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Fill the Nutrient Gap (FNG) Afghanistan

Executive Summary

Malnutrition and hunger are serious concerns in Afghanistan. Despite some improvements in child undernutrition, with rates of stunting declining from 41 percent in 2013 to 37 percent in 2018, the level of stunting has remained 'very high' according to the World Health Organisation's classification. Over two million children under 5 are stunted.[1] Food insecurity has been on the rise since 2018, and in the first half of 2021 over 42 percent of the population was facing high levels of acute food insecurity.[2]

In 2017, 55 percent of Afghan households were below the national poverty line.[3] Poverty is likely to have increased to an estimated 61-72 percent in 2020.[4] Rising insecurity and periods of drought have induced a general slowdown of the economy which has been exacerbated by the COVID-19 pandemic. With high levels of poverty and exposure to conflict, climate and economic shocks that affect livelihoods, income, food supplies and prices, a majority of households in Afghanistan are unlikely to be able to access a healthy and nutritious diet, or even enough food to meet their energy needs. The prospect of sustaining the progress that has been achieved in reducing hunger and undernutrition is more at risk than ever.

The Afghanistan National Peace and Development Framework-II recognises nutrition as fundamental to building human capital and sustaining economic progress.[5] Afghanistan has made a global commitment to ending hunger, achieving food security and improving nutrition as part of Sustainable Development Goal 2 (SDG2).

To support these agendas and guide the development and strengthening of programmes and policies aimed at reducing malnutrition, the government of Afghanistan, with technical assistance from the World Food Programme (WFP), undertook a Fill the Nutrient Gap (FNG) systems-focused nutrition situation analysis in 2020-2021.

Process

The FNG analysis sought to assess the availability, accessibility and affordability of nutritious foods and to provide context-specific intervention options across sectors to improve nutrient intake. The government and humanitarian clusters were engaged throughout the FNG process across multiple sectors including health and nutrition, agriculture and food security,

[1] Afghanistan Ministry of Public Health, & UNICEF. (2013). National Nutrition Survey Afghanistan 2013: Survey Report.
[2] Integrated Food Security Phase Classification. (2021). Afghanistan Integrated Food Security Phase Classification Snapshot: April 2021.
[3] Central Statistics Organization (2018) Afghanistan living conditions survey 2016-17. Kabul, Afghanistan.
[4] World Bank. (2020). Afghanistan Development Update July 2020: Surviving the storm.
[5] Ministry of Finance. (2021). Afghanistan National Peace and Development Framework (ANPDF II) 2021 to 2025: Forging our Transformation I.

education and social protection. Inputs on data, analysis and modelling were received between February and December 2020 through bilateral meetings and multisectoral workshops.

Methodology

The FNG consisted of a review of secondary literature on food systems and nutrition in Afghanistan, and a Cost of the Diet (CotD) analysis which uses linear programming for lowest cost diet optimization. Food price data collected across all provinces in December 2019 and January 2020 were used to estimate the minimum cost of energy-only and nutritious diets for a 7-person household. The energy-only diet is the combination of foods that meets calorie needs (or energy requirements) of the modelled household at the lowest possible cost, while the nutritious diet is a balanced diet consisting of diverse nutritious foods that meet nutrient requirements. Diet costs were estimated at the provincial level and separately for rural and urban areas. Using expenditure data from the 2019 Afghanistan Seasonal Food Security Assessment[6], the FNG analysis also estimated the extent to which households were able to afford these diets.

Main messages

1. Food insecurity is high across the country, particularly among rural and *kuchi* (nomadic) households, and during winter. Current diets lack diversity with insufficient intake of energy, protein, fat and micronutrients.

2. The lowest cost nutritious diet for a 7-person household was estimated to cost Afghani (AFN) 284 (USD 3.70) per day, three times more expensive than a diet that meets only energy needs (AFN 88 or USD 1.13 per day). A nutritious diet is, on average, more costly in rural areas (AFN 306) than urban areas (AFN 256).

3. Economic access is a significant barrier to adequately nutritious diets in Afghanistan. Even before the COVID-19 pandemic and the consequential economic impact, nearly 30 percent of households were unable to afford a diet that meets just their energy needs and 88 percent of households were unable to afford the lowest cost nutritious diet. A household that was just able to afford an energy-only diet would need to increase their food expenditure by more than three times to afford a nutritious diet. In the most remote provinces such as Daykundi, Ghazni, Panjsher, Nimroz and Zabul, a nutritious diet was unaffordable for nearly all households.

4. Access to markets is crucial to ensure that households are able to purchase and consume a diverse selection of foods. Low availability of nutritious foods in markets leads to higher prices and an increased cost of a nutritious diet. Poor infrastructure makes it challenging for consumers to access markets and for producers to sell their excess production of perishable nutritious foods.

5. Dietary diversity among children aged 6-23 months is very poor, with particularly low consumption of vegetables and animal source foods. Optimal breastfeeding lowers the need for consumption of more expensive nutrient-dense foods, making the nutritious diet less costly. Malnutrition risks in infants and young children are reduced by targeted interventions such as micronutrient powder and specialised nutritious foods that provide essential nutrients to them. These interventions should be used in areas where the food environment cannot meet nutrient needs because of availability or affordability constraints.

6. The cost of meeting the nutrient requirements of adolescent girls and pregnant and lactating women makes up 53 percent of the household's nutritious diet cost (on average), putting them and their offspring at a higher risk of nutritional deficiencies. Targeted interventions such as iron folic acid (IFA) or multiple micronutrient supplements, or provision of specialised nutritious foods like wheat soya blend, can improve their nutrient intake.

7. School feeding programmes provide nutritious foods that can benefit children and adolescents, improving nutrient intake and encouraging better dietary habits. They also incentivise school participation, helping to break the intergenerational cycle of malnutrition.

8. Fortification of staple foods can provide additional micronutrients which are important for most of the population, given the high level of food insecurity and non-affordability of nutritious diets among households. Wheat flour is consumed regularly and in large amounts by most households in Afghanistan. Fortifying it with micronutrients such as iron, folic acid, vitamin B12 and zinc can improve micronutrient intake, which is especially important for nutritionally vulnerable groups such as pregnant and lactating women and adolescent girls who have very high needs but are hard to reach through programme platforms that can deliver supplements.

9. In a context of very high non-affordability, continued conflict and the further economic slowdown since the onset of the COVID-19 crisis, more households are reliant on assistance. Cash-based transfers or vouchers can help reduce food insecurity and malnutrition risk in areas with sufficient market access, while in-kind transfers are important in most rural areas where food supply is inadequate. At present, unconditional transfers (cash or in-kind) are insufficient to meet nutrient needs. Replacing them partly with fresh food vouchers in areas with adequate market infrastructure can ensure that households acquire nutritious foods. This also helps to create demand for suppliers and hence stimulate market availability of these foods.

[6] Afghanistan Food Security and Agriculture Cluster (2020) Seasonal Food Security Assessment 2019.

10. Agriculture is an important sector for Afghanistan in terms of its economic contribution and as a main source of livelihood. There is a lack of diversification in agriculture at the homestead and commercial levels. Crop production is dominated by wheat, and low availability of fruit and vegetables and animal source foods, compared to neighbouring countries, leading to an overall food deficit. Agriculture interventions that improve the value chain of nutritious foods can reduce the cost of a nutritious diet for households and make them more resilient. Examples include improving agricultural practices to increase production of nutritious foods, fortification, and reduction of post-harvest losses.

11. Multisectoral interventions that are context-specific are required to reduce the non-affordability of a nutritious diet and improve nutrient intake, required for better food security and nutrition outcomes. While nutrition-specific interventions contribute to meeting important nutrient needs, particularly for nutritionally vulnerable groups, they fall short of adequately meeting nutritional needs on their own. Co-locating different interventions (including from multiple sectors) that can simultaneously reach households and within them nutritionally vulnerable individuals, can be more impactful. Coordinating mechanisms at the government level can ensure efficient and targeted use of resources for nutrition across all sectors.

Recommendations

Cross-cutting

- Provide financial and technical support to scale programmes and strengthen multisectoral linkages for nutrition, across agriculture, health, social protection, education and other relevant sectors. This will ensure efficient resource use and a greater impact on food security and nutrition outcomes.
  - Ensure actors across sectors are appropriately involved in the planning, budgeting, implementation and monitoring of food security and nutrition policies and programmes, such as the Afghanistan Food Security and Nutrition Plan (2019–2023).
  - Increase the emphasis on medium to long-term resilience-building interventions and integrate nutrition considerations in programmes with an aim to increase the ability of the population to withstand shocks with minimal effects on their access to quality diets.
  - Build the technical capacity of national and sub-national government on food systems and nutrition across sectors.
- Strengthen food security and nutrition surveillance and early warning systems to ensure timely and regular collection of food price and nutrition data. This will better inform nutrition-relevant components of programmes and policies, and ensure shock-response preparedness and contingency planning.
  - Expand food security and food price monitoring to include nutritious foods.
  - Prioritise implementing a national survey to collect up to date information on nutrition indicators among women, children under 5 years, and adolescent girls.

Agriculture and value chain development

- Integrate food security and nutrition priorities in agriculture programming.
  - Advocate for increased investment in agricultural programmes that improves the production and availability of nutritious foods, in particular fruit, vegetables and animal source foods.
  - Explore the feasibility of designing and implementing homestead food production programmes to increase consumption of own produced fruit, vegetables and poultry and provide livelihood opportunities, including for women.
  - Develop the capacity of agriculture stakeholders on nutrition-sensitive programming at national and sub-national levels.
- Strengthen the value chain of nutritious foods to improve their availability and affordability.
  - Continue to improve road networks to make markets more accessible in remote areas. Increase investment in market infrastructure (including collection centres) and post-harvest storage and distribution, to improve supply of nutritious foods and reduce losses.
  - Create linkages between smallholder producers and retailers, including through farmer cooperatives and to social protection programmes, ensuring that women farmers are included.

Social protection and assistance

- Ensure that social assistance programmes are designed according to the local context, consider the nutrition requirements of specific household members, and are shock responsive.
  - Ensure that transfer size and modalities contribute most efficiently to closing the nutrient intake gap that results from the very high unaffordability of the nutritious diet. This can be done by providing access to (fortified) nutritious foods (in-kind or through vouchers), and by linking the programme to provision of nutrition-specific services to target groups that have higher nutritional needs. Programme design should consider local operational and food systems context.
  - Explore the feasibility of using fresh food vouchers as part of assistance programmes. This will increase demand for, and consumption of, nutritious foods and help to stimulate supply of these foods.

Fortification

- Strengthen the regulation and enforcement of fortification standards for foods such as wheat flour, edible oil and salt, and build public-private partnerships to strengthen the value chain of fortified foods.
  - Build the capacity of the government's regulatory agency to ensure that enforcement of fortification standards is carried out at customs, production and retail levels.
  - Strengthen manufacturer capacity to carry out fortification processes correctly, enabling them to improve the supply of adequately fortified foods.

Health

- Ensure that health and nutrition programmes and policies take all forms of malnutrition into consideration in their design. Develop linkages with other sectors to improve coverage of services.
  - Increase coverage of IFA supplementation provided to pregnant women and expand coverage to lactating women, a crucial intervention given the high prevalence of anaemia among women of reproductive age.
  - Given the low enrolment of girls in school, use community platforms to provide adolescent girls with micronutrient supplements.
- Encourage optimal breastfeeding and ensure that children (6-23 months) have access to nutritious complementary foods.
  - Develop recipes for safe and nutritious complementary foods using locally available and affordable foods, and promote these as part of community-level nutrition awareness sessions.
  - In areas with high non-affordability of nutritious diets, essential micronutrients should be added through a complementary food supplement such as micronutrient powder, wheat soya blend or Lipid-based Nutrient Supplements. Product choice should be based on the level of food insecurity and undernutrition and on other assistance being provided.

Education

- Integrate nutrition in education policy to enable schools as platforms to deliver nutrition interventions. This includes school feeding, weekly micronutrient supplementation and nutrition education.
  - Where possible, ensure that school meals include fortified staples and fresh nutritious foods. This allows for better coverage of micronutrient requirements of children and adolescents. In emergency contexts, continue to provide high energy biscuits.
  - Encourage community participation and build capacity to manage supply of nutritious foods and preparation of safe and nutritious meals.
  - Advocate for including nutrition education in the curriculum to promote healthy eating behaviours.

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Photo Credits
Cover page: WFP/Silke Buhr
Page 4: WFP/Arete/Andrew Quilty

This Fill the Nutrient Gap Analysis was funded by:

german cooperation
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