

LINKING RELIEF, REHABILITATION AND DEVELOPMENT PROGRAMME (LRRD) IN AFGHANISTAN

NUTRITION SECTOR REVIEW
IN AFGHANISTAN (2001-2006)



Iodised salt production in Jalalabad, Groupe URD, April 2006

Summer 2006

Domitille Kauffmann



Contents

1 INTRODUCTION	4
1.1 Specific objective and scope of the study	4
1.2 Methodology	4
1.3 Study limitations	4
2 NUTRITION SECTOR OVER THE PAST FEW DECADES	5
3 STAKEHOLDERS AND COORDINATION BODIES	8
3.1 Stakeholders	8
3.1.1 <i>Leadership of the Public Nutrition Department (PND)</i>	8
3.1.2 <i>Central role played by the UN-agencies (UNICEF, FAO, WHO, WFP)</i>	8
3.1.3 <i>Increasing involvement from Home Economics Unit (MAAHF)</i>	10
3.1.4 <i>NGOs: a changing role in the LRRD context</i>	10
3.1.5 <i>Unclear strategy from multilateral and bilateral donors</i>	11
3.1.6 <i>Emergence of the private sector</i>	12
3.1.7 <i>Universities</i>	12
3.2 The ups and downs of coordination	13
3.2.1 <i>At national level</i>	13
3.2.2 <i>At provincial level</i>	14
4 PROGRAMMES	15
4.1 The four majors topics managed by the Public Nutrition Department	15
4.1.1 <i>Treatment of malnutrition</i>	15
4.1.2 <i>Micronutrient deficiencies</i>	16
4.1.3 <i>Maternal and child nutrition</i>	17
4.1.4 <i>Nutritional education</i>	18
4.2 How is nutrition addressed by non-health programmes?	18
4.3 Monitoring and early warning systems	19
4.3.1 <i>Using HMIS for monitoring nutritional status of children</i>	19
4.3.2 <i>NRVA for a global overview and NSS as an early warning system</i>	19
5 CONCLUSION: ISSUES AT STAKE	21
5.1 Is nutrition a sector in the development phase?	21
5.1.1 <i>Nutrition is the sole concern of the health sector</i>	21
5.1.2 <i>Mainstreaming nutrition in the development agenda</i>	21
5.2 Challenges for stakeholders and strategy design	21
5.2.1 <i>Finding the right balance between strengthening capacity within ministries and building ownership</i>	21
5.2.2 <i>Re-establishing a role for NGOs in the conceptual framework for nutrition</i>	22
5.2.3 <i>Working with the private sector</i>	22
BIBLIOGRAPHY	23
ANNEXES	24

Acknowledgements

I would like to give my thanks to all those who made their time available to answer to my questions. In particular, I would like to thank Charlotte Dufour, former Groupe URD researcher, for her continued support for my work on nutrition issues in Afghanistan. Many of the comments in this report have been inspired by her insight in the subject.

Abbreviations and acronyms

AKDN	Aga Khan Development Network
BPHI	Baby Friendly Hospitals
BPHS	Basic Package of Health Services
CFW	Cash-for-Work
Dept. of PH	Department of Public Health
Dept. of AAHF	Department of Agriculture, Animal Husbandry and Food
EC	European Community
FAO	United Nations Food and Agriculture Organisation
FFW	Food-for-Work
GoA	Government of Afghanistan
HMIS	Health Management Information System
IEC	Information, Education and Communication
IFYI	Infant and Young Child feeding practices
IMCI	Integrated Management of Childhood Illnesses
LBW	Low Birth Weight
LRRD	Linking Relief Rehabilitation and Development
MAAHF	Ministry of Agriculture, Animal Husbandry and Food
MoPH	Ministry of Public Nutrition
MoWA	Ministry of Women Affairs
MRRD	Ministry of Rural Rehabilitation and Development
NGO	Non-Governmental Organisation
PHCC	Provincial Health Coordination Committee
PND	Public Nutrition Department
PNO	Public Nutrition Officer
PPA	Partnership-based Agreement
PPHD	Provincial Public Health Department
SFC	Supplementary Feeding Centre
TB	Tuberculosis
TFC	Therapeutic Feeding Centre
UN	United Nations
UNICEF	United Nations Children Funds
USAID	United States Agency for International Development
USI	Universal Iodized Salt
WB	World Bank
WFP	World Food Programme
WHO	United Nations World Health Organisation
WRC	Women's Resource Centre
YIMC	Young Infant and Mothers Care

1 Introduction

1.1 Specific objective and scope of the study

This study was carried out as part of the Linking Relief Rehabilitation and Development Programme in Afghanistan, a two-year research programme funded by the European Commission and implemented by Groupe URD since 2004. One of the overall objectives of this programme is to explore lessons learnt in the transition from Relief to Development in Afghanistan throughout multi- and cross-sector operational research in six main technical sectors: urban development, water & irrigation, agriculture, nutrition, health and education. The first step in achieving this objective was to carry out a sector review for each of the aforementioned sectors.

This study aims to present an overall picture of the existing institutional framework of the **nutrition** sector in Afghanistan and how it has evolved over recent years. Within this general objective, some specific objectives can be identified:

- Review the changes that have occurred within the sector since 2001 and identify the past and present stakeholders.
- Examine the different actors and programmes in order to understand the main trends and changes in nutrition programme design.
- Analyse how national and local organisations, donors and NGOs have taken into account and integrated a nutrition approach in their strategies in a transitional context from Relief to Development.
- Analyse, at the decision-making level, who is implementing nutrition programmes (MoPH, MAAHF, NGOs through integrated food security and nutrition approaches, etc.) and how they are being carried out.
- Identify the main issues at stake in the nutrition sector.

1.2 Methodology

This study was carried out by Groupe URD's nutritionist. A vast amount of research has already been carried in the nutrition sector by the Groupe URD since 2001 (field visits for the 'Quality Project'¹) and various aspects related to the transition from relief to development have already been well documented (most recent nutrition update dates from July 2005).

All the interviews that were conducted for this study took place during a ten-day field visit in Kabul. In addition, further information was gathered during a three-week field visit covering several provinces in Afghanistan for a cross- and multi-sector review².

Thus, some chapters in this report incorporate findings presented in previous reports published for the LRRD programme, as well as presenting new findings uncovered during the three-week field visit.

1.3 Study limitations

Despite the significant comparative advantage of Groupe URD's Kabul office which was set up in early 2005 and enables Groupe URD's research team to have a regular follow-up of the Afghan situation, it is always a challenge to carry out an exhaustive and broad study in the relatively short time available for fieldwork. In particular, some interlocutors were not available at the time of the field visit (on maternity leave, vacation, etc.).

¹ See Groupe URD's website www.urd.org for Quality Project research publications.

² Groupe URD, *A Review based on a Multi and Cross Sector Approach*, 2006 (www.urd.org)

2 Nutrition sector over the past few decades

Figure 1 below gives an overview of the activities (assessment, programmes) that have been carried out in the nutrition sector over the past thirty years and who the main stakeholders are over this same period. Up until 2001, international aid was relatively limited and political instability meant that the humanitarian sector was continually having to adapt to the security situation of the time. Some stakeholders, such as the ICRC, have been working in Afghanistan for several decades; some INGOs (Madera, Solidarités, Care, etc.) were obliged to adopt “remote control” strategies from Pakistan at certain times. Nutrition programmes primarily focused on providing assistance to refugees in camps in the form of General Food Distribution (GFD). During the Taliban period, few NGOs were able to carry out operations due to restrictive laws and difficulties in obtaining funds. At this time, UN agencies were operating from Islamabad. The main programmes included setting up facilities for the treatment of malnutrition in Kabul and in some IDP camps. A few programmes were implemented in rural areas, namely food aid and water & sanitation programmes.

The year 2001 was a turning point for international aid. The allocation of massive amounts of funds combined with the opening of borders enabled a variety of NGOs to implement a number of relief programmes (Supplementary Feeding Centre, Therapeutic Feeding Centre, food aid, vitamin distribution, Food For Work). Due to the effective absence of state infrastructure, NGOs acted with a relative autonomy and freedom until 2002.

The 2003-04 period can be considered as a transition phase, characterised by state rebuilding with newly reconstituted state departments playing an increasing role in the humanitarian sector. In 2003, an evaluation of Supplementary Feeding Centre (SFC) programmes highlighted the inadequacy and inefficiency of this type of intervention in the Afghan context. The Government of Afghanistan (GoA) decided to close all SFCs implemented by NGOs.

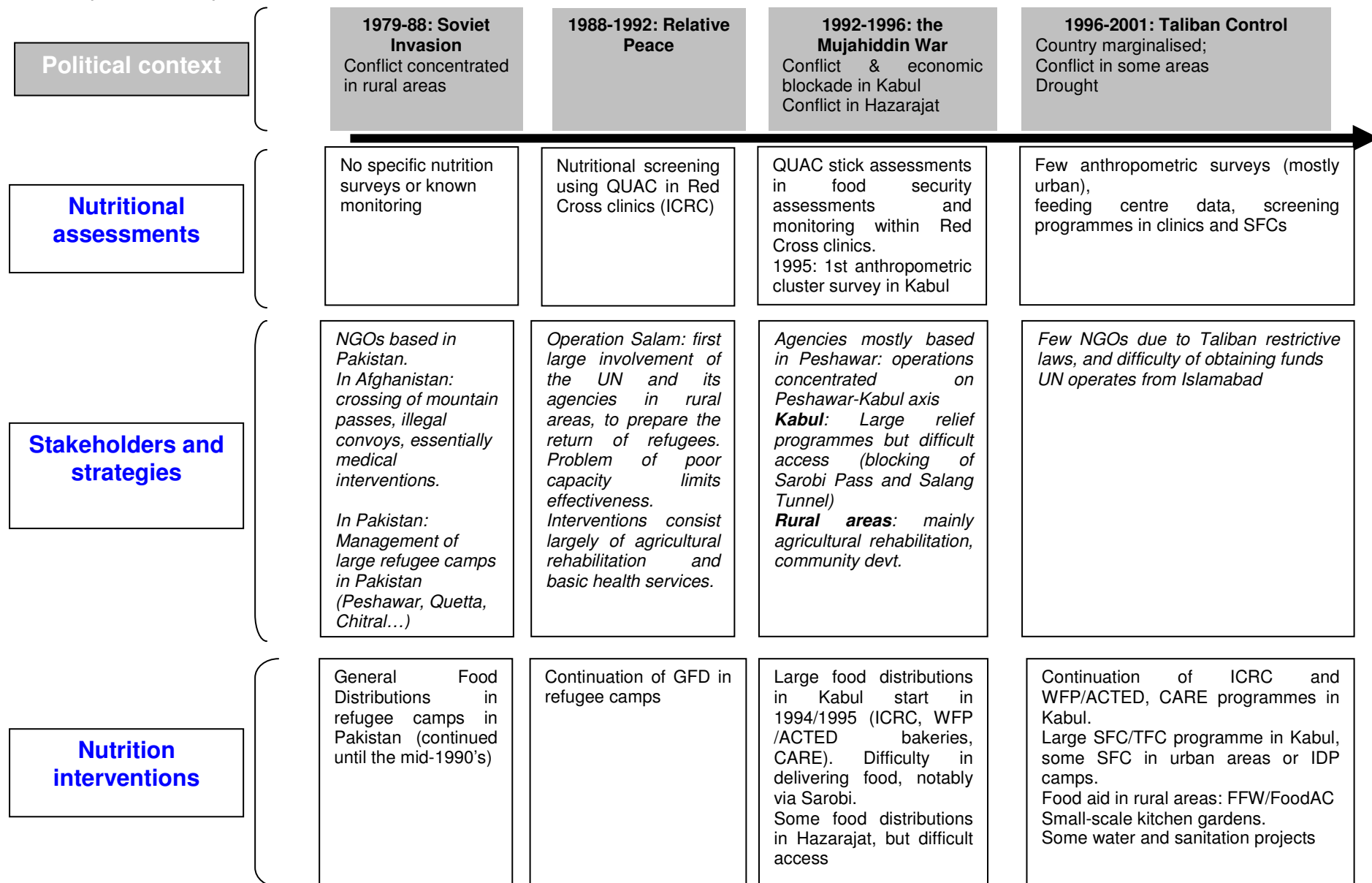
In parallel, programmes began to develop longer-term strategies. For instance, Aga Khan Development Network (AKDN) suddenly terminated all food distribution programmes in 2003 after six years of Cash-for-Work (CFW), Food-for-Work (FFW), etc. This decision was triggered by an intentional strategic shift in focus towards reconstruction. AKDN re-designed its programmes to include a participative approach and a training component, including seed banks and demonstration plots. The NGO Solidarités also underwent the same transition. From 2001 to 2005, its programmes focused primarily on different kinds of distribution (food, seeds, livestock) for refugees but it later shifted progressively from an ‘operational methodology’ to what is known internally as the *Progressive Relay Farmer* (PRF) methodology³. This shift was easily accepted by local populations and authorities as the emergency was no longer in an acute phase.

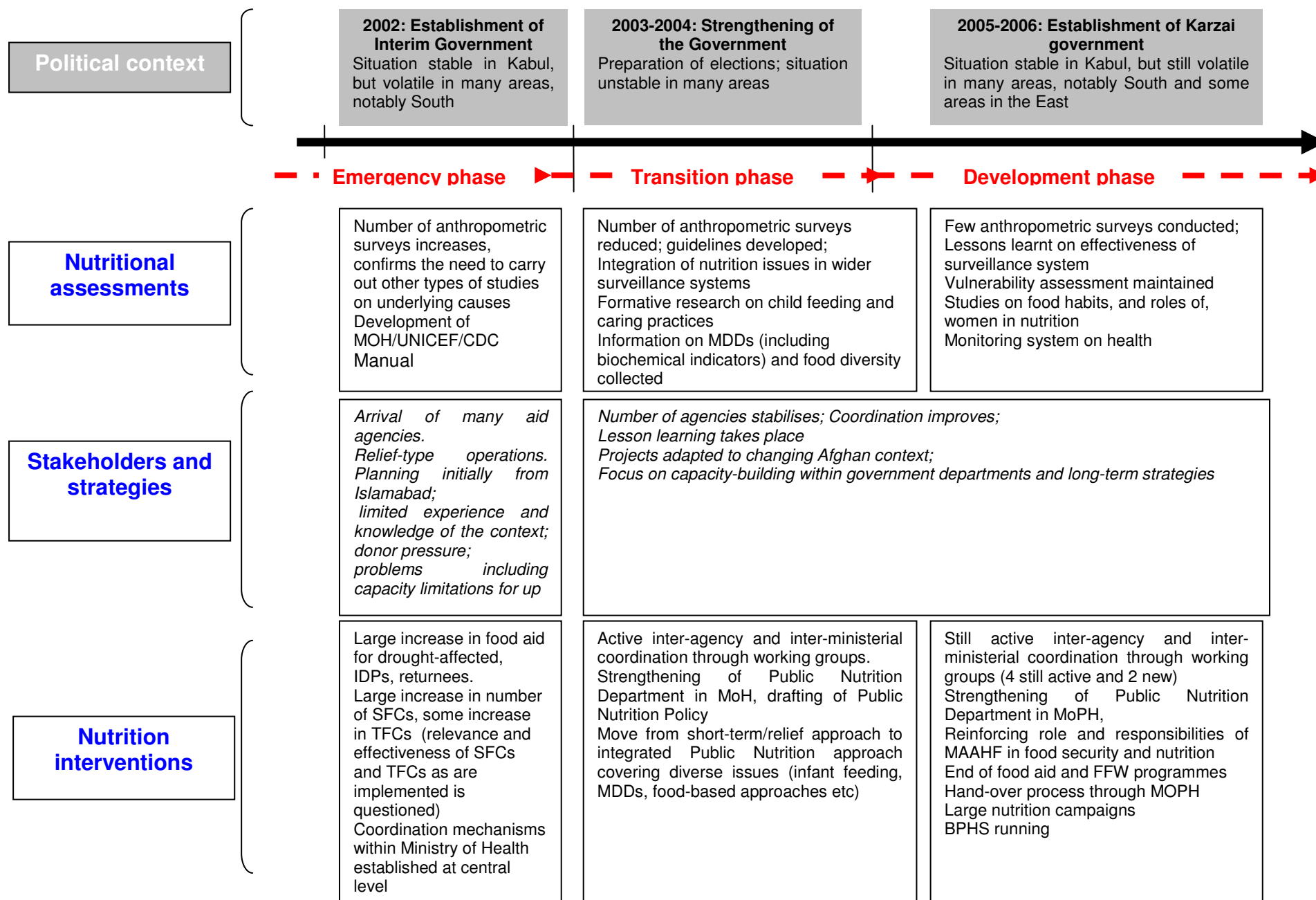
Today, food distributions are no longer provided on a regular basis (apart for targeted groups, such as refugees and returnees, or in the case of emergency situations, such as drought). However, in some programmes supported by WFP, such as school feeding and Tuberculosis (TB) management, food distribution is still used as an incentive. In fact, the main objective of these programmes is to promote school attendance or to encourage women to receive tuberculosis treatment rather than to improve their nutritional status, which is a secondary objective.

INGOs specialised in health and nutrition - the main actors in the emergency period - have withdrawn and readapted their activities to the LRRD context. TFCs have progressively been handed over from INGOs to GoA or PPA-partners and this process is almost complete.

³ The Progressive Relay Farmer methodology consists in training farmers who are then responsible for training new farmers, etc.

Figure 1: Evolutions in nutritional assessments and interventions since 1979, in relation to the political context and wider aid interventions (adapted from URD, (Dufour 2004)





3 Stakeholders and coordination bodies

3.1 Stakeholders

Main stakeholders in nutrition have evolved considerably in parallel with strategic changes from relief to development.

3.1.1 Leadership of the Public Nutrition Department (PND)

In the early years after the war, the nutrition sector and the health sector were among the first to re-build up an operational institutional structure and adopt a medium-term strategy. This can be explained by outside pressure and support provided by the UN agencies in the rebuilding of the health sector. In 2002, the Public Nutrition Department was set up within the Ministry of Health (MOH) (today named Ministry of Public Health (MOPH)). This department is composed of:

- Four sections at central level (i.e. treatment of malnutrition, MDD, mother and child nutrition, nutrition education) with one national nutrition officer assigned at each section. The head of office coordinates the whole department and ensures relations with other ministries and stakeholders.
- One Provincial Nutritional Officer (PNO) at provincial level, responsible for implementing the National Nutrition Policy (cf. chapter 2, Groupe URD, *A Review based on a Multi and Cross Sector Approach*, 2006).

The Public Nutrition Department has designed a Public Nutrition strategy for 2003-06. Among others, Tufts University had been highly involved in the drafting of this first version of the 2003-06 policy and strategies document (cf. Box 1 below). As Tufts University has since disengaged and the PND has gained in autonomy, the strategy-defining process is driven by UN-agencies, in particular FAO and UNICEF.

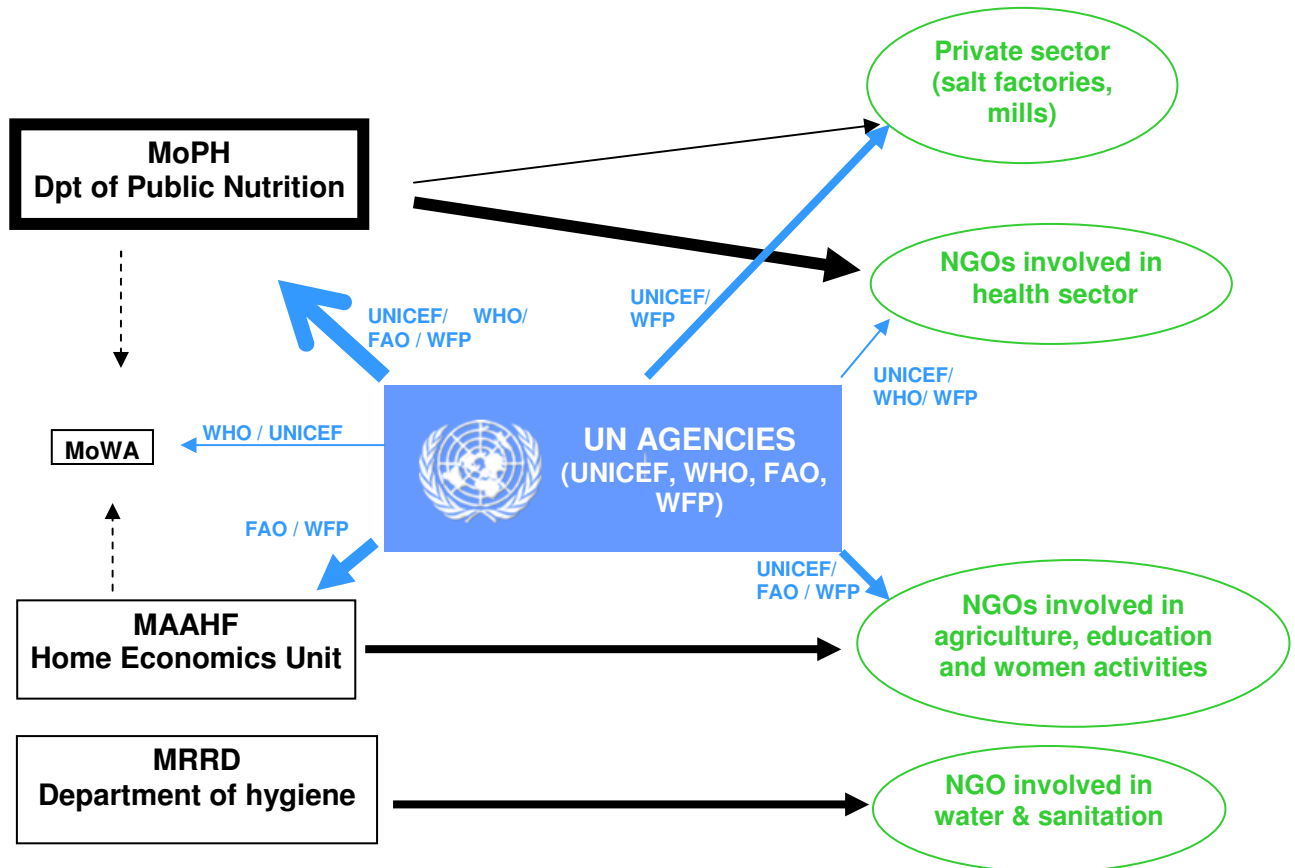
Box 1: Objectives for 2003-06 cited in the revised version of the Public Nutrition policy and strategies

1. Ensure that the prevalence of acute malnutrition or wasting (< -2 Z-score weight-for-height), is reduced to and remains below 5% for all children less than five years old throughout the country.
2. Ensure that more than 90% of households have access to iodised salt throughout the country.
3. Prevent and control outbreaks of micronutrient deficiency diseases, particularly scurvy.
4. Improve nutritional status of women of childbearing age and reduce risk of maternal mortality and low-birth weight (LBW).
5. Increase prevalence of exclusive breast feeding for infants 0-6 months from about 30% to over 60%.
6. Reduce mortality associated with severe malnutrition, especially in relation to increasing access to treatment facilities and to reducing case-fatality to acceptable targets within treatment facilities for severe malnutrition.
7. Increase knowledge, awareness, skills and capacity in public nutrition among the general population as well as among all nutrition related service providers including those involved in agriculture, health, rural, development, economic development, trade.

3.1.2 Central role played by the UN-agencies (UNICEF, FAO, WHO, WFP)

As nutrition is a cross-cutting issue, several UN agencies are involved in this sector as represented in Figure 2.

Figure 2: Central role played by UN agencies among nutrition stakeholders



Key to Figure 2: The width of the arrows indicates the scope of activities and involvement of UN agencies with other stakeholders in nutrition activities. Although direct collaboration between UNICEF, WHO and WFP and NGOs implementing the BPHS exists, it is quite limited. The MoPH is the main counterpart for those NGOs. Relations between UNICEF, FAO and WFP and NGOs involved in agriculture, education and women’s activities are much more developed.

The UN agencies are mandated for building capacity within the ministries. This activity includes the following activities:

- Strategic support (i.e. writing of the Nutrition Policy and Strategy, targeting priorities, defining strategy for USI campaign, etc.);
- Technical support (i.e. setting up laboratories, providing equipment, writing protocols, developing guidelines and communication support for nutrition campaign, etc.);
- Human resources support (i.e. training government staff, working in partnership with government staff within UN programmes);
- Financial support (i.e. funds to PND).

Moreover, UN-agencies have facilitated and developed partnerships between the private sector and the GoA. For instance, the private sector is one pillar of the USI campaign designed by UNICEF. Private firms produce iodised salt while UNICEF provides them with iodine but also technical support and expertise.

For WFP, its present main counterpart is the Ministry of Education (MoE). Indeed, WFP is involved in a school feeding programme. As explained previously, food is distributed as an incentive to improve school attendance, in particular for girls. WFP has also taken the leadership in the promotion of flour fortification activities.

3.1.3 Increasing involvement from Home Economics Unit (MAAHF)

The Home Economics unit (HE) is part of the extension department of the MAAHF. The role played by this department in terms of promoting good nutrition practices was extremely limited up until to 2003. According to one person who has worked for thirteen years in this section, her role previously consisted of broadcasting theoretical messages to women via the radio about feeding, child care and cooking vegetables. During the Taliban period, all activities were cancelled.

In 2003, the MAAH received support from the FAO to set up their first nutrition activities. The FAO set up a Food, Agriculture and Animal Husbandry Information Management and Policy unit (FAAHM) within the MAAH in July 2003, with funding from USA and Germany. FAAHM supports MAAH in the collection, analysis and dissemination of information related to agriculture and food security, and provides advice to government officials on agriculture policy and legislation. The first nutrition project aimed “to identify the nutrition deficiencies at the provincial level for further programme planning and formulation”. In this way, stakeholders were increasingly showing an interest in the nutrition issue and the present programme “*Supporting Household Food Security, Nutrition and Livelihoods*” implemented by FAO and the Home Economics Unit has bolstered this initiative. This project is run at a local level by three provincial nutritional, community development and gender officers in Badakshan, Bamiyan and Herat who are responsible for gathering information, maintaining relations with partners and monitoring activities.

Today, according to the head of the extension department, the MAAHF’s role in nutrition is structured around three main poles:

- raising awareness in nutrition within the communities via community-based food security and nutrition interventions, training courses, diffusing leaflets “how to improve nutritional status”;
- Improving the community’s access to food;
- Improving income generation.

In comparison with the PND, the HE has been slow in its restructuring. This is partly due to the difficulties encountered in restructuring the ministry as a whole. The MAAHF only designed its work plan in 2005. This policy paper still needs to be translated into concrete programmes and measurable results. In nutrition, the achievements obtained by FAO interventions are still limited. A major challenge for the future is to set up a self-sufficient national unit in human (well-qualified, innovative) and financial resources and one that is less dependent on FAO. At local levels (province, district), the home economics unit is not present enough. Training courses have been provided by members of the extension department for a small number of participants but the impact remains marginal.

3.1.4 NGOs: a changing role in the LRRD context

Changes in NGO involvement

Nowadays, only a handful of NGOs are running their own programmes for treating malnutrition or carrying out food distributions. Since 2003, they have progressively withdrawn their activities (cf. chapter 2). The running of TFCs have gradually been handed over to the state or NGOs involved in BPHS implementation.

In general, two types of NGOs are involved in nutrition: those working in the health sector and those working in other sectors, such as water and sanitation, food security, agriculture, etc. Whereas the role and linkage between the first group and the state is well-established, linkage with the latter is still less formalised and need to be strengthened.

NGOs as subcontractor of the BPHS

Since 2003, the BPHS has been implemented throughout the country. The BPHS strategy was designed to build the MOH strategic capacity and to use the existing NGO network for health service delivery through PPAs (Performance-based Partnership Agreement). Under the PPA model, the state continues to set policies and regulate provision, while purchasing health services via contracts with non-state providers, such as NGOs.

With regard to international NGOs, the lack of communication about PPAs accentuated a general sense of frustrations and misunderstandings. As contracting was new to most of them, they were not aware of what it meant to move beyond the classic small-scale projects to implementation linked to performance. Undoubtedly, the funding opportunities brought in by contracting were an attractive element for both international and national NGOs.

The PPA system is an important issue with respect to nutrition activities. The high large of activities included in the BPHS has prompted PPA-partners to prioritise or neglect certain activities. This is undoubtedly the case for growth monitoring. Many inappropriate practices can be observed in health facilities. Nurses and doctors are not well informed or trained in what growth monitoring and malnutrition prevention should entail. Confusion over height for age, weight for age and weight for height indexes are also common. Data regarding growth monitoring are not well reported.

Questions can be raised over the capacity of NGOs to carry out nutrition activities and this aspect should benefit from further support to improve staffing in terms of number and qualification. Some NGOs, previously responsible for nutrition in Afghanistan such as ACF, define their current roles as capacity developer for the government but also for BPHS-implementing NGOs.

Still inadequate integration of NGOs involved in non-health sectors in the sphere of nutrition stakeholders

As previously mentioned, NGOs previously involved in emergency interventions (distribution, CFW, FFW) activities have almost completely shifted towards more development-oriented activities. The profile of these NGOs is broad: (i) both national (CHA, DHS, etc.) and international (DACAAR, ACF, Solidarités, AfghanAid, SCA, etc.) and (ii) from all technical sectors (water & sanitation, agriculture, rural development, education, etc.).

They are often 'indirect' stakeholders in nutrition and are not always 'aware' of the importance and possible impacts of their programmes in addressing the underlying causes of malnutrition in Afghanistan. As a result, they are often not well known to institutional stakeholders in nutrition and indeed do not necessarily seek to improve their visibility. One important issue is therefore to establish a more formal framework for these NGOs involved in nutrition. Indeed, it appears that the first steps in this direction are being taken. Several NGOs are aware that they need to improve their relations with the GoA. Concern has recently decided to increase its representation at central level by setting up an office in the capital. As its priorities for 2006, Solidarités planned to sign an MOU with ministries for their programmes. However, relations between the ministries and NGOs remain fragile. NGOs often complain of the difficulties encountered in working with the ministries due to low capacity at local and central level and poor communication within ministries at local and central levels.

3.1.5 Unclear strategy from multilateral and bilateral donors

Multilateral donors

Looking at the example given by the World Bank, although nutrition is presented as a priority in its policy documents, no specific interventions are planned or funded regarding nutritional issues. In fact, nutrition is effectively treated as an issue amongst those covered within the

health sector and is thus tackled through BPHS interventions. As a result, the World Bank does not support any other programmes beyond the BPHS framework.

The situation is similar with other institutional donors involved in BPHS funding (European Commission (EC) and USAID (United States Agency for International Development)). The EC has integrated nutrition entirely in the health unit and BPHS framework. In parallel, funds available for Food Security programmes have dropped dramatically, the first step in a new strategy to reorient funds to a rural development approach by sector (horticulture, animal husbandry, etc.) which excluded food security and nutrition (kitchen gardens, seed distributions, etc.).

Bilateral donors

Several bilateral donors support a number of small-scale projects. For example, JICA supports the hospital of Bamiyan which is managed by AKDN, and the French Ministry of Foreign Affairs supports some ACF programmes. Moreover, bilateral donors support UN-agencies, such as support provided by the German department for international aid to the aforementioned FAO project. Thus, bilateral donors do indeed provide funds for nutrition activities but the allocation of funds is made with little visibility, an unclear strategy and always for small-scale projects.

3.1.6 Emergence of the private sector

Development strategies need to be designed in conjunction with the private sector. Indeed, the private sector is already playing a key role in nutrition campaigns. A total of seventeen iodised salt factories throughout Afghanistan participate in the USI campaign: four factories in Kabul, two in Ningarhar, two in Herat, two in Ghazni, two in Balkh, two in Takhar, one in Faryab, one in Khost and one in Juzjan. Similarly, several private mills have been contacted for flour fortification activities.

The food and agricultural business sector is likely to be an important player, especially as some donors' strategies clearly include promoting their own national companies in Afghanistan. This is notably visible with the arrival of large dairy companies (Land O' Lakes, Tetra pak, Nestlé). Furthermore, urban development processes that are underway throughout the country mean there will be an increasing demand for commercial food products (Groupe URD, 2005).

3.1.7 Universities

International universities

Tufts University received a grant from 2002 to 2005 in order to help build GoA capacity in public nutrition. Its involvement was crucial in setting up the PND within the MoPH, designing the Public National policy, providing training to government staff, establishing protocols and designing the USI campaign with UNICEF. Tufts University left Afghanistan in 2005.

Cornell University has been also involved in capacity support in Afghanistan but mainly in agriculture rather than nutrition. One research project "How can harmonising agriculture and health sector activities help improve nutrition?" is due to be conducted by a PhD student from Cornell University as of May 2007. Formative research for strategy development in Afghanistan will take place within FAO and MAAHF activities.

Local universities

As mentioned previously, support and training courses were provided to Departments of Agriculture in Afghan universities to help improve and strengthen their curriculum as well as trainings skills. However, little was done in the field of nutrition. Among the different health departments in universities, the faculty of pharmacy delivers a course in the treatment of malnutrition.

3.2 The ups and downs of coordination

Coordination is essential in order to handle correctly the crosscutting nature of nutrition issues. This thorny topic has repeatedly cropped up as an issue of concern since 2001. Indeed, the main difficulty encountered in coordination is related to the diversity of stakeholders with new arrivals and departures over the past five years. Coordination remains a significant challenge for the coming years whereas new stakeholders, such as private enterprises, are going to play an increasing role.

3.2.1 At national level

In the early years after the war, seven working groups were set up as the nutrition task force. The nutrition sector organised itself very effectively and quite quickly compared to other sectors, following the massive arrival of aid agencies in the aftermath of November 2001 (Groupe URD, 2003).

In 2003/04, SFC and nutritional surveys working groups had more or less been “phased out” due to changes in priority and institutional set-ups (Groupe URD, 2005). Four working groups have remained active for the management of severe malnutrition, IFYC practices, micronutrients. The reason that they continue to exist is possibly related to (i) the fact that the issues they manage are priority issues for both the immediate, medium and long term, (ii) the commitment of key individuals over the years and of key lead agencies, and (iii) positive feedback stemming from the fact that lessons have been learnt since 2002 and effective interventions are being identified which motivate participants.

Whereas it was observed in July 2005 (Groupe URD, 2005) that the working group on community-based food security and nutrition interventions never really took off. This working group which is co-chaired by the MOPH and the MAAHF (Home Economics unit in the Extension department of MAAHF) has been revived with the FAO-supported nutrition and food security project in MAAHF. One of its objectives as mentioned in a paper written in 2003 was “to contribute to strengthening mechanisms of working between Nutrition unit of MAAH and Public Nutrition Department of MOH, MOE, MRRD, MoWA.”

In parallel, certain issues such as nutritional education and flour fortification are increasingly being taken into consideration and are the subject of discussions during task force meetings which are chaired by the MOPH and attended by UN-agencies (mainly UNICEF, FAO, WHO, WFP) and relevant ministries involved in nutrition (Ministry of Agriculture, Animal Husbandry and Food, MAAHF in particular). The first nutrition education task force meeting was held in April 2006. Its first task was to clarify the roles and responsibilities of each of the stakeholders involved in nutrition education (cf. Table 1 below).

Table 1: Allocation of tasks within the stakeholders involved in nutrition education⁴

Target group	Topic	Who work on it
MOTHERS	Feeding during pregnancy and lactation	MoPH PND / UNICEF WFP contribution / FAO
	Supplementation	MoPH PND / UNICEF /WHO
INFANTS & YOUNG CHILDREN	Breastfeeding	MoPH PND / UNICEF with WHO contribution
	Complementary feeding	MoPH PND / UNICEF / FAO with WFP contribution
	Vitamin A supplementation	MoPH / UNICEF / WHO
FAMILIES	Balanced diet	MAAHF / FAO with WFP & UNICEF contributions
	How to access to diverse foods	
	Food hygiene	
	Food preservation and process	
	USI	
ADOLESCENTS	Supplementation	MoPH / UNICEF / WHO
CHILDREN 2-5 YEARS COVER THROUGH OTHER GROUPS	Adequate feeding and frequency	MoPH child & adolescent Department / WHO / UNICEF
	Vitamin A supplementation	
SCHOOL CHILDREN	School canteens (check list)	UNICEF (text book & curriculum) WFP: school gardens, school feeding (distribution) FAO? (help design school garden strategy and contribution to curriculum)
	School gardens	
	Nutrition education in school curriculum	

Even though coordination mechanisms have been operational for several years, the main challenge is to set up a real cooperation mechanism based on lessons learnt and capitalising on previous experience. This in turn should encourage stakeholders to share responsibilities on the basis of an objective analysis of each agency's expertise and comparative advantage.

3.2.2 At provincial level

A coordination body, the Provincial Health Coordination Committee (PHCC), has been set up quite successfully. During its monthly meetings, the Provincial Public Health Department, WHO, UNICEF and medical NGOs share information about health concerns and BPHS implementation. The Public Nutrition Officer (PNO) attends PHCC meetings.

Apart from the PHCC, there are no specific coordination bodies addressing nutritional issues and sharing information and experience at the provincial level. Task force initiatives and working groups set up at national level are not replicated at the provincial level by UN-agencies and ministerial departments. Additionally, there is no specific coordination between NGOs (involved in BPHS, food security and nutrition interventions, education), Provincial Department of Ministry of Public Health, Provincial Department of MAAHF and Provincial Department of Ministry of Women Affairs (MOWA).

Moreover, some specific initiatives that have been set up in the past at the regional level, such as the Northern regional nutrition task force, have also tended to run out of steam with time. Thus, the next step in coordination mechanisms is to strengthen coordination on nutrition at the provincial level.

⁴ Minutes of the meeting "Task force on nutrition education".

4 Programmes

The Public Nutrition Policy and Strategies 2003-2006 from the PND provides the main framework for addressing nutrition issues whereas other policy documents give more details about who and how it will be done, such as the BPHS content, UNICEF strategy, FAO-project. Similarly, the MAAHF's work plan 2005 indicates that food security is one pillar of the ministries' strategy but it does not give precise information how it will be put into practice.

4.1 The four majors topics managed by the Public Nutrition Department

Table 2: The four main topics in nutrition

PUBLIC NUTRITION ACTIVITIES	BPHS
TREATMENT OF MALNUTRITION	
	Growth monitoring
	Diagnosis of malnutrition
Implementation of TFUs in district, provincial or regional hospitals	Treatment of malnutrition (?)
MICRONUTRIENT DEFICIENCY	
Flour fortification	Multi-micronutrient supplementation
	Diagnosis of anaemia
	Vit A supplementation
USI	Iodised salt distribution in health facilities (?)
MATERNAL AND CHILD NUTRITION	
Breastfeeding promotion on going (UNICEF support)	Breastfeeding support
	Iron supplementation in children and pregnant women
Vit A supplementation for children < 5 years during immunization campaign	Vit A supplementation (post-partum)
NUTRITIONAL EDUCATION	
Initiatives on going with WFP, FAO	IEC about nutrition and growth problem

The four main activities in nutrition are included in the BPHS (cf. Table 2). Another marginal intervention in the BPHS related to nutrition is the food distribution included in the TB-programmes. Indeed, a food ration is distributed to TB-patients and their families (1 ration for 6 families members = 44% of the nutritional needs) as an incentive to follow the treatment.

4.1.1 Treatment of malnutrition

The treatment of malnutrition is cited as the objective 6 of the Public Nutrition Policy and Strategy (cf. Box 1). The PND has progressively taken over the leadership of malnutrition treatment. This was achieved either directly by managing the TFUs based in government hospitals or indirectly by sub-contracting the implementation of the BPHS and the functioning of district hospitals or Comprehensive Health Centre (CHC) to NGOs. As yet, not all provinces are equipped with TFU facilities but headway is still being made: seventeen provinces are already running a TFU and the PND plans to equip 25 provinces before 2007⁵.

⁵ Personal communication.

ACF is still running three TFUs in Kabul but it has engaged in the handover process to the GoA. UNICEF is responsible for providing therapeutic milk to TFUs.

The effective functioning of TFUs is still precarious. Problems such as delays in therapeutic milk supply, unqualified and insufficient medical staff, lack of equipment and insufficient funds are common and medical staff responsible for running the TFU and PNOs are overwhelmed by the magnitude of work.

4.1.2 Micronutrient deficiencies

Another leading malnutrition problem in Afghanistan is the high prevalence of chronic malnutrition and associated micronutrient deficiencies. The micronutrient working group has been one of the most active. Preventing and controlling micronutrient deficiencies is cited as the objective 3 of the Public Nutrition Policy and strategies (cf. Box 1)

Information on micronutrient deficiencies was given by the “National Vitamin and Mineral Deficiency Survey” carried out by MoPH with support from UNICEF, CDC, Tufts and INRAN (MoPH et al, 2005b). Information was collected on iodine, iron, vitamin A and vitamin C status among different age groups, using a 30x30 cluster design at the national level (30 households randomly selected in 32 randomly selected districts). The deficiency rates for the selected micronutrients were of moderate or high public health significance. This survey, however, was designed to give a national average and does not give information for individual districts, thereby making it difficult to identify pockets where micronutrient deficiencies may be considerably higher than the national average. Other, complementary, survey tools will be necessary to complete our understanding of MDD patterns in Afghanistan (Groupe URD, 2005).

However, there is enough available information to prove that addressing MDDs through a diverse range of interventions is effective: supplementation (notably for women of reproductive age), food fortification (notably flour) and food diversification strategies (through diversification of production and improved preservation and preparation).

Universal Salt Iodisation (USI) campaign

One of the leading activities has been the USI campaign as formulated in objective 2 of the Public Nutrition Strategy (cf. Box 1). The Universal Salt Iodization (USI) campaign has been successfully implemented. UNICEF has played a key role in this campaign under the coordination of the MOPH. Three years since the launch of the USI programme, it is remarkable to observe that (i) Afghan factories are producing iodised salt, (ii) iodised salt is available at the market in any province, and (iii) more than 40% of the population already consume iodised salt⁶. This good coverage rate has been achieved over a relatively short period, thanks to a strategy that combined an appropriate timeframe (the first step was to develop iodised salt production and to ensure that iodised salt is available at the market; the second step involved launching a widespread communication campaign through different media: TV, radio, posters, etc.) with effective coordination. For example, joint assessments have been carried out at provincial levels to control food safety (the iodine content in the salt sold at the market or the quality of the salt produced in the factory). Food safety issues will be important in the future.

Flour fortification campaign

Two approaches to food fortification are being explored:

- small-scale flour fortification through small local mills where farmers bring their own wheat for milling.

⁶ Personal communication. Official data should be available at the end of 2006.

- Large-scale flour fortification in large mills situated in urban areas, for commercial production.

The first strategy aims to access vulnerable families in remote districts, who rely on their own production at least for half of the year. It was piloted by WFP in certain districts, with a plan to expand to 1,000 decentralised mills so as to cover 81% of the population. However this strategy has encountered difficulties in terms of quality control, cost-effectiveness and logistical constraints, and stakeholders are now looking at the feasibility of a more centralised strategy focused on 5-6 big mills in urban areas (Groupe URD, 2005).

This latter strategy may be more cost-effective, easier to manage logistically and ensure greater coverage, but would de facto target households relying on purchased wheat, notably in urban areas and the outskirts of towns. This strategy was piloted by WFP in a few mills, such as in Kunduz. The first results were disappointing because of quality problems and poor communication meant that both the miller and local communities were reticent about these changes. There is a need to explore and design other strategies for flour fortification.

4.1.3 Maternal and child nutrition

As stated in objective 1, prevention of acute malnutrition is a priority and has been addressed notably by working on infant feeding and young child feeding practices (IFYC).

The Ministry of Public Health, with support from UNICEF and other stakeholders, has undertaken significant efforts in the promotion of appropriate infant and young child feeding practices (IFYC) since 2002, including:

- the development of IEC (Information, Education, Communication) materials
- formative research to better understand current practices so as to adapt IFYC campaigns accordingly
- training sessions for the establishment of Baby Friendly Hospitals (BPHI)

However, the challenges associated with these initiatives soon emerged. It is now apparent that informing women that they should exclusively breastfeed children under six months is not sufficient but that genuine counselling should be provided to help mothers overcome physical and social obstacles to exclusive breastfeeding. UNICEF is now exploring ways of implementing breastfeeding counselling groups or sessions, though finding the appropriate venue and staff is challenging, especially since it entails overcoming certain gender issues (notably enabling women to gather outside their homes). As for setting up BPHI's, this entails a challenging process of continuous performance beyond initial training, which is unrealistic without significant reforms in Afghan hospitals. UNICEF is now envisaging using a more realistic and gradual approach, by aiming initially for four attainable steps out of the ten required to achieve BPHI certification⁷. But these challenges have paradoxically triggered a new energy among an active coordination group, as lessons learnt over the past three years have enabled agencies to identify priority activities and appropriate strategies which they are now working to implement.

The corollary of improving infant nutritional status is addressing maternal malnutrition, which affects a large proportion of women of reproductive age. This is related to the fact that women's nutritional requirements are significantly increased during pregnancy and lactation. The poor quality of the diet in Afghanistan, coupled with the short spacing of births (Afghan women can have up to 10 or 15 pregnancies), prevent women from replenishing their stores and place them and their children at great nutritional and mortality risk. The "inter-generational cycle of malnutrition" has become a key component of the MoPH Public Nutrition strategy (MoPH, 2003), and a recent project carried out by MoPH and Tufts

⁷ Fitsum Assefa, UNICEF, *personal communication*

University (October-January 2005) has laid the foundations for a maternal nutrition strategy (MoPH, 2005a). The proposed strategy includes:

- ensuring iron/folate supplementation for pregnant women
- providing vitamin A supplements post-partum
- strengthening food-based approaches, such as fortification, diet diversification and improved preservation and preparation of food
- promotion of adequate feeding practices throughout the life cycle, notably for infants and young children
- Exploration of UNICEF/WHO’s multi-micronutrient supplement to pregnant (especially), lactating women and adolescent girls.
- Harmonisation of health education messages to be disseminated by a range of stakeholders, including NGOs, MoPH, MoWA, MAAH, MRRD.

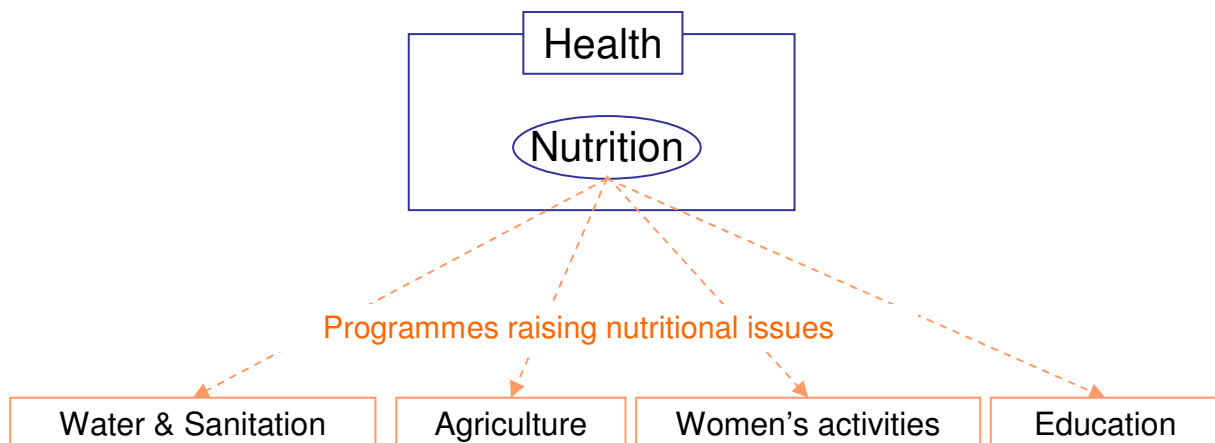
While some of these objectives (notably supplementation) are part of the BPHS, they are not systematically put into practice at the field level and further advocacy is required on these issues. The growing attention paid to maternal mortality - subject of one of five Joint United Nations programmes - should create a supportive environment for promoting this maternal nutrition strategy. UNICEF and the MoPH Public Nutrition Department are very actively engaged in lobbying for greater attention and action to be taken on IFYC and maternal malnutrition, as these are key life-saving interventions in a country which has among the highest infant and maternal mortality rates in the world.

4.1.4 Nutritional education

The setup of a task force in nutrition education is a relatively new venture (cf. Table 1). Many initiatives have been taken since 2002 (USI, Breastfeeding campaign, IEC, etc...) but there is an overall need for harmony and completion of planned activities.

4.2 How is nutrition addressed by non-health programmes?

Figure 3: How the cross-cutting nature of nutrition is structured around different sectors



Malnutrition in Afghanistan is a complex problem combining diverse factors that are eloquently presented in UNICEF’s conceptual framework (cf. Annexe 2): inappropriate food intake, poor food diversity, inappropriate childcare and maternal nutrition practices, inappropriate hygiene practices, etc.), many interventions addressed the underlying causes of malnutrition as presented in Table 3.

Table 3: Typology of nutritional interventions in non-health programmes

Sector	Water and sanitation	Agriculture	Women's activities	Education
Programmes	Hygiene promotion within water supply and sanitation programs	Kitchen gardens, Vegetable gardening, Greenhouses, School gardens, Tree nurseries	Women's Resource Centre, Vocational training, Income generating Activities	Adult and mother Literacy courses, School for children
Activities related to nutrition issues	Hygiene education sessions through five main topics, including food security, prevention of diarrhoea, etc.	Cooking lessons, Food preservation and processing lessons, Food distribution to vulnerable women	Health /Hygiene education sessions, Breastfeeding education sessions, Food processing lessons, etc.	Training of teachers, Nutritional education at school, Food distribution to children at school
Nutritional issues addressed	Reduce the risk of malnutrition due to diseases	Diversification of the diet, Improvement of the quantity of food intakes	Improvement of nutrition knowledge, Improvement of the quantity of food intakes, Reduce the risk of malnutrition due to diseases	Improvement of nutrition knowledge, Improvement of the quantity of food intakes

These interventions are in fact primarily carried out by a range of NGOs.

Box 2: Water and sanitation programmes

The policy for providing water is composed of three components: 1) providing 1 water pump for at least 25 households, 2) visiting 5 times each household for hygiene promotion purpose, 3) setting up a water community responsible for the maintenance of the water pump. Thus, a hygiene promotion activity is systematically associated to any sanitation programmes (water pump, wells or latrines construction). Water and sanitation programmes are one important component of prevention of malnutrition and morbidity of children. Indeed, bad hygiene practices are one of the main causes of summer malnutrition for children. A NGO hygiene promoter recounted: *“After the completion of the activities (water pump and hygiene promotion), the villagers shown him a cemetery that the population used to named “the diarrhoeal cemetery” and they said that: up to now, none of our children will go to this cemetery.”*

4.3 Monitoring and early warning systems

4.3.1 Using HMIS for monitoring nutritional status of children

The HMIS - Health Management Information System - is being implemented in all hospitals. Once this system has been set up in all Afghan provinces, the use of the single monthly-report format for recording malnutrition cases will enable health officers to centralise and closely monitor malnutrition in the country. Until now, HMIS data has not been the subject of thorough analysis.

4.3.2 NRVA for a global overview and NSS as an early warning system

The renewal of the global assessment of risk and vulnerability throughout the country in 2005 shows that the vulnerability monitoring system has been effectively adopted and implemented. The NRVA provides information about the nutritional status of the population (diet diversity, kilocalories amount of the daily ration). However the NRVA should not be seen

as a programming tool: its role is to provide a global overview of the food security in the country.

As well as the NRVA which is carried out every two years, an early warning system named NSS, National Security System, has been piloted since December 2005. The relevance and appropriateness of this system was not confirmed over time and it was decided to bring a halt to this initiative.

5 Conclusion: Issues at stake

Now that Afghanistan is entering its development phase, what opportunities are there to be taken and what are the risks that must be avoided in the following years to help reduce malnutrition throughout the country?

5.1 Is nutrition a sector in the development phase?

5.1.1 Nutrition is the sole concern of the health sector

One of the main risks in the coming years is that stakeholders fail to address nutrition as a cross-cutting issue across various sectors: health, agriculture, economics, anthropology, water & sanitation. In the Afghan state rebuilding process, the nutrition sector has been assigned the responsibility of the MoPH through the PND. As mentioned previously, this was beneficial because it enabled the sector to restructure itself quickly and to implement national policy. However, what was beneficial at the beginning could become a risk for the future if other ministries fail to take over malnutrition as their collective responsibility. Indeed, malnutrition is not only a question of supplementation or fortification. To address micronutrient deficiencies, distributions such as those included in the BPHS do not target the underlying and basic causes of malnutrition. They are quick-fix strategies.

However, in agriculture and education, nutrition issues are rarely dealt with as a priority, especially in programmes which do not have any specific objectives or expected results linked to nutrition whereas it is with this kind of approaches that the underlying causes of malnutrition should be addressed. For instance, a vegetable growing project does not always include training on nutrition issues (basic knowledge about nutrition, diet diversity, cooking methods, etc.). In this case, the nutritional benefit that might be expected from this type of intervention is often not achieved because vegetables are sold rather than consumed.

5.1.2 Mainstreaming nutrition in the development agenda

Since multilateral donors favour sector-based approaches and nutrition is no longer targeted as a sector in itself, nutrition issues are dealt with through the health sector and few specific funds are allocated to nutrition activities. The same situation can be observed for many bilateral partners whose activities are limited by the concentration of funds on three sectors and nutrition is not one of them. Another consequence of the sector-based approach is the reduction of funds allocated to food security activities. If this tendency is to be expected within the LRRD framework, stakeholders need to ensure that the most vulnerable people who are still dealing with food insecurity problems are not overlooked. The MAAHF Master Plan is reassuring as food security constitutes one of the three main pillars. It remains to be seen how effectively the Master Plan will be implemented.

5.2 Challenges for stakeholders and strategy design

5.2.1 Finding the right balance between strengthening capacity within ministries and building ownership

State building is a long and complicated process in a country like Afghanistan which effectively had to start from scratch with intense support from UN agencies, international consultants and experts, universities and donors whilst simultaneously avoiding the risk of over-dependency on external expertise.

The first step which is almost complete was to assign tasks and define responsibilities for each ministry in order to avoid overlapping or gaps. The second step is to design a national policy for each ministry and finally, last step involves implementing national policy at national, provincial and community levels.

One challenge beyond this state building process is to create ownership of the GoA in its infrastructure, policy and activities. Low 'absorption capacity' is often quoted as a main constraint in the state building process by the international community and all actors need to make this a priority by fostering the full involvement of government departments wherever possible. Handover processes and the development capacity component should become the rule. Indeed, examples of the handover process of TFUs from NGOs to GoA show that long-term processes need to be put in place. This should be reproduced for other activities in health as well as for other interventions linked to nutrition.

5.2.2 Re-establishing a role for NGOs in the conceptual framework for nutrition

As mentioned previously, NGOs are often 'indirect' stakeholders in nutrition and are not always 'aware' of the importance and possible impact of their programmes in addressing underlying causes of Afghan malnutrition. Thus, it is important that a more formal role is established for these NGOs in nutrition. Resolving this problem implies changing NGO priorities and establishing nutrition as a core issue in their interventions by providing appropriate materials and support for each type of intervention, promoting indicators for monitoring the impact of nutrition programmes and capitalising on successful initiatives.

5.2.3 Working with the private sector

The involvement of the private sector is certainly a positive evolution as it can fuel the local economy and replace certain imports. However it is important that the GoA and NGOs alike are vigilant of how the private sector engages, as there are possible negative consequences, for both Afghan consumers and producers. The promotion of infant formula is a typical example of commercial interests acting in opposition to public health interests. With regards to producers, there is a risk that the arrival of large commercial firms may marginalise small local producers. Good collaboration between the government, UN agencies, NGOs and the private sector is important in order to make the most of what the private sector can contribute. Establishing appropriate legal and regulatory frameworks (notably for food safety) and ensuring they are applied is an important aspect of this partnership (Groupe URD, 2005).

Bibliography

Duchet, C., Groupe URD, CNEARC and AfghanAid. Les femmes Afghanes au coeur de l'économie rurale – exemple d'une vallée dans le Nord de l'Afghanistan, 2005

Dufour, C., Groupe URD. Nutrition *Update in LRRD second semester report*, 2005.

Dufour, C., Groupe URD. Towards a Public Nutrition Response in Afghanistan: evolutions in nutritional assessment and response, non-published, 2005.

Ministry of Health (MOH) of the Transitional Islamic Government of Afghanistan. *A basic package of health services for Afghanistan*, 2003/1382.

Ministry of Public Health (MOPH) of the Islamic Republic of Afghanistan. *Public Nutrition Policy and Strategy 2003-2006*, 2005/1385

Monthly therapeutic feeding programme monitoring form

Wendy, J., Holland, D., Feinstein International Famine Center, Tufts University. *Nutrition Risk in Afghanistan; evidence from the NSS pilot study (2003-2004)*, 2005

Annexes

Annexe 1: List of people interviewed

1. Government of Afghanistan

• **Kabul**

MAAHF: Dr Fazel, General Director of Extension department

MAAHF: Nazira Rahman, Head of Nutrition department n Home extension Unit

MoPH: Dr. Mohibullah Wahdati, Head of Nutrition Department

MoWA: Dr. Marghalary Khara, Head of Health Department

MRRD: Dr Javed Logarwal, Hygiene Advisor

• **Bamiyan**

Dept. of AAHF: Eng. Taher Ataey, Head of department

Dept. of PH: Dr Mohammed Rahim Sakhizada, HMIS officer

Dept of. WA: Mr s Amina Hassanpour, Health officer

• **Aibak (Samangan province)**

Dept. of AAHF: Mr. Sardor Mohammat, Land Department

• **Mazar-e-Sharif, (Balk province)**

Dept of. AAHF: Eng. Taher Ataey, Head of department

Dept of PH: Dr. Mirwais Rabi, PPHD and Dr. Abdullah Noorzai, PNO

• **Kunduz**

Dept. of PH: Dr Yamar, PNO

Dept. of WA: Naida, administrator

• **Jalalabad**

Dept. of PH: Dr Mashoud, Deputy Director, PPHD and PNO

2. NGOs

• **Kabul**

Concern Worldwide: Luke Stephen, Country Director

Solidarités: Clément Bourse, Country Director

Action Contre la Faim: Igor Novykov, Medical coordinator

Aga Khan Foundation: Dr Henri Suter, Rural Development Programme coordinator

Aga Khan Foundation: Mrs Malina Faiez,

Medair: Mirjam Holman, TB-Programs officer

Madera

OXFAM: Anne Lancelot and Halim

GERES: Charles Hulot

Afghanaid: Maliha Dost, Donor Relatin & Research Assistant

DACAAR: Benny Werge, RDP programme manager, Maja Ulrich Hebel, Hygiene and Sanitation Coordinator and Shakilla Assad, Women's project coordinator

CARE International: Fazila Banu Lily, HAWA program Manager

• **Bamiyan**

Solidarités: Sophie

Aga Khan Foundation: Miss Seema Sakha, health and hygien supervisor

Shuada organization:

• **Aibak (Samangan province)**

AMI: Dr Allawddin Ammar, Nutrition and TB manager

• **Mazar-e-sharif (Balk province)**

Save the children UK

• **Kunduz**

ACTED: NSP manager

CFA

Mercy Corps

- **Jalalabad**

IRC: Eng. Abdul Ahad "Samoon", Eastern Field Coordinator and Brishna, health & hygiene supervisor

DACAAR: Eng. Amin, Water Program Manager, Eng. Sharifa, Female Hygiene promoter and Eng. Ramatullah, Male Hygiene promoter

3. UN agencies

- **Kabul**

FAO: Charlotte Dufour, Household Food Security and Nutrition expert

UNICEF: Shahmahmood Nasiri

WFP: Rose Khan, Kaia Engesveen

- **Bamiyan**

FAO: Mrs Fatima Roslin, Nutrition and Gender assistant

- **Mazar-e-sharif (Balk province)**

FAO

UNICEF: Dr Bahrami, Health and Nutrition officer

WFP: Mr. Ahmed Jama, Head of programme and Mr. Waheed, TB programme assistant

- **Kunduz**

FAO

UNICEF: Dr Hedayatullah Saleh, Provincial Project officer

- **Jalalabad**

UNICEF: Dr Abdul Wahid Wahidi, Project officer health & nutrition

4. Donors

- **Kabul**

European Commission: Christian Hell

World Bank: Kayhan Natiq, Public Health specialist

- **Jalalabad**

GTZ: Heimo Posamentier, Project for Alternative Livelihoods, Livelihoods Advisor

5. Organisations who are no longer involved in nutritional programmes

- **Kaboul**

ICRC: Philippa Parker

MDM: Boris

6. Programmes visited

- **Kabul**

Hawa program, Food Processing training for women – district 13, *CARE International*

- **Bamiyan**

orphanage and WRC, *Shuada*

greenhouses and potatoes' underground cellars, *Solidarités/GERES*

- **Mazar-e-sharif (Balk province)**

Regional Hospital, future TFU building, paediatric unit with malnourished children, *Dept. of Public Health*

Gain project, FFW / Establishment Fruit and non Fruit Trees, *WFP/BRAC*

Male and Female TB clinics, *WFP/Lepco*

- **Kunduz**

Flour mills, *private owner* Mr Hai Gholam Mohaiudin)

dairy products factory, *FAO*

Veterinary clinic, *Dept. of AAHF*

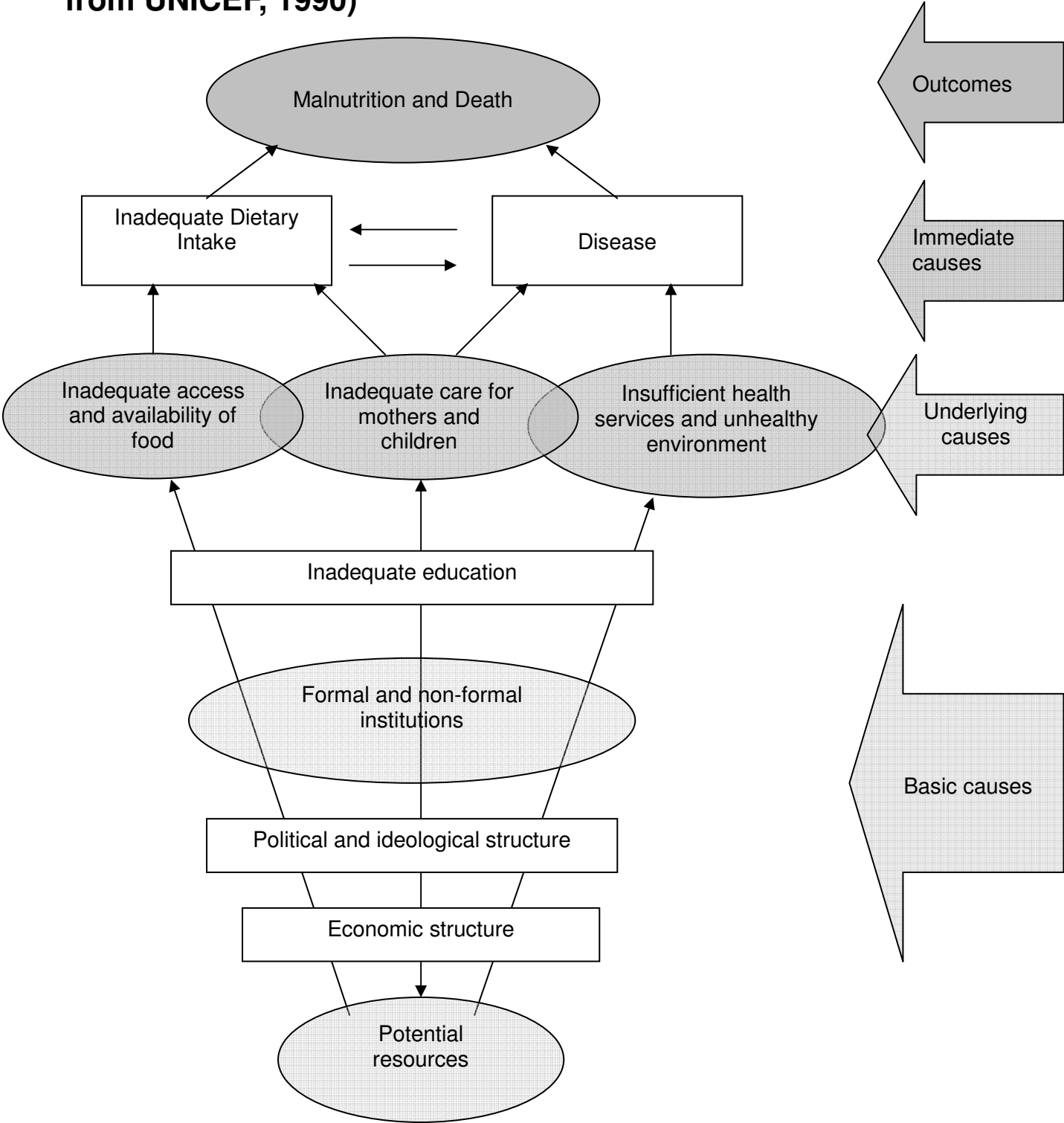
- **Jalalabad (Nangahar province)**

Hygiene promotion session for women, *IRC*

Iodised salt factory, *private owner*

TFU in the University hospital, *Dept of Public Health*

Annexe 2: Conceptual framework for malnutrition (adapted from UNICEF, 1990)



Annexe 3: Chapter from the BPHS content (March 2003) related to nutrition

8.3: PUBLIC NUTRITION

Table 8.3.1: Public Nutrition

INTERVENTIONS AND SERVICES PROVIDED	HEALTH FACILITY LEVEL			
	HEALTH POST (CHWs, TBAs)	BASIC HEALTH CENTER	COMPREHENSIVE HEALTH CENTER	DISTRICT HOSPITAL
IEC about nutrition and growth problems	Yes	Yes	Yes	Yes
Breastfeeding support	Yes	Yes	Yes	Yes
Growth monitoring	No	Yes	Yes	Yes
Multi-micronutrient supplementation	Yes	Yes	Yes	Yes
Diagnosis of anemia	Yes- Clinical	Yes- Clinical/lab	Yes- Lab	Yes- Lab
Iron supplementation in children and pregnant women	Yes	Yes	Yes	Yes
Vitamin A supplementation	Yes- NIDs	Yes	Yes	Yes
Diagnostic of malnutrition	To be referred	To be referred	Yes	Yes
Treatment of malnutrition	No	Yes	Yes- SFC,TFC	Yes - SFC,TFC
Anthelmintic drugs	Yes	Yes	Yes	Yes
Community-based malnutrition management	Yes	Yes	Yes	Yes
Improving sanitation	Yes	Yes	Yes	Yes
School feeding	Yes	Yes	Coordination	Coordination
Reporting	Yes	Yes	Yes	Yes
Supervision and monitoring	No	Yes	Yes	Yes