



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

NUTRITION SECTOR UPDATE
IN AFGHANISTAN

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INTRODUCTION

Groupe URD has been following evolutions in the nutrition sector since August 2002, through three Quality Project missions, other missions carried out in partnership with the UN FAO and Tufts University –which entailed working in the Ministry of Agriculture and Ministry of Public Health-, and a 10 day mission for the EC-funded *Linking Relief Rehabilitation and Development* carried out end of June – early July 2005.

The present paper is an update on key evolutions in the nutrition sector, which follows on previous publications (Quality Project in Afghanistan reports 1, 2 & 3; and the chapter “Towards a Public Nutrition Response in Afghanistan: Evolutions in Assessment and Response” –Dufour and Borrel, *in press*). It aims to highlight key issues which future LRRD missions should follow-up on and analyse in greater depth. It is organised around two main themes:

- evolutions in key nutrition issues: from food quantity to diet quality and underlying causes of malnutrition
- evolutions in the institutional environment: from NGO-led emergency nutrition to long-term, government-led policies and programmes

I. FROM FOOD QUANTITY TO DIET QUALITY AND UNDERLYING CAUSES OF MALNUTRITION

When relief agencies started implementing nutrition interventions on a large-scale (compared to interventions under the Taliban), activities mainly focused on filling food gaps, to address acute food insecurity among vulnerable groups (food aid), moderate acute malnutrition (Supplementary Feeding Programmes –SFP’s), and severe acute malnutrition (Therapeutic Feeding Programmes –TFP’s, which sometimes consisted in distribution of RUTFs¹). As the international community’s understanding of the food security and nutrition situation evolved, and as the food security situation itself improved due to the end of the four-year drought, the relevance and appropriateness of these interventions was called into question, and they have evolved accordingly. Furthermore, a number of actors in Afghanistan were well-aware of the chronic nature of food insecurity and malnutrition in Afghanistan and have used opportunities related to large amount of funds available in the aftermath of November 2001 to lay the foundations for more long-term approaches early on in the reconstruction process (2002).

a) From food aid to social security and safety nets

The issue of the relevance and role of food aid in Afghanistan is still a hot debate: some claim food aid needs have been over-estimated (Neun & Fitzherbert, 2003), while the results of the NRVA 2003 tend to confirm that many Afghan households still suffer from acute food insecurity and are in need of food aid until longer-term social security and safety nets are established² (MRRD, 2004). What is clear is that there has been a clear shift in the way food aid is delivered: from free food distributions and food-for-work programmes to address acute food insecurity (related to drought, displacement, etc.), to a use of food aid to support development objectives. The largest component of the World Food Programme’s operations, for example, is now food-for-education, which includes school feeding (where food rations are used to encourage attendance, notably of young girls) and food-for-training programmes where women, especially, receive food rations to attend literacy classes and training on income generation skills. Food aid will also be a large input in the Greening Afghanistan Initiative (GAIN), a joint UN programme aiming to replenish Afghanistan’s tree population and horticultural capital. The key challenges of associating food aid with other developmental objectives is to ensure that the food aid component does not undermine the sustainability of project outcomes (e.g. failure to maintain trees or reduction in school attendance when food

¹ Ready to Use Therapeutic Foods ; e.g. Plumpy’ Nut, BP100

² S. Ronchini, *personal communication*

aid stops) or the strategies of other stakeholders engaging in similar activities but without food aid (e.g. the Ministry of Education's literacy programme for women).

It must be noted that food insecurity has also been addressed, over the years, through Cash-for-Work projects, in addition to / or in replacement of Food-for-Work. The debate of CFW versus FFW has been ongoing since 2002. Results of the 2003 NRVA have confirmed that families where food markets are accessible and food is locally produced prefer cash, whereas families in remote areas where markets are far away, transport expensive and agricultural resources scarce prefer food (MRRD, 2004). Some agencies and donors have a policy of favouring cash to wheat in poppy-producing areas, so as to avoid contributing to the disincentives of harvesting wheat rather than poppy.

For many Afghans today, food insecurity is related to unemployment, notably in the urban and peri-urban areas where returnees and rural families are settling (refer to the LRRDs urban sector findings), given the demographic pressure on agricultural resources and few employment opportunities in rural areas. For many, Food-for-work and Cash-for-work programmes are a make-shift solution to the absence or low availability of job opportunities. This is particularly the case for food-for-work, given the low value of the food ration relative to daily wages (ration value = \$2 vs. \$4 daily wage). Efforts are being made, notably in the Ministry of Rehabilitation and Rural Development, to establish large-scale social protection and income generation programmes (e.g. NEEP and MIFSA), but it will probably take time for such programmes to impact positively on chronic food insecurity and poverty. Until Afghanistan's socio-economic situation improves, carefully targeted food aid may remain one of the available strategies to support vulnerable families. The challenge is doing so in a way that does not create aid dependency or make it difficult for the government to take over programmes (N.B. WFP is gradually strengthening MRRD's capacity to manage food aid).

b) From SFPs and TFPs to feeding practices and the inter-generational cycle of malnutrition

SFP's and TFPs were implemented on a relatively large-scale in 2002 and 2003, notably as part of Maternal and Child Health clinics. The limitations of these interventions were soon revealed as programme results were poor (high defaulter rates, poor rates of cured, etc.). SFP's were largely phased out in 2003 following an MoPH-led evaluation of these programmes, while efforts were made to integrate NGO-run TFC's into MoPH hospitals (Therapeutic Feeding Units –TFU's).

Efforts for establishing TFU's in hospitals have encountered numerous difficulties, related to: loss of expertise in the management of severe acute malnutrition as specialised NGOs phased out their TFCs; turnover of key staff in certain agencies; too rapid handovers from NGOs to MoPH staff which have prevented adequate capacity and ownership to be built; lack of hospital staff motivation (due to low salaries and difficult working environments); high cost of treatment per patient (notably in comparison to the 4.55\$ budgeted per patient per year in the BPHS); lack of political and hospital staff commitment, related to the idea that the treatment of severe malnutrition is "NGO's job" and to the fact that staff are too underpaid to ensure 24hr care. The working group on the management of severe malnutrition is still active, though, and has been focusing on the elaboration of Afghan-specific guidelines and training materials. Challenges of coordination (notably the introduction of WHO international guidelines when the MoPH guidelines were about to be finalised) have slowed down the process, but these materials should be finalised in the near future.

Many efforts have also been made on the prevention of acute malnutrition, notably by addressing infant feeding and young child feeding practices (IFYC). Inappropriate feeding practices are indeed the leading cause of acute malnutrition, which clusters significantly in the 6-29 months age group in all nutritional surveys. 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
- trainings for the establishment of Baby Friendly Hospitals (BPHI)

However, the challenges associated with these initiatives soon emerged. There was a realisation, for example, that it is not enough to tell women to exclusively breastfeed children under 6 months, 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 the establishment of BPHI's, it entails a challenging process of continuous performance beyond initial training, which is unrealistic to achieve in without significant reforms in Afghan hospitals. UNICEF is now envisaging using a more realistic and gradual approach, by aiming initially for 4 attainable steps out of the 10 required to achieve BPHI certification³. But these challenges have paradoxically triggered 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 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 (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.

c) Addressing hidden malnutrition: micro-nutrient deficiencies

³ Fitsum Assefa, UNICEF, *personal communication*

Another leading malnutrition problem in Afghanistan is the high prevalence of chronic malnutrition and associated micronutrient deficiencies. These require long-term interventions that were difficult to implement until appropriate funds and a stable institutional environment were secured. The micronutrient working group has been one of the most active since the establishment of 7 nutrition working groups. One of the leading activities has been the Universal Salt Iodisation campaign, entailing work throughout the salt production chain and the establishment of 10 salt iodisation factories. Local production of iodised salt now covers 75% of the population's needs. A large promotion campaign is being launched across the country to encourage consumption.

Information on actual levels of micronutrient deficiencies was scarce, but this gap has been partially filled 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.

The available information is sufficient, though, to prove that addressing MDDs through a diverse range of interventions is a key priority of the MoPH Public Nutrition Policy. Interventions that are being worked upon include supplementation (notably for women of reproductive age, as mentioned above), food fortification (notably flour) and food diversification strategies (through diversification of production and improved preservation and preparation).

Two approaches to food fortification are being explored:

1. small-scale flour fortification through small local mills where farmers bring their own wheat for milling.
2. 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 population⁴. But this strategy raises challenges related to quality control, cost-effectiveness, and logistical constraints, such that increased attention is paid to a more centralised strategy focused on 5-6 big mills in urban areas. This latter strategy may be more cost-effective, easier to manage logistically, and ensure greater coverage, but would *de facto* target essentially households relying on purchased wheat, notably in urban and peri-urban areas. (N.B. this does not necessarily entail they are less vulnerable in nutritional terms, since urban households may have as great, or greater difficulty in securing a diverse diet). Key issues related to the second strategy are the need for close collaboration with the private sector and for an appropriate food safety system to be established. FAO is working towards supporting the Ministry of Agriculture, MoPH and other relevant ministries in developing a national food safety management system and associated legislation, but it will take time for these to become operational and for local capacity to be built. Meanwhile, other stakeholders (e.g. IAM –an international NGO) are working to partly fill this technical gap.

⁴ Jamshid Zewari (WFP), personal communication

Food diversification strategies aimed at vulnerable households are a key strategy in the fight against micronutrient deficiencies. An increasing number of agencies are supporting such activities, through community-based food security programmes, but also through income generation programmes targeted at women, where women learn how to produce and preserve certain foods so as to sell them, for example. Nutrition education on the use of diverse foods and food preparation methods are also being integrated in other projects, such as through women's Community Development Councils set-up as part of the National Solidarity Programme. But these projects are still implemented on a small-scale, and their impact and sustainability remains to be assessed. MoPH and MAAHF, with support from Tufts University have started to draft guidelines to monitor the nutritional impact of such interventions for this purpose. The next step will be to pool lessons-learnt from these experiences so as to inform regional and national policies and expand positive experiences to other regions (where and as appropriate). Efforts for doing so had been initiated in 2003 under an FAO-supported project based in MAAH, notably by starting a "Community-based food security and nutrition interventions" working group, but staff turnover and funding breaks have prevented this from taking off. These efforts and activities should resume shortly through a follow-up project implemented by FAO starting in August 2005 in MAAHF.

II. FROM NGO-LED EMERGENCY NUTRITION TO LONG-TERM, GOVERNMENT-LED POLICIES AND PROGRAMMES

Just as priorities for nutrition policies and interventions have evolved as interventions in Afghanistan moved from a "relief" mode to a "post-crisis / reconstruction" situation, so has the institutional environment in which these interventions are framed. Whereas nutrition interventions were largely –if not only- implemented by NGOs throughout the civil war, the Taliban period and in the immediate aftermath of the American intervention (2001-2002), the government has taken an increasingly important role in the development of policies and in the management of nutrition programmes.

a) From lead NGOs to lead Ministries

The MoPH's Public Nutrition Department has played a leading role in this shift, with sustained support from Tufts University and UNICEF. It has, for example, chaired (often co-chaired with UNICEF) the majority of the 7 nutrition working groups⁵ and is the focal point in the government for all nutrition-related issues (Dufour and Borrel, *in press*). The MAAHF – which has a key role to play in nutrition and food security- has played a more limited role, for the reasons noted above, but also because the MAAHF as a whole has benefited from less international support than other ministries (such as MoPH and MRRD). But the change in government that took place in December 2004 and the nomination of a new Minister of Agriculture has brought positive change, and led to renewed donor interest in the ministry. Nutrition and food-related issues such as food safety are being given renewed importance. In fact, the Ministry has been renamed "Ministry of Agriculture, Animal Husbandry *and Food*", compared to MAAH until January 2005. The next step is for nutrition and food security policies to be explicitly incorporated in the Ministry's agenda. This is important notably to counterbalance the prominence given to commercial agriculture and international trade, which has been the main focus of US support to this ministry, notably through the RAMP programme. While this can certainly help strengthen the Afghan economy (notably as part of the search for alternatives to poppy production), it will be important for the Ministry to also invest in strategies targeted at vulnerable farmers and aiming to improve the nutritional status of the poorest. The inception of a new FAO-supported "Household food security, nutrition and livelihoods" project and the establishment of a "Special Programme on Food Security", should provide platforms to reinvigorate the food security and nutrition agenda and activities in the MAAHF.

⁵ Management of severe malnutrition, SFPs, IYFC, Micronutrients, Food Security and Nutrition Surveillance, Community-based nutrition & food security interventions, Nutritional surveys

Other ministries that actively participate in nutrition and food security forums include the Ministry of Women's Affairs (notably through health and nutrition education programmes for women, literacy courses and income generation projects) and the Ministry of Rehabilitation and Rural Development, which is involved in community development programmes –in particular the NSP-, water and sanitation, national vulnerability assessments, and social security programmes.

One of the key challenges ahead will be to keep the momentum between key stakeholders, at a time when resources committed to Afghanistan are likely to start diminishing, and when a large number of NGOs have phased out their activities or are seeing their field of action restricted by donor and government policies. While this shift from NGO to government-lead is healthy and essential to the political transition in Afghanistan, the difficulty lies in ensuring that this shift is managed at the right pace. In some areas, the NGO phase out has entailed a loss of crucial expertise and capacity which government institutions do not yet have (e.g. this has been the case for the management of severe malnutrition). The prevailing negative discourse on NGOs –whose image has been plagued by the large number of “mushroom NGOs” created to capture international funds and by alleged cases of corruption– is putting NGOs in a difficult position and sometimes fuelling the government's reluctance to engage with non-governmental partners. It is important for the government to make a distinction between the “NGB's” (Non-Governmental Businesses as some like to put it) and the professional NGOs that can bring genuine experience and added-value to the ongoing reconstruction process. In parallel, it is important for NGOs continue learning and improving their way of engaging with the government. While some have succeeded in doing so and are proving to be genuine partners of the government, others have little experience of doing so and have not adapted to the shift from relief-type to more developmental approaches.

b) Integrating nutrition in wider government programmes

Over the past three years, a number of large government-led programmes have emerged, and donors are increasingly channelling their funds through these. In these schemes, service delivery is “contracted out” by the government to NGOs, which incidentally face difficulty securing funding outside of these large programmes. This is a way of increasing the government's role in the delivery of key services (as opposed to NGOs), of ensuring coordination between agencies, and of delivering key services to provinces at a time when government capacity is still low. The two most prominent examples of these programmes are the Basic Package of Health Services –delivered through the PPA process (funded by World Bank, EC and ADB) and REACH (USAID)– and the National Solidarity Programme. While a number of criticisms have been and can still be raised concerning these initiatives (Bousquet, C. 2004; Groupe URD, 2003), these programmes have become the main channel for getting policy into the field.

In the field of nutrition, this entails integrating key nutrition activities within these global packages. The BPHS includes, for example, vitamin A supplementation of children and of post-partum mothers, iron and folic acid supplementation for mothers in ante-natal care, nutrition education, breastfeeding support. But the reality on the ground seems to be different, with nutrition activities being neglected relative to other components. This is notably the case for the treatment of severe acute malnutrition, as mentioned above, despite the fact it is in the Essential Package of Hospital Services.

Similarly, there are opportunities for strengthening nutrition education and food diversification strategies through the CDC's (in particular women's CDC) created through the NSP. But these should not be the only avenue, with other initiatives (notably NGO-led) providing a diverse range of forums through which nutrition can be integrated in wider community development and agricultural activities. It remains that further advocacy, sensitisation and training are required to pursue the integration of nutrition in national programmes.

c) The ups and downs of coordination

Some of the achievements and weaknesses of the nutrition sector can be related to the dynamics of coordination. It was noted in 2003 (Groupe URD, 2003) that the nutrition sector had organised itself very effectively and quite quickly compared to other sectors, following the massive arrival of aid agencies in the aftermath of November 2001. It is quite common, in “high profile” post-crisis situations, to see a development of coordination mechanisms – driven by the acute need to coordinate the large number of agencies- followed by a decrease or dismemberment in these coordination mechanisms due to a change in stakeholders (notably a decrease in number of agencies and turnover of staff), in agendas, and an increased specialisation of different initiatives.

In the nutrition sector, coordination mechanisms are still active, though they have evolved since the 7 working groups were initially set-up. Three of the working groups have more or less “phased out” due to changes in priority issues and institutional set-ups:

- the working group on **SFP’s** has become relatively obsolete with the phasing out of most SFPs after the SFP evaluation carried out in 2003 concluded to their lack of effectiveness and relevance. This was also related to the shift from relief to more developmental approaches. It remains that a number of questions remain open such as how to develop government response to nutritional crises (though work is done by WFP with MRRD with regards to food aid), and regarding the scope and value of supplementary feeding for certain vulnerable groups as part of routine health services (though experience from other countries seems to show these interventions have limited results)
- The working group on **food security and nutrition surveillance**, which was led by the MoPH Public Nutrition Department and has given rise to the National Surveillance System (NSS) has also mostly faded out as the NSS pilot proved to be too expensive and time-consuming to be sustainable. Work is now being done in MRRD to explore other forms of early warning systems to complement the NRVA. It is important, however, for the MoPH Public Nutrition Department to stay on board of these initiatives despite the fact that they are mostly led by other stakeholders.
- The **nutritional survey WG** has also tended to dwindle, as anthropometric surveys for nutrition planning showed their limits (Dufour and Borrel, *in press*) and fewer agencies carried them out. National survey guidelines have been developed, notably to ensure survey quality and comparability. But this process has revealed the challenges and time requirements for developing such national-specific guidelines. In fact, they are now available at a time when priorities for nutrition assessments have changed, and the loss of momentum in the consultation exercise means there is a risk that the use of these guidelines will be limited if appropriate dissemination mechanisms are not in place.

The working group on community-based food security and nutrition interventions has never really taken off, notably because of staff turnover and funding breaks in the FAO-supported nutrition and food security project in MAAHF –FAO and MAAHF were to chair this working group–, but it should be revived with the upcoming nutrition and food security project in MAAFH.

The remaining three other working groups – on the management of severe malnutrition, micronutrients, and IYCF- have remained active. Their “longevity” can possibly be related to several factors, notably:

- the fact that the issues they manage are priority issues for both the immediate, medium and long-term (e.g. as opposed to supplementary feeding and 30 cluster anthropometric surveys which are more “emergency tools”).

- The commitment of a key individuals over the years and of key lead agencies
- A “positive energy” drawn from the fact that lessons have been learnt since 2002 and effective interventions are being identified which motivate participants.

Again, the challenge in coming months will be to ensure that the positive energy and commitment is maintained, as funding is likely to decrease, and a few key staff are likely to depart after a long stay in the country. Another challenge is for the work of these working groups to have an impact beyond Kabul (regional nutrition coordination groups, like in the Northern region, have tended to fade out). Working group outputs generally consist of policies and guidelines, but the mechanisms to ensure their application in the field need to be strengthened.

d) A new stakeholder: what role for the private sector?

Increasingly, a new stakeholder is making its way on the scene: the private sector. This is especially the case since many of the development strategies being implemented are based on sub-contracting delivery of key services (e.g. PPA and REACH; NSP), which is laying the foundations for the privatisation of certain sectors. Furthermore, strengthening the economy is an absolutely essential step for the stabilisation of the country (including for the fight against opium production).

The food and agricultural business sector is likely to be an important player, especially as some donors’ strategies clearly include promoting their national businesses in the country. This is notably visible through the arrival of large dairy companies (Land O’ Lakes, Tetra pak, Nestlé). Furthermore, the urbanisation of the country means there will be an increasing demand for commercial food products. While the private sector involvement is certainly a positive evolution as it can fuel the local economy and replace certain imports, it will be important for government and NGOs to be vigilant of how the private sector engages, as there can be negative consequences, for both Afghan consumers and producers. The promotion of infant formula is a typical example where commercial interests are opposed 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 government, UN agencies, NGOs and the private sector will be important to make the most of what the private sector can bring. Establishing appropriate legal and regulatory frameworks (notably for food safety) and ensuring they can be applied, will be an important aspect of this. A positive evolution since 2004 is that the government’s will to move ahead on this issue has become extremely clear, and the cabinet is pressuring UN agencies and donors to support them in this direction.

CONCLUSION: THE MAIN CHALLENGE, GETTING POLICY AND CAPACITY-BUILDING INTO THE FIELD LEVEL

The nutrition sector has provided a rich example of the transition from “relief” to “development” over the past three years, with its range of positive developments as well as challenges and “hick-ups”. The main challenge that lies ahead is the same that was noted in the Quality Project Mission 2 report (URD, 2003): how does one get policy into the field? The challenges of capacity-building are also re-emerging: how does one ensure capacity is built at the central level *and* at provincial level? The Public Nutrition Department in Kabul has been tremendously active, bearing in mind that we have started with a situation where there was very little, if any, nutrition expertise in country. But what does this mean in the provinces? Public Nutrition Officers have been trained, but how do they put in practice their skills? Reports, guidelines and training modules are produced, but how have they affected practice? Those actively involved in nutrition are struggling with these questions. Exploring ways to strengthen links between Kabul and districts across the country is a priority. Certain current initiatives should support efforts to build capacity at all levels, notably the drafting of an integrated programme for nutrition training, including both pre-service (e.g. in Medical and

agricultural faculties) and in-service (e.g. of key government staff) trainings. But it will take time for these initiatives to bear their fruits. Furthermore, the truth is that capacity-building of Afghan colleagues by the international community also relies on international experts building their own capacity about what is likely to work in Afghanistan. And this lesson learning also takes time. But while we have far to go, we also have come a long way, and must remain mobilised to pursue the fight against malnutrition in Afghanistan.

References

Bousquet, C. 2004. "Briefing paper: Performance-based Partnership Agreements in Post-conflict Afghanistan: putting the cart before the horse?", draft (unpublished).

Dufour, C. and Borrel A., *in press*. 'Towards a public nutrition response in Afghanistan: evolutions in assessment and response' in *What food security crisis in Afghanistan?* Ed. Pain, A.

Groupe URD, 2002. The Quality Project in Afghanistan: Mission 1, July-August 2002. Plaisians, France.

Groupe URD, 2003. The Quality Project in Afghanistan: Mission II, January-February 2003. Plaisians, France.

Groupe URD, 2003. The Global Study on Participation of Crisis-Affected Populations: the Case of Afghanistan. Active Learning Network on Accountability and Performance in Humanitarian Action. London.

Ministry of Public Health (MOPH) of the Transitional Islamic State of Afghanistan and Tufts University. 2003a. Public Nutrition Policy and Strategy 2003-2006 – final draft. Kabul.

Ministry of Public Health (MOPH) of the Islamic State of Afghanistan and Tufts University, 2005a. "Improving the Nutritional Status of Afghan Women of Reproductive Age: Recommendations towards the Development of a Maternal Nutrition Strategy", draft. Kabul.

Ministry of Public Health (MoPH), UNICEF, Center for Disease Control (CDC), INRAN, & Tufts Univ., 2005b. "Preliminary results of the National Vitamin and Mineral Deficiency Survey, Afghanistan, 2004"

Ministry of Rural Rehabilitation and Development (MRRD) & Vulnerability Assessment and Mapping (VAM) Unit of the World Food Programme, 2004. "Report on Findings from the 2003 National Risk and Vulnerability Assessment (NRVA) in Rural Afghanistan". Kabul

Neun, H. and Fitzherbert, A. 2003. Assistance to the Transitional Authority of the Islamic State of Afghanistan to Elaborate Policy Guidance Regarding Food Aid Utilisation in Afghanistan; vol. I and II. Development Researchers' Network, European Commission, Ministry of Rural Reconstruction and Development.