Nutrition Action for Systemic Change (NASC) Technical Assistance Facility (contracted through Framework Agreement EACDS 2 Lot 4)

# Review of existing nutrition-relevant information in Afghanistan

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### About This Publication

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## Abbreviations

| | |
|---|---|
| **AAWG** | Assessment and Analysis Working Group |
| **ADHS** | Afghanistan Demographic Health Survey |
| **AHS** | Afghanistan Health Survey |
| **AIM TWG** | Assessment and Information Management Technical Working Group |
| **BFHI** | Baby Friendly Hospital Initiative |
| **BMS** | Breast Milk Substitutes |
| **BPHS** | Basic Package of Health Services |
| **DHIS2** | District Health Information Software 2 |
| **ERP** | Emergency Response Preparedness |
| **FEWSNET** | Famine Early Warning Systems Network |
| **FSAC** | Food Security and Agriculture Cluster |
| **GNC** | Global Nutrition Cluster |
| **HCT** | Humanitarian Coordination Team |
| **HMIS** | Health Management Information System |
| **HNRP** | Humanitarian Needs and Response Plan |
| **HST** | Humanitarian Situation Monitoring |
| **ICCT** | Inter Cluster Coordination Team |
| **IMAM** | Integrated Management of Acute Malnutrition |
| **IOM** | International Organization for Migration |
| **IPC** | Integrated Phase Classification |
| **KI** | Key informant |
| **MAM** | Moderate Acute Malnutrition |
| **MHNT** | Mobile Health and Nutrition Team |
| **MICS** | Multiple Indicator Cluster Survey |
| **MMP** | Multiple Micronutrient Powder |
| **MMS** | Multiple Micronutrient Supplements (pregnant women) |
| **MOPH** | Ministry of Public Health |
| **MSNA** | Multisectoral Needs Assessment |
| **MUAC** | Mid Upper Arm Circumference |
| **NDSR** | National Disease Surveillance and Response |
| **NGO** | Non-Governmental Organization |
| **NID** | National Immunisation Day |
| **NIS** | Nutrition Information System (Online Nutrition Database in Afghanistan) |
| **NNS** | National Nutrition Survey |
| **OCHA** | United Nations Office for the Coordination of Humanitarian Affairs |
| **PIN** | People in Need |
| **PND** | Public Nutrition Directorate |
| **P4P** | Pay for Performance |
| **SAM** | Severe Acute Malnutrition |
| **SMART** | Standardized Monitoring and Assessment of Relief and Transition |
| **UNICEF** | United Nations Children's Fund |
| **WASH** | Water, Sanitation and Hygiene |
| **WFP** | World Food Programme |
| **WHO** | World Health Organization |
| **WOAA** | Whole of Afghanistan Assessment |

# Executive summary

Responding to a request for a stronger evidence-base to ensure that effective context-specific nutrition-related interventions reach the most at-risk populations in Afghanistan, a review of nutrition-relevant information systems was undertaken, in close collaboration with a broad spectrum of actors working in and for Afghanistan. The review, which examined information related to nutrition outcomes, determinants and actions, noted that substantial investment has been made to establish and maintain a nutrition-relevant information system in the country, particularly within the health sector. The online Nutrition Information System (NIS) and a community-based sentinel site surveillance system are operational in many parts of the country and operational development partners have identified deficits in the system in relation to consistency in reliability and quality of information, as well as gaps in coverage and some technical areas. While efforts have been made to undertake periodic multi-sectoral analysis of nutrition and to identify context-specific drivers of malnutrition, this remains a challenge. Process and structures to enable the development of consensus on situation analysis, to ensure the delivery of consistent messages to decision-makers, have also not been well developed.

To address these challenges, six recommendation areas were proposed. These included actions focussed on optimising the quality and use of information generated within the health system, developing credibility of alternative methodologies for analysis, in the absence of surveys, ensuring adequate support for periodic multisectoral analysis of nutrition and ensuring consensus on recommendations and clear communications.

# 1 Background and rationale for this review

Most of Afghanistan's population live in chronic poverty and deprivation worsened by a complexity of climate-related and natural disasters, as well as social and economic challenges. Access to populations to adequately determine their vulnerabilities and needs is restricted by geophysical, social, capacity, administrative and resource related constraints. To ensure humanitarian resources are directed efficiently and effectively towards those most in need, up to date and reliable information on population wellbeing outcomes and determinants is needed. This brief describes and analyses the current nutrition-relevant information system[1] in Afghanistan, identifies challenges and proposes approaches to address these.

# 2 Approach / consultative process

Documentation and website review was undertaken along with discussions with over 20 key informants (KIs) (list available) representing Clusters, donors, UN, international and national NGOs, and the Public Nutrition Directorate (PND) at the Ministry of Public Health (MoPH). The team worked closely with the Nutrition Cluster and other KIs, discussing analysis and incorporating input to recommendations, aiming for the optimum level of agreement on challenges and recommendations.

# 3 Overview of nutrition information mapping

Nutrition-relevant information availability was mapped across key sectors, (see Deliverable C - Nutrition relevant information matrix) including health, food-security and WASH and reviewed in relation to quality, relevance, reliability, challenges and current utilisation. To adequately identify potential challenges in the whole nutrition information system, the review looked at: (i) collection, (ii) collation, (iii) sharing within and across sectors, (iv) analysis across sectors, (v) interpretation, (vi) reaching common agreement, (vii) communication of messages and information to decision-makers and (viii) use of nutrition-relevant information to inform decision-making. This brief focuses primarily on *wasting* and maternal undernutrition as the two most relevant nutrition outcomes *in the humanitarian context*. Use of information focussed on needs assessment and situation analysis and monitoring.

## 3.1 Nutrition outcomes

The data flow process for nutrition-relevant information in Afghanistan follows multiple levels of analysis, feedback mechanisms and reporting. Figure 1 provides a graphic representation of the existing data flow mechanism and the steps taken at national and subnational levels.

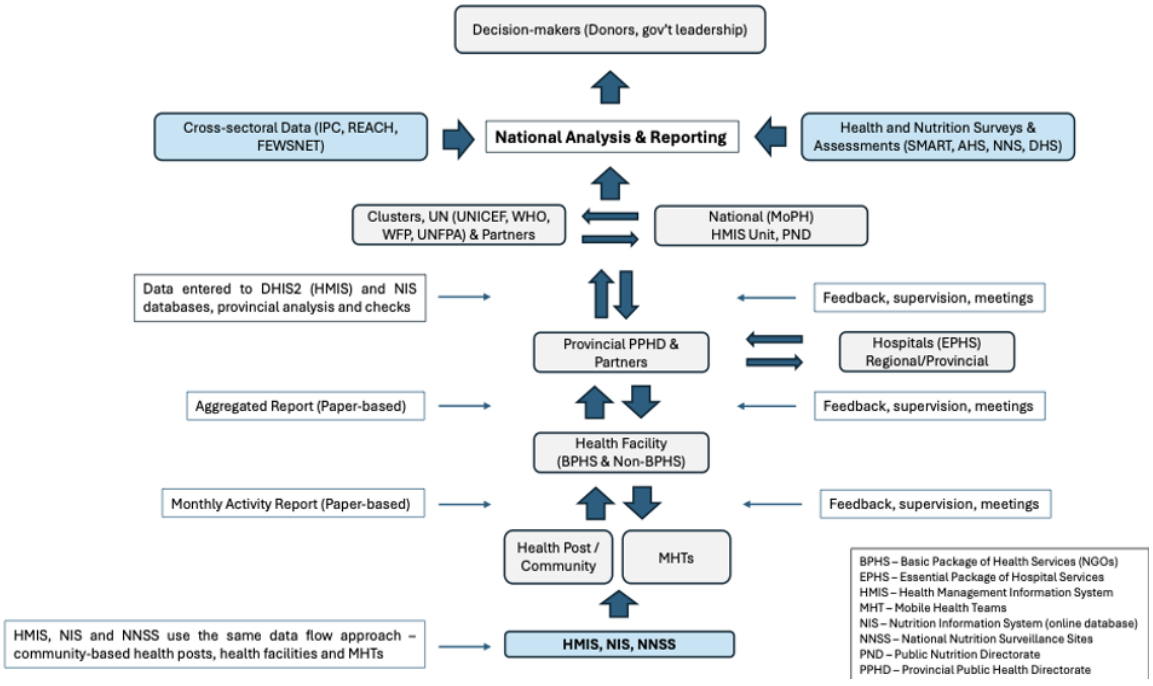


*Figure 1:Data flow of nutrition information in Afghanistan*

[1] Note that in Afghanistan, the term Nutrition Information System (NIS) refers to the online nutrition database within the MoPH

### 3.1.1 Surveys

Considered the gold standard in relation to accuracy and representation, the most recent country-wide surveys with anthropometric data in Afghanistan are the National SMART survey in 2022; the UNICEF led Multiple Indicator Cluster Surveys (MICS) in 2022/23; the Afghanistan Health Survey (AHS) in 2018, the Afghanistan Demographic Health Survey (ADHS) in 2015 and a National Nutrition Survey (NNS) in 2013. Ad-hoc area-based SMART surveys have not been conducted since 2021 as the need for nationally representative surveys was prioritised. A recent costing plan and roadmap for the NNS was developed by PND with technical and financial support of UNICEF to understand the technical, administrative, logistical and financial requirements for the survey. If conducted the survey will provide up-to-date population level data on nutrition outcomes, drivers and determinants, as well as coverage of interventions.

### 3.1.2 Sentinel Site Surveillance System

Each month, the nutritional status of around 12,000 children aged 6-59 months is monitored using Mid-upper-arm-circumference (MUAC) and oedema in 296 nutrition sentinel sites, across 231 districts in 20 provinces; compiled on paper, entered in a database, and transmitted electronically, with in-built quality controls. The 20 provinces were selected based on the existing capacity of the National Disease Surveillance and Response (NDSR) system. Currently, the sentinel sites are being expanded further to 5 more provinces, with a hope (but not a plan) to eventually expand across all 34 provinces. UNICEF and WHO compile monthly data for use in monitoring acute malnutrition rates in children under 5, investigating areas where severe wasting rates are higher than 10% and informing programming decisions e.g. providing targeted support. Nutrition surveillance bulletins can be accessed here.

### 3.1.3 Routine data

Nutrition-related information (outcome and action) is collected at health facilities supported by Non-Governmental Organisations (NGOs) delivering the Basic Package of Health Services (BPHS) through two parallel systems, (i) the Health Management Information System (HMIS/DHIS2) and (ii) the Nutrition Information System (NIS). HMIS collects data on all key health and limited nutrition-relevant indicators (growth monitoring, nutrition counselling) and is the main source of data for verification of service provision and BPHS performance review, based on the Pay for Performance (P4P) mechanism adopted in Afghanistan. The NIS is nutrition focused and collects data on a wide range of indicators including Integrated Management of Acute Malnutrition (IMAM), nutrition supplies, infant and young child feeding, nutrition counselling and capacity and supplementation. Data from NIS is used primarily to inform the humanitarian needs and response plan (HNRP) and monitor the nutrition situation across provinces. Both systems are hosted and managed by the MoPH with UNICEF providing technical support to NIS and WHO providing support to the HMIS. The information gathered represents the health and nutrition status of people within the coverage area of BPHS health facilities who have access to and utilise health services. A large proportion of Afghanistan's population (9.5 million, approx. 25%) live in 'white areas', having no access to fixed facility-based health services and while mobile health, and nutrition teams (MHNTs) are occasionally dispatched to serve these areas, the populations are not represented regularly in the HMIS and NIS data.

Over 90% of health facilities report their routine data monthly. Though there are mechanisms in place for verification and quality of data, there are significant concerns on limitations in capacity at the health facility levels for accurate collection and reporting of data, with a perceived risk of over-reporting of HMIS indicators which are used to review performance of BPHS partners. NIS has dedicated more staff and resources to ensure data quality and capacity is improved. Communicable disease outbreaks are reported monthly in the Afghanistan Health Cluster Bulletin that are accessible here.

## 3.2 Information on determinants and drivers across sectors

Deliverable C – the Nutrition relevant information matrix describes information sources considered highly relevant in relation to their role as significant drivers of malnutrition across the different sectors. Of most relevance in the *health sector* are data on Acute Watery Diarrhoea (AWD) and Acute Respiratory Tract Infections. While the overall food security situation is often (though not always) strongly related with the overall nutrition situation, indicators of greatest relevance include those related to household food consumption, dietary adequacy as well as household level consumption changes and coping mechanisms during periods of crisis and stress. Information is collected through surveys, and surveillance sites and is accessible through REACH's Real Time Monitoring / Needs Monitoring Framework, the Multisector Needs Analysis (MSNA) and Whole of Afghanistan Assessment (WoAA), the Integrated Phase Classification (IPC)

and FEWSNET, and through other sources such as WFP quarterly 'Food Security Update' and others,[2] with the Food Security and Agriculture Cluster (FSAC) providing a forum for data management, analysis and interpretation. Periodic reviews are undertaken, including twice yearly (seasonal) in-depth analysis, with publication of results.

Access to safe drinking water, hygiene and a functioning sanitation facility are among the most important indicators within the WASH sector with related programme monitoring information compiled and mapped by the WASH Cluster as monthly infographics. Data (e.g. GBV, availability of female health workers, gender-sensitive WASH facilities) on *gender-based* constraints in accessing health and other basic needs is gathered by various partners including UN agencies (UN Women, UNICEF) in routine data and surveys, and REACH's humanitarian situation monitoring (HSM).

## 3.3 Information on nutrition-relevant actions

Most prominent within this category are data sources on implementation of actions to detect (screening and growth-monitoring) and manage moderate and severe acute malnutrition among children in the 0-59 months age group, as well as pregnant and breastfeeding women. Data compiled at Nutrition Cluster level include SAM and MAM programme rates of admissions, cure, default and death with reference to international standards and benchmarks for reporting on programme quality and cover. Supplies for management of severe and moderate acute malnutrition (SAM and MAM) are monitored, providing information on monthly balance, new and used stocks as well as expired, damaged or lost stocks and integrated as a key component of facility performance monitoring. Target and coverage estimates for Multiple-Micronutrient powder (6-59 months) are also available. Vitamin A supplementation is tracked alongside immunization/polio campaigns through the National Immunisation Days (NID) data. Information is available in MICS on frequency and content of antenatal visits for pregnant women, with monitoring of Iron Folate (HMIS) stock availability and supplementation status (NIS), and prevalence of anaemia in pregnant women also recorded. Information on interventions related to food and livelihood security including food and cash distribution as well as WASH is available through the relevant clusters.

# 4 Nutrition-relevant Information System

For descriptive and analytical purposes, the process of ensuring that the information reaching decision-makers in a way that facilitates timely and evidence-based decisions, is described here as eight components and shown in Figure 2 (acknowledging that any information system will have multiple additional interactions beyond those described here).

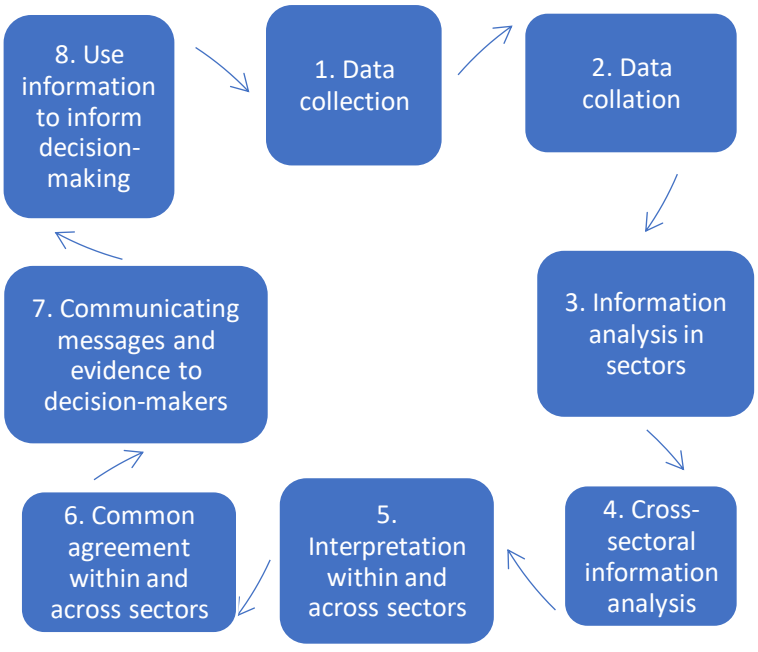


*Figure 2 Process of information flow and use*

**Components 1 & 2 - Data collection, management, collation & aggregation:** These have been presented in the NIS matrix and summarised in Section 3 describing the mapping of nutrition information.

**Component 3- Information analysis within sectors:** Sitting within the Nutrition Cluster, the Assessment Information Management Technical Working Group (AIM TWG) is responsible for data compilation from multiple sources primarily within the health sector, presentation of graphics and reports at Nutrition Cluster meetings (national and provincial) and through the Nutrition Cluster dashboard. The Nutrition Cluster does not produce regular narrative analytical reports. Contextual

[2] The World Bank's Afghanistan Economic Monitor provides monthly updates on the Afghan economy and society, monitoring trends in trade, prices of household goods, foreign exchange, revenues and delivery of health services under the Health Emergency Response (HER) project. https://www.worldbank.org/en/country/afghanistan/publication/afghanistan-economic-monitors

challenges in data collection, quality and reliability are identified and addressed where possible. The Health Cluster, the Food Security and Agriculture Cluster (FSAC) and the WASH Cluster compile and analyse available sector-specific information, undertake quality and verification checks and produce regular analytical reports for sharing on Cluster specific websites and Relief Web. The FSAC has referenced nutrition survey data in its analysis but does not routinely refer to routine nutrition data.

**Component 4 - Cross-sectoral information sharing and analysis:** Given the importance of understanding drivers and determinants of malnutrition, sharing information and analysis across the sectors is critical to design a response plan that layers intervention types to ensure positive nutrition outcomes. This analysis can result in the development of context specific response recommendations. In Afghanistan, this is partly facilitated by the structures and functions of the UN coordination system, specifically within the Assessment and Analysis Working Group (AAWG), Inter Cluster Coordination Team (ICCT) and the Humanitarian Coordination Team (HCT) as evident in the Humanitarian Needs and Response Plan (HNRP) development, although nutrition is not the central focus.

**Component 5 - Interpretation within and across sectors:** The Nutrition Cluster builds on existing data from (somewhat outdated) surveys and uses trend data from sentinel site surveillance, routine screening, and programme monitoring information, and several critical drivers (AWD) and food security outcome indicators including food consumption score, household hunger scale and WASH). Interpretation of nutrition-relevant information involves discussions on what the information means in relation to the changing context and its impact on the population. This weighs the potential impact of changes to the environment, services and humanitarian interventions. This is undertaken with reference to the Global Nutrition Cluster's Emergency Preparedness Plan (ERP) approach to inform nowcasting / make projections of People in Need (PIN), provide estimations of the current situation and projections of the likely evolution in the coming months.

**Component 6 - Reaching common agreement within and across sectors:** With individual sector and organisational bias, a perception of uncertainty related to information derived through extrapolation and with ongoing uncertainty and limited funds, it remains challenging for organisations to reach common agreement and to develop clear and evidence-based messages for decision-makers.

The AAWG co-led by OCHA, IOM and REACH has been established to (i) Improve information-sharing and interoperability of assessments among clusters and humanitarian partners to then inform prioritisation and planning across the response - including harmonising and streamlining inter-cluster needs assessments; (ii) Strengthen the needs and services assessment analytical capacity of clusters and humanitarian partners; and (iii) Provide a forum for collective review of real-time monitoring (including specific sectoral indicators for food security, nutrition, WASH, health, as well as shocks) which can provide decision-makers with sufficient information for prioritisation and "hotspot" identification, triggering either a rapid response, or, if needed, a more in-depth assessment. The Inter-Cluster Coordination Team (ICCT), which is the operational arm of the Humanitarian Country Team (HCT) and is chaired by OCHA, aims to assure coherence in achieving common objectives, avoiding duplication, and targeting areas in need.

**Component 7 & 8 – Communication and use of information to decision makers:** The broader humanitarian situation is communicated through multiple media and fora. The Nutrition Cluster website (via ReliefWeb), Nutrition Sentinel Sites Monthly Bulletin (WHO and UNICEF), UNICEF's monthly humanitarian situation report, and WFP Afghanistan Situation Report provide valuable inputs to decision-making. The Nutrition Cluster does not issue regular analytical bulletins.

Decision-makers need information for diagnostic, evaluative and accountability purposes. Structures and fora for influencing decision-making exist in the form of the Nutrition Cluster, the HCT and ICCT but in the absence of clear and consistent messages, decision-makers are often faced with the option of undertaking their own additional analysis and developing their own conclusions and recommendations. Following the process of decision-making and implementation of interventions, the process of information collection for monitoring and assessment is repeated.

# 5 Conclusions

While the substantive systems and structures of a functional nutrition-relevant information system are operational in Afghanistan, and significant data are being collected, some deficits have been identified across all the necessary components for an effective nutrition information system. While some specific issues relate to quality, coverage and technical gaps, multi-sectoral analysis, consensus-building and the development of coherent communications also needs to be addressed. Decision-makers are not receiving consistent and strongly evidence-based messages that can inform harmonised and context-specific interventions potentially impeding appropriate nutrition responses at a time when financing and volumes of aid continue to decrease.

# 6 Recommendations and rationale

Within the complex and constantly evolving environment in Afghanistan, nutrition-related vulnerabilities of the population persist. Although the food security situation appears to be showing some positive trends in some areas, without more specific nutrition related analysis of how this will impact on household level food consumption along with analysis of other highly relevant drivers of malnutrition, it is challenging to interpret the likely impact on nutrition and wellbeing of the population, particularly most-at-risk including people with disabilities, older and younger persons, women and minority groups.

## 6.1 Existing nutrition-relevant information system

*Recommendation 1. Undertake collaborative documentation of the **intended** purpose, functions and accountabilities within the existing system and structure for nutrition information collection, compilation, flow, analysis and use of information for decision-making at the various levels within the health system. Develop roadmap to address deficits, including human resource capacity issues. Include definition of data use for decision-making at all levels.*

Multiple important components of a nutrition-relevant information system exist and function within the health system, with ongoing support from development partners (international and local) and MoPH. Some lack of clarity exists on overall purpose, how information is being used to inform decision-making at the various levels and the roles and responsibilities of all involved. It is highly likely that existing information is being under-utilised.

## 6.2 Data quality

*Recommendation 2. Build confidence in quality and reliability of currently available nutrition data in the health system by reviewing efficiency and effectiveness of existing data verification and quality assurance functions. Through this process, capacity gaps will be identified and would be addressed through tailored support. Opportunities to strengthen application of technology for data entry and transmission to be explored, to address paper-based components of the system. A review and revision of existing data systems (HMIS, NIS, Surveillance) will ensure tools are fit-for-purpose, avoid duplication and reduce data-related workload on health facility staff and community health workers.*

Within the health system, a significant amount (depth, spread and representation) of nutrition relevant information is available, particularly through the NIS, HMIS and Sentinel Site Surveillance System. Confidence in data quality and reliability varies significantly among data users and decision-makers.

Challenges related to low capacity for collection and analysis, as well as tendencies to over-report achievement are reported among some organisations who operate within a system of competition for implementation contracts and P4P contracts. Systems for data quality assurance and verification need to be in place and seen to be operational.

## 6.3 Data relevance / gaps

*Recommendation 3. Increase relevance of data to strengthen evidence-base for interventions and address data deficits by:*

- *continuing advocacy for area-based SMART surveys when justified by very specific concerns and where programmatic decisions are constrained by inadequate evidence;*
- *ensuring operational plans are in place and supported for improving routine data and sentinel surveillance cover and representation including 'white areas,' displaced, returnees and urban populations;*
- *ensuring that information gaps related to maternal nutrition, acute malnutrition in infants and other specific vulnerable groups including disabled and elderly persons are considered.*

**SMART surveys** (sub-national) in areas of greatest concern have not been undertaken since 2021. Surveys are valuable in their non-biased access to communities and high level of accuracy and certainty in relation to anthropometric and related data. It might also be argued that within an environment where adequate outcome information is potentially available from routine systems and where regular monitoring of food security and other nutrition-relevant factors is undertaken, decisions on programme design and criticality might not be significantly influenced by survey results. However, it is appreciated that surveys can provide reassuring levels of accuracy and potential material for advocacy when critical decisions on funding and prioritisation need to be made. In the absence of SMART surveys, investments are needed in other options, as described in Recommendation 4.

**Geographical and population cover deficits** include 'white areas' across the country (areas not covered by fixed or regular outreach health services), as well as particularly vulnerable populations e.g. displaced, returnees and urban populations. Disaggregated information on these populations is needed. Expansion of the sentinel site surveillance system is planned for a further five provinces. Full expansion to all 34 provinces is not planned at present.

**Specific data deficits** are seen in maternal nutrition interventions, e.g. currently available data do not facilitate the monitoring of full-dose coverage for iron or Multiple Micronutrient Supplements (MMS). A stronger focus on monitoring low-birthweight, and acute malnutrition in infants (highest levels of acute malnutrition are among 0-5 months and 6-11 months), also needs to be considered.

## 6.4 Multi-sectoral nutrition information analysis

*Recommendation 4. Contribute to building credibility and confidence in the information analysis process while also strengthening the evidence base of recommendations by:*

- *Support to and facilitation of periodic multi-sectoral analysis of nutrition to (i) inform situation analysis and needs assessment, and (ii) understand criticality of specific drivers and develop evidence-based rationale for context specific recommendations, spanning multiple sectors.*
- *Document and formalise the approach used currently to extrapolate from earlier surveys and triangulate with data on drivers of malnutrition to estimate the current situation. (possible link with current Global Cluster work on Nutrition Vulnerability Analysis tool). An opportunity exists for Afghanistan to collaborate on the development of and demonstrate the use of such an approach for possible broader use in other countries.*
- *Intensification of existing engagement with initiatives such as IPC and REACH to identify pathways towards inclusion of nutrition data in existing multisectoral analysis and monitoring. Potential areas of collaboration for development and demonstration exist.*

Perceptions of the reliability and integrity of nutrition-related information systems vary significantly among the key informants interviewed. Organisations who are active in implementation generally feel that the combination of surveillance, routine and monitoring data, when analysed in the context of nutrition-relevant drivers in the health and food security sector, provide them with a strong sense of the specific needs of populations most in need of specific interventions. However, in 2024, the available information was said to not meet the minimum criteria for inclusion in IPC analysis and nutrition data is not currently included in REACH's real time monitoring framework. It appears that much of the valuable data produced is not directly used to inform decision-making, as it is not adequately analysed within the context of drivers and other related factors. Some decision-makers and non-technical key informants also perceive that the type of

information reaching them provides inadequate evidence to inform planning and resource allocation in relation to programming and prioritisation and are challenged in using the information for advocacy.

In the absence of gold-standard representative SMART surveys, nutrition status estimates (nowcasting and forecasting) are reliant on the use of analytical approaches using extrapolation and triangulation. Data from more recent MICS and SMART surveys are used along with information from surveillance, screening, routine, programme monitoring data and a limited number of key drivers e.g. AWD. Nutrition actors feel relatively confident that they have a 'good-enough' overview of the situation and can make recommendations on programming priorities. This analytical exercise is undertaken periodically and feeds into the HRP, as well as other briefs. References are made to global guidelines, although the specific analytical process, while apparently very robust, is not documented. (Standardised global guidance is not yet available.)

A comprehensive multi-sectoral analysis of nutrition-relevant information with reference to determinants and drivers has not been undertaken since the last IPC Acute Malnutrition in January 2023. Periodic multi-sectoral analysis of nutrition is needed to ensure full consideration of all relevant data-sources, creating avenues for addressing critical drivers of malnutrition in other sectors, including Food Security, WASH and Health. Given the good availability of country level expertise and capacity, it would seem appropriate to apply the principles and processes of existing approaches such as IPC, adapted for the type of data currently available in Afghanistan. Identifying populations who are under-represented or excluded from data adds to the credibility of the analysis.

## 6.5 Reaching agreement on interpretation and recommendations

*Recommendation 5. Ensure coherence and credibility of analysis and recommendations by facilitating a process of consensus building on key messages.*

In Afghanistan, within and across sectors, formal and informal discussions debate the quality and cover of data, explanations for improvements and deteriorations in the situation, speculation on impact of humanitarian assistance on current or future situation, identification and consideration of assumptions. While the HCT provides a comprehensive overview, individual cluster members interpret the situation differently and share multiple viewpoints, internally and externally. Organisational bias/priorities are an understandable reality. While various pieces of nutrition-relevant information are accessible to decision-makers, non-technical decision-makers are challenged to interpret what is perceived as sometimes conflicting reports on nutrition, and in the absence of multi-sectoral nutrition analysis and SMART surveys, perceive that available data is unable to provide an accurate picture of the evolving nutrition situation. There needs to be guidance to these decision-makers on what is 'good enough'.

While earlier sections deal with quality and credibility of information and analysis, interpretation of nutrition information is not being undertaken consistently in a way that leads to agreement on conclusions and recommendations. Lower-level analysis is agreed by key actors, but evidence-based messages are not agreed at more complex levels. Programming decisions are said to be driven by evidence but not exclusively so. Consistency and clarity in messaging will contribute to more timely decision-making with greater harmonisation of programming approaches.

## 6.6 Communicating information to inform decision-making.

*Recommendation 6. Identify leadership for implementation of recommendations.*

Senior and non-technical decision-makers need to receive coherent, consistent and evidence-based communications on evolving situations. Communications need to provide adequate explanations for the impact of a crisis on the population, an overview of current reach/cover/gaps in related interventions and recommendations for priority context-specific interventions that are most likely to have an impact on affected populations. If context-specific drivers of malnutrition are to be addressed, they need to be identified, incorporated in recommendations, and implemented in a way that ensures the most vulnerable children and women are reached. Evidence based and coherent messages from the Clusters and their members, as well as from senior leadership, are more likely to result in harmonised approaches to address both drivers and outcomes of malnutrition, with optimisation of limited resources.

To achieve this objective, all recommended focus areas need to be addressed, guided by a road map which will guide those accountable and identify the necessary technical and financial support.

# 7 Towards implementation of recommendations

- It is hoped that this analysis and the related recommendations will prompt detailed internal review and strengthening of existing nutrition-related information systems, particularly within the health sector, and this needs to be undertaken collaboratively ideally led by the Nutrition Cluster.
- An implementation plan will enable the prioritisation of actions and the technical and financial resource requirements (including both existing and additional).
- Where possible, systems and structures identified as serving short-term and humanitarian needs need to be embedded within regular systems and structures to ensure sustainability and to ensure early detection and response to deteriorating situations.
- Specific technical support is likely to be required for developing approaches for nutrition-relevant data analysis, methods for extrapolation and triangulation of data; preparation for integration in future IPCs and REACH RTM; quality enhancement of sentinel site and NIS data; whole system review and documentation.
- In the continuing absence of gold standard surveys, Afghanistan has an opportunity to link with other global initiatives supported by the Global Nutrition Cluster in demonstrating alternative approaches to evidence-informed decision-making, especially in the context of lack of surveys and regular, credible, quality data.
- The identification of overall leadership is important to develop and maintain momentum and support for moving forward with recommendations. It will contribute to ensuring that the necessary technical and financial resources are available and that all relevant partners strengthen multi-sectoral analytical processes, collaboration towards consensus building and more harmonised evidence-based interventions.

## Annex 1: Key Informants

| # | Organization | Name | Position |
|---|---|---|---|
| 1 | **Nutrition Cluster** | Koki Kyalo | Cluster Coordinator |
| 2 | | Victor Mallelah | Deputy Coordinator |
| 3 | | Qutab Alam | Information Management Specialist |
| 4 | **Food Security Cluster/IPC** | Daniel Mlenga | Cluster Coordinator |
| 5 | **Health Cluster** | Mutasem Mohammad | Information Management Officer |
| 6 | **WASH** | Bob Bongomin | Cluster Coordinator |
| 7 | | Alexandra Karkouli | Information Management Specialist |
| 8 | **UNICEF** | Melanie Galvin | Chief of Nutrition |
| 9 | | Mohammad Faisal | Nutrition Manager |
| 10 | | Said M Yaqoob Azimi | Nutrition Information Management Specialist |
| 11 | | Ariana Achakzai | Emergency Specialist |
| 12 | | Nkandu Chilombo | Research and Evaluation/MICS |
| 13 | | Atal Khan Gardiwal | Research and Evaluation/MICS |
| 14 | **WFP** | Cyprian Ouma | Nutrition Section |
| 15 | | Marylyne Malomba | Nutrition Section |
| 16 | | Hafizullah Elham | Nutrition Section |
| 17 | **OCHA** | Isabelle Moussard Carlsen | Head of OCHA |
| 18 | **WHO** | Ahmad Shaker Nasiry | Nutrition Surveillance and M&E Officer |
| 19 | **World Bank** | Deepika Chaudhery | Nutrition Lead for Afghanistan |
| 20 | | Marion Jane Cros | Health Lead for Afghanistan |
| 21 | **FCDO** | Scott Gardiner | Humanitarian Advisor |
| 22 | | Kweku Ackom | Health Advisor |
| 23 | | Samuel Cumpsty | Food Security and Agriculture Advisor |
| 24 | | Emma Massey | Nutrition Advisor |
| 25 | **USAID** | Dina Aburmishan | Senior Nutrition Advisor |
| 26 | **ECHO** | Torben Bruhn | Regional Health & Nutrition Expert |
| 27 | | Cedric Turlan | Afghanistan Office |
| 28 | | Mullo Roselyn | Food Security and Nutrition |
| 29 | **REACH** | Dion McDougal | Real-Time Monitoring SAO |
| 30 | | Khadija Hayat | Focal Person - Whole of Afghanistan Assessment |
| 31 | **FEWSNET** | Rahmatullah Mowahid | Deputy Representative |
| 32 | **MSH / AFIAT** | Humayun Luden | Senior Nutrition Advisor |
| 33 | **AKDN** | Nasrullah Orya | Head of Aga Khan Health Services |
| 34 | **World Vision/DAWAM** | Maxwell V Madzikanga | DAWAM Project Director |

| # | Organization | Name | Position |
|---|---|---|---|
| 35 | **World Vision/DAWAM** | Ahmad Shakib | Health & Nutrition Lead |
| 36 | **ICRC** | Christine Campo | Senior Lead |
| 37 | | Mathias Grossiord | Nutrition Lead |
| 38 | **Afghanistan Institute of Nutrition** | Mir Abdul Khaleq Shams | Nutrition Program Manager |
| 39 | | Muqadsa Yousufi | Nutrition Officer |
| 40 | **Public Nutrition Directorate** | Wazir Hamid Ahmadzai | Director |
| 41 | **AADA** | Abdul Qadir Baqakhil | Senior Manager |