

The [Abraham Horwitz Lecture](#), established by Sir Richard Jolly (SCN Chair from 1996-2000) in 1996, was introduced in March 1997 at the 24th SCN Session, in recognition of Dr Abraham Horwitz' outstanding contribution to nutrition, and his exemplary leadership as Chairman. The aim of this Lecture series is to continue Dr Horwitz' heartfelt, highly valued and extremely generous tradition of mentoring young talent and their ideas for nutrition programmes. Each year a young guest lecturer who possesses the knowledge and commitment to prepare an exceptional paper is invited to make a presentation to the SCN Session. The lecturer is selected through an essay competition launched each year around August. The call for papers for the 12th Abraham Horwitz lecture will soon be posted at www.unsystem.org/scn

11th Dr Abraham Horwitz lecture

Building National Nutrition Coordination from the Field Up: Lessons Learnt From the Afghan Reconstruction

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Introduction

The general theme of the 11th Horwitz lecture was *National Food and Nutrition Coordination Councils: Do they work?* Drawing lessons learnt from the evolution in nutrition interventions and coordination mechanisms in Afghanistan over the past ten years, the present paper argues that the key to successful coordination lies in building a shared understanding of people's needs, and in integrating nutrition activities at household, community, provincial and national levels.

Why Afghanistan?

The Afghanistan context is a fascinating one to learn from for several reasons. First, institutions are being rebuilt from scratch in a situation that is described by Professor Naderi¹ as "post-devastation and partially in conflict". There is therefore an opportunity to rebuild institutions using the most updated approaches to nutrition, integrating lessons learnt elsewhere. Secondly, the international community is heavily investing in capacity-strengthening of national institutions. The nutrition field was very privileged in receiving support from very competent professionals and institutions, including NGOs, UN agencies and academic institutions such as Tufts and Cornell Universities. Lessons learnt in recent years can now be capitalized upon. Third, Afghanistan is undergoing a transition from relief to development, but is regularly exposed to recurrent crises (droughts, floods, earthquakes), such that lessons are being learnt on nutrition coordination both in emergencies and development, as well as the grey zones in between.

The nutrition situation in Afghanistan

Afghanistan is a very diverse country, in agro-ecological, cultural, ethnic and historical terms, thus leading to diverse nutritional situations (Grunewald 2002). But overall, malnutrition problems are related to entrenched and chronic poverty, compounded by regular crises, including war, displacement, drought and other natural disasters (earthquakes, floods, locust attacks). These manifest themselves in high rates of child mortality (about 26% of children die before the age of five); high rates of chronic malnutrition (around 50% of children under five have a height-for-age below -2 Z-scores); relatively low rates of acute malnutrition (6-10% of children under five have a weight-for-height below -2 Z-scores); and high rates of Micronutrient Deficiency Diseases, in particular iodine deficiency (over 70% of children 7-11 years old and of women of reproductive age are iodine-deficient) and iron deficiency (70% of children and 48% of non-pregnant women are iron-deficient) (MOPH et al. 2005). Diet diversity is so poor that in certain areas, scurvy epidemics occur in drought years (Gatchell, 2003).

1. Economic Advisor to the President and Co-Chair of the Joint Coordination and Monitoring Board, which oversees the implementation of the Afghanistan Compact.

Underlying causes of malnutrition include poor diet diversity, improper feeding practices, poor hygiene and low access to health services. These causes are compounded by the destruction of the country's economic, social, natural and physical capital, low education levels, the poor condition of women, and limited access to productive resources. An integrated approach, addressing both immediate and short-term needs as well as long-term nutritional problems, is therefore required.

Coordination: Why, for whom, how?

While the challenge for nutrition coordination lies in finding ways of making it work (the 'how'), it is worthwhile to revisit two fundamental questions.

The first is "why is nutrition coordination important?". In fact, coordination may be inherent to nutrition itself. Nutrition professionals and other development experts often slip into considering nutrition as a sector, but is it not rather a core development objective that brings together different sectors?

The second question is "for whom do we coordinate?". Is it for implementing agencies and governments, to ease program implementation? Is it for donors, to demonstrate that funds are used effectively? Or is it for the people on the ground: to use scarce resources effectively, to better respond to their needs and improve the quality of the service we provide them? This paper argues that successful coordination requires nutrition professionals to put populations' needs at the very centre of their work.

When it comes to the question of 'how', there are many ways of coordinating, from information sharing to joint planning and implementation (Figure 1). The choice of mechanism will depend on stakeholders' objectives, and on other contextual factors that shape opportunities. Furthermore, coordination may be personal / informal, as well as institutional / formal. While coordination may need to be institutionalised, to ensure its sustainability and legitimacy, "there can be no good coordination if there are no good personal relations"².

Building national nutrition coordination in a transition from relief to development

Over the past 6 years, Afghanistan has been undergoing a transition from relief interventions, during the Taliban era and initial post-Taliban years, to development, notably with the current work on the [Afghan National Development Strategy](#). This transition has been a complex process driven both by population needs and institutional agendas. Figure 2 describes changes in the types of nutrition interventions implemented, the establishment of nutrition coordination mechanisms, and the varying importance given to nutrition on the political agenda, since 1996.

Main achievements in nutrition since 2002

During the transition, the main achievements in the nutrition field have been the following:

- Projects have increasingly been built around people's needs, notably by adopting a public nutrition approach, promoted by Tufts University and UNICEF through the Ministry of Public Health ([MOPH](#)) (MOPH & Tufts, 2003, Borrel, 2004)

During the Taliban era, malnutrition needs were chronic and required long-term solutions, but the funds and institutions were not in place to implement these. Until the transition to development approaches was possible, assistance tended to be 'supply-driven'. This was unfortunately very much the case in 2002, when a large amount of funds were allocated to interventions that were not necessarily relevant or effective, such as Supplementary Feeding Centres (Groupe URD, 2002).

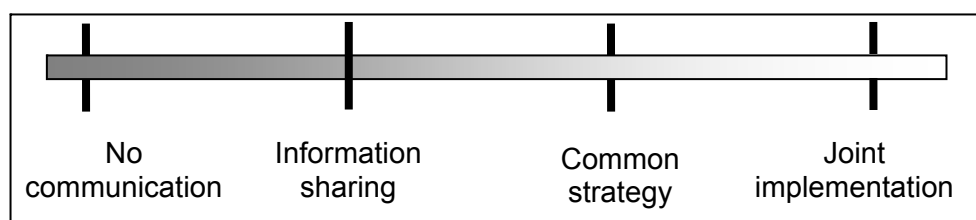


Figure 1: The range of coordination mechanisms

2. Intervention by a UN head of agency in the Afghanistan UN country team retreat, February 2007.

But as agencies' understanding of nutrition priorities and the ways to address them grew, more relevant and sustainable interventions were implemented. For example, the Universal Salt Iodisation programme was implemented by the Ministry of Public Health, with UNICEF support, as soon as early 2002, using emergency funds. Close collaboration between private and public stakeholders involved in all stages of salt production, distribution and marketing, enabled Afghanistan to be self-sufficient in iodised salt.

- Government capacity on public nutrition has been built early on, notably with the establishment of the Public Nutrition Department in MOPH, with support from UNICEF and Tufts University (Borrel, 2004). An important step, in 2003, was the elaboration by this department of the Public Nutrition Strategy, covering all nutrition-related activities, across ministries (MOPH & Tufts, 2003).
- Finally, coordination was very active, especially from 2002 to 2004, when a nutrition task force and working groups were established, with support from MOPH, UNICEF, Tufts, WFP, and FAO, to implement the Public Nutrition Strategy (Groupe URD, 2003).

Nutrition falls off the political agenda

However, after 2 to 3 years during which nutrition had a high profile, attention and support to nutrition decreased, and some working groups stopped. Consequently, nutrition 'fell through the cracks' of the Afghan National Development Strategy: there is no benchmark on nutrition in the Afghanistan Compact, which summarizes the country's main development goals, providing yet another example of the difficulty of institutionalising nutrition and of its "homelessness" (Levinson, 2003). MOPH and the Ministry of Agriculture, Irrigation and Livestock ([MAIL](#)), together with FAO and UNICEF, are now aiming to address this gap by

1996-2001: Taliban	2002: Establishment of Interim Government	2003-2004: Presidential elections; Establish't of gov't	2005 - 2006: Parliamentary elections; London Conf & ANDS	2007: ANDS
Emergency Transition Development (with regular crises)				
Food aid SFC/TFC in Kabul, Herat & IDP camps Small-scale agricultural projects	Large increase in food aid (drought, IDPs, returnees) and SFCs Some TFCs Food security interventions	<i>Integrated Public Nutrition approach</i> - Universal Salt Iodization (USI) - Integration of TFCs in provincial hospitals; - Infant Young Child Feeding (IYCF); - Supplementation in Basic Package of Health Services - Community-based food security interventions - Flour fortification; - Nutrition education integrated in various programs <i>Punctual relief interventions: targeted food aid</i>		
"No" government agencies; Few NGOs; UN in Islamabad	Arrival of NGOs, UN & donors Public Nutrition Department in MOPH	MOPH Public Nutrition Strategy 2003-2006 Capacity-strengthening of MOPH PND; some in MoAg and MRRD	Capacity-building cont'd, but end of Tufts support Nutrition not in ANDS:	National Action Plan for Nutrition?
Coordination easy	Active coordination: Nutrition Task Force; 6 working groups	Some working groups stop; coordination less active		????

Figure 2: Nutrition interventions and coordination 1996-2006. Adapted from Dufour and Borrel (2007). Acronyms used: SFC/TFC: Supplementary or Therapeutic Feeding Centers; IDP: Internally Displaced Person; NGO: Non-Governmental Organization; PND: Public Nutrition Department; MRRD: Ministry of Rehabilitation and Rural Development; MoAg: Ministry of Agriculture; ANDS: Afghan National Development Strategy.

updating the Public Nutrition Strategy, and making it an *inter-ministerial* National Action Plan for Nutrition, involving the Ministry of Rehabilitation and Rural Development ([MRRD](#)), the Ministry of Women's Affairs ([MOWA](#)), the Ministry of Education ([MOE](#)), the Ministry of Religious Affairs, as well as WHO and WFP. But this is only the beginning of an exercise that will require much lobbying at all levels of government.³

Why has nutrition coordination become weaker? Why has it fallen off the agenda? Several factors may explain this.

Evolving donor priorities and commitments

The main challenge is that donor and government priorities have shifted, with the transition from relief to development (see Table 1).

Food security could be an objective in both types of situation, and nutrition play its role as the “conscience of agriculture” (Levinson, 1995). Unfortunately, this is sometimes deterred by the fact that different stakeholders (in particular donors) understand food security in different ways. For example, some donors interested in promoting market-based approaches shy away from food security because they associate it with self-sufficiency. But if given the 1996 World Food Summit definition of food security as “physical and economic access, by all people, at all times, to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life” they do not see it as incompatible with free-market economics and are therefore more interested to promote it.⁴

Finally, another concern in Afghanistan is that agencies are compelled to work with short-term funding, whereas strengthening capacity to adopt integrated strategies for tackling malnutrition requires medium to long-term support.

Evolving government structures

The other set of factors that can explain the low attention given to nutrition relates to government capacity and reform:

- After nearly 30 years of devastation, capacity is very low at all levels, especially at provincial and district levels.
- Capacity is uneven across and within ministries, and this is compounded by inter-ministerial competition for resources.
- Staff turnover, both of international and national staff, disrupts progress. Out of the four Afghans trained by Tufts in MOPH, two have left for various reasons. Low government salaries are a major constraint.
- The position of the Public Nutrition Department within the Government adds to structural constraints: having it within one ministry reduces the department's legitimacy to influence other ministries.

The current reality is therefore that coordination often relies on key individuals, often internationals whose efforts are difficult to sustain by national teams with limited resources.

	Emergencies	Development
Key outcome	Survival and nutritional status	Economic growth
Type of aid	Project support through grants	Budgetary support through grants and loans
Target groups and areas	The most vulnerable and poorest	Entrepreneurs and productive or politically important areas

Table 1: Shifting priorities in emergencies and development

3. Since the Horwitz lecture was presented in February 2007, lobbying efforts have yielded results: in May 2007, the ANDS secretariat has recognized the need to reinforce nutrition components of the ANDS.

4. Personal communication, from Emily Levitt, Cornell University.

The costs of coordination

Another constraining factor involves the costs of coordination. These include time costs: when is field work done, if staff are in meetings all the time? Also, attempts to coordinate work plans often results in delays in action. Other costs include simple logistic inputs, which are often lacking in government departments, such as tea & sweets (it is culturally shameful not to provide these when hosting a meeting); internet access and sufficient phone credit to contact partners; cars and fuel to attend meetings (Levitt, 2007). Coordination is considered essential and requested by donors, but funding is seldom allocated specifically for it.

Lack of or sub-optimal use of nutrition information

Finally, low attention to nutrition also results from the lack, or sub-optimal use, of nutrition information for:

- **Advocacy:** information on malnutrition is available but not used effectively to raise awareness amongst donors and policy makers (ibid.).
- **Planning:** national-level statistics are available through the National Rural Vulnerability Assessment and National Micronutrient survey, but these cannot provide an understanding of the causality of malnutrition at the community and household level.
- **Lesson learning:** there are no mechanisms in place to capitalize on lessons learnt, except for occasional publications or research projects.

Evolutions in nutrition over recent years have demonstrated that national nutrition coordination is very fragile. The question is therefore: what can be done to strengthen it?

Building national coordination by mainstreaming nutrition in household, provincial and central level action: some tools and examples

'Horizontal and vertical coordination'⁵

One answer may lie in approaching coordination not only as a horizontal exercise, building bridges across sectors, but also as a vertical process, whereby information from the field is fed-back to the provincial and central level to inform policy and planning, and central and where provincial levels provide policy frameworks

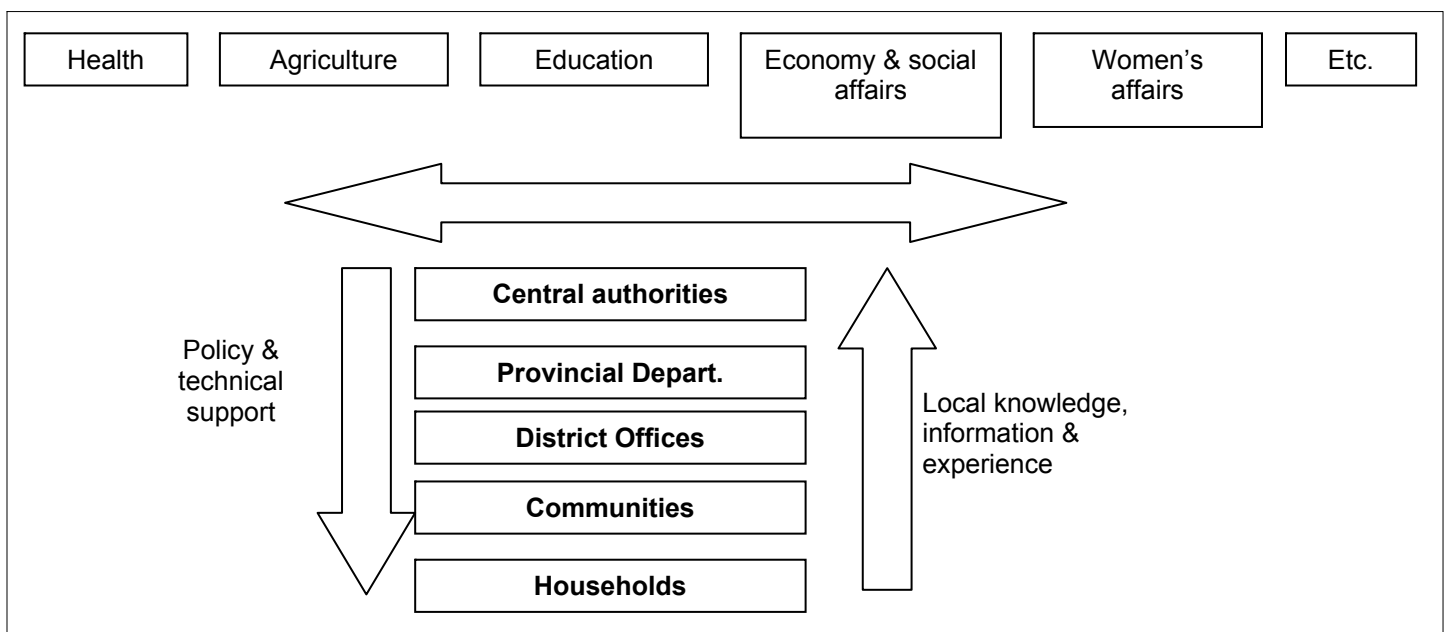


Figure 3: The key to success: two dimensional coordination

5. Note that the terms horizontal and vertical are used differently than in the nutrition brief by Shrimpton (2002).

and technical support for project implementation at community and household levels (see figure 3).

Integrating nutrition in community level action: a field example

The way nutrition can be mainstreamed in community-level and provincial level work, is illustrated by collaboration between the Food and Agriculture Organization (FAO) and the Aga Khan Foundation ([AKF](#)) in Bamyan Province.

AKF is running an integrated micro-area development project, bringing together health, education, agriculture and community development activities in one area. The project manager, Andrew Billingsley, approached the FAO nutrition team to see how nutrition could be used to integrate the different sectors.

FAO started by running a 'training *cum* planning' workshop (Egal, *in progress*) during which AKF staff from all sectors built malnutrition problem and solutions trees for 3 different vulnerable groups in the areas where they work. This exercise built ownership of nutrition amongst AKF teams, because as they were doing it, teams demonstrated that they are already working on nutrition; participants demonstrated *themselves* the linkages between their sectors and the need to work together to improve families' well-being. Andrew Billingsley commented, at the end of the workshop: "Nutrition has managed to do in 2 days what I have been trying to do in 2 years."

Workshop participants then identified nutrition education as means of strengthening the nutrition impact of their existing activities. FAO therefore provided training and materials on basic nutrition education, using booklets and posters prepared by MOPH and the Ministry of Agriculture (with support from Tufts University), to integrate nutrition education in the Community Health Worker programme, in literacy classes, child-to-child learning activities. Later, community members organized a play, where the main nutrition messages were acted out.

As a result of these activities, communities' interest in nutrition increased and they designed, with support from AKF, an integrated nutrition programme, including: nutrition education through CHWs and child-to-child learning; greenhouses to increase vegetable availability; a livestock group providing sheep for women to increase milk availability; the digging of wells to provide safe water.

Initial results of this experience are that nutrition has been 'demystified'; NGO staff and families' motivation and confidence to address malnutrition is enhanced; the integration of sectors is supported; and the effectiveness / impact of existing resources on families' health is potentially increased.

Similar partnerships with other NGOs and communities throughout Bamyan province have built ownership and commitment to nutrition issues amongst communities, NGOs and government departments. Nutrition activities are thus promoted at the provincial level by various stakeholders. A similar strategy has been adopted in other provinces of Afghanistan and should be scaled up in the future. Project teams hope that the combination of these community and provincial level activities, with the national planning undertaken with several ministries at central level, will strengthen nutrition coordination and program implementation throughout the country.

Conclusion: Lessons learnt for improving nutrition coordination

The lessons learnt about working together for nutrition in Afghanistan point to the importance of mainstreaming nutrition in development and emergency work.

People's needs as the foundation for a common nutrition strategy

A first lesson is that the choice of coordination mechanism must be focused on improving the response to people's needs. This is the only way to overcome barriers due to institutional agendas. A shared understanding of the population's nutritional needs is a pre-requisite for coordination that goes beyond information sharing.

People's need provide a foundation for building a common framework of nutritional problems and solutions. This exercise is most relevant at the community level, but can also be used for provincial and national

planning. In Afghanistan, relevant ministries and UN agencies are building a common nutrition strategy with common objectives and monitoring and evaluation indicators. Individual ministries and partner agencies will have the responsibility and flexibility to implement the part of the strategy they subscribe to.

Finding the balance between costs and benefits

There is probably no perfect nutrition coordination mechanism, but a range of ways of working together, from which we can select the one that works best in a given context. It is important, in doing so, to be realistic and bear in mind the costs. This entails, on the one hand, clarifying the objectives of coordination and stakeholders' expectations and establishing priorities; and, on the other, estimating, allocating, and advocating for resources required for coordination.

In Afghanistan, these considerations have led stakeholders to opt for the common strategy described above, rather than joint implementation, which was deemed unrealistic and too costly in time and management.

Common capacity-building frameworks

A common nutrition strategy can be supported by a joint capacity-building framework, promoting shared concepts and approaches amongst professionals from different sectors.

In 2005, Tufts University engaged in the design of a capacity-building framework, whereby all government staff needing nutrition training were identified. Job descriptions were reviewed, nutrition training needs determined, and on that basis, a series of modules to be developed were identified. Unfortunately, funding has not yet been mobilized to carry this forward.

Capacity-building and training should also take place at community and household levels, through a common nutrition education strategy, for example. Several materials are being jointly published by the Ministries of Public Health and of Agriculture for this purpose.

The importance of donor and government commitment

Strengthening coordination and mainstreaming nutrition requires donor and government commitment to:

- Integrate pro-poor strategies in economic development
- Provide sustained and long-term funding for capacity-development for nutrition
- Support civil service reform
- Support coordination

Using information more effectively

Building political commitment and ownership of nutrition across sectors lies in the hands of nutrition professionals, who can:

- Raise awareness on malnutrition problems and their cost at all levels of decision-making
- Strengthen information collection and planning at household and community levels, for example using more malnutrition problem and solution trees
- Make national planning flexible, to allow space for regional variations in nutrition priorities and projects
- Introduce simple indicators of nutritional impact to be integrated in relevant development projects
- Document processes and disseminate lessons learnt to strengthen institutional memory

More field visits

But most importantly, when policy makers and program managers start feeling lost and overwhelmed by the challenges of nutrition coordination, they can spend more time in the field. It's the only way to ensure people are at the heart of our work, and the best anti-dote against coordination overload.

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