevent a deterioration of the food security and nutrition situation when and where an emergency arises. The outcome includes the incorporation of nutritional indicators and criteria into the national early warning and food security and nutrition information systems. Such systems are intended to support the formulation and implementation of prevention and mitigation measures as well as sectoral emergency preparedness and response plans. This must include strengthening the required capacities to employ an immediate response. In the event of an emergency or disaster, rapid needs assessments and effective responses—including food supplies, nutrition, health, water, and sanitation services—are to be implemented in a coordinated manner.

Key action areas under this outcome include: improve the national early warning system; develop emergency and response plans; ensure that emergency prevention and mitigation measures are in place; and plan and coordinate rapid assessments and an immediate response where the need arises.

The primary agencies responsible for this outcome are ANDMA for the immediate response and with the respective line ministries, mainly MAIL, MoPH, and MRRD for the sectoral preparedness and response plans and longer-term recovery.



## SDG 2.2. Ending malnutrition in all its forms

The strategic objectives address SDG target 2.2 through **nutrition actions** of the health, water, and sanitation and education sectors.

The strategic objectives associated with this SDG target are to:

- **(SO3) Improve the quality of nutritious diets, particularly among women, children, and vulnerable groups (aligned to the global SDG 3).**
- **(SO4) Increase access to nutrition-related quality health care services (aligned to the global SDG 3).**
- **(SO5) Improve water, sanitation, and hygiene as well as education for better nutrition (aligned to the global SDGs 6 and 4).**



### Strategic Objective 3. Improve the quality of nutritious diets, particularly among women, children, and vulnerable groups

*The Lancet* Series on maternal and child nutrition (2008 and 2013) (Black et al., 2013, 2008) and various other publications (UNICEF, 2013; USAID, 2015; World Bank, n.d.) emphasize the first 1,000 days—from conception to a child’s second birthday—as the window of opportunity to prevent the lifelong and irreversible consequences of malnutrition in the most cost-effective manner. Efforts focused in this time period can have the most lasting benefits throughout life and break the intergenerational cycle of malnutrition. Nutrition interventions targeted to preschool and school-aged children, adolescent girls, and women of reproductive age complete the “life cycle” approach—necessary not only for preventing undernutrition but also for preventing overnutrition.

Nutrition interventions summarized under this objective are categorized as nutrition-specific and build on existing policies, strategies, and programs, namely the BPHS, the EPHS, and the community-based nutrition package (CBNP); relevant legislation; and guiding documents. The outcomes aim to improve infant and young child feeding (IYCF) practices and maternal and adolescent nutrition; to reduce micronutrient deficiencies through supplementation and fortification; and to promote healthy family diets and quality food products for acutely malnourished children.

The primary agencies responsible for this outcome are the MoPH—its Public Nutrition Directorate in particular—and MAIL. However, some actions are to be designed and implemented jointly with other government institutions, such as breastfeeding promotion, food fortification, and behavior change communication.

#### Outcome 3.1. Improved infant and young child feeding practices

The main purpose of this outcome is to promote, protect, and support optimal IYCF practices in line with WHO and UNICEF recommendations for early initiation, exclusive and continued breastfeeding, and adequate complementary feeding for children.

This outcome will be achieved through action areas that entail the scale-up of the respective interventions under the CBNP, strengthening of IYCF efforts under the BPHS and the EPHS and the continued support to the Baby Friendly Hospital Initiative. To ensure a large-scale impact, multisectoral and multi-stakeholder platforms are to be engaged to deliver social and behavior change communication and message dissemination to a larger audience—through both mass media and public information campaigns as well as interpersonal communication with various service providers. An environment to enable and promote appropriate breastfeeding and complementary feeding and support to women will be created through the development, strengthening, and enforcement of regulations and legislation.

Primary responsibility for this strategic objective is with the MoPH in close cooperation with MAIL. Advocacy, promotion and protection should closely be coordinated with the wider groups of AFSeN-A partners, MoE, MoWA, MoLSAMD, and MoIC, with contributions of others if relevant.

### **Outcome 3.2. Improved maternal and adolescent nutrition**

Good adolescent and maternal nutrition is a precondition to good nutrition across generations. Maternal undernutrition contributes to adverse pregnancy outcomes, e.g. poor fetal nutrition and growth, which can have severe consequences for the mother but also the child—including increased risk of neonatal death and stunted growth, as well as overweight, obesity, and non-communicable disease in adulthood. Maternal overweight and obesity are associated with maternal morbidity, preterm birth, and non-communicable disease in adulthood.

This outcome focuses on improving the diets and nutrient intake of adolescent girls and women of reproductive age—both pre-pregnancy and during pregnancy and lactation. It aims to promote healthy diets and good nutritional practices using the national food-based dietary guidelines. A broad coverage should be achieved through the scale-up and strengthening of the nutrition components of BPHS, the EPHS, and other programs that provide opportunities for public communication and interpersonal counselling. Undernourished pregnant and lactating women should be provided with targeted food supplements where a need is indicated. As this objective aims to improve the quality of women's and adolescents' diets, very close linkages to interventions addressing underlying causes and improving food security of vulnerable populations through agriculture and social protection is essential.

Responsibility for this strategic objective is with the MoPH, in collaboration with authorities implementing food security and social protection measures, primarily MAIL and MRRD as well as MoLSAMD and the MoWA.

### **Outcome 3.3. Reduced micronutrient deficiencies (vitamins A and D, iron, folic acid, and iodine)**

A diverse range of nutrient-rich foods, alongside age-appropriate breastfeeding, is the ideal way to meet nutritional requirements for young children (UNICEF, 2016). However, where daily diets are poor and lack nutrient-rich foods, individual requirements remain unmet. This is particularly important during times when nutritional requirements are higher, like pregnancy. Among populations vulnerable to micronutrient deficiencies, food supplementation and fortification are highly recommended, cost-effective approaches to address these issues. Despite increased efforts to ensure adequate coverage of supplementation and to introduce fortification, micronutrient deficiencies, including for iron, zinc, vitamin D, and vitamin A, are still highly prevalent in Afghanistan.

Therefore, the Strategic Plan supports further expansion of micronutrient supplementation efforts, as per global recommendations and national protocol, to meet nutritional requirements. This will be

particularly important for pregnant and lactating women (iron-folic acid, vitamin A post-partum, and multi-micronutrients where indicated), adolescent girls (iron-folic acid), and children 6 to 24 months of age (vitamin A, multi-micronutrients, and iron-folic acid were indicated). Micronutrient supplementation efforts will be implemented, predominantly through public health interventions. Opportunities to promote home-based fortification with a special focus on multiple micronutrient supplements for children 6 to 24 months will be explored. A systemic scale-up and regulation of food fortification and the promotion of the consumption of those fortified foods (e.g. salt, wheat, or oil) to address primary micronutrient deficiencies among all population groups are foreseen as well.



The primary responsibility for this strategic objective is with the MoPH and MAIL, with support of ANSA. Other Ministries, implementing community interventions, should be engaged where relevant, such as MRRD or MoWA.

### **Outcome 3.4. Improved diversity and quality of family diets**

The most effective and sustainable way of preventing malnutrition—both under- and overnutrition—at any age is the consumption of a healthy and balanced diet that provides all the nutrients required to meet individual needs. This outcome builds on previous experiences and supports the dissemination of food-based dietary guidelines and their use by all stakeholders, including frontline and extension workers. Promotion of improved practices will be linked to community-based measures to increase access to healthy and affordable foods. In this regard, joint planning and targeting including key sectors at all levels is envisaged to link nutritionally vulnerable households to measures aiming to improve access and strengthen the promotion of a diversified diet. Close follow-up and evaluation is essential to ensure consistent learning and plan adjustments.

The entity primarily responsible for this outcome is MAIL, in cooperation with MoPH, with the support of MRRD and MoWA for community-level implementation.

### **Outcome 3.5. Increased capacity for the production and preparation of food products suitable for acutely malnourished children**

The last decade has seen increasing demand for ready-to-use therapeutic foods (RUTF) and ready-to-use supplementary foods (RUSF) to manage acute malnutrition at low costs. Treatment of moderate acute malnutrition in Afghanistan is provided in line with the county policy and guidelines on the integrated management of acute malnutrition (IMAM), using imported RUTF and RUSF in the absence of local solutions. This outcome includes exploring the feasibility, opportunities, and capacity building for the in-country production of culturally appropriate RUTF, RUSF, and other lipid-based food supplements. Other areas of focus under this outcome are to explore local solutions for home-based development of nutritious recipes and guidelines to manage undernutrition and to promote healthy and balanced complementary feeding practices for children 6 to 24 months.

The primary responsibility for the implementation of this outcome is with MAIL and MoPH.

## **Strategic Objective 4. Increase access to nutrition-related quality health care services**

Health care services play a major role not only in preventing malnutrition and nutrition-related diseases but also in the treatment and management of acute malnutrition and its related complications. In Afghanistan, a range of policies, guidelines, and protocols are in place that focus on

or are highly relevant to the delivery of nutrition-related services through the health sector. IMAM was included in the BPHS and the EPHS in 2014. These service packages mandate that treatment of severe acute malnutrition be available through the existing health system at both community and facility levels. However, implementation is still limited in scale and quality of nutrition services. To improve this, capacity needs to be built across the health services.

The MoPH has the role of both implementing and providing overall coordination and stewardship for public health care services contributing to nutrition outcomes (including both nutrition-specific services and nutrition-sensitive health interventions). These efforts will be closely coordinated with the Public Nutrition Directorate, a Directorate of the MoPH, as well as other stakeholders implementing the respective health care programs.

#### **Outcome 4.1. Improved the quality and coverage of nutrition-related child health services**

This outcome aims to strengthen and expand the delivery of nutrition services as part of the integrated management of childhood illnesses through the BPHS and private health care providers. It includes three main action areas: (1) identification of the specific support requirements to scale up and strengthen the quality of nutrition services as part of integrated management of childhood illnesses through the BPHS, (2) supporting IMAM, and (3) the prevention and treatment of infectious diseases, including the treatment of diarrheal diseases using low-osmolality oral rehydration solutions with zinc supplements, as per national guidelines. This will require strengthening human resources for nutrition counseling. Furthermore, this outcome includes scaling up other nutrition-related interventions, such as vaccination and supplementation through routine services at community and facility level through the BPHS, the EPHS, and private health care providers.

The primary agency responsible for this outcome is the MoPH through its health care providers—with support of strategic and implementing partners.

#### **Outcome 4.2. Improved the quality and coverage of reproductive health services**

To improve quality and coverage of reproductive health services related to nutrition outcomes, this outcome includes two broad action areas. These action areas align with and build upon the GoIRA's National Reproductive, Maternal, Child and Adolescent Health Strategy (MoPH, 2017b).

This outcome aims to increase coverage, quality, and utilization of reproductive health care services related to nutrition, mainly pre- and postnatal care, and to raise awareness on the importance of birth spacing and delaying the time of first birth as a significant contribution to improve maternal and child health and nutrition. The promotion of birth spacing will be provided through existing health care providers.

The primary agencies responsible for this outcome are the MoPH and its partner implementing health care services.

#### **Outcome 4.3. Improved health-seeking behaviors and practices through social and behavior change communication**

This outcome will build on the Nutrition Promotion and Social and Behaviour Change Communication Strategy—which is currently being developed by the MoPH. This objective is a key element of the AFSeN-A goal to improve food security and nutrition outcomes in Afghanistan as it aims to improve health-seeking behavior and practices. This outcome is built around three key action areas: (1) developing effective partnerships and engaging partners (e.g. public and private

media) for the delivery of public communication and messages to a broad audience, (2) developing partners' capacities to develop key messages and developing and rolling out the Nutrition Promotion and Social and Behaviour Change Communication Strategy, and (3) promoting improved health and hygiene practices and health-seeking behaviors among mothers and caretakers.

The MoPH carries prime responsibility for this outcome. MAIL and MRRD as well as other ministries will provide inputs and will be using the same partners and similar channels to complement their community-level interventions.



## **Strategic Objective 5. Improve water, sanitation, and hygiene as well as education for better nutrition**

This objective comprises nutrition-sensitive actions through the water and sanitation (outcomes 5.1 and 5.2) and the education (outcome 5.3) sectors. Higher-level goals of those sectors are, globally, formulated as SDG 6 and 4; however, their set of nutrition-sensitive interventions are also directly related and contribute to the achievement of SDG 2.

Limited access to safe drinking water and inadequate sanitation facilities as well as poor hygiene practices result in high rates of waterborne diseases, which in turn lead to high rates of undernutrition, poor pregnancy outcomes, under-five mortality, and compromised health status for the population as a whole.

In Afghanistan, access to water, sanitation, and hygiene practices improved in recent years. However, they are still significantly below adequate levels (NNS, 2013), resulting in high risk of infectious diseases, implying a loss in nutrients and contributing to a deterioration of nutritional status (National Nutrition Survey, Afghanistan, 2013).

Though access to water sources improved over the recent years, more than one third of the households do not have access to improved sources, and less than 10 percent of the households treat water to make it safer and fit for consumption (National Nutrition Survey, Afghanistan, 2013).

It is also noted that sanitary facilities are usually shared among a group of households, and almost half of the households do not have access to improved facilities at all (National Nutrition Survey, Afghanistan, 2013).

### **Outcome 5.1: Increased access to and use of safe drinking water**

This outcome includes three main action areas, including interventions to improve access to safe drinking water through the establishment and maintenance of improved water systems within communities, health facilities, and schools. These activities are to be complemented by the promotion of the appropriate use and consumption of safe drinking water.

The primary agency responsible for this outcome is MRRD, in close collaboration with the MoPH's Health Promotion Department, in particular the promotion of hygiene and sanitation and water systems in health facilities. The MoE is the prime partner for promotion and the establishment of water systems in schools.

## Outcome 5.2. Improved hygiene and sanitation practices

This outcome includes actions to improve hygiene and sanitation practices and behaviour in households, communities, schools, and health care facilities using various service delivery mechanisms, including mass media, to promote the use of adequate sanitation facilities and to implement a plan for community-led total sanitation and an open defecation-free environment in line with the National Hygiene Promotion Strategy 2017 to 2020 (MoPH, 2017a).

Prime responsibility will be with the MRRD, in close collaboration with the MoPH, in particular for the social and behavior change communication efforts, as well as the MoE for school-based interventions.

## Outcome 5.3. Promoted education and school-based learning

Children of illiterate mothers or mothers with low literacy are at higher risk for malnutrition (National Nutrition Survey, Afghanistan, 2013), as better-educated women are more likely to make proper use of critical nutrition-related services, such as compliance to micronutrient supplementation and going to pre- and postnatal visits.

As such, improving literacy levels—particularly for mothers as well as adolescent girls and women of reproductive age—will have a lasting positive impact on nutrition. Education services—whether through formal systems or delivered through community-based education—are also a good platform to directly deliver messages and promote improved nutrition-related practices among school-aged children and adolescents, their households, and communities. School management *shuras* are an important platform to facilitate changes at school and to sensitize and mobilize communities.

One intervention under this outcome aims to increase education levels by promoting and incentivizing school enrollment and attendance—particularly for girls. Such incentives include the provision of snacks, midday meals, or take-home rations. A pilot scheme for a homegrown (community-based) school feeding program will introduce healthy meals at schools while at the same time encouraging local food production and preparation. Another intervention under this outcome aims to integrate food security and nutrition topics into the school curricula in order to improve knowledge and understanding around nutrition and related topics. School water and sanitation measures—such as open defecation-free zones—will educate the young generation to utilize improved practices and behaviors. Basic nutrition services will also be provided through school health programs to improve students' immediate health and nutritional status as well as improve practices and health-seeking behaviors for the long term. For example, providing iron-folate acid supplementation to adolescent girls to prevent anemia will be piloted and scaled up if proven effective.

The primary agency responsible for this outcome is the MoE, supported by MoPH for the health and nutrition package and MAIL for the school-based food security interventions.



## *SDG 2.3. Doubling smallholder productivity and income*

The strategic objective associated with this SDG target is SO 6—to improve rural infrastructure and strengthen nutrition-sensitive value chains.

Under SDG 2.3, the GoIRA supports the production and processing of crops, horticulture, wheat, rice, and poultry as a general business priority and strategy—particularly through special programs such as the National Horticulture and Livestock Project (NHLP), the Rural Microfinance and Livestock Support Programme, the Community Livestock and Agriculture Programme, and the Perennial Horticulture Development Project (PHDP), with the aim to initiate value chains. AFSeN-A's main focus under SDG 2.3 will be small-scale family farmers and producers, in particular female farmers and indigenous people living in underserved and nutritionally vulnerable locations.



## **Strategic Objective 6. Improve rural infrastructure and strengthen nutrition-sensitive value chains**

This objective includes two outcomes: strengthening nutritional value chains to generate income for women and to increase availability of nutritious foods at local markets, and encouraging public-private partnerships and enhancement of rural infrastructure, such as roads and storage facilities.

### **Outcome 6.1. Strengthened nutrition-sensitive value chains**

This outcome aims to investigate and support nutrition-sensitive value chains and local marketing of food products with high nutritional value, including raising poultry and livestock as well as other food processing opportunities. Interventions will also be implemented to create and support local producer groups and traders, create public-private partnerships, and identify market linkages and opportunities to support the marketing of nutritious foods at local markets. The intended result will be strengthened self-reliance of smallholders and subsistence farmers while also generating income and increased availability and access to nutritious foods at local markets. Activities will mainly focus on supporting women, female farmers, and producer groups.

The primary agencies responsible for this outcome are MAIL and MoWA—the latter in particular with regard to support focusing on women. Targeting and selection of beneficiary households will be done jointly with the AFSeN-A Core Group using information and inputs deriving from MRRD's mapping system.

### **Outcome 6.2. Improved rural infrastructure**

This outcome aims to improve rural and communal infrastructure to strengthen market linkages and access to services. Actions include investment in basic rural and communal infrastructure to ease market linkages and logistics, such as market buildings and feeder roads. It also includes the creation of food-related infrastructure to support food production and processing (e.g. food processing centers), storage capacities, small-scale irrigation, demonstration plots, and green houses, among others. At the same time, the development and management of natural resources, including forests and watersheds, for example, will protect and conserve Afghanistan's natural resources and build resilience to climate change.

The primary agency responsible for this outcome is MAIL, in cooperation with MRRD and MoWA.



## *SDG 2.4. Ensuring sustainable food production systems and implementing resilience agricultural practices in the context of climate change and other hazards*

To achieve SDG 2.4, the GoIRA's—in particular MAIL's—major programs aim to prevent soil erosion and improve productivity and production and improve rain-fed and irrigated water systems to strengthen farmers' income. These efforts are under implementation mainly through MAIL's general annual development program and the NCADPP. The AFSeN-A's aims to strengthen its relevance and impact on nutrition is complementing SDG 2.4 by increasing the availability of nutrient-rich foods through national production and regulated importation.



### **Strategic Objective 7. Increase availability of nutrient-rich foods through domestic (local) food production**

This objective includes two key outcomes. The first outcome aims to achieve increased domestic production and diversification of nutrient-rich foods. Besides increasing the availability of diverse food, focusing efforts on increased agricultural productivity, especially among nutritionally vulnerable groups, is expected to also lead to increased incomes and employment—and thus more resilient livelihoods. This outcome relates closely to outcome 6.1. under SDG 2.3. The second outcome focuses on importation regulations for high-quality foods.

#### **Outcome 7.1. Increased domestic (local) production and diversification of nutrient-rich food**

This outcome aims to improve the availability of nutritious foods through improvements in irrigation and through increasing the quality, quantity, productivity, and diversity of crops and horticulture—such as cereals, legumes, seeds and nuts, and vegetables and fruits—as well as livestock—like small ruminants and dairy products. The primary audience will be rural farmers (especially women) to strengthen their production system sustainably and to build their capacity and resilience to the impact of shocks. These actions are designed to consider potential pathways to show a maximum impact on nutrition—ensuring interventions are focused on highly nutritious and culturally appropriate foods and well targeted to vulnerable communities, like smallholder and female farmers.

While increasing food production is important, actions under this outcome will also carefully consider how to mitigate and control potential negative impacts of intensified production, such as the addition of constraints in women's workloads or households' caring capacity, threats to the availability of and access to water, or land disputes that might contribute to migration or displacement.

The primary agency responsible for this outcome is MAIL, in close coordination with the MoEW for the design and implementation of irrigation schemes.

#### **Outcome 7.2. Regulate imports of high-quality foods**

Afghanistan will continue to depend on food imports to cover the nutritional demand of the population in the coming years and to prepare for production shortfalls caused by recurring

disasters. This implies continued dependence on international—particularly regional—food markets and their associated trade policies.

This outcome aims to ensure fairness in trade, protect consumer health and safety, and regulate imports and trade of major food items—including the marketing and processing of fortified products. This will be achieved through the development, enforcement, and implementation of regulations, policies, standards, and procedures that protect consumers and ensure that traded food is healthy, is safe for consumption, complies to global food quality standards (e.g. in terms of shelf life), and contributes to the nutritional status of the Afghan population.

The primary agencies responsible for this outcome are MAIL and MoPH, together with the ANSA and others, as per mandate.



### *DG 2.5. Maintain the genetic diversity of seeds, cultivated plants, and farmed and domesticated animals and their related wild species*

Under this SDG target, the GoIRA, mainly through its MAIL, aims to increase production of cereals (wheat, rice, and corn), legumes (lentils, peas, and beans) and oil seeds (flax and its seeds, sesame, sunflower, cottonseeds, and olive) as a contribution to national food security and a strong economy. It also entails the protection, conservation, and promotion of wild and indigenous species—many of which are an important source of micronutrients in traditional diets—with increased importance during the hunger season.

In implementation, MAIL has support the World Bank-funded NHLP and the PHDP, and the European Union-supported Afghanistan National Horticulture Development Organisation and Afghanistan National Nursery Growers' Organisation.

AFSeN-A's SO 8 aims to increase the nutritional and market value of crops and animal products.



### **Strategic Objective 8. Increase the nutritional and market value of foods (wheat, other staple foods, and animal products)**

#### **Outcome 8.1. Increased availability of food crops that have a high nutritional and market value**

This outcome aims to increase the availability of food crops that show a high nutritional and market value and are drought resistant and climate smart (including oil seeds, nuts, fruits, and other indigenous products). Action areas under this outcome include the identification and evaluation of suitable crop varieties that show a high nutritional and market value, are drought resilient and resistant, and are appropriate under the given climatic conditions (e.g. through field research) as well as breeding and field trials to test the specific varieties for further promotion through agriculture extension services.

MAIL, through its agriculture extension and research department, will carry full responsibility for this outcome.

## **Outcome 8.2. Enhanced availability of animal-sourced foods of livestock and livestock products through cross-breeding and promotion**

This outcome aims to increase the availability of animal-sourced foods as an extremely valuable source of nutrients as well as having a high market value. Increased availability of animal-sourced foods contributes to an improved diet through increased access directly and through increased incomes, mainly for women, indirectly. Hence, animal-sourced foods play a significant role in improving the nutritional status of vulnerable groups.

This outcome includes the identification and improvement of livestock breeds and production through cross-breeding and promotion. The primary focus will be livestock traditionally managed by women, such as small ruminants and poultry products.

The primary agency responsible for this outcome is MAIL, mainly through its livestock and poultry department.



### ***SDG 17.14. Enhance policy coherence for sustainable development***

To achieve SDG 17, a key component is to strengthen partnerships. As part of this process, target 17.14 aims to enhance policy coherence for the sustainable development. Based on the ANPDF, the GoIRA drives a reform agenda and aims for better performance and accountability.

AFSeN-A's SO 9 aligns to those targets and aims to strengthen food security and nutrition governance to achieve the set goals. It is composed of outcomes, predominantly of multi- and cross-sectoral nature—including strengthening policy dialogue and institutional reforms, improving the regulatory environment, strengthening innovations, improving investment and financing for nutrition, and improving measurements on progress, including monitoring, evaluation, accountability, and learning mechanisms allowing for plan adjustments; tracking accountabilities; strengthening multisectoral and multi-stakeholder engagements; and strengthening capacity to deliver results and improve lobbying, advocacy, and public awareness for nutrition.



### **Strategic Objective 9. Strengthen food security and nutrition governance**

In order to enhance and sustain the impact of the AFSeN-A strong coordination across the SO actions is essential. For instance, the close alignment of the nutrition-specific interventions (SO3) with the nutrition-sensitive interventions under (SOs 1, 2, and 4 through 8) are of utmost importance to achieve the targets. Effective coordination of these efforts is one of the main responsibilities of the AFSeN-A Governance Structure.

Strong governance will need to include policy dialogue, improved regulatory frameworks, and investment in food security and nutrition. Moreover, multisectoral and multi-stakeholder coordination, public awareness, citizen engagement, promoting innovation, and developing capacities

at individual, system, and organizational levels are all required to improve governance for food security and nutrition.

The main responsibility for all activities under this strategic objective is with the AFSeN-A Secretariat with support of its core group, comprising representatives of the different line ministries and development partners.

### **Outcome 9.1. Strengthened policy dialogue and institutional reform**

To achieve this outcome for improved food security and nutrition, relevant sectoral policies will be analyzed and revised, and the synergies and trade-offs between the economic, social, and environmental spheres of policies will be assessed, as necessary. Strategic partnerships will be established between state and non-state actors—including the private sector and farmers—to mobilize resources. The Government will also utilize its convening power to bring together key stakeholders to make informed decisions, identify synergies, create opportunities for consultations, and exchange information and opinions. A clear mechanism for the division of roles and responsibilities will be developed to delegate or distribute tasks and track results.

The AFSeN-A strategic objectives will become an integral part of Afghanistan's development agenda and will be incorporated into the strategic plans of ministries and related stakeholders. As well, the AFSeN-A Secretariat will be embedded into the existing governmental structure to ensure continuity of recently initiated multi-stakeholder coordination efforts. As an institutional reform, the Afghanistan National Food Authority will be established and enacted.

### **Outcome 9.2. Improved the regulatory environment**

To improve the regulatory environment, new laws, policies, standards, regulations, and guidelines related to food and food systems will be developed, tested, and operationalized. Examples include food law, consumer subsidy policies, school health policies, subsidy schemes for the production and consumption of healthy and nutritious foods, measures and incentives for the private sector, and other standard procedures that ensure the availability and affordability of healthy, diverse, and sustainably produced foods.

### **Outcome 9.3. Strengthened innovation**

Innovation is a main driver of agricultural and rural transformations. The Afghan Government and the AFSeN-A partners will foster innovation through additional investments in agricultural research, extension, and advisory services, as well as in capacity development of smallholders, farmers, and traders. It is expected that these actions will improve their skills, knowledge, and use of practical solutions and technologies to increase the quality and quantity of breeding and crop yields—while at the same time reducing their water consumption, enhancing resistance to pests and diseases, and strengthening the resilience of crops and livestock to climate change. Consideration of nutrition outcomes will be made an integral part of such developments.

Innovation can take advantage of new technologies—such as the use of mobile phones and social networks—to create new markets in areas where there is a lack of infrastructure or experience in logistics and distribution. The creation of small local markets by local traders should also be fostered and supported where necessary.

### **Outcome 9.4. Improved investment and financing for nutrition**

To improve food security and nutrition, the AFSeN-A stakeholders will advocate for increased investment in sustainable food and agriculture production systems in order to maximize the impact on broader national development objectives. The key areas for increased public investment include

agricultural research and development, education and access to information for producers, and rural infrastructure—as these have a much higher return than other expenditures. Removing barriers to agricultural production in vulnerable areas—by investing in roads, water control, or markets—will provide an incentive for farmers to invest more in their production.

Financial schemes—such as agricultural investment funds, investment promotion, guaranteed funds, and community-based savings and loan groups—focused on increasing the level of financing while lowering the risks to investors should be tested. Access to credit will promote financial literacy and management skills.

### **Outcome 9.5. Improved measurements on progress**

New and effective ways of collecting data, monitoring targets, and measuring progress will be essential for achieving the AFSeN-A strategic objectives and other SDGs. As the basis for policy decisions, effective monitoring will offer Afghanistan vital information on which populations or geographic areas have the greatest need, and therefore who should be targeted by interventions. Decision-makers need better data to set measurable targets, to design and monitor the implementation of food security initiatives and social safety programs, and to determine effective support to agriculture and rural development.

To achieve this, SDG indicators—particularly SDG 2—and World Health Assembly nutrition indicators will be prioritized to set and monitor national nutrition targets. The multiplicity and disaggregation of available data sources is beneficial, but it also provides challenges for presenting a comprehensive and consistent picture of the food and nutrition environment in Afghanistan. The AFSeN-A will coordinate and ensure that methodologies and indicators are consistent and allow for the tracking progress on the set indicators within the required timelines. The ultimate aim is to ensure consistent reporting against the log frame and that quality reports are regularly submitted to the coordination and steering committees. This, in turn, will inform decisions and allow adjustments when and where necessary.

An effective information system will be put in place to provide countrywide baseline data and regular updates on food security and nutrition determinants. It is intended that the District Health Information System (DHIS), surveillance data, early warning information from Integrated Phase Classification (IPC), and rapid emergency needs assessments conducted when a disaster occurs will all be available and coordinated from a single source.

In general, the M&E system for food security and nutrition will ensure surveillance of the situation in Afghanistan, monitor progress in implementing the AFSeN-A, and track its results and impact. It would allow stakeholders and the public to access up-to-date information on the food security and nutrition situation and inform them of the progress in implementing the AFSeN-A and of the attainment of planned objectives. As well, the system would identify deficiencies, if any, in the design or implementation of the AFSeN-A and propose appropriate adjustments. Overall, the AFSeN-A M&E approach will include: (1) a theory of change and logical framework (log frame); (2) a compilation of suitable, agreed-upon indicators for measuring the performance of the Strategic Plan interventions; (3) the establishment of a data bank of all relevant programs and projects; and (4) the performance of joint monitoring. The information will be used to inform policy makers and the High-Level Steering Committee on intervention progress and to facilitate plan adjustments. Stakeholders will conduct different types of evaluations—including impact evaluations—to measure the relevance, efficiency, effectiveness, impact, and sustainability of the planned interventions. The oversight institutions will be briefed on a regular basis.

The oversight of food security–related and nutrition-related actions at the executive level will be carried out by the AFSeN-A Executive Committee and at policy level by the High-Level Steering Committee. Both of them carry the responsibility and will be held accountable for progress toward the set targets.

### **Outcome 9.6. Strengthened multisectoral and multi-stakeholder engagement**

The diversity of stakeholders—and the knowledge and skills they have—are crucial to the improvement of the food security and nutrition in Afghanistan. Multi-stakeholder platforms under AFSeN-A will be further strengthened to create a universal space to voice concerns as well as solutions toward the shared objectives. Networks for development partners including UN agencies, CSOs/NGOs, donors, and businesses/the private sector will be engaged through various coordination platforms at subnational, national, and international levels. To keep these coordination mechanisms sustainable, institutionalizing the current technical AFSeN-A Secretariat within the permanent government structure will be crucial.

### **Outcome 9.7. Strengthened capacity to deliver results**

To achieve this outcome, the capacity and capacity development needs of stakeholders in food security and nutrition planning, management, monitoring, evaluation, accountability, and learning, leadership, and coordination will be assessed, and a capacity development strategy will provide guidance for the systematic implementation of capacity-building measures. Adequate short- and long-term capacity-building measures at individual and institutional levels will be planned and executed by each stakeholder.

### **Outcome 9.8. Improved lobbying, advocacy, and public awareness for nutrition**

Sensitization and mobilization of policy makers, politicians, lawmakers, stakeholders, communities, and donors to support and allocate more resources to the AFSeN-A will be key to improving food security and nutrition and ultimately achieving Zero Hunger. Key action areas for this outcome are increasing public awareness among citizen and community networks; increasing the voice of food producers (especially small ones) in policy decisions; advocating with the Government, parliamentarians, and donors to include food security and nutrition in their plans; and allocating sufficient financing and resources for nutrition.



# **GOVERNANCE STRUCTURES, ROLES, AND RESPONSIBILITIES**

## Introduction

Implementation of the Strategic Plan will be guided by principles of good governance and will include oversight from national, provincial, and local government structures. Resource allocation for nutrition and its use will be monitored at all levels. Effective performance management systems will also be implemented to reward good performance through increased resources. Strong finance and management systems will be employed to ensure effective and efficient use of resources, and robust M&E systems will be adopted to ensure accountability and transparency.

The GoIRA made a commitment to improve food security and scale up nutrition in 2017 when Afghanistan joined the SUN Movement. The launch of the AFSeN-A and the development of this Strategic Plan marked a significant milestone. They will provide guidance to sectors on the comprehensive approach to address malnutrition and food insecurity using evidence-based strategies to maximize impact and put an end to hunger, achieve food security, improve nutrition, and promote sustainable agriculture.

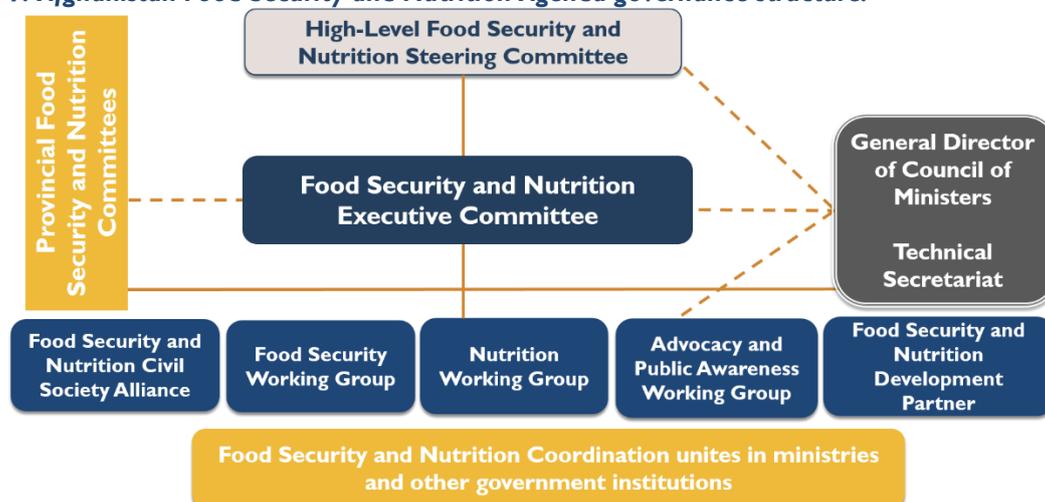
## Governance structures for nutrition

To coordinate the AFSeN-A and develop and implement the Strategic Plan with all relevant sectors and partners, the following national-level governance structures were established:

1. High-Level Food Security and Nutrition Steering Committee.
2. Food Security and Nutrition Executive Committee chaired by Director General of the Council of Ministers' Secretariat and co-chaired by MAIL, MoPH, and one UN agency on rotational basis.
3. AFSeN-A Secretariat.
4. Food Security and Nutrition Development Partner Working Group.
5. Food Security Working Group chaired by MAIL.
6. Nutrition Working Group chaired by MoPH.
7. Advocacy and Public Awareness Working Group chaired by MoIC.
8. Food Security and Nutrition Civil Society Alliance.
9. Provincial Food Security and Nutrition Committees.

In addition to the national AFSeN-A governance structures, Provincial Food Security and Nutrition Committees have been established to engage local authorities and non-governmental stakeholders to actively articulate and coordinate the AFSeN-A at the provincial level (Figure 7).

**Figure 7. Afghanistan Food Security and Nutrition Agenda governance structure.**



The Director General of the Council of Ministers' Secretariat coordinates the AFSeN-A on behalf of the Government. The High-Level Food Security and Nutrition Steering Committee is chaired by the Chief Executive H.E. Dr. Abdullah Abdullah, ensuring high-level political commitment and strategic guidance to accelerate actions to reduce malnutrition. The AFSeN-A Secretariat coordinates the AFSeN-A core group of line ministries—primarily MoPH, MAIL, MRRD, MoWA, MoF, MoHIA, MoIC, and other relevant government authorities—UN agencies, development partners, and CSOs. Throughout the process, their main role is to contribute to the common objective, share information, provide inputs and contributions, and commit to support the development and operationalization of the Strategic Plan.

Global as well as local experience from Afghanistan demonstrates that improving food security and nutrition requires a multisectoral approach, multi-stakeholder support, and high-level political commitment. Effective coordination between sectors and programs is essential. Under the AFSeN-A, the GoIRA has established suitable platforms, with representations by and linkages to all relevant sectors and partners—including different government ministries, international and donor organizations, international and local NGOs, and CSOs. It is of utmost importance to ensure that the established coordination and cooperation platforms are functional throughout the processes of planning, coordinated implementation, M&E, and resource mobilization.

The next steps to progress toward better food security and improved nutrition are to develop and agree on an Operational Plan (Part 2), engage all relevant sectors to develop and agree on targets and results, and prepare a tangible, well-coordinated set of activities. This process as well as the implementation of the plan will be responsibility of the AFSeN-A governance structures.

## Role of line ministries

Food security and nutrition programs are located across several ministries that have food security and/or nutrition mandates. The principle actors at the central government level are MAIL, MoPH, MRRD, and MoLSAMD. Others with direct or facilitating roles are MoCI, MoE, MoEW, NSIA, MoWA, MoF, MoFA, MoEC, ANSA, and ANDMA.

Consistent with their institutional mandates and current comparative advantages, the primary roles of these public entities in the AFSeN-A are:

1. **MAIL:** Promoting agricultural and livestock production, productivity, and markets in order to expand food availability and access and contribute to improved food supply stability and utilization.
2. **MoPH:** Maintaining the health status of Afghans through actions to improve IYCF and care practices, management of acute malnutrition, control infectious disease, provide micronutrients, prevent nutrition-related illnesses, and promote food safety.
3. **MRRD:** Providing basic services, strengthening governance, developing infrastructure, and encouraging sustainable livelihoods for the rural population through public employment and productive safety net programs that enhance access to food.
4. **MoLSAMD:** Regulating labor conditions and managing skills development and social welfare programs including social safety nets and public transfers that facilitate access to food by disadvantaged populations.
5. **ANDMA:** Overseeing disaster preparedness and coordinating emergency relief operations to facilitate stable food supplies and food access.

6. Other central government ministries with direct or facilitating roles in food security and nutrition are: (i) **MoCI** for food imports and processing regulation; (ii) **MoE** for school feeding and school gardens programs; (iii) **MoEW** for oversight of rural energy and water supply; (iv) **NSIA** for collecting, analyzing, and publishing food and nutrition data; (v) **MoWA** for the empowerment of women; (vi) **MoF** for managing public finance and expenditure and coordinating international financial assistance; and (vii) **MoFA** for overseeing development cooperation and other partnership agreements, **MoEC** leads and coordinates the Afghanistan-SDGs, and the SDG Secretariat.

## Role of other stakeholders

The formulation of realistic food security and nutrition policies and strategies and their effective implementation also depends on the active involvement of local government institutions and non-governmental actors.

### Local government institutions

In regard to the AFSeN-A, provincial departments and agencies of central government institutions—as well as other provincial, district, and community administrations—are expected to: (1) provide data and information on the prevailing food security and nutrition situation; (2) identify and articulate existing or anticipated challenges or problems; and (3) be involved in implementing measures in their fields and areas of responsibility.

### International and local non-governmental organizations

National and international NGOs currently operate a wide spectrum of projects and programs related to food security and nutrition. They will continue to provide these services, which include: (1) advocacy and awareness creation; (2) mobilization and provision of material resources; (3) technical assistance, particularly training and capacity building; and (4) community mobilization. Furthermore, international NGOs will be expected to continue building the capacity of local NGOs in project planning, management, monitoring, and other technical fields to support the sustainability of the AFSeN-A actions.

### Civil society organizations

Farmer associations, women and youth organizations, and other community groups will also play an important role in AFSeN-A implementation through: (1) advocacy and articulation of the interests and needs of members; (2) sensitization of members and launching of public campaigns (e.g. child nutrition, consumption habits, crop diversification, hygiene, and home gardening); (3) development of project and program proposals; (4) setting of priorities; (5) mobilization and organization of members for action; and (6) monitoring the implementation and impacts of interventions.

### Private sector

To support food security and nutrition action, private-sector actors are expected to: (1) lead efforts with respect to input supply, marketing, imports and exports, transport, and rural and urban micro-credit schemes; and (2) contribute to farming, food processing, infrastructure improvement, and organizational development.

### International partners

International development partners have contributed to Afghanistan's growth and development over the years and are expected to do more as the country focuses less on relief and recovery and more on growth and development moving forward. These partners include UN agencies—such as FAO, UNICEF, WHO, and the World Food Programme—and donor organizations such as USAID or the

EU. In support of the AFSeN-A, these partners are expected to provide resources for policy analysis and advice, financial and material aid, and technical assistance.

### Intersectoral coordination structure to achieve the SDGs

The Afghanistan-SDGs and the AFSeN-A have close linkages. As such, there is strong potential to closely align, coordinate, and cooperate (even with regard to the governance structure) their various coordination mechanisms, institutional arrangements, partnerships, and networks. The MoEC leads and coordinates the Afghanistan-SDGs, and the SDG Secretariat—under the supervision of the MoEC General Directorate of Policy—facilitates the process. The SDG Executive Committee and High-Level Board includes the Ministers/Deputy Ministers of Economy and the ministerial SDG focal points. International stakeholders are supported by a National Coordination Committee—composed of government ministers and deputy ministers. Planning and implementation is further supported and facilitated by the National Coordination Committee and Technical Coordination Committees.

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## Annex 1. Key contributing stakeholders to the strategic development of the plan

Organizations	Individuals
<b>Council of Ministers' Secretariat</b>	H.E Nasrullah Arsalai
<b>Afghanistan Food Security and Nutrition Agenda Technical Secretariat</b>	Dr. Said Shamsul Islam Shams Mr. Mohammad Yaqub Gulzai, Dr. Mohammad Akbar Sabawoon
<b>MAIL</b>	Mrs. Nazira Rahmad Mr. Ramazan Mehdiyar
<b>MoPH</b>	Dr. Mohammad Homayoun Ludin Dr. Shafiqullah Safi
<b>MRRD</b>	Mr. Naseer Ahmad Popal
<b>MoLSAMD</b>	Mr. Abdul Raziq Salar Mr. Abdullallah Barakzai
<b>MoWA</b>	Mrs. Marghalari Khara
<b>ANDMA</b>	Dr. Mohammad Iqbal Murad
<b>ANSA</b>	Dr. Darwish Mansorie
<b>UNICEF</b>	Mrs. Maureen L. Gallagher, Dr. Zakia Maroof
<b>FAO</b>	Mrs. Mehnaz Ajmal, Dr. Muhibullah Latifi
<b>WFP</b>	Mrs. Rachel Fuli Mr. Sayed Jamshid Zewari Mr. Amanullah Assil Dr. Hafizullah Elham Mr. Francesco Tisei
<b>EU</b>	Fazul Mohamd Zameer
<b>USAID</b>	Dr. Masoud Mehrzad Dr. Pir Mohammad Paya
<b>Canadian Embassy</b>	Wassala Nimaga Dr. Nasir Ebrahimkhail
<b>CSOs</b>	Dr. Ibne Amin Khalid

## Annex 2. Logical Framework (approved 12 November 2018)

**Goal:** Improve food security and nutrition situation of Afghan people

SDGs	Objectives	Outcomes	Key Action Areas
 <p><b>SDG 2.1</b> End hunger and ensure that people have access to sufficient and nutritious food all year round</p>	 <p><b>1. Ensure adequate economic and physical access to food, especially for vulnerable and food insecure population groups</b></p>	<p><b>1.1. Employment and income opportunities created</b></p>	<p>1.1.1. Explore diversification, promote and implement employment and income generation opportunities, particularly for women</p> <p>1.1.2. Promote nutrition-sensitive food value chains, particularly targeting women (focus on local and community markets)</p>
		<p><b>1.2. Nutrition-sensitive social protection and safety nets expanded</b></p>	<p>1.2.1. Identify best practices in nutrition-sensitive social protection</p> <p>1.2.2. Provide capacity support to ensure an effective evidence-based design and facilitate the MoLSAMD's social protection schemes</p> <p>1.2.3. Facilitate and strengthen social protection through food transfers, cash-for-work and food-for-work, vouchers and cash transfers</p>
	 <p><b>2. Ensure food and nutrition supplies and services over time and in emergency situations</b></p>	<p><b>2.1. Strategic food reserves (SFR) supported food insecure and nutritionally vulnerable areas</b></p> <p><i>(Reference to the NCADPP)</i></p>	<p>2.1.1. Closely coordinate with SFR stakeholders to explore options to incorporate highly nutritious foods</p> <p>2.1.2. Promote the establishment of SFRs for highly food insecure, emergency-prone locations</p>
		<p><b>2.2. Preparedness and rapid response to food and nutritional emergencies ensured</b></p>	<p>2.2.1. Improve national early warning system with focus on nutritional indicators</p> <p>2.2.2. Develop emergency preparedness and response plans</p> <p>2.2.3. Ensure that emergency prevention and mitigation measures are in place</p> <p>2.2.4. Plan and coordinate rapid assessment and immediate response</p>

SDGs	Objectives	Outcomes	Key Action Areas
 <p data-bbox="129 786 277 895"><b>SDG 2.2</b> End malnutrition</p>	 <p data-bbox="349 379 654 608"><b>3. Improve quality of nutritious diets, particularly among women, children and vulnerable groups</b></p>	<p data-bbox="680 316 1077 424"><b>3.1. Infant and young child feeding (IYCF) practices improved</b></p>	<p data-bbox="1122 244 2051 276">3.1.1. Expand the delivery of the community-based nutrition package (CBNP)</p> <p data-bbox="1122 304 2101 336">3.1.2. Strengthen the IYCF component of the BPHS and EPHS as well as the BFHI</p> <p data-bbox="1122 365 2069 437">3.1.3. Deliver social and behaviour change communication with regard to IYCF engaging multisectoral platforms</p> <p data-bbox="1122 466 1756 497">3.1.4. Strengthen the enabling environment for IYCF</p>
		<p data-bbox="680 679 1077 751"><b>3.2. Maternal and adolescent nutrition improved</b></p>	<p data-bbox="1122 518 2101 622">3.2.1. Promote balanced and micronutrient rich diets and good nutrition practices, specific to women and adolescents, through the CBNP and other community-based initiatives</p> <p data-bbox="1122 651 2085 722">3.2.2. Strengthen the public health nutrition components of the BPHS and EPHS, specific to maternal and adolescent nutrition</p> <p data-bbox="1122 751 2107 823">3.2.3. Ensure close linkages to food security and agriculture investments as well as social protection measures to improve nutrition of vulnerable women</p> <p data-bbox="1122 852 2085 924">3.2.4. Provide targeted food supplementation for undernourished (underweight) pregnant and lactating women</p>
		<p data-bbox="680 1038 1077 1190"><b>3.3. Micronutrient deficiencies reduced (Vitamins A and D, iron, folic acid, iodine)</b></p>	<p data-bbox="1122 938 2024 1002">3.3.1. Expand and ensure compliance to micronutrient supplementation for children, as per national protocol</p> <p data-bbox="1122 1031 2047 1102">3.3.2. Expand and ensure micronutrient supplementation, as per protocol for women and adolescent girls</p> <p data-bbox="1122 1131 2101 1203">3.3.3. Strengthen regulations and promote the consumption of fortified food with special focus on iodised salt, fortified wheat and oil</p> <p data-bbox="1122 1232 2078 1303">3.3.4. Explore opportunities and promote home-based fortification, with special focus on multi-micronutrient supplementation for children 6-24 months</p>
		<p data-bbox="680 1318 1077 1390"><b>3.4. Diversity and quality of family diets improved</b></p>	<p data-bbox="1122 1310 2092 1382">3.4.1. Disseminate and promote the use of national food based dietary guidelines for application by all stakeholders and extension workers</p>

SDGs	Objectives	Outcomes	Key Action Areas
SDG 2.2 End malnutrition	3. Improve quality of nutritious diets, particularly among women, children and vulnerable groups	3.5. Capacity for production and preparation of food products suitable for acutely malnourished children increased	3.4.2. Link nutritionally vulnerable households to measures improving access to and promotion of diversified diets through joint planning and convergence at the community level  3.5.1. Study the feasibility and in-country capacities to produce ready-to-use therapeutic and supplementary foods as well as other lipid based nutrient supplements  3.5.2. Explore opportunities and local solutions for the development of home-based nutritious recipes that are suitable and effective to a) treat moderate acute malnutrition and b) improve complementary feeding
		4.1. Quality and coverage of nutrition-related child health services improved  <i>(Indicators: sphere quality standards, incl. coverage, recovery, etc.)</i>	4.1.1. Strengthen and expand the delivery of nutrition services as part of the integrated management of childhood illnesses (IMCI) through the BPHS and private health care providers  4.1.2. Ensure the integration and posting of nutrition counsellors at all targeted locations as part of the BPHS services  4.1.3. Strengthen vaccinations against measles and other childhood illnesses, vitamin A supplementation, deworming and additional micronutrient supplementation as part of routine health services
	4.2. Quality and coverage of reproductive health services improved  <i>(Indicators: RHS service coverage, contraceptive use, birth spacing)</i>	4.2.1. Increase coverage and improve quality and utilisation of reproductive health care services (pre- and post-natal care, iron/folic acid supplementation, etc.)  4.2.2. Raise awareness and promote birth spacing	
SDG 2.2 End	4. Increase access to nutrition-related quality health care services	4.3. Behaviour change communication is effective to improve practices and health seeking behaviours	4.3.1. Develop effective partnerships with public and private media for public communication  4.3.2. Finalise and roll out Nutrition Promotion and Social and Behaviour Change Communication Strategy ensuring cross-sectoral cooperation and implementation

SDGs	Objectives	Outcomes	Key Action Areas
malnutrition	nutrition-related quality health care services		4.3.3. Provide health education to mothers and caretakers at both facility and community levels to improve care, health and hygiene practices, health-seeking behaviours and use of health care services
	 <b>5. Improve water, sanitation and hygiene as well as education for better nutrition</b>	<b>5.1. Access and use of safe drinking water increased</b>	5.1.1. Support establishment and maintenance of water systems at community 5.1.2. Promote the use of safe drinking water and rational use of water sources 5.1.3. Improve water supply at health care facilities and schools
		<b>5.2. Hygiene and sanitation practices improved</b>	5.2.1. Promote hygiene at household, community, schools and health facilities 5.2.2. Increase coverage of Community-Led Total Sanitation and Open Defecation Free (ODF) environment 5.2.3. Support schools and health facilities in the establishment and maintenance of proper sanitation facilities
		<b>5.3. Education and school-based learning promoted</b>	5.3.1. Promote and incentivise primary and secondary school enrolment and attendance, in particular for girls 5.3.2. Develop an approach and pilot a homegrown school nutrition programme 5.3.3. Facilitate school-based learning by integrating nutrition in the curriculum 5.3.4. Support water and sanitation measures at schools (ODF, promote good hygiene practices through school health programme) 5.3.5. Implement basic nutrition services at school (e.g. iron/folic acid for adolescent girls, deworming for all students and their families, as possible)

SDGs	Objectives	Outcomes	Key Action Areas
 <p><b>SDG 2.3</b> Double smallholder productivity and income</p>	 <p><b>6. Improve rural infrastructure and strengthen nutritional value chains while protecting natural resources</b></p>	<p><b>6.1. Nutrition-sensitive value chains strengthened</b></p>	<p>6.1.1. Explore and promote nutrition sensitive-value chains to generate income of women and increase the availability of nutritious foods at local markets through: a) poultry farming, b) livestock raising and c) other food processing initiatives</p> <p>6.1.2. Establish community-based women producer groups, create public-private partnerships and support the marketing of nutritious foods (including creation of market linkages and markets and local traders provide small loans for women, etc.)</p>
		<p><b>6.2. Rural infrastructure improved</b></p>	<p>6.2.1. Create productive communal infrastructure to ease market linkages and logistics (e.g. markets and market access, feeder roads)</p> <p>6.2.2. Support the creation of food-based and food production infrastructure (including processing centres, storage capacities, small scale irrigation, community demonstration plots, green houses, etc.)</p> <p>6.2.3. Support the management and conservation of natural resources and watershed schemes</p>
 <p><b>SDG 2.4</b> Ensure sustainable food production systems and implement resilience</p>	 <p><b>7. Increase availability of nutrient-rich foods through domestic (local) food production</b></p>	<p><b>7.1. Increase domestic (local) production and diversification of nutrient-rich food</b></p> <p><i>Note: Outcome 1.1 and most of the Key Actions Areas refer to the NCADPP</i></p>	<p>7.1.1. Increase agriculture production through irrigation system improvement</p> <p>7.1.2. Diversify and increase production of crops, legumes and horticulture products</p> <p>7.1.3. Increase production and productivity of livestock</p> <p>7.1.4. Promote appropriate land use practices in irrigated and dry-land farming, including measures of community based natural resource management</p>

SDGs	Objectives	Outcomes	Key Action Areas
agricultural practices in the context of climate change and other hazards	 <p><b>7. Increase availability of nutrient-rich foods through domestic (local) food production</b></p>	<p><b>7.2. Imports of quality foods regulated</b></p>	<p>7.2.1. Identify, develop and enforce implementation of required regulations, laws, policies, strategies, standards and procedures</p> <p>7.2.2. Implement and control food trade and quality standards (e.g. Codes Alimentarius, Legislation and Food Law)</p> <p>7.2.3. Regulate imports of fortified food (flour, oil, salt)</p> <p>7.2.4. Strengthen the implementation of consumer protection laws</p> <p>7.2.5. Promote marketing of nutrient-rich foods</p> <p>7.2.6. Support and enforce producer/consumer protection and market related laws</p>
 <p><b>SDG 2.5</b> Maintain the genetic diversity of seeds, cultivated plants and farmed and domesticated animals and their related wild species</p>	 <p><b>8. Increase nutritional and market value of foods (wheat, other main staples and animal products)</b></p>	<p><b>8.1. Availability of food crops that have a high nutritional and market value increased</b></p> <p><b>8.2. Availability of animal sourced foods and livestock products through cross-breeding and promotion enhanced</b></p>	<p>8.1.1. Evaluate, identify and promote specific food crops showing highest nutritional and market value, being resilient, drought resistant and appropriate under the given climatic conditions</p> <p>8.1.2. Conduct field research, breeding and field and on-farm trials to test and promote improved varieties</p> <p>8.1.3. Support small scale and female farmers to adopt tested and improved varieties</p> <p>8.2.1. Improve animal breeds through cross breeding to enhance productivity, nutritional and market values</p> <p>8.2.2. Support and promote cross breeding of livestock of women farmers (focus on poultry and small ruminants)</p>

SDGs	Objectives	Outcomes	Key Action Areas
 <p><b>SDG 17.14</b> Enhance policy coherence for sustainable development</p>	 <p><b>9. Strengthen food security and nutrition governance</b></p> <p><i>Note: this could be an indicator for political commitment at high level continued to be present</i></p>	<p><b>9.1. Policy dialogue and institutional reforms strengthened</b></p>	<p>9.1.1. Take stock of relevant food security and nutrition policies, strategies and programmes</p> <p>9.1.2. Analyse and suggest policy changes</p> <p>9.1.3. Endorse new policies and strategies (including school health policy)</p> <p>9.1.4. Embed AFSeN-A Technical Secretariat into the government structure</p> <p>9.1.5. Create Afghanistan National Food Authority (ANFA)</p>
		<p><b>9.2. Regulatory environment improved</b></p>	<p>9.2.1. Analyse needs and best approaches to Consumer Subsidy Policy</p> <p>9.2.2. Develop and approve subsidy scheme to benefit vulnerable populations, mothers and children</p> <p>9.2.3. Implement pilot scheme to subsidise food production and consumption</p> <p>9.2.4. Incentivise private sector involvement and procedures to improve the availability of healthy foods</p> <p>9.2.5. Develop, endorse and execute Food Law</p>
		<p><b>9.3. Innovation strengthened</b></p>	<p>9.3.1. Analyse and identify promising innovations to ensure food security and nutrition</p> <p>9.3.2. Build individual and institutional capacity for innovations</p> <p>9.3.3. Identify required field research areas, develop and finance research and development in food security and nutrition</p>
		<p><b>9.4. Investment and financing for nutrition improved</b></p>	<p>9.4.1. Develop National Food Security and Nutrition Investment Plan</p> <p>9.4.2. Mobilise resources and implement the investment plan</p> <p>9.4.3. Introduce innovative financial support schemes to farmers and investors</p>
		<p><b>9.5. Measuring progress improved</b></p>	<p>9.5.1. Develop a joint multisectoral monitoring, evaluation and learning system</p>

SDGs	Objectives	Outcomes	Key Action Areas
<b>SDG 17.14</b> Enhance policy coherence for sustainable development	<b>9. Strengthen food security and nutrition governance</b>		9.5.2. Develop and establish a system that allows tracking of accountabilities at national, subnational and implementation level  9.5.3. Establish financial management and tracking system for food security and nutrition
		<b>9.6. Multisectoral and multi-stakeholder engagement strengthened</b>	9.6.1. Maintain, improve and expand the AFSeN-A coordination platforms 9.6.2. Expand and strengthen coordination platforms at subnational level 9.6.3. Engage with regional and global networks
		<b>9.7. Capacity to deliver results strengthened</b>	9.7.1. Assess institutional, administrative and technical capacities and gaps 9.7.2. Develop Capacity Development Plan 9.7.3. Implement the Capacity Development Plan
		<b>9.8. Lobby, advocacy and public awareness improved</b>	9.8.1. Develop Public Awareness and Advocacy Plan (PA&A) 9.8.2. Finance and implement the PA & A Plan

# **M&E Framework**

<b>AFSeN-A Strategic Plan. M&amp;E Framework</b>					
<b>Outcomes</b>	<b>Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>Source of data (Verification)</b>	<b>Responsibility</b>
<b>Goal:</b> Improve food security and nutrition situation of Afghan people	Population living below the poverty line	54.5%	43.6%	ALCS 2016-17	MAIL
	Food insecurity in the population, based (FIES)	44.6%	30%	ALCS 2016-17	MAIL
	Household Dietary Diversity Score (mean)	5.1 Mean Value	7	ALCS 2016-17, NNS 2013	MoPH, MAIL
	Prevalence of stunting	40.9%	<24.5%	NNS 2013	MoPH
	Prevalence of wasting	9.5%	<5%	NNS 2013	MoPH
	Child overweight	5.4%	<5.4%	NNS 2013	MoPH
	Proportion of underweight among women 15 to 49 years (BMI<18.5)	9.2%	5%	NNS 2013	MoPH
	Anaemia among Women of Reproductive Age	40.4%	20%	NNS 2013	MOPH
<b>SDG 2.1 Ending hunger and ensuring that people have access to sufficient and nutritious food all year round</b>					
<b>Strategic Objective # 1: Ensure adequate economic and physical access to food, especially for vulnerable and food insecure population groups</b>					
1.1. Employment and income opportunities created	% female participation in economic activity	26.8%	32.5%	ALCS 2016-17	MAIL, MoWA
	# of farmers (#female farmers) benefiting newly from market opportunities (supported through marketing associations, cooperatives or enterprises)	NA	TBD	MAIL re-ports	MAIL, MOWA
	# of women benefiting from livestock support (a) to raise small ruminants; (b) to raise poultry.	TBD	20 % increase from base-line	MAIL re-ports	MAIL

<b>AFSeN-A Strategic Plan. M&amp;E Framework</b>					
<b>Outcomes</b>	<b>Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>Source of data (Verification)</b>	<b>Responsibility</b>
	Average income of vulnerable families including women from the selling of livestock and agriculture products in year (\$ - USD)	\$ 800	\$ 1,033	NHLP and HED	MAIL
1.2. Nutrition sensitive social protection and safety nets established	# of people benefiting from nutrition sensitive national safety net support	TBD	20 % increase from base-line	MAIL and MoLSAMD annual reports	MAIL, MoPH, MoLSAMD
	National safety net law in place (explicitly outlines measures of nutrition sensitive safety nets with nutritional objectives)		Under implementation	MAIL and MoLSAMD annual reports	MAIL, MoPH, MoLSAMD
<b>Strategic Objective # 2. Ensure food and nutrition supplies and services over time and in emergency situations</b>					
2.1. Strategic Food Reserves (SFR) with focus on food insecure and nutritionally vulnerable locations ensured	Number of strategic food reserves constructed	47	90	Strategic Grain Reserves Directorate reports	MAIL, MoPH, ANDMA
	Nutritious foods are included in and delivered through SFR	0	1	Sectoral reports	MAIL, ANDMA
2.2 Preparedness and rapid response to food and nutritional emergencies ensured	Early warning system functional, results are effective to triggering a timely response	0	Early warning system in place	Sectoral reports	MAIL, MoPH, ANDMA
	National and sub-national emergency preparedness plans developed	0	EPP in place	Sectoral reports Sectoral reports	MAIL, MoPH, ANDMA
	Nutrition emergency and preparedness measures are in place and ensure an effective response.	0	emergency and	Sectoral reports	MoPH MAIL

AFSeN-A Strategic Plan. M&E Framework					
Outcomes	Indicator	Baseline	Target	Source of data (Verification)	Responsibility
			preparedness measures are in place		
<b>SDG 2.2. Ending Malnutrition</b>					
<b>Strategic Objective #3. Improve quality of nutritious diets, particularly among women, children and vulnerable groups</b>					
3.1. Infant and young child feeding practices are improved	% infant 0-6 months exclusively breastfed	58.4%	80%	NNS 2013, AHS	MoPH
	% of minimum acceptable diet children 6-23 months	12.2%	30%		
3.2. Maternal and adolescent nutrition improved	% of population with low dietary diversity	33.7%	40%	ALCS 2016-17	MOPH, MAIL
3.3. Micronutrient deficiencies reduced (Vit A and D, Iron, Folic Acid, Iodine)	% of eligible women receiving food supplements	13.8	25%	NNS 2013, AHS	MoPH
	% Iron Deficiency Anaemia in Children 6 to 59 months	40.7%	20%		
	% of school aged children being Iodine deficient (7-12 years)	30%	15%	NNS 2013	MOPH, MOE
	% of households using iodised salt	97.1%	100%	NNS 2013	MOPH
3.4 Diversity and quality of family diets improved	Household Dietary Diversity Score (HDDS) mean	5.1 Mean Value	7	ALCS 2016-17	MoPH, MAIL, MoWA
3.5 Capacity for production and preparation of food products suitable for acutely malnourished children increased	Feasibility study in-country on production of i) Ready to Use Therapeutic and ii) Supplementary Foods as well as iii) other lipid based nutrient supplements.	0	Feasibility study completed	Report	MoPH,
	Capacity building plan in place for i) and ii) and iii)	0	Capacity building plan in place	Implementation Reports	MOPH

<b>AFSeN-A Strategic Plan. M&amp;E Framework</b>					
<b>Outcomes</b>	<b>Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>Source of data (Verification)</b>	<b>Responsibility</b>
	Guidance developed and disseminated on home-based nutritious recipes i) to treat moderate acute malnutrition and ii) to improve complementary feeding	0	Guideline in place, disseminated to at least 90% of the service providers	Implementation Reports	MoPH
<b>Strategic Objective # 4. Increase access to nutrition related quality health care services</b>					
4.1. Quality and coverage of nutrition related child health services improved	% of eligible children admitted to: i) Management of SAM ii) Management of MAM	45% of total case-load	In line with Sphere standards <sup>1</sup>	IMAM Reports and SQUEAC Coverage Surveys.	MoPH
4.2. Quality and coverage of reproductive health services improved	% of pregnant women joining at least four ANC visits	16.3%	40%	ALCS 2016-17	MoPH
	% Use of Modern Contraceptive Increased	20%	40%	AfDHS 2015, NNS 2013	MoPH
4.3 Behaviour change communication (BCC) is effective to improve practices and health seeking behaviours	# of HFs providing SBCC interventions	1600	2400	ALCS 2016-17, AHS	MoPH
<b>Strategic Objective 5. Improve water, sanitation and hygiene as well as education for better nutrition</b>					
5.1. Access and use of safe drinking water increased	% of HHs having access to safe drinking water	36%	43%	ALCS 2016-17	MRRD, MoWE

<sup>1</sup> Coverage is >50 % rural areas, >70 % urban areas, >90 % camp situation. Proportion of discharges from TSFP who have died is <3%, recovered: >75 %, default is <15 %.

<b>AFSeN-A Strategic Plan. M&amp;E Framework</b>					
<b>Outcomes</b>	<b>Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>Source of data (Verification)</b>	<b>Responsibility</b>
5.2. Hygiene and sanitation practices improved	Proportion population using improved sanitation facilities	41.4%	50%	ALCS 2016-17	MRRD
	# of districts adopting the Community Led Total Sanitation for an Open Defecation Free Environment	99	150	MRRD Watsan reports	
	# of health facilities having improved water	1435	2000	HMIS reports	MoPH
	% of public schools having improved water	45%	65%	Implementation reports	MoE
	% of schools with improved sanitation facilities	45%	65%	Implementation reports	MoE
	% of health Fs with improved sanitation facilities	835	1500	HMIS reports	MoPH
5.3. Education and school-based learning promoted	# of children receiving incentives to attend school - mid-morning meals; - mid-day meals - take home ration.	0		Implementation reports	MoE
	# of schools implementing the home-grown pilot programme	NA	NA	Implementation reports	MoE
	# of FSN related topics integrated in curriculum	10	15	Implementation reports	MoE
	# Pilot home-grown school nutrition programme	NA	NA	Implementation reports	MoE

<b>AFSeN-A Strategic Plan. M&amp;E Framework</b>					
<b>Outcomes</b>	<b>Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>Source of data (Verification)</b>	<b>Responsibility</b>
	% of school children receiving deworming pills	98%	100%	Implementation reports	MoE
<b>SDG 2.3. Doubling smallholder productivity and income</b>					
<b>Strategic Objective # 6. Improve rural infrastructure and strengthen nutritional value chains while protecting natural resources</b>					
<b>6.1. Strengthening of nutrition sensitive value chains</b>	Total Wheat production (irrigated and rain-fed)	4.6 million tons		ALCS 2016-17	<i>MAIL</i>
	Total Rice production (irrigated land)	0.356 million tons		ALCS 2016-17	<i>MAIL</i>
<b>6.2. Improvement of rural infrastructure</b>	Number of irrigation networks constructed and/or rehabilitated	248	1429	Irrigation GD, ,CCAP,NVDA, Pan-jAmo,CLAP, SNAPP2	<i>MAIL</i>
	Number of irrigation water reservoirs and deep wells constructed	64	1860	NHLP	<i>MAIL</i>
<b>SDG 2.4 Ensuring sustainable food production systems and implementing resilience agricultural practices in the context of climate change and other hazards</b>					
<b>Strategic Objective # 7. Availability of nutrient-rich foods increased through domestic (local) food production.</b>					
<b>7.1. Domestic (local) production and diversification of nutrition rich food increased</b>	Total production of staple cereals crops (wheat, rice, barley, and maize), livestock & horticulture	Total cereal crops production 5.5 Million tons in 2017		ALCS 2016-17	<i>MAIL</i>

<b>AFSeN-A Strategic Plan. M&amp;E Framework</b>					
<b>Outcomes</b>	<b>Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>Source of data (Verification)</b>	<b>Responsibility</b>
	Percentage of farmers and herders received quality extension services	20%	100%	Extension and Livestock General Directorate Report	MAIL
	Number of farmers, private sector agents, and MAIL employees using modern agricultural technologies	179,000	404,455	Reports from MIAL partners in Capacity building	MAIL
	Increased production of animal sourced foods, mainly i) meat ii) milk and milk products iii) eggs	2,105,000 7,441,000		ALCS 2016-17	MAIL
	Forest areas, watersheds, green rings and other protected areas in the country increased (Protected and rehabilitated areas in million ha) # of land under 'improved' land use and management system	33 million	34 million	NRM Directorate (NRM strategic document)	MAIL
<b>7.2. Imports of quality foods regulated</b>	Price and Quality of main foods controlled	0	Price and quality control measures in place	Food Price Monitoring Reports	Food Price Monitoring (MAIL)
	Regulations and laws drafted, adopted and enforced covering: - Food Fortification incl. imported foods)	0	Regulations and	Laws and regulation documents	MAIL, MoIC (Implementation Reports, Market

<b>AFSeN-A Strategic Plan. M&amp;E Framework</b>					
<b>Outcomes</b>	<b>Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>Source of data (Verification)</b>	<b>Responsibility</b>
	<ul style="list-style-type: none"> <li>- Food Safety</li> <li>- Food Quality Standards</li> <li>- Consumer protection law strengthened</li> <li>- Other laws (to be identified during inception)</li> </ul>		laws in place		supervision reports
<b>SDG 2.5: Maintaining the genetic diversity of seeds, cultivated plants, and farmed and domesticated</b>					
<b>Strategic Objective 8. Nutritional and market value of foods (wheat, other main staples and animal products) increased</b>					
<b>8.1. Nutritional and market value of wheat and other main staples increased</b>	Number of revived/established agricultural research farms	17	21	AAIP MOU and Research design	<i>MAIL</i>
<b>8.2. Enhance nutritional and market value of livestock and livestock products through crossbreeding and promotion</b>	Number of research farms established in livestock sector	12	635	Research and livestock Directorates	<i>MAIL</i>
<b>SDG 17.14. Enhance policy coherence for sustainable development</b>					
<b>Strategic Objective # 9. Strengthen Food Security and Nutrition Governance</b>					
9.1. Policy Dialogue and Institutional Reform strengthened	# of new policies or policy revisions	0	10	High-Level Steering Committee decisions and minutes	AFSeN-A TS
	Establishment of ANFA	0	Yes	High-Level Steering Committee decisions	AFSeN-A TS

<b>AFSeN-A Strategic Plan. M&amp;E Framework</b>					
<b>Outcomes</b>	<b>Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>Source of data (Verification)</b>	<b>Responsibility</b>
				and minutes	
	Technical Secretariat embedded in GoIRA structure	0	Yes	High-Level Steering Committee decisions and minutes	AFSeN-A TS
9.2. Regulatory Environment Improved	# of laws, regulations, codes, guidelines revised	0	5	AFSeN-A TS periodic reports	AFSeN-A TS
	# of Consumer Subsidy schemes implemented	0	TBD	AFSeN-A TS periodic reports	AFSeN-A TS
	# of schemes incentivising private sector	0	1	AFSeN-A TS periodic reports	AFSeN-A TS
9.3. Innovation Strengthened	# of innovations identified and piloted	0	5	AFSeN-A TS periodic reports	AFSeN-A TS
9.4. Investment and Financing for nutrition improved	FSN investment plan developed	0	1	AFSeN-A TS periodic reports	AFSeN-A TS
	% increase in domestic financial resources	TBD	10% incr	AFSeN-A TS periodic reports	AFSeN-A TS
	% increase in donors' financial support to FSN	TBD	10% incr	AFSeN-A TS periodic reports	AFSeN-A TS

<b>AFSeN-A Strategic Plan. M&amp;E Framework</b>					
<b>Outcomes</b>	<b>Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>Source of data (Verification)</b>	<b>Responsibility</b>
	% increase in loans / grants to famers and investors	TBD	TBD	AFSeN-A TS periodic reports	AFSeN-A TS
9.5. Measuring Progress Improved	Presence of MAIL system	0	1	AFSeN-A TS periodic reports	AFSeN-A TS
	Presence and use of financial tracking system	0	1	AFSeN-A TS periodic reports	AFSeN-A TS
	# Quality of follow ups made on targets	0	100%	AFSeN-A TS periodic reports	AFSeN-A TS
9.6. Multi-sectoral and Multi-stakeholder Engagement Strengthened	# of HLSC meetings	2	10	Meetings minutes	AFSeN-A TS
	# of AFSeN-A Executive committee meeting	10	50	Meetings minutes	AFSeN-A TS
	# of Working groups meeting	50	250	Meetings minutes	AFSeN-A TS
	# of provinces with PFSN committees	8	34	Meetings minutes	AFSeN-A TS
	# of policy decisions developed	4	25	Meetings minutes	AFSeN-A TS
	% of policy decisions endorsed	2	10	Meetings minutes	AFSeN-A TS
	# of international FSN networks engaged	1	5	# of MoUs and agreements with	AFSeN-A TS

<b>AFSeN-A Strategic Plan. M&amp;E Framework</b>					
<b>Outcomes</b>	<b>Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>Source of data (Verification)</b>	<b>Responsibility</b>
				inter FSN networks	
9.7. Capacity to deliver results strengthened	# capacity assessment / stakeholder	0	1	Capacity assessment reports	AFSeN-A TS
	# of capacity development plan/ stakeholder	0	1/stakeholder	Capacity development plan developed	AFSeN-A TS
	% progress made against targets set in CD plan	0	80%	Progress report	AFSeN-A TS
9.8. Lobby, Advocacy and Public Awareness improved	# of Public Awareness & Advocacy Plan	1	1	Public Awareness & Advocacy Plan document	AFSeN-A TS
	% of Public Awareness & Advocacy Plan achieved	0	80%	Progress report	AFSeN-A TS

# **Activity Matrix**

## AFSeN-A SP Activity Matrix

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
<b>1.1.1. Explore the diversification, promote and implement employment and income generation possibilities, particularly for women<sup>1</sup></b>	1.1.1.1. Explore opportunities to diversify livelihoods and generate on and off farm income.	NA	NA	2019		MoWA, MoLSAMD,	MAIL, USAID, WB, WFP, NGOs
	1.1.1.2. Define, plan and agree on inputs and resources required (by province, by district)	0	1/province	2019		MoWA, MoLSAMD,	MAIL, USAID, WB, WFP, NGOs
	1.1.1.3. Develop or update training manuals, guidelines and materials, provide orientation and trainings to service providers		5	2020		MoWA, MoLSAMD	MAIL, USAID, WB, WFP, NGOs
	1.1.1.4. Identified rural communities, mainly women, for community level planning, provide orientation and initial training to promote and implement income opportunities	NA	NA	2019		MoWA, MoLSAMD	MAIL, USAID, WB, WFP, NGOs
	1.1.1.5. Identify, promote and implement measures to introduce labour-saving techniques to free up time for income generating activities for women, but also to increase productivity of the schemes	NA	NA	2020		MoWA, MoLSAMD	MAIL, USAID, WB, WFP, NGOs
	1.1.1.6. Establish, expand and strengthen extension services to provide the services and implement the support to income generation. the schemes, implement and supervise income and livelihood schemes introduced	HE units existing in 28 provinces	34 Provinces and related districts	2021		MoWA, MAIL, MoLSAMD	MAIL, USAID, WB, WFP, NGOs

<sup>1</sup> While it is critical to ensure that newly introduced measures do not impact negatively on child caring practices.

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
	1.1.1.7. Supervise, monitor and evaluate the scheme, ensure plan adjustments and improvements			Ongoing		MoWA, MoLSAMD,	MAIL, USAID, WB, WFP, NGOs
<b>1.1.2. Promotion of nutrition sensitive food value chains, particularly targeting women (focus on local and community markets)</b>	<i>Details are presented at Action Area 6.1.1</i>	6 nbrs of nutrition sensitive food value change promoted	To review the 6 nbrs of the nutrition sensitive value change and 4 other specify and promoted			MoPH / MAIL	WFP, WHO, UNICEF, EU. UASID, BPH, NGOs
<b>1.2.1. Identify best practices in nutrition sensitive social protection</b>	1.2.1.1. Evaluate and identify best practice of nutrition sensitive social protection (review and asses global experience, pilot schemes of transfers and public works)	0	1	2019		MoLSAMD, WFP	WFP, EU, UASID, NGOs
	1.2.1.2. Assess the status, best practices and effectiveness of transfers and public work schemes piloted or under implementation in Afghanistan	0	1	2019		MoLSAMD, WFP	WFP, EU. UASID, NGOs
	1.2.1.3. Develop a concept for the implementation of transfers and schemes through Afghanistan's public sector (including principles of targeting, transfers for vulnerable as well as the creation of community assets and infrastructure).	0	1	2020		MoWA, MoLSAMD, WFP	MAIL, MRRD

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
<b>1.2.2. Provide capacity support to ensure an effective evidence-based design and facilitate the MoLSAMD social protection schemes</b>	1.2.2.1. Identify and mobilise capacities and resources required to start up and implement social protection schemes (central, provincial and district level)	0	1	2021		MoLSAMD, MoWA	MRRD, WFP
	1.2.2.2. Build capacities and structures to pilot, scale up and implement promising approaches (including build services at central and provincial level, develop and provide orientation and trainings)			2021		MoLSAMD	MoWA , MAIL, WFP,UASID, NGOs
<b>1.2.3. Facilitate and strengthen social protection through food transfers, cash-for-work and food for work, vouchers and cash transfers</b>	1.2.3.1. Develop and agree on the implementation approach (e.g. selection criteria target group selection to identify nutritionally vulnerable target groups and locations, implementation procedures)	0	1	2019		MAIL, MoLSAMD, MRRD	WFP, NGOs
	1.2.3.2. Design, implement and evaluate pilot schemes with regard to their effectiveness to improve nutrition among vulnerable groups	0	1	2020		MoLSAMD,	WFP, MoWA, MRRD, NGOs
	1.2.3.3. Scale up and strengthen implementation of identified schemes to improve nutrition: i) food or cash transfers or vouchers (conditional or un-conditional) ii) food/cash-for-work and iii) food for work	0	3	2022		MoLSAMD	MoWA, WFP, NGOs
	1.2.3.4. Supervise, monitor and evaluate social protection and public works schemes for improvements	1	1	Ongoing		MoLSAMD	MoWA, MAIL, WFP, EU. UASID, NGOs

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
2.1.1. Closely coordinate with SFR stakeholders to explore options to incorporate highly nutritious foods	2.1.1.1. Coordinate the design, approach and implementation plan with SFRs closely with all relevant stakeholders	0	1	2019		MAIL, ANDMA	WFP, NGOs
	2.1.1.2. Explore and identify options to incorporate highly nutritious foods that, traditionally, are an important contribution to household food security	12 traditional food such as: 1. Cheese, 2. milk, 3. rice, 4. meat, 5. poultry, 6. yoghurt, 7. spinach, 8. Potatoes 9. apple, 10. grapes, 11. pomegranate, 12. legume		2019		MAIL	MoPH
	2.1.1.3. Promote the approach to decentralised communal food reserves that support nutritionally vulnerable populations (e.g. target highly food insecure emergency prone locations, incorporate legumes, seeds, nuts and dried products). Prepare district and community plans	1 / Province	15 Provinces and 30 Districts		2020		MAIL, ACCI

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
2.1.2. Promote the establishment SFRs for highly food insecure emergency prone locations	2.1.2.1. Mobilise communities, plan, rehabilitate or establish the Strategic Food Reserves (SFR) at identified locations for the products proposed, jointly with communities and local entities	8 Provinces	34 provinces	2020		MAIL, ANDMA	FAO, USAID, WB
	2.1.2.2. Identify and establish SFR networks and communal management structure and systems	0	10 SFRs Networks	2020		MAIL	FAO, USAID, WB
	2.1.2.3. Build capacities of local networks and institutions to manage SFR	0	Build 10 SFRs networks at the local based	2020		MAIL	ANDMA, FAO, USAID, WB
	2.1.2.4. Supervise and evaluate the SFR implementation, their effectiveness and adjust regularly to improve outcomes	0	10 local SFRs networks supervised & evaluated	Ongoing		MAIL	ANDMA, FAO, USAID, WB
2.2.1. Improve national early warning system with focus on nutritional indicators	2.2.1.1. Review national early warning and information management systems, design and agree on the incorporation of nutrition indicators and criteria to provide required information in a timely manner.	0	1 / year 5 in 5 years	2019		MAIL, MoPH	WFP, FewsNet, USAID, WB, EU
	2.2.1.2. Strengthen the national system with regard to nutrition information (building capacities, prepare			Ongoing		MAIL, MoPH	WFP, FewsNet,

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
	guidelines, reporting templates and formats)						USAID, WB, EU
	2.2.1.3. Implement and maintain the national early warning and information management system with regard to nutrition, prepare regular reports to the management, evaluate and improve the system			Ongoing		MAIL, MoPH	WFP, FewNet, USAID, WB, EU
2.2.2. Develop emergency preparedness and response plans	2.2.2.1. Review existing plans, identify gaps and ensure the integration of the nutrition-specific and sensitive criteria and components (nutrition into sectoral and humanitarian plans of agriculture, food security and nutrition, health, water and sanitation and others as relevant) while updating plans	0	Quarter base (4/year) 20 in 5 years	Ongoing		MAIL, MoPH,	WFP, FewNet, USAID, WB, EU
	2.2.2.2. Ensure that all preparatory measures and capacities are in place (supplies, human resources, partners and stand by agreements, logic arrangements etc) and allow an immediate response when and where indicated by the early warning and information management system	1 / Quarter 4 / year	1 / Quarter 4 / year	Ongoing		MAIL, MoPH,	WFP, FewNet, USAID, WB, EU
2.2.3. Plan and coordinate rapid assessments and immediate response	2.2.3.1. Activate emergency response mechanism when and where indicated	NA	As per need			MAIL, MoPH	ANDMA, WFP, FewNet, USAID, WB, EU

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
	2.2.3.2. Conduct rapid emergency assessments including intersectoral and interagency assessments and mobilise resources to respond	NA	As per need			MAIL, MoPH	ANDMA, WFP, FewsNet, USAID, WB, EU
	2.2.3.3. Ensure rapid identification of nutritional needs (incl. nutritional assessment and screening), establish a referral to mobile, community and facility-based services for children and pregnant and lactating women.	NA	As per need			MoPH	ANDMA, UNICEF, WFP, FewsNet, USAID, WB, EU
	2.2.3.4. Provide nutrition emergency support to children under 5 years of age as per needs (protect and support appropriate breastfeeding and complementary feeding, provide blanket or targeted supplementary feeding, multi-micro-nutrient supplementation, manage acute malnutrition)	NA	As per need			MoPH	Nutrition Cluster, ANDMA, UNICEF, WFP, USAID, WB, EU
	2.2.3.5. Provide nutrition emergency support to pregnant and lactating women, including blanket and targeted food supplementary feeding, micro-nutrient supplementation, as per emergency response protocol.	NA	As per need			MoPH,	ANDMA, WFP, UNICEF USAID, WB, EU
	2.2.3.6. Identify most vulnerable families and provide emergency food rations	NA	As per need			MAIL, MoPH	ANDMA, WFP, UNICEF USAID, WB, EU

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
	2.2.3.7. Provide emergency response support to cover other basic needs as identified by the emergency needs assessment (e.g. agric and livestock, food security, social protection, WASH).	NA	As per need			MAIL, MoPH	ANDMA, WFP, UNICEF USAID, WB, EU
3.1.1. Expand the delivery of the community-based nutrition package (CBNP)	3.1.1.1. Assess the coverage and quality of service provision of the CBNP, identify gaps, agree on measures to improve service provision and scale up	0	1	2020		MoPH,	UNICEF, BPHS, WFP, USAID, EU
	3.1.1.2. Update training curriculum, design and implement pre- and in-service training for CBNP master trainers and community service providers (skills-based training, growth monitoring, nutrition promotion, healthy diets and life cycle approach, community mobilisation, interpersonal counselling and communication etc.)	1	1	2021		MoPH,	UNICEF, BPHS, WFP, USAID, EU
	3.1.1.3. Strengthen supervision system that provides regular backstopping to service providers at community-level	1	1	Ongoing		MoPH,	UNICEF, BPHS, WFP, USAID, EU
3.1.2. Strengthen the IYCF component of the BPHS and EPHS as well as the BFHI	3.1.2.1. Assess the coverage and quality of IYCF services as part of the i) BPHS and the ii) EPHS. Prepare plan and agree on measures to address identified gaps.	1	1	2019		MoPH,	UNICEF, BPHS, WFP, USAID, EU

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
	3.1.2.2. Build and scale up BPHS and EPHS' capacities to maintain and strengthen the delivery of IYCF services at community and facility level	80%	100%	2023		MoPH,	UNICEF, BPHS, WFP, USAID, EU
	3.1.2.3. Supervise IYCF service provision, evaluate and prepare regular updates, propose and facilitate improvements as required	Ongoing	Ongoing			MoPH,	UNICEF, BPHS, WFP, USAID, EU
	3.1.2.4. Promote and expand the Baby Friendly Hospital Initiative	83	156	2023		MoPH,	UNICEF, BPHS, WFP, USAID, EU
3.1.3. Deliver social and behaviour change communication with regard to IYCF engaging multi-sectoral platforms	3.1.3.1. Review the status of the social and behaviour change communication (SBCC) strategy, messages and materials, identify the gaps and update respectively	0	1	2019		MoPH,	UNICEF, BPHS, WFP, USAID, EU
	3.1.3.2. Identify opportunities, channels and stakeholders to be involved in delivery public communication messages cross the different areas and sectors. Coordinate the multi-sectoral platforms	0	1	2019		MoPH,	UNICEF, BPHS, WFP, USAID, EU
	3.1.3.3. Deliver social and behaviour change communication through multi-sectoral platforms	0	1	2020		MoPH,	UNICEF, BPHS, WFP, USAID, EU
3.1.4. Strengthen the enabling environment for IYCF	3.1.4.1. Review the existing regulatory, law and enforcement mechanism and prepare an action plan to fill gaps to ensure an enabling environment and full protection of	1	1	2019		MoPH,	MoLSAMD

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
	breast feeding and other IYCF elements						
	3.1.4.2. Monitor the trade of breast milk substitutes and strengthen the enforcement of national legislations	Ongoing	Ongoing			MoPH, MoIC	MoLSAMD, MoCI
	3.1.4.3. Review the status and enforcement of regulations on the trade of fortified complementary foods	1	1	2019		MoPH	MoLSAMD, MoCI, WFP
	3.1.4.4. Strengthen and enforce regulations for the sale of industrially produced fortified complementary foods through the retail sector	1	1	Ongoing		MoPH	MoLSAMD, MoCI, WFP
	3.1.4.5. Strengthen enforcement of the Maternity Protection Act (encouraging “breast-feeding friendly” worksites, maternity leave for breastfeeding mothers, appropriate feeding and care at day care centers)	1	1	Ongoing		MoLSAMD,	MoPH
3.2.1. Promotion of balanced and micronutrient rich diets and good nutrition practices, specific to women and adolescent, through the CBNP and other community-based initiatives	3.2.1.1. Review status of guidelines, training material available to promote healthy eating practices (food based dietary guidelines, materials for maternal nutrition, pre-pregnancy, pregnancy and lactation etc.)	1	1	2019		MoPH	MAIL, MoWA, UNICEF, FAO
	3.2.1.2. Update guidelines, curriculum and materials	1	1	2020		MoPH	MAIL, MoWA, UNICEF, FAO

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
	3.2.1.3. Promotion of balanced and micronutrient rich diets and good nutrition practices through public awareness campaigns	0	1	Ongoing		MoPH	MAIL, MoWA, UNICEF, FAO
	3.2.1.4. Train master trainers, supervisors and community-based service providers	70	190	2021		MoPH	MAIL, MoWA, UNICEF, FAO
	3.2.1.5. Scale up the nutrition promotion and counselling through extension services	0	1	2020		MoPH, MAIL	MoWA, UNICEF, FAO
	3.2.1.6. Establish monitoring and supervision system, regularly supervise the nutrition component of the CBNP.	Ongoing	Ongoing			MoPH	MAIL, MoWA, UNICEF, FAO
3.2.2. Strengthen the public health nutrition components of the BPHS and EPHS specific to maternal and adolescent nutrition	3.2.2.1. Assess existing coverage and quality of services, and identify components that require strengthening and scale up	Ongoing	Ongoing			MoPH	MAIL, UNICEF, WFP, WHO
	3.2.2.2. Mobilise resources and facilitate the strengthening and scale up to uncovered areas	Ongoing	Ongoing			MoPH	MAIL, UNICEF, WFP, WHO
3.2.3. Ensure close linkages to food security and agriculture investments as well as social protection measures to improve nutrition of vulnerable women	3.2.3.1. Coordinate and ensure a common targeting and joint implementation in highly vulnerable locations	0	1	Ongoing		MAIL, MoPH	FAO, UNICEF, WFP, WHO
	3.2.3.2. Conduct joint monitoring, information sharing and joint decision to improve complementarity	0	1	Ongoing		MoPH, MAIL	FAO, UNICEF, WFP, WHO
3.2.4. Provide targeted food supplementation for undernourished	3.2.4.1. Identify target groups and ensure the provision of the supplementary food ration	45%	60%	Ongoing		MoPH	WFP

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
(underweight) pregnant and lactating women							
3.3.1. Expand and ensure compliance to micro-nutrient supplementation for children as per national protocol	3.3.1.1. Continue and expand semi-annual vitamin A supplementation for children < 59 months old through EPI	Ongoing	Ongoing			MoPH	UNICEF, BPHS
	3.3.1.2 Identify opportunities and integrate supplementation into routine services, where possible, with linkages to Maternal and Child Health Handbook related activities	Ongoing	Ongoing			MoPH	UNICEF, BPHS
	3.3.1.3. Develop and implement national clinical guidelines for preventive micronutrient supplementation of all low birth-weight and preterm infants (per WHO recommendations) through BPHS and private sector physicians.	0	1	2020		MoPH	UNICEF, WHO
	3.3.1.4. Develop and implement protocols to screen and treat 6-24-month-olds for anaemia	0	1	2020		MoPH	UNICEF, WHO
3.3.2. Expand and ensure micro-nutrient supplementation as per protocol for women and adolescent girls	3.3.2.1. Develop and implement guidance on multi-micronutrient supplementation for non-pregnant adolescent girls and adult women	0	1	2020		MoPH	UNICEF, WHO
	3.3.2.2. Scale up and ensure weekly Iron Folic Acid supplementation for adolescent girls through schools and community	1	1	2019		MoPH, MoE	UNICEF
	3.3.2.3. Standardize and support the implementation of iron/folic acid	Ongoing	Ongoing			MoPH	UNICEF, BPHS

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
	supplementation for pregnant and lactating women among BPHS implementers and private health care providers as part of ante- and post-natal care.						
	3.3.2.4. Promote multi-micronutrient supplementation for pregnant and lactating women through public and private health care providers.	Ongoing	Ongoing			MoPH	UNICEF, WFP, BPHS
3.3.3. Strengthen regulations and promote the consumption of fortified food with special focus on iodised salt, fortified wheat and oil	3.3.3.1. Facilitate the establishment of a permanent authority for monitoring and quality assurance/quality control (QA/QC) of i) domestically produced and ii) imported fortified foods to ensure adherence to national standards laws and regulations	0	1	2019		MoPH, MAIL, ANSA	NGOs
	3.3.3.2. Assess the status of the regulatory environment, update laws and regulations with relevance to production and consumption of i) iodised salt ii) fortified wheat iii) fortified oil	Ongoing	Ongoing			MoPH, MAIL, ANSA	NGOs
	3.3.3.3. Enact and execute laws and regulations (strengthen monitoring and controlling)	Ongoing	Ongoing			MoPH, MAIL, ANSA	NGOs
	3.3.3.4. Coordinate with involved partners and facilitate the promotion of the consumption of fortified foods	Ongoing	Ongoing			MAIL, MoPH	WFP, FAO

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
3.3.4. Explore opportunities and promote home-based fortification, special focus on multi-micro-nutrient supplementation for children 6 to 24 months old	3.3.4.1. Review and assess the effectiveness of multi-micronutrient supplementation for children 6 to 24 months old as under implementation as part of the emergency support (daily home-based fortification of complementary foods)	0	1	2020		MoPH	UNICEF, BPHS
	3.3.4.2. Develop protocol, implement and evaluate pilot, scale up if considered as feasible and effective	1	1	2021		MoPH	UNICEF, WHO
3.4.1. Disseminate and promote the use of national food based dietary guidelines for application by all stakeholders and extension workers	3.4.1.1. Review and update Afghanistan's food based dietary guidelines	1	1	2020		MoPH, MAIL	FAO, UNICEF, WFP
	3.4.1.2. Disseminate and promote the use of the Afghan national food based dietary guidelines	1	1	2020		MAIL, MoPH	WFP, FAO, NGOs
	3.4.1.3. Orient stakeholders and train service providers and community workers on the use of the food based dietary guidelines	0	2,000 Health staff	2021		MAIL, MoPH	WFP, FAO, NGOs
3.4.2. Link nutritionally vulnerable households to measures improving access to and promotion of diversified diets through joint planning and convergence at community level	3.4.2.1. Define, develop operational guidance and provide orientation to reach vulnerable households and ensure complementarity and convergence through joint planning, targeting and linking community-based services of key sectors (e.g. health, agriculture, WASH, social protection, education)	0	1	2020		MAIL, MoWA, MRRD, MoPH	FAO, NGOs, WB

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
	3.4.2.2. Follow up and facilitate convergence, evaluate and disseminate best practices and lessons learnt	0	1	2020		MAIL, MoWA, MRRD, MoPH	FAO, NGOs, WB
3.5.1. Study the feasibility and in-country capacities to produce Ready to Use Therapeutic and Supplementary Foods as well as other lipid based nutrient supplements	3.5.1.1. Assess the feasibility and capacities for in-country production of i) RUTF, ii) RUSF iii) other lipid-based foods	0	1	2019		MAIL, MoPH	WFP,
	3.5.1.2. Develop management and production capacities, develop and implement quality assurance and control mechanisms	0	1	2019		MAIL, MoPH	WFP,
	3.5.1.3. Facilitate in-country production, prepare pipeline and logistics (from producer to health service and target groups	0	1	2019		MAIL, MoPH	WFP,
3.5.2. Explore opportunities and local solutions for the development of home-based nutritious recipes that are suitable and effective i) to treat moderate acute malnutrition and b) to improve complementary feeding	3.5.2.1. Review global literature, guidelines and status for home-based preparation of nutritious recipes and complementary foods for children 6 to 24 months.	0	1	2019		MAIL, MoPH	WFP, FAO,
	3.5.2.2. Review and asses the use of home-based nutritious recipes for the treatment of moderate acute malnutrition.	0	1	2019		MAIL, MoPH	WFP, FAO,
	3.5.2.3. Explore opportunities and local solutions for the development of home-based nutritious recipes that are suitable and effective i) to treat moderate acute malnutrition and b) to improve complementary feeding	0	1	2019		MAIL, MoPH	WFP, FAO,

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
	3.5.2.4. Develop and test national guidelines for the use of local foods to i) improve complementary feeding practices; ii) treat moderate acute malnutrition	0	1	2019		MAIL, MoPH	WFP, FAO,
4.1.1. Strengthen and expand the delivery of nutrition services as part of the integrated management of childhood illnesses (IMCI) through the BPHS and private health care providers.	4.1.1.1. Asses the needs, specify and identify the support required to strengthen nutrition services (coverage and quality), as part of the IMCI through the BPHS.	0	1	2019		MoPH	BPHS, UNICF, WFP, WHO, NGOs
	4.1.1.2. Strengthen and scale up of inpatient and outpatient care for the management of SAM and MAM (in line with national IMAM guidelines)	45% of total caseload	60%	Ongoing		MoPH	BPHS, UNICF, WFP, WHO, EU, USAID, NGOs
	4.1.1.3. Scale up and improve quality of nutrition services through community-based health workers (as described at the CBNP)	12 provinces	34	2022		MoPH	BPHS, UNICF, WFP, WHO, EU, USAID, NGOs
	4.1.1.4. Prevent and treat diarrheal diseases (including use of low osmolarity ORS and zinc supplements as per protocol).	Ongoing	Ongoing			MoPH	BPHS, UNICF, WFP, WHO, EU, USAID, NGOs
	4.1.1.5. Prevent and treatment of infectious diseases related to nutrition	Ongoing	Ongoing			MoPH	BPHS, UNICF, WFP, WHO, EU, USAID, NGOs
4.1.2. Ensure the integration and posting of Nutrition Counsellors at all	4.1.2.1. Assess the status and requirements to strengthen and expand the integration of	0	1	2020		MoPH	BPHS, UNICF, WFP, WHO, EU, USAID, NGOs

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
targeted locations as part of the BPHS services	Nutrition Counsellors (through BPHS)						
	4.1.2.2. Support the expansion and posting of Nutrition Counsellors to all health facilities in the country (through BPHS).	16 provinces	34	2020		MoPH	BPHS, UNICF, WFP, WHO, EU, USAID, NGOs
4.1.3. Strengthening vaccinations against measles and other childhood illnesses, vitamin A supplementation, deworming and additional micronutrient supplementation as part of routine health services	4.1.3.1. Support vaccination against measles and other child hood illnesses in combination with Vitamin A supplementation and deworming through campaigns	Ongoing	Ongoing			MoPH	BPHS, UNICF, WFP, WHO, EU, USAID, NGOs
	4.1.3.2. Advocate and support the integration into routine health services	Ongoing	Ongoing			MoPH	BPHS, UNICF, WFP, WHO, EU, USAID, NGOs
4.2.1. Increase coverage, improve quality and utilization of reproductive health care services (pre- and post-natal care)	4.2.1.1. Coordinate with stakeholders, asses the status and support requirements to ensure an effective promotion	Ongoing	Ongoing			MoPH	BPHS, UNICF, WHO, EU, USAID, NGOs
	4.2.1.2. Promote birth spacing, increase demand and ensure adequate supply of contraceptive through health structures	Ongoing	Ongoing			MoPH	BPHS, UNICF, WHO, EU, USAID, NGOs
4.2.2. Raise awareness and promote birth spacing	4.2.1.2. Engage multiple sectors to raise awareness, advocate and promote birth spacing through mass media and public information campaigns	Ongoing	Ongoing			MoPH	BPHS, UNICF, WHO, EU, USAID, NGOs

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
4.3.1. Develop effective partnerships with public and private sector media for public communication	4.3.1.1. Identify potential partners and establishing partnership with public and private media	0	1	2019		MoPH	BPHS, UNICF, WFP, WHO, EU, USAID, NGOs
	4.3.1.2. Develop a training/orientation package for media to raise awareness and advocate for improve nutrition through improve behaviour and practices	0	1	2019		MoPH	BPHS, UNICF, WFP, WHO, EU, USAID, NGOs
	4.3.1.3. Produce, develop and pre-test messages and campaigns to be broadcasted/aired through mass media	Ongoing	Ongoing	2020		MoPH	BPHS, UNICF, WFP, WHO, EU, USAID, NGOs
	4.3.1.4. Conduct mass media campaigns and broadcast at national media and local stations (key themes nutrition in the first 1,000 days of life, underlying factors and solutions)	Ongoing	Ongoing			MoPH	BPHS, UNICF, WFP, WHO, EU, USAID, NGOs
4.3.2. Finalize and roll out Nutrition Promotion and Social and Behavior Change Communication Strategy (NPSBCCS) ensuring cross-sectoral cooperation and implementation	4.3.2.1. Finalise and operationalise the NPSBCCS	0	1	2020		MoPH	BPHS, UNICF, WFP, WHO, EU, USAID, NGOs
	4.3.2.2. Create a network of partners from various sectors and coordinate the implementation of the NPSBCCS	0	1	2020		MoPH	BPHS, UNICF, WFP, WHO, EU, USAID, NGOs
4.3.3. Provide health education to mothers and care takers at both facility and community levels to	4.3.3.1. Asses the status of nutrition related health education at the various service providers levels, develop a proposal to strengthen	Ongoing	Ongoing			MoPH	BPHS, UNICF, WFP, WHO, EU, USAID, NGOs

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
improve care, health and hygiene practices, health seeking behaviours and use of health care services	health education. roadmap to strengthen those services						
	4.3.3.2. Strengthen the community dialogues and interpersonal communication around key themes through existing networks such as CHWs, FHAG, SMSs, and CDCs	Ongoing	Ongoing			MoPH	BPHS, UNICF, WFP, WHO, EU, USAID, NGOs
	4.3.3.3. Strengthen interpersonal communication and health education through BPHS and other health facilities	Ongoing	Ongoing			MoPH	BPHS, UNICF, WFP, WHO, EU, USAID, NGOs
	4.3.3.4. Conduct health education and promotion campaigns	Ongoing	Ongoing			MoPH	BPHS, UNICF, WFP, WHO, EU, USAID, NGOs
5.1.1. Support the establishment and maintenance of water systems at community	5.1.1.1. Establish improved water sources at communities					MRRD, MoPH	UNICF, WHO, EU, USAID, NGOs
	5.1.1.2. Rehabilitate existing water sources					MRRD, MoPH	UNICF, WHO, EU, USAID, NGOs
	5.1.1.3. Establish and train water management committees ensuring the sustainable management and maintenance of the systems					MRRD, MoPH	UNICF, WHO, EU, USAID, NGOs
5.1.2. Promote the use of safe drinking water and	5.1.2.1. Provide education and promote water purification and treatment methods					MRRD, MoPH	UNICF, WHO, EU, USAID, NGOs

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
rational use of water sources	5.1.2.2. Establish water management committees at communities					MRRD, MoPH	UNICEF, WHO, EU, USAID, NGOs
	5.1.2.3. Provide orientation on rational use of water sources					MRRD, MoPH	UNICEF, WHO, EU, USAID, NGOs
5.1.3. Improve water supply at health care facilities and schools	5.1.3.1. Asses the needs and prepare a phased implementation plan	0	1			MoPH	UNICEF, WHO, EU, USAID, NGOs
	5.1.3.2. Establish and rehabilitate water supply systems at health care facilities	1435	2000	2023		MoPH	UNICEF, WHO, EU, USAID, NGOs
	5.1.3.3. Establish and rehabilitate water supply systems at schools					MoE	UNICEF, WHO, EU, USAID, NGOs
5.2.1. Promotion of hygiene practices at household, community level, schools and health facilities	5.2.1.1. Ensure that guidelines are available and train service providers and extension services in the promotion of improved hygiene practices through interpersonal counseling and communication					MRRD, MoPH, MoE	UNICEF, WHO, EU, USAID, NGOs
	5.2.1.2. Support the role out of hygiene promotion at i) communities; ii) health facilities iii) schools			Ongoing		MRRD, MoPH, MoE	UNICEF, WHO, EU, USAID, NGOs
	5.2.1.3. Conduct SBCC campaign to promote and improve personal, environmental, and good hygiene through mass-media			Ongoing		MRRD, MoPH, MoE, MoIC	UNICEF, WHO, EU, USAID, NGOs

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
5.2.2. Increase coverage of Community-Led Total Sanitation and Open Defecation Free environment	5.2.2.1. Develop the strategy, operational plan and orientation material to scale up CLTS and ODF	1	1	2019		MRRD	MoPH, MoE, UNICF, WHO, EU, USAID, NGOs
	5.2.2.2. Implement and scale up CLTS and ODF	99 districts	150	2023		MRRD	MoPH, MoE, UNICF, WHO, EU, USAID, NGOs
	5.2.2.3. Promote proper use and maintenance of sanitary facilities, e.g. latrines, incentivize ODF communities to maintain their ODF status			Ongoing		MRRD	MoPH, MoE, UNICF, WHO, EU, USAID, NGOs
5.2.3. Support schools and health facilities in the establishment and maintenance of proper sanitation facilities	5.2.3.1. Assess the status and needs to strengthen and scale up the hygiene and sanitation promotion programme at i) school and ii) health facilities			Ongoing		MoPH, MoE	UNICF, WHO, EU, USAID, NGOs
	5.2.3.2. Implement of school hygiene and sanitation promotion program in collaboration			Ongoing		MoE	UNICF, WHO, EU, USAID, NGOs
	5.2.3.3. Establish of sanitation facilities at schools					MoE	UNICF, WHO, EU, USAID, NGOs
5.3.1. Promote and incentivize primary and secondary school enrolment and attendance, in particular for girls	5.3.1.1. Review global and national evidence, evaluate school feeding programmes in Afghanistan and develop an Afghan school feeding policy	0	1	2020		MoE	UNICF, WFP, WHO, EU, USAID, NGOs

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
	5.3.1.2. Design and implement i) mid-morning snacks or ii) mid-day meals, iii) take home rations as appropriate					MoE	UNICF, WFP, WHO, EU, USAID, NGOs
5.3.2. Develop an approach and pilot a homegrown school nutrition programme	5.3.2.1. Promote school-based food production, local purchase or provision through community members,					MoE	UNICF, WFP, WHO, EU, USAID, NGOs
	5.3.2.2. Food demonstration and preparation of fresh and diversified meals at schools					MoE	UNICF, WFP, WHO, EU, USAID, NGOs
5.3.3. Facilitate a school-based learning through the integration of nutrition in the curriculum	5.3.3.1. Integration of nutrition into primary and secondary school curriculum	0	1			MoPH, MoE	UNICF, WFP, WHO, EU, USAID, NGOs
	5.3.3.2. Establishment of a school garden for demonstrations and learning					MoPH, MoE	UNICF, WFP, WHO, EU, USAID, NGOs
5.3.4. Support the water and sanitation measures at schools (ODF, promote good hygiene practices at schools through school health program	5.3.4.1. Support water and sanitation facilities at schools including water points, toilets and hand washing stations					MoE	UNICF, WHO, EU, USAID, NGOs
	5.3.4.2. Provide education for promotion of good hygiene practices including development of IEC materials, education and campaigns			Ongoing		MoPH, MoE	UNICF, WHO, EU, USAID, NGOs
5.3.5. Implement basic nutrition services at school (e.g. iron folic	5.3.5.1. Distribution of weekly IFA supplementation for adolescent girls at schools			Ongoing		MoPH, MoE	UNICF, USAID, NGOs

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
acid for adolescent girls, deworming for all, students and their families, as possible)	5.3.5.2. Conduct deworming campaigns at schools			Ongoing		MoPH, MoE	UNICEF, USAID, NGOs
6.1.1. Explore and promote nutrition sensitive value chains to generate income of women and increase the availability of nutritious foods at local markets through i) poultry farming, ii) livestock raising and iii) other food processing initiatives	6.1.1.1. Assess markets and potentials to identify opportunities for value chain developments with a particular focus on women	0	1	2019		MAIL	MoSLAM, FAO, MoPH
	6.1.1.2. Develop and implement market and business development plans supporting, mainly female, consumer groups to increase the production of foods through i) poultry farming ii) livestock raising, iii) food processing	0	1	2019		MAIL, MoIC	NGOs
	<i>Refer to Action Area 1.1.2.</i>					MAIL	WFP, WHO, UNICEF, EU. UASID, BPH, NGOs
6.1.2. Establish community-based women producer groups, create public private partnerships, and support the marketing of nutritious foods (incl. creation of market linkages and markets and local traders provide small loans for women, etc.).	6.1.2.1. Establish and facilitate community producer groups, support them in the development of their business plans, provide small loans where appropriate	0	1	2020		MAIL	MoIC, MoLSAMD, NGOs
	6.1.2.2. Establish market linkages, support the development of local markets, set up partnerships and facilitate trade	TBD	TBD	2020		MAIL	MoIC, MoLSAMD, NGOs

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
6.2.1. Create productive communal infrastructure to ease market linkages and logistics (e.g. markets and market access, feeder roads).	6.2.1.1. Facilitate the development of community infrastructure development plans	TBD	TBD	2020		MAIL	MRRD, MoIC, MoLSAMD, NGOs
	6.2.1.2. Ensure the availability of the required resources and facilitate the implementation of the community infrastructure plans	TBD	TBD	2020		MAIL	MRRD, MoIC, MoLSAMD, NGOs
6.2.2. Support the creation of food-based and food production infrastructure (including processing centres, storage capacities, small scale irrigation, community demonstration plots, green houses, etc.)	6.2.2.1. Prepare district and communal food infrastructure development plans.	1 / province	100b/ year 500 in 5 years			MAIL	Relevant NGOs and projects
	6.2.2.2. Mobilise resources and support the implementation of the communal food infrastructure development plans (build food processing centers, storage, small scale irrigation, demonstration plots, small sale greenhouses etc.)	1 / province	100b/ year 500 in 5 years			MAIL	Relevant NGOs and projects
6.2.3. Support the management and conservation of natural resources and water shed schemes	6.2.3.1. Mobilize resources, build capacities of service providers and implement communal resource management plans	TBD	TBD	2020		MAIL	MRRD, MoIC, MoLSAMD, NGOs
	6.2.3.2. Identify needs and develop a communal plan for management of natural resources, including management of water sheds	TBD	TBD	2020		MAIL	MRRD, MoIC, MoLSAMD, NGOs
7.1.1. Increase agriculture production through	7.1.1.1. Establish, improve, rehabilitate and expand irrigation and water storage systems	Irrigation Department will add	50 irrigation system /			MAIL, MRRD	Irrigation department

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
irrigation system improvement			year 250 in 5 years				
	7.1.1.2. Improve management structures and associated practices in accordance with the CADNPP and the national water and natural resource development program (ensure a focus on nutritionally vulnerable populations/groups)	TBD	TBD	2020		MAIL	Relevant departments and projects
7.1.2. Diversify and increase production of crops, legumes and horticulture products	7.1.2.1. Promote the introduction of irrigated nutritionally-rich, diverse and high value varieties suitable for adoption by small scale farmers	TBD	TBD	2020		MAIL	Plan department and Relevant departments and projects
	7.1.2.2. Identify priority research areas, conduct agriculture research that supports the diversification and nutritional value of crops, promote improved crops	Not available	Establish research in each zone that support high nutrition crops varieties			MAIL	ARIA and Relevant departments and projects
	7.1.2.3. Promote nutrition-sensitive value chains (identify support needs, support e.g food storage, marketing, processing, reduce post-harvest losses)	No baseline available	7 Food value chain in 5 years				Relevant departments and projects
	7.1.2.4. Support and foster market linkages, link farmers to markets					MAIL	

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
	7.1.2.5. Establish a food market information services with a focus on nutrient rich foods.		1 in each Province 5 in 5 years			MAIL	HED
	7.1.2.6. Strengthen local and community markets, female farmers' organizations (self-help groups, cooperatives, special women farmers' associations)		1 in each Province 5 in 5 years			MAIL	HED
	7.1.2.7. Developing, promoting and supporting training for agricultural extension workers, associations and cooperatives to advocate, promote and deliver services that improve nutrition through increased diversification and production of nutrient rich and high value crops, and their use to improve maternal, infant and young child nutrition and dietary diversity.	???	Conduct relevant capacity building training in 34 provinces in 5 years on the need base			MAIL	HED, and relevance projects
7.1.3. Increase production and productivity of livestock	7.1.3.1. Promoting backyard poultry raising (for home consumption and local/communal markets)	???	1000 / year 5000 in 5 years	2023		MAIL	HED and relevant projects on and off budget
	7.1.3.2. Large Poultry farms (with capacity of 5000 to 40000 chicken products with varieties for eggs, meat and	40	280	2023		MAIL	HED and relevant Departments , projects on

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
	reproduction) established, equipped and functionin						and off budget
	7.1.3.3. Reproductive Poultry farms with ovular/ egg and chicken meat varieties established	10	601	2023		MAIL	HED and relevant projects on and off budget
	7.1.3.4. Strengthen animal health and immunisation/ Vaccinations for livestock provided (Number of animals vaccinated in Million)	27	45	2023		MAIL	Animal Health and relevant projects on and off budget
	7.1.3.5. Strengthening of rural women associations and cooperatives, build their capacities in technical fields of production, processing, marketing and business management	100	100 / year 500 in 5 years			MAIL	HED and relevant projects on and off budget
7.1.4. Promotion of appropriate land use practices in irrigated and dry-land farming, incl. measures of community based natural resource management (CBNRM)	7.1.4.1. Forest protection, watersheds, green areas rehabilitated and protected with communities participation (Rehabilitated areas in hectare)	1.8 millions	256000	2023		MAIL	FAO. NRM, Relevance projects
	7.1.4.2. Research poultry farms, beekeeping farms and all other livestock farms, bee keeping established (Number of farms established)	0	7	2022		MAIL	ARIA

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
	7.1.4.3. Rangeland rehabilitated and protected with the communities participation (Rehabilitated areas in hectare)	30 million	150,000			MAIL	FAO. NRM, and Relevance projects
7.2.1. Identify, develop and enforce implementation of required regulations, laws, policies, strategies, standards and procedures	7.2.1.1. Assess the situation of food markets, national trade and imports. Review the existing laws and regulations. Identify priorities to strengthen regulatory environment.	NA	NA	Ongoing			
	7.2.1.2. Develop and enact laws and regulations as per identified gaps and priorities (Number of legal and policy documents)	86	135				
	7.2.1.3. Establish law enforcement and regulation procedures and ensure that enforcement is continuedly effective.	NA	NA				
7.2.2. Implement and control food trade and quality standards (e.g. Codes Alimentarius, Legislation and Food Law)	7.2.2.1. Review foods laws and regulations against global quality standards	NA	NA				
	7.2.2.2. Develop and update laws and regulatory environment (Number of legal documents)	63	93	2023		MAIL, MoPH	Codex – committee, ANSA,
	7.2.2.3. Build capacities and establish food standards, quality and control mechanisms (guidelines, human resources, laboratories etc.)					MAIL, MoPH	Codex – committee, ANSA, FAO, WHO, AFSen secretariat, Food quality

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
							control authority
7.2.3. Regulate imports of fortified food (flour, oil, salt)	7.2.3.1. Assess the food import situation, existing laws, regulations as well as requirements to identify gaps (focus on salt, flour, oil)	NA	NA	2020		MAIL, MoPH, MoIC	Food quality control authority
	7.2.3.2. Update import laws with a focus to regulate the import of iodised salt, flour and oil	NA	NA	2020			
7.2.4. Strengthen the implementation of the consumer protection laws	7.2.4.1. Identify consumer protection issues, situation and priorities for improvements (e.g. labelling)	NA	NA	2020		MoIC	
	7.2.4.2. Update consumer protection laws	NA	NA	2020		MoIC	
7.2.5. Promote marketing of nutrient rich foods	7.2.5.1. Identify opportunities to promote the marketing of nutrient rich foods (local marketing and trade, requirements of regulations etc),	???	Build 1 women agriculture products markets / year and 5 in 5 years	2020		MAIL, MoPH	HED
	7.2.5.2. Facilitate and promote local marketing		1 / year and 5 in 5 years	Ongoing		MAIL, MoIC	HED
7.2.6. Support and enforce producer, consumer protection and market relating laws	7.2.6.1. Enact updated laws and regulations	NA	NA	Ongoing			
	7.2.6.2. Establish structure and ensure implementation (execution) of laws (e.g. monitoring)						

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
8.1.1. Evaluate, identify and promote specific varieties of wheat as well as other main staples showing highest nutritional and market value, being resilient, drought resistant and appropriate under the given climatic conditions	8.1.1.1. Identify crops of highest nutritious value and integrate into 'agriculture extension services'.	NA	NA	Ongoing		MAIL	ARIA and HED
	8.1.1.2. Farmers, Private Sector, MAIL employees trained in modern agricultural, irrigation and livestock technologies	179,000	321,000	2023		MAIL	ARIA and HED
8.1.2. Conduct field research, breeding and field and on-farm trials to test and promote the improved varieties	8.1.2.1. Conduct field and on-farm research and trials to improve production and productivity of the identified crops	NA	NA	Ongoing		MAIL	ARIA, FAO
	8.1.2.2. Promote improved varieties through agriculture extension	NA	NA	Ongoing		MAIL	ARIA and HED
8.1.3. Support small scale and female farmers to adopt the tested and improved varieties	8.1.3.1. Strengthen extension services targeted to female farmers (training etc.)	NA	NA	Ongoing		MAIL	FAO
	8.1.3.2. Electronic extension services established (provision of extension services through modern technology). Number of training and extension services centers for farmers (FLRC) in the country	0	25			MAIL	FAO
8.2.1. Improve animal breeds through cross breeding to enhance productivity, nutritional and market values (link to 7.1.3.)	8.2.1.1. Establishment of improved animal husbandry farms	8	48	2022		MAIL	Livestock Directorate and FAO
	8.2.1.2. Establish data bank and facilitate cross-breeding (ruminants, poultry)	0	1	2020		MAIL	Livestock Directorate and FAO

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
	8.2.1.3. Establish on-farm models adapting cross-breeds for further promotion	0	1	2020		MAIL	Livestock Directorate and FAO
	8.2.1.4. Promote cross-breeding (through livestock extension workers, trainings etc.)	NA	NA	Ongoing		MAIL	Livestock Directorate and FAO
8.2.2. Support and promote cross breeding of livestock of women farmers (focus on poultry and small ruminants).	8.2.2.1. Promote cross-breeding with a focus on female farmers' small ruminant and poultry (utilising results of activity 8.2.1.)	NA	NA	Ongoing		MAIL	Livestock Directorate and FAO
	8.2.2.2. Establish female livestock extension services	0	50 irrigation system / year 250 in 5 years			MAIL, MRRD	Irrigation department
9.1.1. Take stock of relevant food security & nutrition policies, strategies, programs	9.1.1.1. Compile and review relevant intersectoral and sectoral policies, strategies and programmes.	NA	NA	2019		AFSeN-A,	MoPH, MAIL, MRRD, MoE, MoLSAMD ...
9.1.2. Analyse and suggest policy changes	9.1.2.1. Analyse and prepare recommendations to strengthen nutrition elements as relevant	NA	NA	2019		AFSeN-A,	MoPH, MAIL, MRRD, MoE, MoLSAMD ...
	9.1.2.2. Share recommendations, facilitate the incorporation of nutrition in the design, reporting and monitoring of policies, strategies and programmes	NA	NA	2019		AFSeN-A,	MoPH, MAIL, MRRD, MoE, MoLSAMD ...
9.1.3. Endorse new policies and strategies (including school health policy)	9.1.3.1. Coordinate and facilitate the update of the policies/strategies and	NA	NA	2020		MoE	MoPH, UNICEF

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
	programmes. Ensure the endorsement.						
	9.1.3.2. Coordinate and facilitate the regular reporting on the implementation of the relevant policies, strategies and programmes	NA	NA	Ongoing		MoE	MoPH, UNICEF
9.1.4. Embed AFSeN-A technical secretariat into the Government structure	9.1.4.1. Prepare and outline, including work programme, human and financial resource requirements, and seek GOIA approval	NA	NA	2019		AFSeN-A	UNICEF, FAO, WFP, USAID, EU
	9.1.4.2. Ensure that secretariat and resources are in place	NA	NA	2019		AFSeN-A	UNICEF, FAO, WFP, USAID, EU
9.2.1. Analyse needs and best approaches to Consumer Subsidy Policy	9.2.1.1. Review and analyse international and national experience of subsidies and their potential impact on food and nutrition outcomes	NA	NA	2019		MoIC	MAIL
	9.2.1.2. If subsidy schemes are deemed as necessary, prepare recommendations and proposals for the design of nutrition sensitive subsidy schemes as appropriate	NA	NA	2019		MoIC	MAIL
9.2.2. Implement pilot scheme to subsidize food production and consumption	9.2.2.1. Facilitate the implementation of a pilot scheme	NA	NA	2019		MoIC	MAIL
	9.2.2.2. Evaluate the impact of the pilot scheme on nutrition, prepare recommendations for the scale up	NA	NA	2020		MoIC	MAIL

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
9.2.3. Incentivize private sector & procedures to improve the availability of healthy foods	9.2.3.1. Assess and analyse opportunities to improve the availability of healthy foods through cooperation with the private sector	NA	NA	2019		MAIL	MoIC
	9.2.3.2. Follow up and ensure policy implementation	NA	NA	2020		MAIL	MoIC
9.2.4. Develop, endorse and execute Food Law	9.2.4.1. Assess the priority needs and the requirements for food laws, facilitate the development and update of food laws relevant to improve nutrition	NA	NA	2019		MAIL	MoPH
	9.2.4.2. Ensure the endorsement and facilitate the execution of the food laws, including its monitoring	NA	NA	2020		MAIL	MoPH
9.3.1. Analyse and identify promising innovations to ensure food security & nutrition	9.3.1.1. Review global and national approaches and their effectiveness and recommend innovations for improvements (link to 9.3.3.)	NA	NA	2019		MAIL, MoPH	UNICEF, WFP, FAO, USAID, EU
	9.3.1.2. Analyse ongoing implementation and identify priority needs for innovative improvements	NA	NA	2019		MAIL, MoPH	UNICEF, WFP, FAO, USAID, EU
9.3.2. Build individual and institutional capacity for innovations	9.3.2.1. Assess capacities, identify partners and capacity requirements to implement innovations	NA	NA	2020		MAIL, MoPH	UNICEF, WFP, FAO, USAID, EU
	9.3.2.2. Facilitate building capacities to implement innovations on pilot basis	NA	NA	2020		MAIL, MoPH	UNICEF, WFP, FAO, USAID, EU

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
9.3.3. Identify required field research areas, develop and finance research and development in food security and nutrition	9.3.3.1. Facilitate the preparation of field level and operational research, pilot and evaluate innovative schemes identified under 9.3.1.	NA	NA	2020		MAIL, MoPH	UNICEF, WFP, FAO, USAID, EU
	9.3.3.2. Mobilise resources for a scale up	NA	NA	2020		MAIL, MoPH	UNICEF, WFP, FAO, USAID, EU
9.4.1. Develop National Food Security and Nutrition Investment Plan	9.4.1.1. Identify resource requirements and gaps and prepare an investment plan	NA	NA	2019		AFSeN-A, MAIL, MoPH	UNICEF, WFP, FAO, USAID, EU
	9.4.1.2. Assess and coordinate contributions and commitments (partners and GOIA) to the costed action plan and to the associated programmes and investments to improve nutrition	NA	NA	2019		AFSeN-A, MAIL, MoPH	UNICEF, WFP, FAO, USAID, EU
9.4.2. Mobilise resources and implement the investment plan	9.4.2.1. Agree on GOIA and partners contributions and commitments, facilitate and follow up to ensure timely provision of resources	NA	NA	2020		AFSeN-A, MAIL, MoPH	UNICEF, WFP, FAO, USAID, EU
	9.4.2.2. Prepare a tracking system for resource allocation and utilisation, share reports regularly	NA	NA	2020		AFSeN-A, MAIL, MoPH	UNICEF, WFP, FAO, USAID, EU
9.4.3. Introduce innovative financial support schemes to farmers and investors	9.4.3.1. Assess and identify opportunities to introduce innovative schemes to encourage the production and marketing of nutritious and healthy foods	NA	NA	2020		MAIL	UNICEF, WFP, FAO, USAID, EU

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
	9.4.3.2. Implement on a pilot basis, evaluate and prepare recommendations, coordinate and improvements and scale up	NA	NA	2020		MAIL	UNICEF, WFP, FAO, USAID, EU
9.5.1. Develop a joint multi-sectoral monitoring, evaluation and learning system	9.5.1.1. Assess existing sectoral and inter-sectoral reporting, monitoring and evaluation systems, identify areas to strengthen flow of nutrition relevant information to the multi-sectoral coordination platform	NA	NA	2019		AFSeN-A, MAIL, MoPH	UNICEF, WFP, FAO, USAID, EU
	9.5.1.2. Establish a reporting system that provides regular information and updates to the multi-sectoral platform	NA	NA	2019		AFSeN-A, MAIL, MoPH	UNICEF, WFP, FAO, USAID, EU
	9.5.1.3. Develop and establish a joint monitoring system that allows regular communication and information sharing between sub-national and national Multi-stakeholder coordination platforms	NA	NA	2019		AFSeN-A, MAIL, MoPH	UNICEF, WFP, FAO, USAID, EU
	9.5.1.4. Establish an online inter-sectoral information management system	NA	NA	2020		AFSeN-A, MAIL, MoPH	UNICEF, WFP, FAO, USAID, EU
	9.5.1.5. Design and implement mid-term and end term evaluations, ensure the preparation of	NA	NA	2020		AFSeN-A, MAIL, MoPH	UNICEF, WFP, FAO, USAID, EU

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
	recommendations and follow up on their implementation						
9.5.2. Develop and establish a system that allows tracking of accountabilities at national, subnational and implementation level	9.5.2.1. Develop a system that documents commitments and accountabilities at the national, sub-national and implementation level, ensure that regular reports are available and presented to the coordination platform	NA	NA	2020		AFSeN-A, MAIL, MoPH	UNICEF, WFP, FAO, USAID, EU
	9.5.2.2. Follow up on accountabilities and ensure that commitments are being met	NA	NA	Ongoing		AFSeN-A, MAIL, MoPH	UNICEF, WFP, FAO, USAID, EU
9.5.3. Establish financial management & tracking system for food security & nutrition	9.5.3.1. Assess resource allocation systems and procedures, establish a tracking system	NA	NA	2019		AFSeN-A, MAIL, MoPH	UNICEF, WFP, FAO, USAID, EU
	9.5.3.2. Follow up and ensure that reports on commitments, allocations and utilisation are generated, ensure that commitments are met	NA	NA	2020		AFSeN-A, MAIL, MoPH	UNICEF, WFP, FAO, USAID, EU
9.6.1. Maintain, improve and expand the AFSeN-A coordination platforms	9.6.1.1. Maintain and strengthen the AFSeN A multi-stakeholder coordination platform (conduct regular stakeholder mapping, coordination meetings, review reports, maintain information sharing, support sub-national coordination)	NA	NA	Ongoing		AFSeN-A, MAIL, MoPH	UNICEF, WFP, FAO, USAID, EU

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
	9.6.1.2. Develop a workplan for national coordination platform	NA	NA	2019		AFSeN-A, MAIL, MoPH	UNICEF, WFP, FAO, USAID, EU
	9.6.1.3. Facilitate the effective subject matter related sub-groups and networks	NA	NA	Ongoing		AFSeN-A, MAIL, MoPH	UNICEF, WFP, FAO, USAID, EU
	9.6.1.4. Facilitate the creation of SUN networks as appropriate (e.g. SUN UN network, CSO network donor network, business network, academia and research)	NA	NA	2020		AFSeN-A, MAIL, MoPH	UNICEF, WFP, FAO, USAID, EU
9.6.2. Expand and strengthen coordination platforms at subnational level	9.6.2.1. Establish subnational coordination platforms (provincial, and selected priority districts)	NA	NA	2019		AFSeN-A,	MAIL, MoPH, UNICEF, WFP, FAO, USAID, EU
	9.6.2.2. Develop ToRs and a workplan for sub-national coordination platforms and ensure an effective coordination at subnational level	NA	NA	2019		AFSeN-A,	MAIL, MoPH, UNICEF, WFP, FAO, USAID, EU
9.6.3. Engage with regional and global networks	9.6.3.1. Maintain connections to international networks (incl. SUN) and engagements and ensure a transfer of lessons learnt to the national context	NA	NA	Ongoing		AFSeN-A,	MAIL, MoPH, UNICEF, WFP, FAO, USAID, EU
	9.6.3.2. Participate at regional and global workshops and conferences to present and discuss issues and experience arising from implementation in Afghanistan	NA	NA	Ongoing		AFSeN-A,	MAIL, MoPH, UNICEF, WFP, FAO, USAID, EU

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
9.7.1. Assess institutional, administrative and technical capacities and gaps	9.7.1.1. Develop and implement a capacity assessment plan, identify existing capacities, gaps and resource requirements with regard to i) institutional capacities ii) human resources	NA	NA	2019		AFSeN-A,	MAIL, MoPH, UNICEF, WFP, FAO, USAID, EU
9.7.2. Develop the capacity development plan	9.7.2.1. Develop a plan to build i) institutional capacities, ii) human resource capacities (management, administrative, technical)	NA	NA	2019		AFSeN-A,	MAIL, MoPH, UNICEF, WFP, FAO, USAID, EU
9.7.3. Implement the capacity development plan	9.7.3.1. Mobilise resources in line with the capacity development plan	NA	NA	2020		AFSeN-A,	MAIL, MoPH, UNICEF, WFP, FAO, USAID, EU
	9.7.3.2. Facilitate and follow up on plan implementation	NA	NA	2020		AFSeN-A,	MAIL, MoPH, UNICEF, WFP, FAO, USAID, EU
9.8.1. Develop Public Awareness and Advocacy Plan (PA&A)	9.8.1.1. Review existing relevant PA&A approaches and plans, identify gaps and opportunities and provide recommendations	NA	NA	2019		AFSeN-A,	MAIL, MoPH, UNICEF, WFP, FAO, USAID, EU
	9.8.1.2. Prepare a PA&A plan relevant to the intersectoral approach to nutrition in Afghanistan	NA	NA	2019		AFSeN-A,	MAIL, MoPH, UNICEF, WFP, FAO, USAID, EU
9.8.2. Finance and implement the PA & A Plan	9.8.2.1. Mobilise resources and engage partners and platforms to be involved in the PA&A	NA	NA	2019		AFSeN-A,	MAIL, MoPH, UNICEF,

Action Area	Main Activities	Baseline (annual unit numbers)	Target (year 5, unit numbers)	Timeline	Unit cost estimates (to be filled later)	Prime Responsibility	Partner
							WFP, FAO, USAID, EU
	9.8.2.2. Implement the PA&A plan	NA	NA	Ongoing		AFSeN-A,	MAIL, MoPH, UNICEF, WFP, FAO, USAID, EU

# **Implementation Plan**

## Part II: Implementation Plan

### Chapter: Monitoring, Evaluation, Accountability and Learning

#### Goal and Strategic Objective targets of the AFSeN-A strategy

	Indicator	Baseline	Target by 2023
<b>Goal:</b> Improve food security and nutrition situation of Afghan people	Proportion of population living below the national poverty line (percent)	54.5%	43.6%
	Food insecurity in the population, based (FIES)	44.6%	30%
	Minimum Dietary Diversity at Household level	5.1. MV	
	Prevalence of stunting	40.9%	<24.5%
	Prevalence of wasting	9.5%	<5%
	Child overweight	5.4%	<5.4%
	% of underweight among women (BMI<18.5)	9.2%	5%
	Anaemia among Women	44.6%	22.3%

A central element of this Strategy is to provide a framework in which progress towards meeting the Strategy's goal and objectives can be tracked along with the implementation of associated activities, and resource utilization. The overall goal of the strategy and the main indicators which constitute reaching the goal are shown above in [table @](#).

The M&E framework attached as [annex @](#) gives a comprehensive list of objective and outcome indicators to be used for monitoring, evaluation and learning throughout the strategy lifecycle. It includes baseline and targets for indicators and sources of verification. It also identifies which actors hold responsibility for meeting each target.

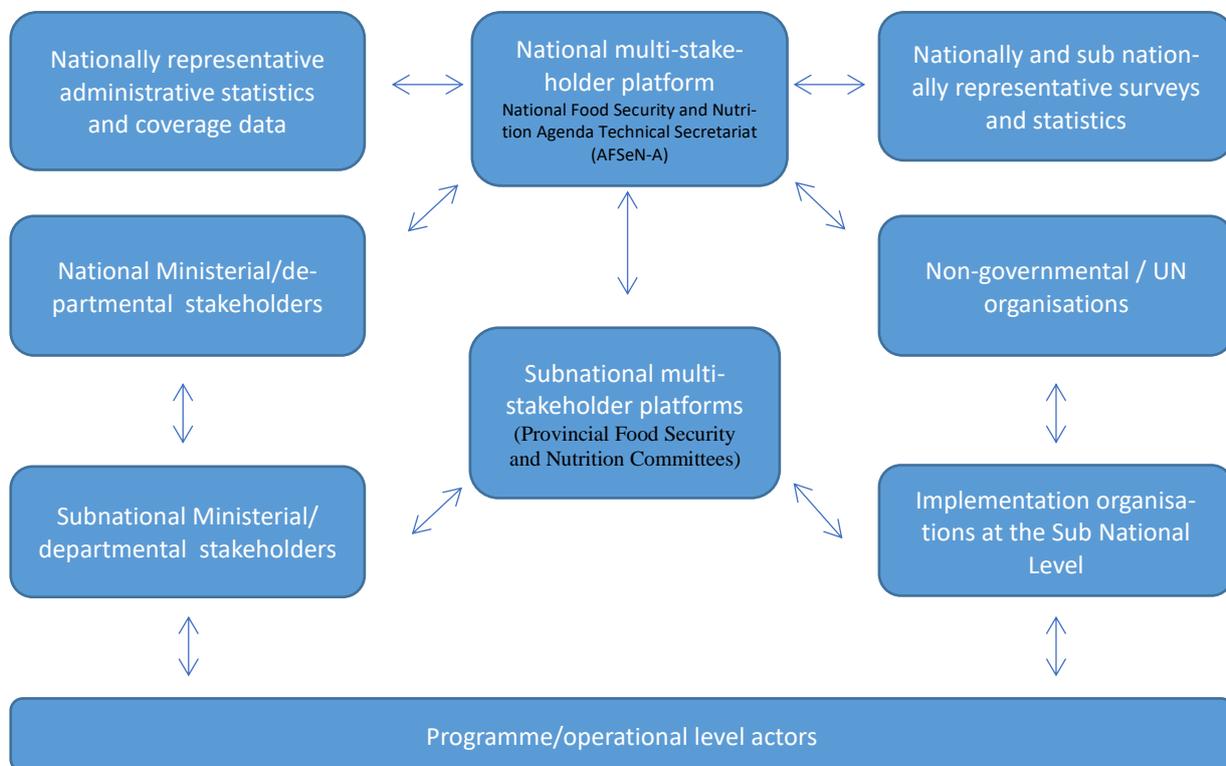
While individual ministries and sectoral partners will have responsibility for collecting and aggregating data relating to their respective targets, it is envisioned that the main mechanism for overall monitoring and evaluation of progress in implementation of the Strategy will be the AFSeN-A Food Security and Nutrition Technical Secretariat. The Executive Committee and Provincial Food Security and Nutrition Committees will meet on a regular basis (e.g. monthly) to share information, collectively decide priorities, coordinate implementation, monitor and evaluate progress towards reaching agreed targets, objectives and goals. The multi-stakeholder platforms carry a particularly important role in analysing the monitoring and evaluation results, progress and achievements, share the lessons and facilitate plan adjustments when and where required.

The National Food Security and Nutrition Technical Secretariat and Provincial Food Security and Nutrition Committees will function as a space for aggregation of sectoral and multi-sectoral information relevant to the AFSeN-A targets and ensure collective monitoring, evaluation and learning, providing both operational and strategic coherence to the strategy's implementation. The platforms will have a clear mandate to collect and collate nutrition data, monitor stakeholders' sectoral activities related to food security and nutrition, and to ensure the accountability of actors in the implementation of the AFSeN-A and this Strategy.

Monitoring the implementation of activities related to the AFSeN-A by the national and subnational multi-stakeholder coordination platforms will be carried out through an analysis of information deriving from tracking activity reports well as joint field level monitoring. Spreadsheets will be used to track sectoral and multi-sectoral activities and set targets, mainly beneficiaries against timelines.

These tracking spreadsheets will be used as a monitoring tool with a record of registration of interventions and beneficiaries. Information deriving from the tracking system will as well be used to design and select areas for joint field level monitoring and collective learning.

It is envisioned this will facilitate the efficient use of resources and improvement in the provision of services from frontline workers and provide operational and strategic coherence to implementation.



### M&E system for the AFSeN-A Strategy

Figure@ presents an overview of the envisioned M&E information flow and entities involved. While individual national and subnational multi-stakeholder coordination platform stakeholders such as ministries and non-governmental organisations will maintain their own reporting and sectoral monitoring and supervision structures, while AFSeN-A M&E specific indicators will be extracted and reported to AFSeN-A’s national or subnational multi-stakeholder coordination platforms as relevant to the joint and multi-sectoral efforts. This platform allows for cross sectoral monitoring from field level implementation through either joint, independent or third-party monitoring. Provincial Food Security and Nutrition Committees will collate and analyse monitoring data at the provincial level, regular reports will then be prepared and submitted to the national National Food Security and Nutrition Technical Secretariat. Sectoral or field level partners’ reports might as well, in parallel, be submitted to their national offices for quality control and plausibility etc. Details will be finalised at the start-up of the AFSeN-A implementation.

There are strong similarities between the AFSeN-A and the A-SDG targets, the Governance structure and the administrative procedures. A system is brought in place to regularly monitor, analyse and report on the SDG achievements, data repository will be managed by the MoEc. More details of mutual collaboration and cooperation between AFSeN-A and the A-SDG to achieve synergies, to perform an effective M&E and ensure a mutual accountability, will be defined at the onset of the AFSeN-A inception phase.

Nationally representative administrative statistics from across relevant sectors and nationally and sub nationally representative surveys will also be key tools in tracking progress. [Annex @](#) presents details by indicators.

In order to achieve this, a work plan and monitoring and evaluation matrix will be specified, based on the AFSeN-A SP and the common M&E plan, to match sectors and partners responsibility, and present and track both the national and each subnational responsibilities and process. These specified M&E matrices will be updated on an ongoing basis. They will reflect the current and upcoming activities and include progress towards objectives and targets as they relate to the AFSeN-A and Strategy. The national and subnational multi-stakeholder coordination platforms' common framework of results will include food security and nutrition indicators and other structural and process indicators.

This information will be compiled and passed to the national coordination platform and aggregated. Where barriers or bottlenecks in a given area are identified corrective action can then be taken and appropriate support provided. Data provided through sub-national MSPs (Provincial Food Security and Nutrition Committees) to the national level will be fully utilized for monitoring and planning purposes and, in turn, communicated back to sub national MSPs and implementing partners for corrective action and learning.

Implementation of the AFSeN-A strategy will be undertaken in close cooperation with non-governmental actors. Wherever possible, these actors will align with the strategy and participate in the national and subnational multi-stakeholder coordination platforms' monitoring, evaluation and learning processes.

Financial commitments and allocations to nutrition and food security related activities across different ministries and sectors, partly with support of the Ministry of Finance in particular for on-budget support and public sector allocations, will also be tracked through national and sub-national coordination platforms. Where budgetary commitments to food security and nutrition related activities are made, progress towards meeting these commitments will be monitored. Where commitments are not being met, joint efforts will be undertaken to realign resource allocation with commitments and needs.

The AFSeN-A Strategy M&E matrix ([annex @](#)) contains a range of indicators for monitoring and evaluation purposes, including structural, process and outcome indicators. Where available baseline indicators are included in the matrix as well as targets for the end of the five-year lifecycle of the strategy. Some of the indicators, though being proposed, don't have a baseline yet. In such cases an AFSeN-A baseline- or any up-coming sectoral survey will generate the baseline number during the inception phase of the AFSeN-A.

Wherever possible, targets are aligned with pre-existing commitments of the GOIRA within other national policy documents or through global commitments such as the World Health Assembly Targets and Sustainable Development Goals, in particular SDG 2. Afghanistan has formulated national SDGs, those goals and indicators set were a good source of information and orientation in the formulation of the AfSeN-A common indicators and targets.

The outcome baseline indicators in the Strategy M&E matrix have been taken from the most-high quality up to date and representative sources available. The following surveys form the basis for many of the baseline indicators and it is envisioned that future iterations of the surveys, including national and provincial representative surveys, will provide nationally representative outcome indicators for monitoring and evaluation.

- The National Nutrition Survey (NNS) 2013

- The Afghanistan Demographic and Health Survey (DHS) 2015
- Afghanistan Living Conditions Survey (ALCS) 2016-17

Additional Coverage monitoring, SMART Nutrition Surveys, and food security and market monitoring surveys will provide more granular information to set sub national level baselines and targets.

Where novel structure and process indicators have been formulated for use in tracking the progress towards the strategy's objectives, it will be the responsibility of the national and subnational multi-stakeholder coordination platforms to further clarify these indicators with sectoral authorities, establish baselines and to track progress.

Baseline, midline and endline evaluations will be conducted to assess key indicators and target achievements. The baseline information will entail developing a full picture of relevant indicators to be monitored. The M&E matrix (annex@) is a living document. Where data become available for indicators for which no baseline data is currently listed, this data will be inputted as necessary.

The midline evaluation will aim to take stock of progress and to address questions of efficiency and provide feedback on performance among stakeholders. It will be used to highlight what works well in the context and what aspects may require revision for the second half of the strategy lifecycle.

The end-line evaluation will seek to fully account for where, how and why the strategy achieved its objectives and where it did not. This evaluation can be used both for evaluating the success of the strategy and for feeding into learning for future nutrition and food policies and strategies within the country.

The following principles of the AFSeN-A will underlie monitoring, evaluation, accountability and learning (MEAL) activities for this strategy.

#### **AFSeN-A MEAL Principles**

##### **1. Coordination and harmonization**

When working across cross-sectoral indicators, it is imperative to ensure smooth coordination across different departments and ministries. Even though some activities and indicators may overlap between different bodies, ownership of each task and its record keeping should be categorically assigned and reviewed in regular coordination meetings.

##### **2. Standardized data collection and reporting**

Active efforts will be made to ensure that data collection activities are continued with quality control, and any newly planned data collection exercises are aligned with previous ones and across stakeholders.

##### **3. Capacity building**

A dedicated M&E team for the AFSeN-A strategic plan will be identified with members from all relevant ministries. Wherever possible, ministerial staff with pre-existing skills in M&E will be prioritised. Where necessary, additional training and support will be provided through the national and subnational multi-stakeholder coordination platforms and constituent stakeholders.

##### **4. Resource provision for MEAL activities**

MEAL activities will be planned and separately budgeted from core program activities. Funds should be allocated not only for human resource but also for monitoring, evaluation and learning processes and related data collection.

5. Accountability for contribution to results

All stakeholders will ensure that program targets, as defined in the implementation plan, are adhered to. The national and subnational multi-stakeholder coordination platforms will hold regular reviews to review performance against targets. The platform will serve as an accountability forum for all stakeholders to show their outputs, justify any deviations from targets and discuss corrective measures.

6. Responsive systems

Information collected through the monitoring system alongside stakeholders' views and experiences will be analysed and used to feedback into planning, coordination and implementation processes with corrective actions being taken where necessary.

# **Capacity Development Plan**

## Developing capacities for nutrition

AFSeN-A's SO 9, **Action Area 9.7.1.** proposes the assessment of existing institutional, administrative and technical capacities, requirements and gaps, followed by the **development and implementation of a capacity development plan for institutional, human (administrative, technical and managerial) capacities** and for the mobilisation of the required resources. SO 9 (Action Area 9.3.2.) also proposed assessment investment to build capacities for innovations, which will need to be specified further during the orientation phase. The actual chapter should help to implement the activities proposed at the logframe. A detailed and quantified implementation plan will be developed during the first year of implementation.

The AFSeN-A **Capacity Development needs** required for the operationalisation of this plan can be broadly categorised into those pertaining to nutrition specific and related health interventions, those pertaining to a wider set of nutrition sensitive actions in sectors other than health, and those pertaining to nutrition governance and coordination structures. The following chapter broadly outlines steps that will be taken to address capacity needs in each of these three areas respectively.

### Nutrition specific capacity development

Nutrition specific and related health interventions outlined in this strategy will be delivered utilising and building upon the capacity of existing service delivery structures where possible and on new service delivery structures where needed. Those in place for delivery are the IMAM, CBNP, BPHS and the EPHS.

There are no dedicated education or training institutions for training of professionals in nutrition, but MOPHS has been working with development partners and received support for extra-curricular and in-service classrooms and field-based trainings of health professionals. Guidelines developed already and to further build on, are the IMAM and CBNP guidelines, supported by UNICEF, the nutrition guideline for new cadre of Nutrition Counsellors supported by IHSAN/USAID, guidelines for in-patient treatment of SAM supported by WHO and Food Based Dietary Guidelines (FBDG), used to train professional of the health as well as related sectors, supported by FAO.

### Community and facility-based nutrition and related health service provision

The performance of the health system in Afghanistan has improved markedly over the last two decades. In nutrition specific services, the introduction of IMAM guidelines has proved particularly successful in improving maternal, infant and young child nutrition coverage and outcome indicators between 2015 and 2017<sup>i</sup>. The AFSeN-A's line Ministry, the MOPH, in cooperation with UN and NGO partners, will provide capacity building support and technical assistance to strengthen decentralised service provision aiming to improve the quality of services in nutrition and as outlined at the existing IMAM at facility and community level. *A review of existing capacities, their coverage as well as the quality of services would need to be done to define the exact capacity development support required. This review should be completed during the first six months of the AFSeN-A implementation.*

Special emphasis should be on **service delivery at the community level**. The CBNP's CHW as well as NGOs and service providers and their community-based health workers provide an important point of focus to orientate efforts to scale up the community-based aspects of nutrition services, and the IMAM in particular. Building decentralised capacities, most importantly capacities at the community level is a priority while aiming for an effective and impactful scale up. This includes *i) increasing the number of community based CHWs trained on nutrition; ii) strengthening communication and counselling skills of CHWs for improved maternal, infant and young child nutrition, behaviours and practices, understanding and addressing cultural attitudes*. It also requires working with the UN, in particular FAO, UNICEF, WFP, WHO, as well as NGOs, private sector actors and the health's sector's education institutions to develop community and frontlines workers, e.g. CHWs, Community Health Supervisors, Nutrition Counsellors, Midwives, Nurses, and Doctors, skillset on nutrition that nutrition qualification is adequate and incorporated into the accreditation process.

At the **facility level**, there is already a framework in place for pre- and in-service training for health workers through the facility-based aspects of IMAM and the nutrition related aspects of the BPHS and EPHS. Where needs are identified, necessary training, monitoring and supervision as well as linkages with CHWs and non-governmental service providers will be strengthened.

A lack of **dedicated nutrition staff** within health facilities has been identified as a bottleneck to improving quality and coverage of nutrition services had been identified earlier. Very recently, the positions were created and with support of WB and EU, counsellors were posted at 1889 facilities responsible for the nutrition component of the BPHS. The target is to have at least one nutrition counsellor in each BPHS implementing health facility. Experience should be reviewed and additional counsellors will then be recruited to reach full coverage. Newly recruited counsellors will need to be trained and closely supervised. This will necessitate close cooperation with education facilities for the delivery of training courses, modules and accreditation in nutrition specific and required counselling skill. Training institutions and facilities, trainers and courses will need to be identified, design and conducted, this requires a close cooperation between the MOPH and respective, potential training institutions. The recently established Nutrition Department at Kabul's Medical University and the Ghazanfar Institute of Health Science could provide good opportunities. A mapping of training capacities and requirements might be the starting point, in combination with the identified of training content and objective to match the responsibilities and counsellor's qualification and development or update of respective training curricula..

The MOPH will continue to promote and support the **integration of nutrition into the existing curricula** for relevant health related disciplines, including ante- and post-natal care providers (e.g. midwifery, obstetrics, gynaecology). This will have a particular focus on maternal, infant and young child nutrition, promotion, counselling and communication skills, and IMAM as an integrated package of actions. A thorough review of the existing curricula and identification of gaps are the initial step, followed by the development of updates incorporating and updating the nutrition content of existing curricula.

Building functional and technical skills of all service and care providers requires GOIRA's **leadership, in this sector most importantly the MOPH's Department of Human Resources**, in some cases in collaboration with private service providers and development

partners *to manage human resource for nutrition*. Human resource management could include, but is not limited to, the establishment of data banks holding rosters for master trainers, trainees and their achievement and performance scores, field of expertise, work experience etc. Main partners and stakeholder to support capacity building measures are the MOPHs' BPHS implementers and donors (EU, USAID WB,), UN agencies (FAO, UNICEF, WFP, WHO) and INGOs.

### **Administrative and managerial staff within the health sector**

While strengthening the capacity of frontline service providers is central to the realisation of the nutrition specific components of this strategy, improving the **administrative capacities of MOPH** staff at the national, provincial, district and facility level will also be vital to achieving sustainable progress.

A particular need has been identified for improved capacity in **reporting, information and knowledge management and stock management** among MOPH staff. A range of data is produced within the health sector including routine monitoring systems, contracted third party healthcare provider evaluations and nutrition and health surveys. Much of this data is currently underutilised by the MOPH and the Provincial Health Departments. This is due to a lack of capacity within the health systems administrative and monitoring systems<sup>ii</sup>

A plan outlining the key administrative, and partly managerial, competencies required in these and other relevant areas will be developed and implemented by the MOPH. Of particular focus in this respect will be improving the capacity of MOPH for tracking the scale-up of community-based nutrition service delivery, in particular the CBNP and IMAM programmes, and its reporting to provincial and national authorities. This will be achieved through building administrative capacity for health reporting systems within the MOPH and through the improved governance structures for nutrition outlined in this strategy. *Required capacity building support will be identified during the first six months of implementation.*

In order to **track service provision, coverage and quality** to respond adequately and timely to the nutritional and health related needs of the population and to identify deficits across differing areas and tiers of the health system, a clear reporting and information management system requires the incorporation of nutrition information. The health sector's management system will be reviewed and updated to integrate required nutrition information, this can e.g. include the implementation status and scale up of the maternal, nutrition, infant and young child feeding, IMAM and other nutrition specific activities. Facility- and community-based information should be reported to provincial and national managerial and technical units and decision makers. A well-managed system would as well allow on identification of capacity building needs and requirements, e.g. in-service or supportive supervision. Key information with regard to scale up and progress in implementation as well as capacity building requirements will be feed into the regular reporting under the wider multi-sectoral nutrition governance structures within the country.

## **Nutrition sensitive capacity development**

Achieving a strong, Government led, multi-sectoral effort to reduce malnutrition in Afghanistan will require a step by step approach to the integration of nutrition across relevant sectors, fostering the identification and implementation of tangible and impactful interventions into the relevant sectors implementation and work programme. Experience exists for some of the sectors nutrition sensitive interventions, e.g. school-based learning, food demonstration, but the **majority of the interventions are relatively new to the public sector programmes**. This requires profound capacity development, including opportunities for institutional learning through a consistent feedback mechanism to decision making for timely modification and plan adjustments. In this context 'integration' refers to inclusion of nutrition sensitive interventions into public sector's programme design and programmes. It also has to address to building and strengthening linkages cross the sectors for achieving synergies to maximise their impact. Integration of nutrition into administrative and management functions is being dealt with at the latter paragraph.

Key to these efforts will be the development and incorporation of appropriate capacity building measures **for institutions and service providers at all levels**, ministerial and partner, technical and administrative staff and extension workers. These efforts will encompass development of pre-service and in-service training and continued supportive supervision for frontline service providers of each sector, such as the agricultural extension workers, social protection officers, service providers promoting improved water, sanitation and hygiene practices, teachers and others involved in implementation. Besides the sectoral and technical capacity development trainings will also focus on cross-sectoral linkages, complementarities and synergies to enhance impacts.

In-service training will necessitate the **identification of training courses and the development of appropriate training packages** and materials and the incorporation responsibilities for respective nutrition sensitive programming and implementation for *i) pre-existing staff within their workflow as well as for ii) new posts and postings*. Pre-service training will require the review and updating of curricula within both training and formal education institutes to incorporate adequate nutrition education, with a focus on nutrition sensitive approaches relevant to each sector, as well as sectoral linkages with nutrition and nutrition services in the context of Afghanistan.

**Sustainability will be ensured by setting criteria** and allowing for a very careful but long-term participation for intensive capacity building measures, including accreditation, follow up and refreshing etc. Cascade structures, including master trainers and supervisors will be established. Human resource databases will ensure a systematic and long-term involvement of the educated human resources.

Clear delineation of **roles and responsibilities** will be ensured to facilitate the implementation of new workforce skills and knowledge. This applies equally to frontline, administrative and ministerial level staff. *As such, efforts to build technical and functional skills and knowledge will be accompanied by the provision of clear roles and responsibilities for staff at all levels to design and deliver policies and programmes* in a manner with maximum positive impact on nutrition outcomes.

It is planned that **nutrition governance structures** outlined in this strategy will carry main responsibility to the capacity building efforts. Through the **AFSeN-A secretariat**, the multi-stakeholder coordination platforms and individual ministries the GOIRA will ensure and facilitate appropriate training, supervision and monitoring of nutrition related activities across relevant sectors. Efforts will be supported by capacity providers, including national and international partners, such as the UN agencies, the SUN networks etc.

### **Capacity development for nutrition governance and cross cutting tasks**

At the national level capacity strengthening will occur across a range of areas both through the multi-stakeholder coordination platforms and for individual national level ministerial staff. **Increasing capacity for inter-ministerial cooperation** in information sharing, planning, implementation, reporting, monitoring and evaluation, institutional learning and strong mechanisms for accountabilities, as they will be critical to the successful operationalisation of the AFSeN-A plan.

Developing multisectoral coordination platforms, national and sub-national, will include *assessing the current and required skillsets and qualification of main actors, and potential means of strengthening their managerial, cross-sectoral coordination and leadership, strategic planning and programming capacities*. Individuals to head and chair platforms will be capacitated with the requisite skillset and mandate by the GOIRA.

Assuring actors from different sectors have a **common understanding** of the key drivers of malnutrition and how different sectors can contribute to addressing malnutrition will be essential. *Knowledge, attitudes and skills of all relevant ministerial staff on nutrition specific and sensitive action will be increased through trainings, workshops and policy directives* which provide clear and concise guidance for ministries to guide programming and decision making.

Furthermore, key individuals within relevant ministries will be identified as focal points to represent their sectors within the multi-stakeholder coordination platforms. In addition, a wider network of national staff among the private sector and UN and NGO partners, will be engaged for driving the nutrition sensitive agenda within their sectors. *Inter-sectoral programming at the sub-national level will also require develop of dedicated staff's capacities in cross-sectoral planning, management and coordination as well as in nutrition information management systems*. Adequate orientation and trainings are required to enhance their understanding on nutrition, multi-sectorally, approaches, governance etc.

**Monitoring and evaluation** is another cross-cutting function to be performed and supervised by the members of the multi-sectoral platform. This requires the nomination of focal points and dedicated trainings and capacity building measures to increase their knowledge base and qualify them to perform an effective reporting, monitoring and evaluation. Details on the structure and responsibilities for monitoring and evaluation is presented at the M&E chapter.

Recognising the priorities and potentials of each sector, accounting for implementation capacity of a given sector at the sub-national level and investing in capacity development of decentralised multi-sector governance will be key to achieving coordinated multi-sectoral cooperation.

**Managing financial resources for nutrition is a relatively new area**, and will require a throughout assessment, planning and establishment of a public sector's on budget and financial management procedures for nutrition. This will require the development of institutional and financial human resource capacities.

### **Nutrition networks, innovation and partnerships supportive to capacity development**

Establishing SUN Networks in country in key areas (e.g. SUN UN network, CSO network donor network, business network, academia and research) will allow for both support to and among Networks and for leveraging Networks pre-existing capacities to support government and non-governmental organisations. Envisioned Networks will play a particularly important role in building capacities within the private sector and facilitating operational research and innovation in partnership with national and international research bodies.

### **Financial Resources**

Capacity development implies more than simply education, training and accreditation. **Availability of financial resources** through budget lines for nutrition in non-nutrition specific sectors and departments will be in place.

*References in addition to the AFSeN-A SP core documents:*

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<sup>i</sup> Afghanistan Nutrition Cluster. 2017 Annual Report. March, 2018. Available at: [https://reliefweb.int/sites/reliefweb.int/files/resources/afghanisatn\\_nutrition\\_clusterr\\_bulletin\\_issue\\_1-2018.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/afghanisatn_nutrition_clusterr_bulletin_issue_1-2018.pdf)

<sup>ii</sup> World Bank. Progress in The Face of Insecurity. Improving Health Outcomes in Afghanistan. World Bank Policy Brief. March 1, 2018. Available at: <http://documents.worldbank.org/curated/en/330491520002103598/pdf/123809-WP-PUBLIC-MARCH6-530AM-14846-WB-Afghanistan-Policy-Brief-WEB.pdf>

# **Advocacy for the AFSeN-A strategy**

## **AFSeN-A Part II: Advocacy for the AFSeN-A strategy**

“Advocacy” in the context of this strategy refers to activities which seek to build greater political and social commitment for improving nutrition and food security in Afghanistan. Advocacy is a planned, systematic, and deliberate process that is defined and shaped by the specific context of the Country<sup>1</sup>.

The “Afghanistan Food Security and Nutrition Agenda Public Awareness and Advocacy Framework and Plan 2018-2023”<sup>2</sup> provides a thorough framework and implementation plan for advocacy efforts for this strategy and the wider AFSeN-A policy and agenda. The strategy contains a detailed initial two-year implementation plan as well as a framework for the full five-year implementation period of the AFSeN A policy and this strategy. It sets forth a set of activities for advocacy at national, regional, and district levels and orientates advocacy efforts around the following five key audiences:

- Audience #1: Multisectoral Government Ministries and Authorities (including the Office of the President, parliamentarians, regulatory bodies and other government institutions)
- Audience #2: Private Sector (including food producers, importers and retailers)
- Audience #3: Religious Authorities and Leaders
- Audience #4: Development partners, donors and civil society organizations (CSOs)
- Audience #5: Media (including owners and managers of media organizations and networks, editors, producers, journalists and activists)

Advocacy efforts for this strategy firmly sit within this wider advocacy plan for the AFSeN-A. Advocacy for this strategy should be differentiated from these advocacy efforts only in so much as this strategy has a greater level of granularity in terms of assigning specific roles, responsibilities, activities and targets for stakeholders, both governmental and non-governmental.

As such, there are specific needs for communicating and consulting stakeholders on the “who, what and why” of the operationalisation of this strategy. This will occur through the steps outlined below, in line with the “Afghanistan Food Security and Nutrition Agenda Public Awareness and Advocacy Framework and Plan 2018-2023”.

**Engaging relevant actors from across government through the launch of the AFSeN A strategy** will be a first step in advocacy for the strategy. National launch events with key stakeholders from the across government, non-governmental and civil society groups will be held at national and sub-national levels. The launch events will seek to introduce attendees and their constituent organisations and departments on the overarching purpose, goals and logic of the strategy. These events will be used to mobilize interested parties to engage in the multi-stakeholder coordination

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<sup>1</sup> Sethuraman, K., Kovach, T., Oot, L., Sommerfelt, E. A., & Ross, J. Manual for Country Level Nutrition Advocacy Using PROFILES and Nutrition Costing. Washington, DC: FHI 360/Food and Nutrition Technical Assistance III Project (FANTA). 2018

<sup>2</sup>The Islamic Republic of Afghanistan. Afghanistan Food Security and Nutrition Agenda Public Awareness and Advocacy Framework and Plan 2018-2023. 2018

platforms, an advocacy working group and SUN networks, which it is envisioned will be established in early 2019.

**It is envisioned that the Advocacy Technical Working Group will help to organize and conduct further stakeholder meetings and workshops at the national and provincial levels.** Members of the working group from relevant sectors will develop a set of core messages on the roles and responsibilities in implementing the strategy within their respective sectors.

**The multi-stakeholder coordination platforms for multi-sectoral nutrition will work in synergy with the Advocacy Technical Working Group** to assure clear communication of the needs of communities and frontline service providers to relevant decision makers and funding agencies. In turn, multi-stakeholder coordination platforms will work to build advocacy efforts through multi-stakeholder coordination platforms in line with the “Afghanistan Food Security and Nutrition Agenda Public Awareness and Advocacy Framework and Plan 2018-2023”.

**Assuring advocacy efforts are ongoing throughout the strategy’s life cycle** will be key to allow for sensitisation of new actors in the nutrition and wider political, humanitarian and developmental spheres in Afghanistan, as well as refocusing efforts of existing actors. While the “Afghanistan Food Security and Nutrition Agenda Public Awareness and Advocacy Framework and Plan 2018-2023” covers a five-year implementation period, the in-depth implementation plan in the is just two years. It is envisioned the multi-stakeholder coordination platforms and SUN networks will work to develop and engage in further advocacy activities in line with the “Afghanistan Food Security and Nutrition Agenda Public Awareness and Advocacy Framework and Plan 2018-2023” as necessary.

**Other relevant advocacy strategies** and efforts of the GOIRA will need to be reviewed to identify options for the integration of multi-sectoral nutrition issues. Similarly, the working modalities and synergies with the A-SDG advocacy strategy will need to be laid out.

# **Operational Research (OR)**

## **Part II - Operational Research (OR)**

### **Introduction and Background**

This chapter deals specifically with the GOIRA's plans for carrying out and commissioning operational research (OR) as it relates to programming across all sectors included in this strategy.

To address underlying causes for achieving food security and nutrition through the systematic integration of nutrition sensitive interventions into the related key sector's programmes is essential. Though there is global evidence and proposals for a range of nutrition sensitive interventions, their effectiveness under the given context requires further research.

AFSeN-A's Strategic Objective 9, and its respective action areas (9.3.3.) in particular, are to identify and conduct operations research of key interventions to proof feasibility and effectiveness to allow for timely plan adjustments to reach the goals. It encompasses a range of operations research.

OR is defined as *"the use of systematic research techniques for program decision-making to achieve a specific outcome...providing policy makers and managers with evidence that they can use to improve program operations"*.<sup>1</sup> It addresses issues relating to the design, management and organisation of service delivery, costs and other factors leading to the desired change and impact. OR thus seeks to guide choices on the allocation and nature of inputs and processes respectively within the programme cycle to achieve optimal gains in reaching targets and goals.

Similar to academic research, OR call for the utilisation of systematic methods of quantitative or qualitative data collection and analysis. However, it differs from academic research in that, ultimately, the validity of operational research rests upon its usefulness and utilisation within the given context and approach applied.<sup>2</sup>

Afghanistan faces a range of challenges which can constrain or inhibit effective programme implementation relevant to food security and nutrition. These include, but are not limited to, a lack of financial and human resources, low levels of institutional capacity together with widespread insecurity and inaccessibility. Social and cultural norms determine as well the use of services and desired improvements in behaviours and practices. In addition, implementation contexts within Afghanistan vary greatly and can change quickly. Programmes will need to be able to respond accordingly.

The AFSeN-A includes interventions that have, over the recent years, been funded by international donors and/or are implemented through international partners only, hence, there is little experience within the public sector. OR will provide an opportunity to assess feasibility and effectiveness of delivering such key service through the public sector.

There is some experience with regard to OR in Afghanistan. The MOPH had conducted OR for assessing the CHW performance in Afghanistan, 2006-2007, the study did as well incorporate nutrition as one of the technical areas and themes.

## Objective and aim

Overcoming these varied challenges to successfully design, implement and scale up in an effective and sustainable manner is the main objective of the OR.

In particular, novel approaches to multi-sectoral coordination and joint programming will require targeted OR to ascertain both what is feasible and appropriate in the context of Afghanistan and what works or does not and why.

### Flowchart for Operational Research

Given the resource constraints faced in the country, questions of cost efficiency and effectiveness are central in assessing the potential or performance of a given intervention, and as such, will be a priority feature within the GOIRA's OR.

OR, where deemed as useful also in combination with field-based evaluations and research, embedded into the programme cycle will allow for a responsive management of the implementation process. OR on feasibility and effectiveness of new and innovative approach will be conducted right at the onset of AFSeN-A's implementation to guide decisions for further modifications and scale up interventions proven to show results on improved nutrition. Research results will directly inform decision makers at the inter-sectoral platform as well as within line ministries.

The envisioned role of OR within the AFSeN-A will accompany wider efforts to improve procedures among service providers.

Vitaly, OR will also focus on the views and opinions of service users themselves. It is hoped the use of tools such as surveys, community score cards, and consultative planning processes will assist in informing decision makers on the attitudes, beliefs and knowledge of service users allowing for better alignment of services with service users needs.

#### I. Planning:

1. Organize research group and advisory committee
2. Determine issues or problems to study and frame research questions around these
3. Develop research proposal to answer OR questions
4. Obtain ethical clearance
5. Identify funding sources and obtain support for OR
6. establish a budget and financial management procedures
7. Plan for capacity building and technical support

#### II. Implementation:

8. Monitor project implementation and maintain quality
9. Pre-test all research procedures
10. Establish and maintain data management and quality control
11. explore together with stakeholders' interpretations and recommendations

#### III. Follow Through:

12. Develop a dissemination plan
13. Disseminate results and recommendations
14. Document changes in policy and/or guidelines that resulted from the research
15. Monitor changes in the revised program
16. Consider ways of improving the program that can be tested through further research

Adapted from the WHO & The Global Fund. Framework for Operations and Implementation Research in Health and Disease Control Programs. 2008

## Principles

It is envisioned that OR carried out in relation to programmes encompassed within the mandate of this strategy will be in line with other policies and strategies for research of the GOIRA. In particular the principles underlying the “Health Research Policy & Strategy for Afghanistan” (2012) will also apply to the proposed OR of AFSeN-A, namely that research will be: High Impact; Inclusive; High Quality; Ethical; Accountable to the mandate of improving food security and nutrition outcomes for the people of Afghanistan. The research policy of MOPH aims to create an environment of evidence-based policies, strategies and programmes to improve people’s life, health and nutrition, and hence, highly relevant to the AFSeN A as well.

In addition to these principles, OR to be carried out or commissioned by the AFSeN-A will be guided, first and foremost, by the identified gap and the requirements for further information for programmatic decision making.

Where the methodology of OR is in-sufficient to address the identified information gap on cost-effectiveness of an intervention, for example its contribution towards set outcomes, higher-level indicators or proxy-indicators, OR could be accompanied by field-level research to create evidence and inform programme decisions for effective implementation.

## Thematic areas

By its nature, the proposed OR focuses on the interventions and service delivery mechanisms, their feasibility, efficiency, sustainability and can allow for comparisons of different delivery mechanisms in view of improving nutritional behaviour.

Research subjects and opportunities will further be identified and agreed on at the onset of the AFSeN-A’s inception phase.

### *Proposed Research Areas – Preliminary*

- Health:
  - Feasibility, effectiveness and sustainability of different modalities of implementation, including IMAM, CBNP
  - Family health action groups and other means of community platforms for nutrition and their effect on nutritional behaviour.
  - Barriers and enablers for effective service provision (quality of services)?
  
- Agriculture:
  - Home gardens, delivery modalities and opportunities for synergies with action on nutrition promotion
  - Value chains (different research tiers, including value chains targeted to women) and their impact family’s dietary patterns
  
- Education:

- Food based incentives, feasibility, targeting, delivery mechanisms and sustainability in view of what they can achieve
- School based learning (food and nutrition), feasibility, resources requirements and sustainability against their expected impact on improving nutritional knowledge
- Social Protection:
  - Social protection schemes (different scheme, food/vouchers or cash transfers, target versus untargeted), targeting and feasibility in view of improving household food security and nutrition.
- Joint and integrated actions areas:
  - joint targeting and joint coherent implementation, well implemented pilot scheme and package and the value added in terms of enhanced outcomes
  - Trainings of non-nutritionists on nutrition issues and their role and effectiveness in programme implementation (e.g. agriculture extension workers, social protection workers, WASH community workers etc.).

### **Collaboration and technical assistance**

Collaboration between decision maker, administrative, managerial and general program staff as well as program beneficiaries with researchers will be key to its successful completion. Data produced through service providers will be vital in facilitating OR and in understanding where the barriers and enablers lie within institutions.

OR will be situated alongside other forms of research through academia both nationally and internationally. Non-Governmental and UN Partners, including FAO, UNICEF, WFP, WHO and others, will provide technical support for the OR implementation. It is hoped that the generated knowledge can inform the development and implementation of the programmes contained within and related to the AFSeN-A.

### **Resources mobilisation**

The implementation of sound OR that support and shapes effective implementation requires dedicated resources. The AFSeN A foresees the mobilisation of resources for OR, as well as innovation, for respective line ministries and constituent departments for carrying out or commissioning OR where necessary.

### **References**

1. World Health Organization, HIV/AIDS, Tuberculosis and Malaria, Roll Back Malaria Operational research for malaria control (Tutor's Guide). Geneva, July 2003

2. World Health Organization & the Global Fund. Framework for Operations and Implementation Research in Health and Disease Control Programs. 2008
3. Afghanistan National Public Health Institute (ANPHI), MOPH, GOIRA, 2012 to 2020.

# **Costing Exercise**

## AFSeN Costing Exercise

Estimating the costs of implementation for the AFSeN A's Strategic Plan

## Introduction

Afghanistan is a low-income country in the South Asia region. Its gross national income (GNI) per capita was estimated at \$560 in 2017 (World Bank 2019) and has declined from \$630 in 2014. It faces a difficult social and economic situation due to continued insecurity in the country. Afghanistan's infant mortality rate declined from 84 per 1000 in 2003 to 52 per 1000 births in 2017 (World Bank 2018). On the other hand, it has high fertility rates and limited access to health services resulting in a maternal mortality rate of 353 in 2015 (World Bank database). The percent of the population living under the poverty line in 2018 was estimated to be 54.5% (ALCS) at \$0.75 a day (MDI report).

Data from the 2014 System of Health Accounts (SHA) show that Afghanistan spent about \$97 million or \$2.00 per capita on nutritional disorders. Only a small proportion of this funding came from the government, \$820,000 or \$0.02 per capita came from the public budget. The rest of the funding, \$95.9 million, came from development partners (\$56 million or \$1.62 per capita) and out-of-pocket expenditure (\$39.9 million or about \$1.15 per capita) (World Bank, 2018).

Agriculture's contribution to GDP has declined from 30% in 2007 to 22% in 2016 but is the main source of income for approximately 44% of the population, particularly for the rural poor (ALCS 2018). Some 38% own irrigated land while about 20% own the less secure rain-fed land. A trend in Afghanistan has been a decreasing land size of households engaged in irrigation farming combined with high population growth, leading to increasing fragmentation of land holdings (ALCS 2018). Livestock is also an asset for Afghan households but the number of livestock has either been staying the same or decreasing over time for most types of livestock. These are some of the factors that have affected food insecurity (the proportion of population below minimum level of dietary energy consumption) that went from 30% in 2011-12 to 45% in 2016-17.

For example, the number of cattle has increased since 2013-14 but is less than the number in 2002-03. These factors are related to food insecurity in the country.

The Afghanistan Food Security and Nutrition (AFSeN) Strategic Plan was developed to translate the AFSeN Agenda, launched in 2017 into actions that address the food security and nutrition issues faced in the country.

**The AFSeN Agenda, launched in October 2017.** The **Goal of AFSAN- Agenda** is to ensure that no Afghan suffers from hunger and every Afghan is well-nourished at all times. The strategic objectives and targets are as follows:

**Objective 1:** Assure the availability of sufficient food for all Afghans. Target: Increase food production by 20% within five years.<sup>3</sup>

**Objective 2:** Improve economic and physical access to food, especially by vulnerable and food insecure population groups. Target: Decrease, by 5% per annum through 2020, the proportion of people who suffer from hunger.

**Objective 3:** Ensure stable food supplies over time and in disaster situations. Target: Establishment of effective disaster preparedness and response mechanisms including a strategic grain reserve (SGR) with an initially targeted volume of 200,000 MT and strengthened resilience of the rural population against shocks.

**Objective 4:** Promote healthy diets, adequate food utilization and better nutrition particularly by women and children. Target: Reduce stunting in children aged 0-24 months by 5% by the end of 2016.

This paper presents the costing exercise used for the Afghanistan Food Security and Nutrition Strategic Plan (2019-2023), which is the operational plan of the agenda and has been designed in line with the Sustainable Development Goal 2. The goal of the Afghanistan Food Security and Nutrition Strategic Plan is to improve the food security and nutrition situation of the Afghan people. The strategic objectives of the plan are the following:

1. Ensure adequate economic and physical access to food, especially for vulnerable and food insecure population groups
2. Ensure food and nutrition supplies and services over time and in emergency situations

3. Improve quality of nutritious diets, particularly among women, children and vulnerable groups
4. Increase access to nutrition related quality health care services
5. Improve water, sanitation and hygiene as well as education for better nutrition
6. Improve rural infrastructure and strengthen nutritional value chains while protecting natural resources
7. Availability of nutrient-rich foods increased through domestic (local) food production
8. Nutritional and market value of foods (wheat, other main staples and animal products) increased
9. Strengthen food security and nutrition governance

The national strategic plan document, AFSen A Part I, has already been prepared and approved with goals, strategic objectives, outcomes and action areas in November 2018. The strategic framework is linked to a detailed plan of activities and indicators. Activities under each action area as well as the M&E indicator matrix have been drafted and form the basis for the costing. The objective of the costing is to inform programme managers of the resource requirements for improving food security and nutrition during the next five years as well as be used for advocacy for resource mobilization.

Costing of the activities in the strategic plan is an important exercise so that the Afghan government and its partners can understand better what resources are required to conduct the activities in the plan. The costing is disaggregated by activity and year so that the government can plan to allocate the annual resource requirements to achieve the objectives and use it to mobilize funds.

## Methods

Two methods were proposed for the costing: the ingredients approach (micro-costing) and expenditure/budget approach. The ingredients approach was used when the cost per beneficiary was available. For example, the cost per beneficiary for social protection schemes to improve nutrition is estimated to be 310AFs (\$4.08) per capita per month for vulnerable families. This cost was multiplied by the number of beneficiaries.

The expenditure/budget approach was used when detailed information on prices and quantities were not available. In these cases, the team used aggregate estimates of the cost of an activity. For example, the estimate for establishing, expanding and strengthening

extension services for income generation was an aggregate sum of \$1.3 million per year based on the 2019 budget from the Ministry of Finance and donors in 2019. This amount was then multiplied by the number of years of the project (5) to get the total.

The study team focused on activities that will be funded off-budget and not the activities funded through the on budget.<sup>1</sup>. That is, it does not include on-budget or planned activities that will be funded by the Afghanistan government. The onbudget funds government personnel salaries and benefits, operational costs, and infrastructure cost used for activities in the Ministries' plan and is financed by the government while off-budget funds are from donor budgets such as WB BPHS and UNICEF. However, it should be noted that leaving out on-budget funding does not allow us to estimate the contribution of the government to maintain the structure and staff or for running the basics that allow the implementation of activities for food security and nutrition. It should also be noted that, until now, the GoIRA has few allocations for nutrition interventions (some in education and as part of Sehatmandi) and no allocations from its own sources, but maintains the structures to plan, coordinate and guide implementation of nutrition interventions, through allocations under other budget codes, e.g. agriculture extension, research, livestock raising, or primary health care, health service delivery, education services etc. Nutrition activities are planned and implemented through those existing budget lines and budget codes and an additional expenditure simply added on. The costed activity matrix is attached for further reference (Annex 1).

**The assumptions made in the cost estimation are the following:**

- 1) Per unit cost is defined as the cost incurred to produce or deliver one unit of a particular product or service. Unit costs include the value of labour (e.g. management and/or consultants), commodities, supplies such as material production (e.g. flyers), and other overhead costs (e.g. maintenance, utilities). For example, the cost of training a health worker in maternal, infant and young child nutrition at the community and facility level is \$136 for five days (Source: MOPH).

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<sup>1</sup> Information provided was without the planned onbudget items, which means the time of human resources and other operational and shared costs such as infrastructure were not included. *Nota bene: It would be important to gather that information to advance and improve the costing exercise.*

- 2) It is not possible to define unit cost per beneficiary for activities such as facilitation/policy/management. In these cases, the total estimated aggregate sum for the activity was used. For example training manuals, guidelines and materials for increasing employment and income generation possibilities for women was estimated to be \$60,000. , the cost of developing or updating  
 This is basically a useful and appropriate approach, the shortcoming in this particular case is that the grand budget is given, but the information on coverage is not available, hence, it is difficult to estimate the realistic requirements.
- 3) We also used assumptions from WFP and UNICEF on the proportion of beneficiaries to be covered through various activities. For example, they were assuming that 50% of malnourished children and women would be given treatment through the humanitarian response plan allocation. The costs were then multiplied by number of beneficiaries to get the total annual cost. We also estimated the cost if the number of beneficiaries increased or decreased by 50%.
- 4) The government would continue to finance the on-budget over the time period of the strategic plan.

**The steps taken to estimate activity costs are the following:**

- 1) Each activity was categorized by its funding status, specifically:
  - a. Already has funding under the relevant Ministry's work plan;
  - b. Activities that already have funding but require additional funding for scaling-up
  - c. Field level implementation requiring funding
  - d. Facilitation/management/policy work with additional funding needs
  - e. No additional resources required since funding is found in another budget
- 2) Data were collected on expenditure/budget and/or unit costs of activities from different sources: ministries such as MOPH, MAIL, MOWA, MoLSAMD, MRRD, and MoE, and agencies such as UNICEF, FAO, WFP, WHO, EU, USAID, and NGOs.
- 3) For activities with unit costs per beneficiary, unit costs were multiplied by the number of beneficiaries for each activity.
- 4) For activities that were classified as facilitation/management/policy requiring additional funding, the aggregate cost of hiring a consultant to conduct the activity

was estimated.

- 5) For other activities that do not have the cost per beneficiary such as delivering social and behaviour change communication through multi-sectoral platforms, the aggregate amount (\$660,000) is used.
- 6) The cost of activities were than summed to get total costs to be funded through the off-budget, costs of unfunded activities, cost by strategic objectives and cost by result as well as disaggregate between nutrition-specific and nutrition-sensitive activities.
- 7) The funding gap was calculated by subtracting the cost of unfunded activities from total costs.

## Data Collection

After the activities were elaborated, stakeholders were approached and bilateral meetings were held with relevant ministries and partners to estimate the resource requirements for each activity. The country base study team worked with the relevant Ministries such as MOPH, MAIL and MRRD as well as partners to collect the required information, in particular to review the existing budgetary information, to determine how the ingredients or how much activities would cost, which of the activities were already funded, and which were in their work plans as part of the routine budgets. Hence, costing in Afghanistan was an iterative and interactive, inclusive process.

### Limitations encountered

The costing team encountered some limitations in conducting the cost exercise. These limitations included the following:

- i) conducting this exercise without face-to-face meetings on estimation of costs,
- ii) challenges of costing without detailed information on unit costs,
- iii) checking the reliability of the information was difficulty,
- iv) estimating the costs of new and innovative interventions with minimal public sector experience.

! The international experts worked remotely with the national team and this process resulted in a slower data collection process. In addition, the public sector had limited experience on calculating the resources and inputs required to implement the new and innovative nutrition-sensitive activities as a necessity to derive at a more realistic or precise cost estimate. Nutrition-sensitive activities are interventions or programmes that address the underlying determinants of undernutrition and development— food security; adequate caregiving resources at the maternal, household and community levels; and access to health services and a safe and hygienic environment—and incorporate specific nutrition goals and actions (Lancet 2013). It was also difficult to get detailed information on costs –

i.e. the quantities and prices. Thus, the team often had to rely on less precise aggregate estimates for these activities. Since no data from the routine budget were available, the cost of shared resources such as public health worker time and infrastructure was not included

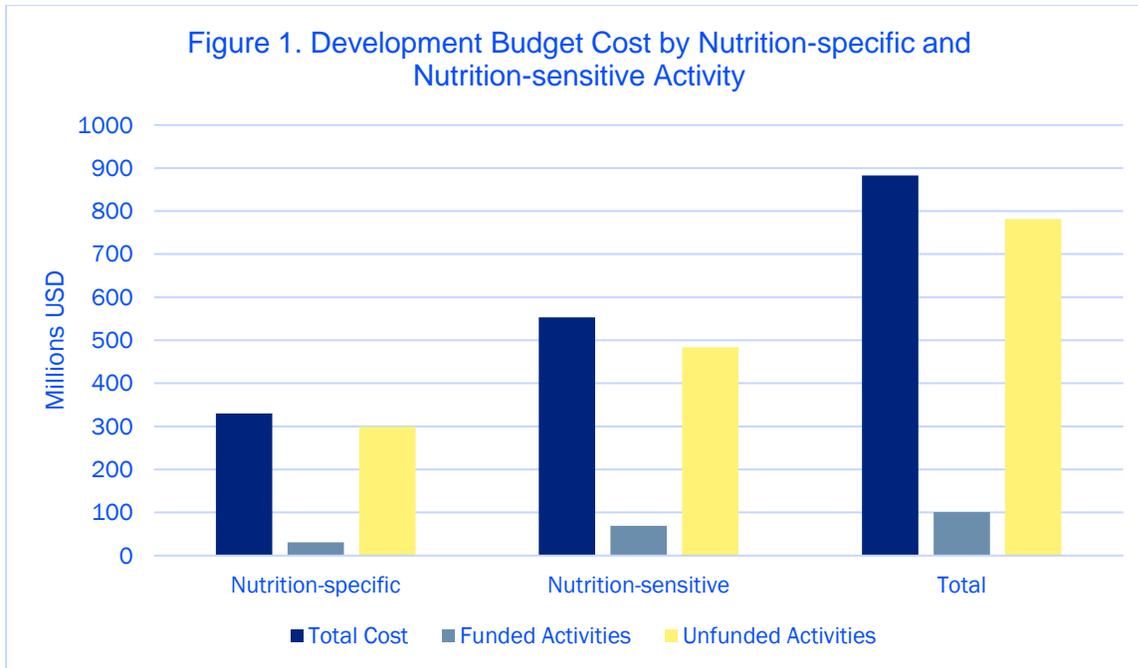
## Results

Table 1 shows the total off-budget costs and available funding for the Afghan Food Security and Nutrition Strategic Plan. The total is disaggregated by nutrition-specific and nutrition-sensitive activities. The estimate of off-budget costs for nutrition-sensitive activities is greater than the one for nutrition-specific activities. In addition, the proportion of nutrition-sensitive activities that has funding is slightly higher (12.5%) than the one for nutrition-specific activities.

**Table 1. Total Off-Budget Cost, Available Funding, and Unfunded Activities of AFSeN**

	Total Off0 Budget Cost	Funded Activities	Unfunded Activities
Nutrition-Specific Activities	\$329,754,725	\$31,186,524 (9.5%)	\$298,568,201 (90.5%)
Nutrition-sensitive Activities	\$552,846,853	\$69,314,731 (12.5%)	\$483,532,122 (87.5%)
<b>Total</b>	<b>\$882,601,578</b>	<b>\$100,501,255 (11.4%)</b>	<b>\$782,100,323 (88.6%)</b>

Figure 1 shows the off-budget cost of AFSeN A by nutrition-specific and nutrition-sensitive activities. The proportion with funding is only slightly higher than 10%.



It should be noted that the Ministries of Public Health (MOPH) and Agriculture (MAIL) took different approaches to elaborating activities for the AFSen A Part I and this may partially explain the differences in estimated off-budget costs of nutrition-specific and nutrition-sensitive activities. The MoPH submitted mostly new activities that required additional funding while the MAIL submitted both new and current activities of the entire programme budget for nutrition-sensitive activities. Thus the costs of the basic health package (BPHS) through the World Bank managed trust fund was not included since it is an MOPH activity that is current and not new, while the entire costs of the MAIL’s Comprehensive Agriculture National Priority Plan was considered.

Table 2 shows the off-budget costs by strategic objective. The costliest strategic objective is SO # 2 – Ensure food and nutrition supplies and services over time and in emergency situations, while the least costly was SO # 8, nutritional and market value of foods increased, has the most funded activities. Among the nutrition-specific strategic objectives, the most costly SO is SO # 2 while SO # 4 is the least costly (Increase access to nutrition-related quality health care service. The SO that has the most funding proportionally is SO # 4 while the SO that has the least funding proportionally is SO# 2. Figure 2 shows the off-budget costs by strategic objective.

For nutrition-specific activities, most of the costs are already funded but require scale-up to other parts of the country. For nutrition-sensitive, the majority of costs are for field level implementation.

The last column shows the proportion of activities that are aligned with the relevant Ministry’s planned activities by strategic objective. Among the nutrition-specific activities about one third of the activities are not aligned in a way that budget estimates could be derived from any existing programme and calculation. Among the nutrition sensitive interventions, SO6, SO7, and SO8 are the least aligned with any of the existing and already costed sectoral interventions. Note that ‘alignment’ is defined as in line with Ministry’s or stakeholders existing annual plans, programmes or investments.

**Table 2. AFSen Cost by Strategic Objective**

SO #	Strategic Objective	Estimated Cost Off-Budget	Funded Amount (% funded)	Already funded but scaleup required	Field level Implem. Required	Facil./ Mngt./ Policy Work	Aligned with Ministry’s planned activities
Nutrition-Specific Strategic Objectives							
SO# 2	Ensure food and nutrition supplies and services over time and in emergency situations	\$311,704,725	\$16,745,524 (5.4%)	\$287,967,100	0	\$23,727,625	78%
SO# 3	Improve quality of nutritious diets, particularly among women, children and vulnerable groups	\$10,603,000	\$7,534,000 (71.1%)	\$394,400	\$1,933,600	\$330,000	64%
SO# 4	Increase access to nutrition related quality health care services	\$7,447,000	\$6,907,000 (92.7%)	\$6,720,000	\$250,000	\$477,000	100%
		<b>\$329,754,725</b>	<b>\$31,186,524 (9.5%)</b>	<b>\$295,081,500</b>	<b>\$2,183,600</b>	<b>\$24,534,625</b>	

Nutrition-Sensitive Strategic Objectives							
SO# 11	Ensure adequate economic and physical access to food, especially for vulnerable and food insecure population groups	\$235,990,815	\$1,303,763 (0.6%)	\$3,018,815	\$232,812,000	\$140,000	81%
SO# 5	Improve water, sanitation and hygiene as well as education for better nutrition	\$130,673,979	\$32,316,021 (24.7%)	\$66,000,000	\$64,393,979	\$30,000	89%
SO# 6	Improve rural infrastructure and strengthen nutritional value chains while protecting natural resources	\$80,025,446	\$13,899,355 (17.4%)	\$3,158,600	0	\$62,977,957	60%
SO# 7	Availability of nutrient-rich foods increased through domestic (local) food production	\$101,957,527	\$20,291,505 (20.0%)	\$99,340,591	\$100,000	\$150,000	42%
SO# 8	Nutritional and market value of foods (wheat, other main staples and animal products) increased	\$1,384,086	\$1,344,086 (97.1%)	\$1,344,086	\$40,000	\$0	50%
SO# 9	Strengthen Food Security and Nutrition governance	\$2,815,000	\$160,000 (5.7%)	\$960,000	\$1,250,000	\$405,000	100%
	<b>Total</b>	<b>\$552,846,853</b>	<b>\$69,314,731 (12.5%)</b>	<b>\$173,822,092</b>	<b>\$298,595,979</b>	<b>\$63,702,957</b>	

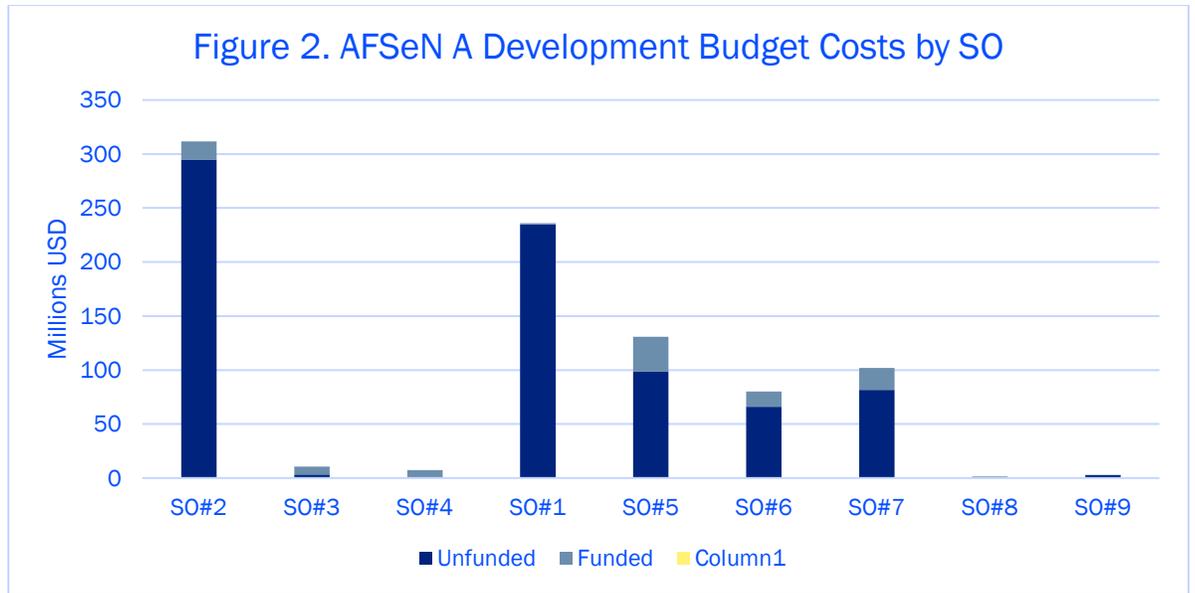


Table 3 shows the AFSeN A off-budget costs by strategic plan result. As can be seen, Result 2.2 is the most costly result to achieve - preparedness and rapid response to food and nutritional emergencies ensured, followed by Result 1.2 is nutrition sensitive social protection and safety nets established. On the other hand, Results 3.4, 4.2, and 9.4 have no off-budget cost and are fully funded through the routine budget. The results that have no off-budget cost are for policy/management/facilitation or already have funding under another budget. Other than the results with no off-budget costs, three results already have full funding – Results 3.5, 4.1, and 8.2.

**Table 3. AFSeN Costs by Result**

Result #	Result	Total Est Dev Budget Cost	Funded Amount	Source of Funds already available
1.1	Employment and income opportunities created	\$3,078,815	\$1,303,763 (42.3%)	Government and Kuwait fund
1.2	Nutrition sensitive social protection and safety nets established	\$232,912,000	\$0 (0%)	NA
2.1	Strategic Food Reserves (SFR) with focus on food insecure and nutritionally vulnerable locations ensured	\$22,363,040	\$4,472,608 (20.0%)	Government and World Bank
2.2	Preparedness and rapid response to food and nutritional emergencies ensured	\$289,341,685	\$12,272,917 (4.2%)	Government, UNICEF, Nutrition Cluster/OCHA and WFP
3.1	Infant and young child feeding practices are improved	\$2,875,600	\$104,000 (3.6%)	IHSAN/USAID, UNICEF

3.2	Maternal and adolescent nutrition improved	\$182,400	\$0 (0%)	NA
3.3	Micronutrient deficiencies reduced (Vit. A and D, Iron, Folic Acid, Iodine)	\$7,410,000	\$7,330,000 (98.9%)	Government and UNICEF
3.4	Diversity and quality of family diets improved	\$15,000	\$0 (100%)	NA
3.5	Capacity for production and preparation of food products suitable for acutely malnourished children increased	\$170,000	\$100,000 (59%)	USAID/WFP
4.1	Quality and coverage of nutrition related child health services improved	\$6,907,000	\$6,907,000 (100%)	IHSAN/USAID and World Bank
4.2	Quality and coverage of reproductive health services improved	\$0	\$0 (100%)	NA
4.3	Behaviour change communication (BCC) is effective to improve practices and health seeking behaviours	\$540,000	\$0 (0%)	NA
5.1	Access and use of safe drinking water increased	\$64,013,9979	\$19,716,021 (30.8%)	Government and UNICEF
5.2	Hygiene and sanitation practices improved	\$43,380,000	\$12,880,000 (29.7%)	Government, UNICEF and IHSAN/USAID
5.3	Education and school-based learning promoted	\$23,280,000	\$100,000 (0.4%)	UNICEF
6.1	Strengthening of nutrition sensitive value chains	\$17,047,489	\$1,303,763 (7.6%)	Government
6.2	Improvement of rural infrastructure	\$62,977,957	\$12,595,591 (20.0%)	Government, ADB
7.1	Domestic (local) production and diversification of nutrition rich food increased	\$101,557,527	\$20,291,505 (20.0%)	Government, Australia, ADB, IFAD
7.2	Imports of quality foods required	\$400,000	\$0 (0%)	NA
8.1	Nutritional and market value of wheat and other main staples increased	\$40,000	\$0 (0%)	NA
8.2	Enhance nutritional and market value of livestock and livestock products through crossbreeding and promotion	\$1,344,086	\$1,344,086 (100%)	Government
9.1	Policy Dialogue and Institutional Reform strengthened	\$960,000	\$160,000 (16.7%)	FAO, UNICEF and WFP
9.2	Regulatory Environment Improved	\$200,000	\$0(0%)	NA
9.3	Innovation Strengthened	\$750,000	\$0(0%)	NA
9.4	Investment and Financing for nutrition improved	\$0	\$0(100%)	NA
9.5	Measuring Progress improved	\$340,000	\$0(0%)	NA
9.6	Multi-sectoral and multi-stakeholder engagement strengthened	\$350,000	\$0(0%)	NA

9.7	Capacity to deliver results strengthened	\$165,000	\$0(0%)	NA
9.8	Lobby, Advocacy and Public Awareness Improved	\$50,000	\$0(0%)	NA
	<b>TOTAL</b>	<b>\$882,601,255</b>	<b>\$100,501,255</b>	

The most costly results, or cost drivers, of the strategic plan are: 1) \$289.3 million (see discussion section for disaggregated numbers) for providing nutrition emergency support to children under five years of age; 2) \$232.9 million for social protection scaling-up and strengthening implementation of schemes to improve nutrition such as food-for-work; 3) \$101 million for domestic (local) production and diversification of nutrition rich food increased; 4) \$64.0 million to access and use of safe drinking water increased and 5) \$63.0 for Improving of rural infrastructure. Note that the off- budget costs for the first two results depend on the coverage assumptions that are made – 50% of persons in need for nutrition emergency support and 36% of vulnerable families in need of social protection schemes, respectively.

Table 4 shows scenarios for the cost of the two largest cost drivers. If the coverage for nutritional emergency support for children under 5 were varied 50% lower or higher, then the total cost of the AFSeN-A would range from \$766 million to \$999 million, or plus or minus 13.2%. Similarly, if the coverage for scaling-up of social protection schemes were varied by 50%, then the total costs would range from \$811 million to \$955 million, or plus or minus 8.1%.

**Table 4. Impact of Varying Coverage of Cost Drivers on Total AFSeN A Off-Budget Costs**

Activity	Estimated Cost (millions USD)	Scenario 1: 50% Lower Coverage	Scenario 2: 50% Higher Coverage	Range of Total Costs (millions USD)	% Change
Coverage used in estimates	50% coverage PIN	25% coverage	75% coverage		+ or -
Nutritional emergency support to children under 5	\$232.8	\$174,609,000	\$291,015,000	\$766.2 - \$999.0	13.2%
	36% coverage	18% coverage	54% coverage		
Social protection scaling-up/ strengthening implementation of nutrition schemes	\$287.	\$215,787,825	\$269,734,781	\$810.7 - \$954.5	8.1%

\*PIN = Persons in Need

It should be noted that there is a lack of clarity on some of the assumptions for some of the activities. For the nutrition emergency support to children under five years, it is unclear what definitions are being used by the Humanitarian Response Plan for different levels of malnutrition. Secondly, it is unclear what the assumptions are to generate the cost estimate for improving management structures and associated practices of CADNPP (\$9 million per year).

## Discussion and Lessons Learned

The total off-budget cost of activities in the strategic plan is projected to be \$882.4 million, of which \$88.5 million is already committed. Some 37% of the cost is for nutrition-specific activities while 63% is for nutrition-sensitive activities.

The most costly activity is a nutrition-specific activity, nutrition emergency support to nutritionally vulnerable persons, mainly children under five and pregnant and lactating women (PLW). The cost per capita assisted is \$60 in 2019 and the activity encompasses several interventions for the 1 million persons to be assisted (50% of 2.1 million persons in need): - 1) outpatient treatment for 60% of children with SAM as well as 10% inpatient care, 2) supplementary feeding programme for 30% of MAM children under five and 40% of under-nourished PLW benefits, 3) emergency nutrition services for 70% of children and PLW affected by rapid-onset crises such as IYCF-E support, micronutrient supplementation or the blanket supplementary feeding programme. The nutrition emergency activity is estimated to cost \$287.7 million ((HRP 2017)), assuming a coverage of 50% of persons in need, and only has partial funding from UNICEF and WFP in the first year (2019). The scenario analysis (also known as sensitivity analysis) indicates that the total off-budget costs of the strategic plan would increase by 13% if the coverage of persons in need increased by 25%. Thus, the assumptions about coverage are important and indicate the need to be as specific as possible.

During the data collection, the study team found that the Ministries were easily able to get information on activities already planned and written into in their annual plans. The finalisation of the costing of nutrition-sensitive interventions appears as a greater challenge, since Ministries do not have experience with implementing these interventions. There is no clear protocol yet available, and limited experience of public sector members on preparation of budget plans and the generation of costs, required ingredients etc. for these types of activities that are not traditionally part of their annual budget plans and public sector work plans. As a result, it was more difficult to assign a cost to nutrition-sensitive activities.

Part of the problem is that nutritional activities are multi-sectoral and do not have a public sector allocation of their own. Thus, it is important to build capacity for developing budgets for nutrition activities. In addition, it is important to build capacity for financial tracking of nutritional activities. as well as a mechanism for the tracking process. The cost estimation is useful since it has helped to identify

information gaps and requirements. As more data become available to fill the gaps, the report and budget will be updated during the inception phase.

Because of the lack of information on many of these interventions, Ministries were often not able to provide details on the ingredients such as prices and quantities required for the interventions. Instead, they only provided aggregate estimated costs for many of these activities. This challenge has been observed in various countries, not only Afghanistan.

### **Recommendations to the Government**

Two types of recommendations for the government are discussed here: 1) Updating the costed plan during inception; and 2) advocacy for funding the strategic plan.

#### Recommendations to update the costed plan during the inception phase

the results suffice to initiate the inception phase. While focal points come on board, operational planning and implementation will be prepared and started, more information will become available and teams will build their capacities during the initial stage of implementation. Hence, it is recommended to start and gradually update the costed action plan during the inception phase, when more information becomes available.

To improve on this, the next costing, envisaged to be developed further during the inception phase, should include some training such as training sessions or study tours for Afghan program managers and partners so that they can improve their estimates of resource requirements needed for AFSen A activities.

Some elements required for a costed strategic plan are the following (see Action against Hunger 2017): 1) well-defined population of those people who need improved access to nutrition services, primarily women and young children; 2) clarity as to the national nutrition objectives, in addition to reliable and up to date estimates of the baseline situation (initial) and current cover and planned interventions; 3) Reliable unit costs to develop interventions and monitoring to ensure that the interventions have been delivered and can be accessed by those who need them most (with details on assumptions and calculation methods for underlying costs); and 4) well justified costs for the management of joint actions by the various stakeholders – including coordination, multi-sectoral planning, establishing complete costs, communications and advocacy, system capacity-building and managing information;

**Recommendation 1: Update cost exercise during the inception phase (immediate action)**

To derive at a more detailed costed action plan for Afghanistan, it is important to build on the initial steps to derive at a more advanced, detailed and nuanced costed action plan during the AFSeN-A's inception phase. This could be done through a guided process of various meetings and workshops initially targeted to program managers, planning officers of the different sectors as well as partners involved in nutrition-specific and nutrition-sensitive interventions, at a later step, for finalization, to involve the Ministry of Finance (foreign aid, off-budget and public sector financing). Generally these workshops should be held outside of their ministries so that the participants can concentrate on the costing exercises. At the workshops, participants should bring their electronic planning documents and equipment, computers and data on costs of resources that are required for nutrition-specific and nutrition-specific interventions. They should bring past budgets of workshops, nutrition projects and other interventions to use in estimating costs of activities. In addition, they should bring information on available funding from the Ministries and committed and potential donor funding. It is important to emphasize that the costing is an iterative process and cannot be done in one meeting. Instead, it will require several meetings to complete.

During the workshops to develop a costed action plan, the following activities should take place:

1. Further unpack activities and disaggregate costs with information on unit costs and quantities of resources required when these are available.
2. Clarify which activities are funded and unfunded so that gaps can be calculated.
3. Aggregate costs and link to actions/results/outcome/objective level.

The updated costed action plan requires additional details needed to generate a realistic costed plan, specifically the prices and quantities of resources used in planned activities as well as targets and number of beneficiaries that will be reached.

**Recommendation 2: Build capacities for financing nutrition (longer term)**

A second recommendation is to build capacities of the program managers and sectoral focal points in financial planning and management, possibly through workshops, study of process of other countries that provide good learning and examples for costed food security and nutrition strategic plans (e.g. Nepal, Bangladesh). It will be important to also engage with the Ministry of Finance (MOF), use them as a resource to train sectoral programme managers, but also to provide information on the national

budgetary procedures and requirements. MoF would also need to be involved to establish financial management system for nutrition (allowing public sector allocations for nutrition etc.).

**Recommendation 3: Learning and gradual improvements of financial planning and management system for nutrition (longer term)**

The third recommendation is to establish a financial tracking system for funding for nutrition activities. This will involve capacity support for financial management so that both government and donor allocations for food security and nutrition can be tracked. A package of specific protocols on the tracking of nutritional activities/interventions should be developed. As more data on nutrition expenditure become available, programme managers will find it easier to developed a more nuanced costed action plan.

**Recommendation 4: Expenditure review (Longer term)**

Nutrition has only received minimal funding, hence, there is no experience in financial planning, allocations, mechanism to release and track funds. After financial tracking is established (Recommendation 3), periodic review of the expenditures should take place.

**Recommendations for Advocacy**

a. Way forward to prepare for advocacy

Nutrition advocacy is a process to influence political decision makers and ensure that they take actions that strengthen and improve financing of nutrition. Advocacy is a process that aims to make changes to policies, practices, and the scope of interventions in order to improve funding for nutrition and put an end to malnutrition.

The first step in budget advocacy is to develop an advocacy strategy. It should include three parts (Budget Analysis for Nutrition, pg. 13): 1) determine what messages you want to communication;

2) evaluate the mechanisms for drawing the audience' attention to the messages. and 3) define the audience, e.g. policy makers, political cadres, parliamentarians and donors.

Nutrition advocates should use information from the costed strategic plan and other documents on nutrition policy to advocate for the nutrition activities that should be given financial priority by the government and by partners. After alignment of the partners and the sectors around the agenda, collecting the necessary data and developing a strategy to proceed with the plan, they should develop the following:

- Production of advocacy material specified for the particular audience (e.g. policy makers, politicians, donors).
- Execution of planned advocacy activities with supporters that aims to make lasting changes to policies, practices.
- Consider the nomination of a nutrition champion from the group of senior delegates of the GOIRA as one action of the advocacy strategy.

### **Key messages for advocacy**

Key messages for advocacy should be formulated that convince policy makers to take actions, persuade, motivate and inform policy makers of the merits of the nutrition activities.

Some materials that should be prepared include the following:

- Preparation of briefing materials for policy makers and donors: in form of presentations/briefs/press releases, sound bites for scripts for podium discussions use non-technical terminologies and present facts and figures as key messages, including information on:
  - nutrition situation (causes and determinants, multi-dimensional, various indirect and basic causes), trends
  - Consequences of malnutrition, individual, community and national level socio-economic consequences of malnutrition for Afghanistan (including poverty, conflict over resources), in total numbers (%GDP loss, total economic loss and numbers of comparison

- Success stories and examples to learn from (Bangladesh, Peru, 5% reduction of stunting per year, for 5 sub-sequent years, what were the success factors)
- Gains for Afghanistan if malnutrition could be alleviated (what would it cost, what would be the rate of return -or the gain? – of the investment.

Solutions for Afghanistan, and way forward

## Next Steps

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List of key persons consulted: [\(to be developed\)](#)

## About MQSUN+

MQSUN+ aims to provide the Department for International Development (DFID) with technical services to improve the quality of nutrition-specific and nutrition-sensitive programmes. The project is resourced by a consortium of five leading non-state organisations working on nutrition. The consortium is led by PATH.

The group is committed to:

- Expanding the evidence base on the causes of undernutrition
- Enhancing skills and capacity to support scaling up of nutrition-specific and nutrition-sensitive programmes
- Providing the best guidance available to support programme design, implementation, monitoring and evaluation
- Increasing innovation in nutrition programmes
- Knowledge-sharing to ensure lessons are learnt across DFID and beyond.

## MQSUN+ Partners

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## About this publication

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