

TACKLING CHILD MALNUTRITION



WHILE AFGHANISTAN IS MAKING SOME PROGRESS, ONE CHILD IN TEN DOES NOT LIVE TO SEE THEIR FIFTH BIRTHDAY AND 59% ARE STUNTED.

MDG 4 – A TWO-THIRDS REDUCTION IN CHILD MORTALITY – CANNOT BE ACHIEVED WITHOUT TACKLING MALNUTRITION.

As well as high levels of stunting, 33% of children in Afghanistan are underweight and 8.6% are wasted.¹ Whereas in most countries girls tend to have better nutritional status than boys, in Afghanistan 20% more girls than boys are wasted.

According to a nutrition assessment led by the Ministry of Public Health, nearly a quarter of lactating mothers are malnourished, and therefore have an increased risk of delivering low-weight babies. Other factors that affect the nutritional status of children include lack of family planning and women having several children close together; decreasing amounts of food during pregnancy, and a lack of antenatal care.

Inadequate infant and young child feeding practices are a major cause of undernutrition. Around 40% of those admitted to therapeutic feeding units (for treatment of severe acute malnutrition) are under six months old, pointing to breastfeeding problems as a primary cause. Furthermore, nutritional survey results show that acute malnutrition is highest in children aged 6–29 months.

The *National Public Nutrition Policy and Strategy 2009–2013*² and the *Infant and Young Child Feeding Policy and Strategy 2009–2013*³ are the government's key commitments



related to nutrition. But implementing them requires building the capacity of the Ministry of Public Health and health service providers, providing financial resources and securing donor support. Since an adequately resourced plan has yet to be developed, effective implementation is lagging behind that of other health policies.

The Public Nutrition Department within the Ministry of Public Health addresses nutrition mostly through direct interventions via the Basic Package of Health Services.⁴ The Ministry of Agriculture, Irrigation and Livestock is responsible for food security, manages the fortification of salt and flour and, through its Home Economics Department, provides nutritional education through province-level nutrition officers.⁵

THE ISSUE

HIGH LEVELS OF DISEASE AND CHILD MORTALITY

Every year thousands of children die from illnesses like pneumonia and diarrhoea. Undernourished children who fall sick are much more likely to die from illness than well-nourished children. Despite recent decreases in the rate of child mortality, one in ten children will die before their fifth birthday. Afghanistan's infant mortality rate is among the highest in the world, and it is not declining as quickly as the under-five mortality rate.

THE SOLUTIONS

- Prevent and treat childhood infection and other disease, for example via immunisation, handwashing, deworming and zinc supplements during and after diarrhoea.
- Follow through with ongoing efforts that are on track to reach targeted 10% reductions in stunting and wasting by 2013.

THE ISSUE

NUTRITION POLICY

Neither the *National Public Nutrition Policy and Strategy 2009–2013* nor the *Infant and Young Child Feeding Policy and Strategy 2009–2013* have been effectively implemented.

THE SOLUTIONS

- Raise awareness of the critical nature of malnutrition and infant mortality in order to make this a high priority for government agencies, international organisations and donors.
- Create a plan to effectively implement the *National Public Nutrition Policy and Strategy 2009–2013*, taking into account the need for adequate technical and financial donor support.
- Create a comprehensive strategy and multisector approach – involving the Ministry of Public Health, Ministry of Agriculture, Irrigation and Livestock, Ministry of Labour and Social Affairs, and Ministry of Education – for implementing the public nutrition and feeding policies.
- Sign up to the Scaling Up Nutrition (SUN) initiative.

THE ISSUE

TREATMENT AND SUPPORT

Building institutional capacity and boosting human resources for nutrition can have an important effect on reducing malnutrition. Health workers are vital in delivering the direct interventions that can improve nutrition.

THE SOLUTIONS

- Increase access to mother and child health services, including the treatment of acute malnutrition.
- Follow through with the Basic Package of Health Services plan to increase the number of trained community health workers from 22,000 to 30,000.
- Secure sustained funding and technical support from donors for training health workers and midwives. Health worker training should include an emphasis on counselling skills and on supporting mothers to establish and maintain good breastfeeding practices.

THE ISSUE

NUTRITIONAL KNOWLEDGE

Limited knowledge about nutrition principles affects food choices and child feeding practices, which leads to malnutrition and growth failure (in particular among under-twos), which in turn leads to another generation of malnourished mothers. Women who are literate are less likely to be undernourished and less likely to have undernourished children. Additionally, most people don't have access to information about sanitation.

THE SOLUTIONS

- Implement community-based child health and nutrition activities through strengthening the network of health facilities, community health workers and the Family Health Action Group.
- Increase caregivers' awareness concerning caring, feeding and health-seeking behaviour through counselling sessions, use of information, education and communication materials, campaigns and media.
- Work with local leaders, including religious leaders, to increase their awareness of the importance of distributing nutrition information and their engagement for the smooth implementation of nutrition interventions.
- Engage men on the importance of health and nutrition, including female and child health and nutrition.

OUR GOAL IS THAT MILLENNIUM DEVELOPMENT GOAL 4 – A TWO-THIRDS REDUCTION IN CHILD MORTALITY RATES BY 2015 – IS ACHIEVED. IMPROVING CHILD NUTRITION IS KEY TO ACHIEVING THIS GOAL. IT WILL SAVE MANY LIVES AND GIVE ALL CHILDREN THE CHANCE OF A GOOD START IN LIFE SO THEY CAN GROW UP TO FULFIL THEIR POTENTIAL.

“I learned from my first child”

“My son was in good health and his weight was normal. A year ago he got diarrhoea. He couldn’t eat anything because he was vomiting. When I got to the hospital it was very crowded. I waited for a long time – about three hours. My husband got angry that the doctors weren’t paying attention to my child. We left the hospital without showing my son to the doctors. At home my son died.

“I learned a lot from my first child. With my second I’ll go to the clinic often for checks, especially if he or she is weak, like Tahir.”

Shahzada lost her first child, Tahir, to malnutrition when he was three years old. By the time she got her son to hospital and had to wait to see a doctor, it was too late.

Save the Children provides community-based therapeutic care to severely malnourished children. We’re also training health workers in child health and nutrition screening and providing advice to mothers about how best to feed their babies and young children and how to prevent illnesses like diarrhoea.



Mothers and their young children at a cooking and healthy eating class in Bamyan Province, Central Afghanistan

NOTES

- 1 B Fenn (2011) Research for Save the Children’s report, *A Life Free From Hunger: Tackling child malnutrition*
- 2 Islamic Republic of Afghanistan Ministry of Public Health Public Nutrition Department (2009) *National Public Nutrition Policy and Strategy 2010-2013*, 30 September 2009, http://www.basics.org/documents/National-Public-Nutrition-Policy-and-Strategy_Afghanistan.pdf
- 3 Islamic Republic of Afghanistan Ministry of Public Health (2009) *National Infant and Young Child Feeding Policy and Strategy 2009-2013*, 17 September 2009, http://www.basics.org/documents/National-Infant-and-Young-Child-Feeding-Policy-and-Strategy_Afghanistan.pdf
- 4 E Levitt et al (2011) *Malnutrition in Afghanistan: Scale, Scope, Causes, and Potential Response*, Directions in Development: Human Development, Washington, DC: The International Bank for Reconstruction and Development / The World Bank, 5
- 5 Ibid
- 6 Ibid, 2
- 7 T Mashal et al (2008) ‘Factors associated with the health and nutritional status of children under 5 years of age in Afghanistan: family behaviour related to women and past experience of war-related hardships’, *BMC Public Health* 8, no. 1: 301
- 8 Afghanistan Independent Human Rights Commission (AIHRC) (2010), *Report on the Situation of Economic and Social Rights in Afghanistan: IV*, 72
- 9 Islamic Republic of Afghanistan Ministry of Public Health Public Nutrition Department (2009) *National Public Nutrition Policy and Strategy 2010-2013*
- 10 Islamic Republic of Afghanistan Ministry of Public Health (2009) *National Child and Adolescent Health Policy 2009-2013*, July 2009, http://www.basics.org/documents/Child-and-Adolescent-Health-Policy_Afghanistan.pdf
- 11 Islamic Republic of Afghanistan Ministry of Public Health, *National Child and Adolescent Health Strategy 2009-2013*, July 2009
- 12 Ibid, 3
- 13 International Baby Food Action Network (IBFAN) (2011) *Report on the Situation of Infant and Young Child Feeding in Afghanistan*, December 2011, http://www.ibfan.org/art/IBFAN-56_Afghanistan2011.pdf

This briefing is part of a set of eight country briefings produced by Save the Children and the Institute of Development Studies to accompany Save the Children’s report, *A Life Free from Hunger: Tackling child malnutrition*.

To see the full report, visit