

# PROFILING UNDERNUTRITION: AFGHANISTAN



## FAST FACTS ON GOOD NUTRITION

➤ In 2013, more than six million children died around the world before their fifth birthday.

➤ **Undernutrition is responsible for an astonishing 45% of these deaths**, representing 3 million deaths each year.



➤ Yet we know how to **end preventable child deaths** and the damage caused by undernutrition.

➤ The first 1,000 days of life – from conception to your second birthday – are the most important for growing a healthy body and brain.

➤ Giving children the right nutrition early in life helps them perform better at school, grow into healthy adults, earn more at work and provide their own children a healthy start to life.

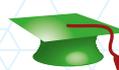
➤ INVESTING in improved nutrition during the first critical 1,000 days of life can:



+ **Directly save more than 1 million lives each year;**



+ **Boost a country's GDP by at least 2-3% annually;**



+ **Build self-sufficiency: well-nourished children are more likely to continue their education, have higher IQs, and earn up to 46% more over their lifetimes; and**



+ **Help end hunger and break the cycle of poverty: well-nourished children are 33% more likely to escape poverty as adults.**

➤ Investing in nutrition delivers the biggest bang for our aid buck.

**\$1 → \$138**

**For every dollar spent, up to \$138 worth of benefits are gained in better health and increased productivity.**

Despite all this evidence, **ONLY 0.4% OF ALL AID** from donor countries goes to nutrition-related projects, and most donors (including Australia) do not prioritise nutrition.

# UNDERNUTRITION IN AFGHANISTAN



## Did you know?

- + In 2012 over 100,000 children under 5 years of age died in Afghanistan, and rates of undernutrition are *extremely* high
- + **More than half (59%) of all Afghani children have had their growth permanently stunted by undernutrition**
- + Around 9% of children are underweight for their height (or wasted) because they do not have enough food
- + Nutrient deficiencies are very common
- + Significant regional and income inequalities exist
- + **Afghanistan is not on track to meet the hunger Millennium Development Goal, but is on track to meet the child health Goal**

Population	29.8 Million
Gross National Income (GNI) per person	US\$1,560
Average annual GDP growth rate, 2005 to 2012 inclusive	8.8%
Life Expectancy at birth	61 years
Babies born with low birthweight	20%
Population with access to clean water	64%
Population using sanitation facilities	29%
Stunting in children under 5	59%
Wasting in children under 5	9%
Human Development Index Ranking	175
People living on less than US\$2 per day	~48%

## IN 2012 MORE THAN 100,000 CHILDREN UNDER 5 DIED IN AFGHANISTAN

More than half (59%) of all children under five in Afghanistan are too short for their age, or stunted

This means they have suffered **long-term insufficient nutrient intake** and frequent infections, stunting their growth. Stunting generally occurs before age two, and effects (including delayed motor development, impaired cognitive function and poor school performance) are largely irreversible.

**Around 9% weigh less than they should considering their height (or wasted)**

Wasting is usually the result of significant food shortage, or a serious disease. A child with wasting is nine times more likely to die than a well-nourished child.

**Nutrient deficiencies are very common**

A lack of vitamin A, iron, zinc, and other nutrients during early childhood puts children at higher risk of: experiencing chronic disease; delayed cognitive development; delayed enrolment in school; and reductions in academic achievement and future earnings. Nutrient deficiencies in Afghanistan are extremely common.

**Half of children in Afghanistan are vitamin A deficient**, which makes them more susceptible to diarrhoea, measles and respiratory infections. **81% of Afghani children under five are deficient in vitamin D.** Nearly half of children under five are anaemic (iron deficient).

**Significant regional and income inequalities exist**

Undernutrition is a significant challenge in Afghanistan, and one that shaves 2–3% off Afghanistan's national income each year. This equated to approximately half a billion dollars lost to an already struggling economy.

Infrastructure is a momentous challenge. Only 64% have access to safe drinking water, 29% to adequate sanitation and just 30% to electricity.

Significant funding has gone into the health sector, which is reflected in their halving their under five-mortality rate. However, funding to their healthcare system been decreasing with national financial cutbacks, which has undermined undernutrition outreach programmes.

Food security is a crucial issue, as nearly 80% of Afghans depend on agriculture for their livelihoods. One in three Afghans consume less than the minimum nutritional intake required, and one in five Afghans face seasonal food shortages. Poverty is the major driver for food insecurity in Afghanistan, with 40% of the Afghan population unemployed, and around half the population living on less than \$2 per day.

**Afghanistan is not on track to meet the hunger Millennium Development Goal, but is on track to meet the child health Goal**

Poverty has not significantly reduced in Afghanistan since 2004, and therefore neither have hunger and undernutrition rates.

## WHAT ACTION IS NEEDED?

There are **10 simple nutrition interventions proven to have a significant impact on maternal and child health if provided to everyone. About one fifth of the existing burden of stunting can be completely averted if we use the following approaches:**

1. **Use iodised salt in food**
2. **Provide pregnant women with micronutrient supplements including iron and folate**
3. **Provide pregnant women with calcium supplements**
4. **Ensure pregnant women have additional nutritional intake especially balanced in protein**
5. **Provide children with vitamin A supplements**
6. **Provide children with zinc supplements**
7. **Promote breastfeeding**
8. **Provide education for mothers on good food and nutrition practices for children weaning from breast milk to family foods**
9. **Provide weaning children with food supplements with extra nutrients**
10. **Improve clinical management of severe undernutrition**