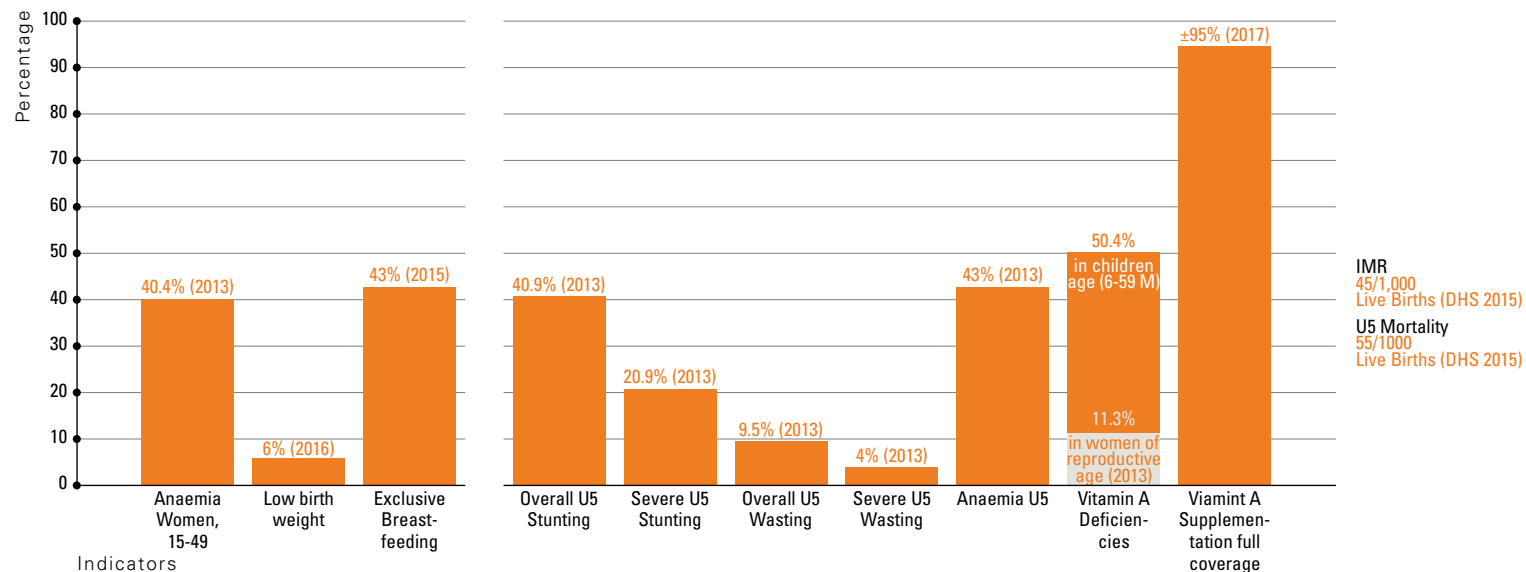


ESTIMATED TOTAL POPULATION: 31.281.000  
ESTIMATED U5 POPULATION: 4.905.000

# Country Fact Sheets Afghanistan



## Key Health & Nutrition Indicators

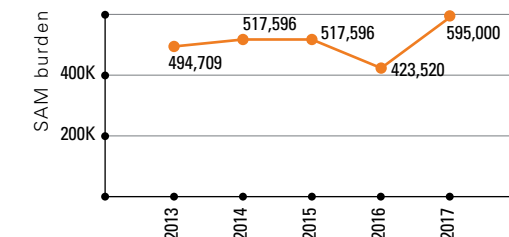


## National SAM Management Policies and Strategies

REMARKS		
National multi-sectoral nutrition plans	Yes	Afghanistan Food security and Nutrition Agenda (AFSANA) (just signed 2017)
Inpatient care	Yes	National nutrition strategy 2015-20 National IMAM guideline 2014
	Year started	2009
Outpatient care	Yes	Nutrition strategy 2015-20 National IMAM guideline 2014
	Year started	2009
Community based case management		
SAM management part of national multi-sectoral plans	No	AFSANA recently signed which will be the multi-sectoral platform for development of national multi-sectoral plan
SAM management integrated in national health policies	Yes	National health policy (2014) does not include SAM management
SAM management national guidelines in place	Yes	National Health policy (2016 - 2020) Basic Package of Health Service (BPHS) and Essential Package of Hospital Service (EPHS)
Latest SAM management guidelines incorporates WHO 2013 recommendations	Yes	National IMAM guideline 2014
SAM in pre-service training curricula	No	Under process to be included in Kabul University and Ghazanfar Institute curriculums

## National Context of Acute Malnutrition

### ESTIMATED SAM BURDEN



GAM prevalence	9.5% (2013)
SAM prevalence	4% (2013)
Current national SAM treatment coverage target	236,000 children age 0-59 months (40%)
Current national wasting target	N/A
Current national stunting target	"Reduce stunting to 30% by 2020 and 10% by 2030"

### REMARKS 2015 KABUL DECLARATION'S COMMITMENTS (BY 2020):

- Reduce the Maternal Mortality Ratio to 327 deaths per 100,000 live births (AMS 2010)
- Reduce the Neonatal Mortality Rate to 22 deaths per 1,000 live births (DHS 2015)
- Reduce the Child Mortality Rate to 11 deaths per 1,000 live births (DHS 2015)

Increase treatment of acute malnutrition to at least 70% and equip at least 70% of health workers with skills in nutrition counselling including promotion of infant and young child feeding practices by 2020 (with special focus on promotion of breastfeeding, appropriate complementary feeding, iron folic acid supplementation for adolescent girls and pregnant women, and other essential nutrition interventions)

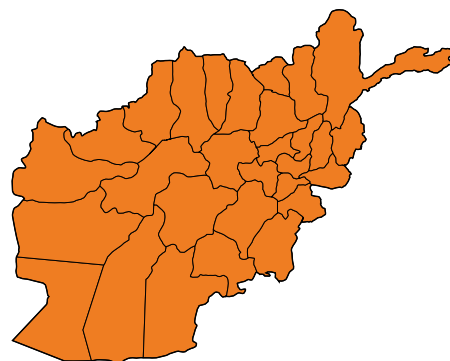
## SAM Financing

Domestic funding for SAM treatment programmes	Small amount in the System Enhancement for Health Action in Transition (SEHAT) MOPH budget
Domestic funding for SAM treatment supplies	Recently 5.4 Million added in the System Enhancement for Health Action in Transition (SEHAT) MOPH budget

## Status of National SAM Management Programme

	PILOT	SCALING UP	PROGRAMMING AT SCALE
Inpatient care		X	
Outpatient care		X	
Community case management		X	

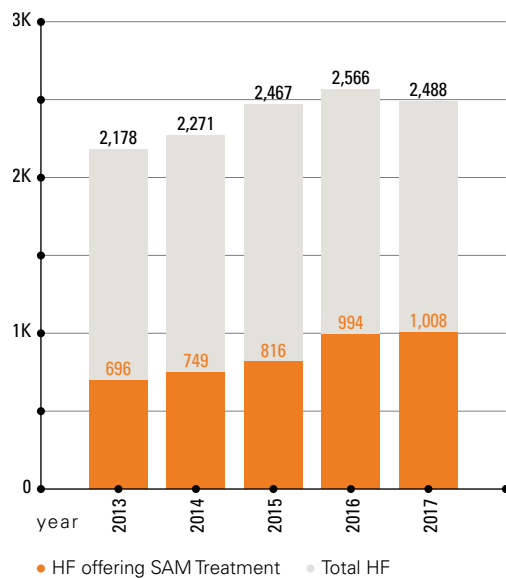
### AVAILABILITY OF TREATMENT SERVICES IN SECOND-TIER ADMINISTRATIVE UNIT



• Areas with SAM treatment

## Geographical Coverage

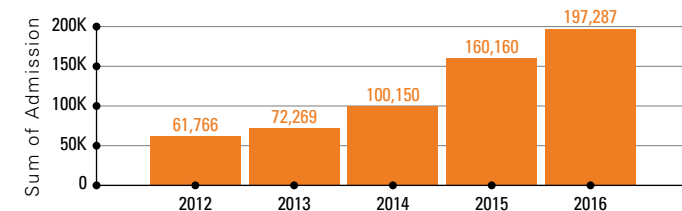
### % of Facilities Offering SAM Treatment, by Year, 2013-2017



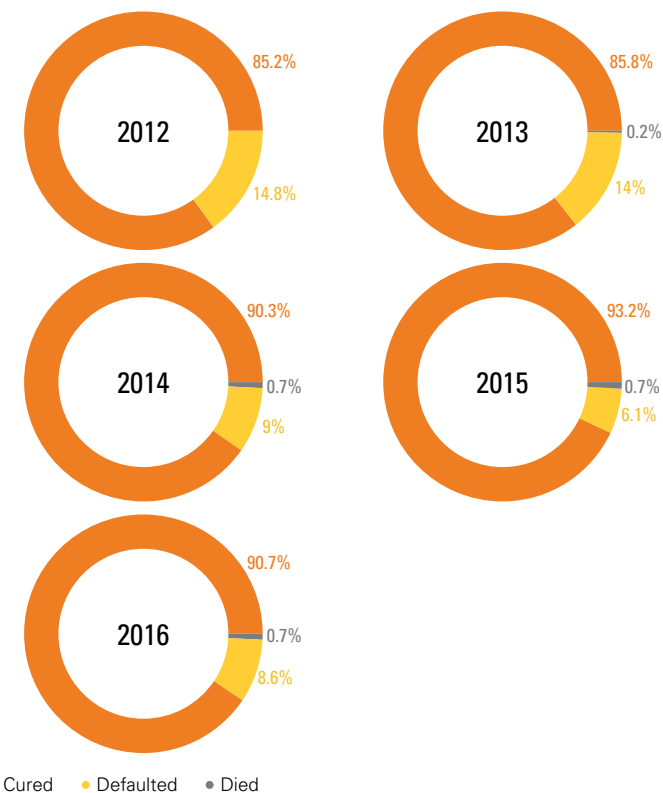
	TOTAL	INPATIENT CARE		OUTPATIENT CARE	
		NATIONAL PROGRAM TARGET (NUMBER)	CURRENTLY COVERED (NUMBER; PERCENTAGE)	NATIONAL PROGRAM TARGET	CURRENTLY COVERED (NUMBER; PERCENTAGE)
District level	81	81	70	81	63
Tertiary/secondary level hospitals	64	64	35	64	21
Primary health centres/sub-centres	1,236	27	27	N/A	763
Others (ECD centres)	733	0 (not applicable)	0 0 (not applicable)	108	108
Community case management units		Only screening, referral, counselling and follow up are applicable almost in all HPs for management of SAM			

## Key SAM Treatment Performance Indicators

### NUMBER OF CHILDREN ACCESSING SAM MANAGEMENT SERVICES (ADMISSION BY YEAR)



### TREATMENT OUTCOMES (CURED, DEFAULTER, DEATH AND NON-RESPONDERS BY YEAR)



**REMARKS** Currently we do not have data available for non-respondent (non-cured). but raw data for this indicator is under review and analysis