

Section I: Identification and JP Status

Feeding the Children of Afghanistan Together

Semester: 2-12

Country	Afghanistan
Thematic Window	Children, Food Security and Nutrition
MDGF Atlas Project	
Program title	Feeding the Children of Afghanistan Together

Report Number	
Reporting Period	2-12
Programme Duration	
Official Starting Date	2010-01-01

Participating UN Organizations	* FAO * UNICEF * UNIDO * WFP * WHO
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Implementing Partners	* FAO * MAIL * MoPH * UNICEF * UNIDO * Universities * WHO
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Budget Summary

Total Approved Budget

FAO	\$3,665,178.00
UNICEF	\$511,266.00
UNIDO	\$478,825.00
WFP	\$149,456.00
WHO	\$195,275.00
Total	\$5,000,000.00

Total Amount of Transferred To Date

FAO	\$0.00
UNICEF	\$0.00
UNIDO	\$0.00
WFP	\$0.00
WHO	\$0.00
Total	\$0.00

Total Budget Committed To Date

FAO	\$442,481.00
UNICEF	\$174,749.03
UNIDO	\$93,871.00
WFP	\$9,778.00
WHO	\$41,578.00
Total	\$762,457.03

Total Budget Disbursed To Date

FAO	\$3,222,697.00
UNICEF	\$336,516.97
UNIDO	\$384,954.00
WFP	\$139,678.00
WHO	\$153,697.00

Total **\$4,237,542.97**

Donors

As you can understand, one of the Goals of the MDG-F is to generate interest and attract funding from other donors. In order to be able to report on this goal in 2010, we would require you to advise us if there has been any complementary financing provided for each programme as per following example:

Please use the same format as in the previous section (budget summary) to report figures (example 50,000.11) for fifty thousand US dollars and eleven cents

Type	Donor	Total	For 2010	For 2011	For 2012
Cost Share	Telefood by FAO	\$40,000.00	\$0.00	\$0.00	\$40,000.00
Cost Share	Hungry consulate	\$55,000.00	\$0.00	\$0.00	\$55,000.00
Cost Share	TCP of FAO	\$393,347.00	\$0.00	\$0.00	\$393,347.00

DEFINITIONS

1) PARALLEL FINANCING – refers to financing activities related to or complementary to the programme but whose funds are NOT channeled through Un agencies. Example: JAICA decides to finance 10 additional seminars to disseminate the objectives of the programme in additional communities.

2) COST SHARING – refers to financing that is channeled through one or more of the UN agencies executing a particular programme. Example: The Government of Italy gives UNESCO the equivalent of US \$ 200,000 to be spent on activities that expand the reach of planned activities and these funds are channeled through UNESCO.

3) COUNTERPART FUNDS - refers to funds provided by one or several government agencies (in kind or in cash) to expand the reach of the programme. These funds may or may not be channeled through a UN agency. Example: The Ministry of Water donates land to build a pilot 'village water treatment plant' The value of the contribution in kind or the amount of local currency contributed (if in cash) must be recalculated in US \$ and the resulting amount(s) is what is reported in the table above.

Beneficiaries

Beneficiary type	Targetted	Reached	Category of beneficiary	Type of service or goods delivered
direct	23,935	14,436	Breast Feeding Women	Promotion of Exclusive Breastfeeding
direct	23,935	12,058	Pregnant Women	Acces to Quality Water Supply
direct	66	66	Health Centers	Capacity to Collect, Analyze Data and/or Peoduce Analysis
direct	951	951	Health Workers/Women	Capacity to Collect, Analyze Data and/or Peoduce Analysis

Section II: JP Progress

1 Narrative on progress, obstacles and contingency Measures

Please provide a brief overall assessment (1000 words) of the extent to which the joint programme components are progressing in relation to expected outcomes and outputs, as well as any measures taken for the sustainability of the joint programme during the reporting period. Please, provide examples if relevant. Try to describe facts avoiding interpretations or personal opinions

Plases describe three main achievements that the joint programme has had in this reporting period (max 100 words)

Review by MOPH of MDG's progress on various outcomes and outputs

Review of existing curricula- Nursing, Medical, Public health, Pharmacy to include nutrition in higher education and Identification of capacity building need

Preparation of draft food based dietary guidelines-after conducting focus group discussions and household trials

Progress in outcomes

Outcome 1-- JP has delivered on this outcome -Interventions to reduce Nutrition & Food Security (with exception of final survey). The various outputs of outcome 1 which focus on baseline survey, participatory planning, and intervention to improve food availability , access and nutrition. Reports on work done and results from various IP's are available . Women were the prime target group for improving child and maternal nutrition, and project activities were primarily implemented with them, especially at community level. The enclosed brief on our approach and working with communities and best practices highlight the outputs delivered by JP.

Outcome 2-: Policies, strategic frameworks and institutional mechanisms.

JP's support for outcome 2 was need based. It has supported development of food and nutrition security related policies /strategies in national development policies and plans and provided a framework for food security and nutrition interventions, ensuring consistency, bringing about synergies, filling gaps and avoiding duplication

--Nutrition Action framework (led by UNICEF-MOPH)

--Afghanistan Food and Nutrition Security Agenda (AFANSA)- FNS Policy Statement and Strategic Framework

--National Priority Program Food for Life program by MAIL

The capacity of school teachers to implement Better Nutrition Better Learning has been built. Draft of Food Based Dietary guidelines is ready for finaization

Progress in outputs

All JP partners have delivered on their outputs for outcome 1- refer enclosures

The outputs of outcome 2

The curriculum for MOE's Better Nutrition Better Learning Initiative is finalized, translated into local languages (Dari & Pashto) and printed . 6 different teaching aids were developed and so far a total of 514 people from MoE have been trained .

Draft dietary guidelines are ready for Afghanistan after conducting household trails and focus group discussions . Acompanying education materials are being prepared for the

national launch in March 2013.

Measures taken for the sustainability of the joint programme

Sustainability is about what lives on after the project and how.

JP's approach--

Phase Down-the gradual reduction of program inputs -Output 1.4—Household food production & Income

Phase out withdrawal of program inputs (food, other resources, technical assistance, service provision) as Changes brought about by the program are self-sustaining; once they are achieved, outside inputs are discontinued, but their impact continues Output 1.1- participatory planning; Output 1.2- Nutrition Education; Output 1.5—baseline survey

Phase Overtransfer of responsibility for activities aimed at accomplishing program goals (current activities, or other activities aimed-----Output 1.3-CMAM and Outcome 2 as Other institutions (e.g., local, provincial or national government, local NGOs, or possibly other donors) are well-positioned and willing to take over activities aimed at achieving program goals

Are there difficulties in the implementation?

UN agency Coordination

Administrative / Financial

Management: 1. Activity and output management. 2. Governance/Decision Making 4.Accountability

Joint Programme design

What are the causes of these difficulties?

External to the Joint Programme

Approval from government of India for training in nutrition at National Institute of Nutrition

Focal points appointed from JP are not available because of their work load

Briefly describe the current difficulties the Joint Programme is facing

Lack of active support by JP partners on outcome 2 initiatives:

Better Nutrition and Better Learning-- JP partners take no interest/responsibility

Development of Food Based Dietary guidelines required field work: conducting focus group discussions or household trials at national level-None of the JP UN partners accepted any responsibility

Briefly describe the current external difficulties that delay implementation

Limited incountry expertise--illustrator to design the food based dietary guidelines as pictorial

security situation limits mobility of staff to targeted areas

JP activities are not priority for UN partners

Limited financial resources to deliver on poutcome 2: implementation of initiatives : Better Nutrition better Learning/ Dietary guidelines

Explain the actions that are or will be taken to eliminate or mitigate the difficulties

JP has mobilized additional financial resources : 393,000 \$ from TCP (Technical cooperation Program) of FAO to support MOPH & MOE in implementing the interventions Better Nutrition better Learning/ Dietary guidelines beyond the duration of JP

2 Inter-Agency Coordination and Delivering as One

Is the joint programme still in line with the UNDAF?

Yes true
No false

If not, does the joint programme fit the national strategies?

Yes true
No false

What types of coordination mechanisms

Provincial and District level coordination committees

Interagency –regular meetings

UN partner is focal point for each province

Please provide the values for each category of the indicator table below

Indicators	Baseline	Current Value	Means of verification	Collection methods
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Number of managerial practices (financial, procurement, etc) implemented jointly by the UN implementing agencies for MDF-F JPs	0	18	contracts Reports	Minutes Reports
Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs	0	4	Baseline BPHS evaluation Micronutrient formative MUAC screening	reports
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs	0	16	reports	

3 Development Effectiveness: Paris Declaration and Accra Agenda for Action

Are Government and other national implementation partners involved in the implementation of activities and the delivery of outputs?

Not involved false
 Slightly involved false
 Fairly involved false
 Fully involved true

In what kind of decisions and activities is the government involved?

Policy/decision making
 Management: budget
 Management: service provision

Who leads and/or chair the PMC?

Resident Coordinator

Number of meetings with PMC chair

at least once/ 6 months--formal

Informal-- once every 2 months

Is civil society involved in the implementation of activities and the delivery of outputs?

Not involved false
Slightly involved false
Fairly involved false
Fully involved true

In what kind of decisions and activities is the civil society involved?

Policy/decision making
Management: service provision

Are the citizens involved in the implementation of activities and the delivery of outputs?

Not involved false
Slightly involved false
Fairly involved false
Fully involved true

In what kind of decisions and activities are the citizens involved?

Management: service provision

Where is the joint programme management unit seated?

National Government

JP is located in the Ministry of Agriculture--office of Deputy Minister-Technical Affairs. He has allocated 3 rooms for use by JP

Current situation

JP is located in the Ministry of Agriculture--office of Deputy Minister-Technical Affairs. He has allocated 3 rooms for use by JP

4 Communication and Advocacy

Has the JP articulated an advocacy & communication strategy that helps advance its policy objectives and development outcomes?

Yes true
No false

Please provide a brief explanation of the objectives, key elements and target audience of this strategy

Networking and coalition building
Identifying resources and fundraising
Information and research

Communications and Media
Planning and Evaluation
Lobbying

What concrete gains are the advocacy and communication efforts outlined in the JP and/or national strategy contributing towards achieving?

Increased awareness on MDG related issues amongst citizens and governments
New/adopted policy and legislation that advance MDGs and related goals
Establishment and/or liaison with social networks to advance MDGs and related goals
Key moments/events of social mobilization that highlight issues

What is the number and type of partnerships that have been established amongst different sectors of society to promote the achievement of the MDGs and related goals?

Faith-based organizations	5
Social networks/coalitions	
Local citizen groups	66
Private sector	2
Academic institutions	7
Media groups and journalist	4
Other	

What outreach activities do the programme implement to ensure that local citizens have adequate access to information on the programme and opportunities to actively participate?

Focus groups discussions
Household surveys
Use of local communication mediums such radio, theatre groups, newspapers
Open forum meetings
Capacity building/trainings

Section III: Millenium Development Goals Millenium Development Goals

Additional Narrative Comments

Please provide any relevant information and contributions of the programme to de MDGs, whether at national or local level

MDG Focus

Goal 1--- Focus on Child hunger & Malnutrition

Goal 2--Universal Education (through Better Nutrition Better Learning)

Goal 3--Gender Equality & Women's Empowerment-- Empowering women with access to knowledge, skills & livelihood

Goal 4- Child Health (Building capacity of health staff -facility & community), promoting micronutrient supplementation & optimal IYCF

Goal 5-- maternal Health-- identification of malnutrition, increasing awareness on nutrition needs, promoting food availability, access and dietary diversification,

Goal 7-- Environmental Sustainability

Please provide other comments you would like to communicate to the MDG-F Secretariat

MDG should have provided technical support and additional financial resources for documentation and advocacy activities

Section IV: General Thematic Indicators

1 Integrated approaches for reducing child hunger and under-nutrition promoted

1.1 Number of individuals suffering from under-nutrition and/or food insecurity in the areas of intervention

Children under 2

Total No. 119399
No. Urban
No. Rural
No. Girls
No. boys

Children from 2 to 5

Total No. 397995
No. Urban
No. Rural
No. Girls
No. Boys

Children older than 5

Total
No. Urban
No. Rural
No. Girls
No. boys

Women

Total 41370
No. Urban 1000
No. Rural 40370
No. Pregnant 20113

1.2 Number of individuals supported by the joint programme who receive treatment against under-nutrition and/or services supporting their food security in the areas of intervention

Children under 2

Total

No. Urban

No. Rural

No. Girls

No. Boys

Children from 2 to 5

Total

No. Urban

No. Rural

No. Girls

No. Boys

Children older than 5

Total

No. Urban

No. Rural

No. Girls

No. Boys

Women

Total 9463

No. Urban 1231

No. Rural 8232

No. pregnant 9463

Men

Total 9757

No. Urban 141

No. Rural 9616

1.3 Prevalence of underweight children under-five years of age

National % 39.3
 Targeted Area % 20.4

Proportion of population below minimum level of dietary energy consumption

% National 33%
 % Targeted Area 78.5%

Stunting prevalence

% National 53.7
 % Targeted Area 36.1

Anemia prevalence

% National
 % Targeted Area

Comments

1.4 Type of interventions and/or strategies scaled up with the support the joint programme and number of citizens affected

Homestead food production and diversification

National 19220
 Local
 Urban 1372
 Rural 17848
 Girls
 Pregnant Women 9463
 Boys

Food fortification

National 9783
 Local
 Urban
 Rural 9783
 Girls
 Pregnant Women

Boys

School feeding programmes

National

Local

Urban

Rural

Girls

Pregnant women

Boys

Behavioural change communication

National

Local

Urban 1000

Rural 10221

Girls

Pregnant women

Boys

Gender specific approaches

National

Local

Urban

Local

Girls

Pregnant Women

Boys

Interventions targeting population living with HIV

National

Local

Urban

Rural

Girls

Pregnant Women

Boys

Promotion of exclusive breastfeeding

National
Local
Urban 1640
Rural 36980
Girls
Pregnant Women 19113
Boys

Therapeutic feeding programmes

National
Local
Urban
Rural 1538
Girls
Pregnant Women
Boys

Vaccinations

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

Other, specify

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

2 Advocacy and mainstreaming of access to food and child nutrition into relevant policies

2.1 Number of laws, policies and plans related to food security and child nutrition developed or revised with the support of the programme

Policies
National 3
Local

Laws
National
Local

Plans
National 1
Local

3 Assessment, monitoring and evaluation

3.1 Number of information systems supported by the joint programme that provide disaggregated data on food security and nutrition

National 1
Local 3
Total 4

Monitoring matrix

Outcomes & Outputs- Revised	Indicators (with baselines & indicative timeframe)	Numerator	Denominator	Means of verification	Collection methods	Responsibilities	Risks & assumptions
Outcome 1: Child malnutrition and household food insecurity are reduced by 2013 through the implementation of an integrated community nutrition and food security package in 10 districts (in 5 provinces)	Annual reduction in GAM prevalence by 2-3 percent in targeted areas Change in GAM in targeted areas is 25.4 in 2011 to 12.5 in 2012 for children 6-59 months	# of GAM children < 5 yrs	#of target children (age)*100	Baseline and evaluation report.	Pre-post assessment (providing baseline and endline data). Access to MICS database.	All agencies (FAO lead)	Security conditions allow for continued implementation at community level.
1.1. Community's needs are assessed in a participatory way and results are used to form the district-level project design and implementation plans.	# of district participatory planning meetings conducted in the target area- 10	# of participatory district plans developed and documented --10	# of targeted participatory district / plan *100 -10	District participatory planning report District plan of action	Participatory planning workshops	FAO	Security conditions do not deteriorate and limit field access
1.2 : Improving infant and young child feeding through BCC	Exclusively breastfeeding until 6 months and adequate complementary feeding is increased by 3-5 %/year Increase by 10-20% in awareness & knowledge of caregivers –who can recall a minimum of 3 key nutrition education messages, in project areas	# of caregiver in the area of project who can recall 3 key messages 1154 doctors, nurses, CHS and CHWs and health care providers are trained,630 health shuras trained in the target districts 281 Doctors, midwives, nurses, CHS, CHW and	# of total caregiver in the area project increased their awareness*100 10221		Pre-post assessment, Baseline and evaluation report,	FAO, UNICEF, WHO	Security conditions do not deteriorate and limit field access

		community shuras including school teachers were trained on micronutrient supplementation and health and hygiene promotion 180 community health worker and community supervisors (85female and 95 male) trained on Breastfeeding, micronutrients, health and hygiene					
1.3: Improved access for acutely malnourished children aged 6-59 months to community-based management of acute malnutrition (CMAM	Coverage of acutely malnourished children enrolled in CMAM programmes >60% 70 CHS and 1000 CHW (400 male and 600female) trained on screening for acute malnutrition Children Screened for acute malnutrition in 2011-2012 (1 st ,2 nd and 3 rd round MUAC screening: Total children 6-59 months age screened: 176459 (92207 boys and 84252 girls) 6 -24 months: 86793,	% of children (age) successfully discharged from CMAM program in the project area total cured 470 (80.7%), total defaulter 84 (14.4%), total death 28 (4.8%), these meet the Sphere standards. 10 OTPs received therapeutic feeding supplies for Management of SAM cases without complication in 5 MDGf provinces. Total amount of 25893 sachets of RUTF was provided	# of total SAM children (< 5 yrs of age) admitted in the CMAM program in the project area*100 total SAM children admitted on the program Through the OTP sites 5,638 SAM children admitted: Moderately malnourished children admitted in CMAM OTPs sites were-11932: CMAM PLW admission in OTPs: 5703	Baseline and evaluation report MICS survey 2011 (to compare project sites with national averages).	Pre-post assessment, Access to MICS database.	FAO, UNICEF, WHO WFP	Security does not prevent all field access

	25-59 months: 90150 SAM: 11954(6.8%); MAM: 18212 (10.3%); GAM:30166 (17.1%)		Trained on CMAM: 18 female and 80 male at central and provincial levels have been trained on management sever acute malnutrition as master trainers and trainees. Therapeutic Feeding Unites in each MDGF provinces supervised by PNOs and UNICEF and WHO focal points, the TFU staffs received on job training on management of sever acute malnutrition, and measuring kits distributed to TFUs. Food items like F-57 and F-100 and plumpy nut provided by UNICEF Staff in 7 TFU, 10 OTP staff were trained				
1.4 Increased household food production and consumption	10 % increase in the proportion of household reporting increase in food production and	# of household reporting increase in food production and consumption 19220	# of total target household *100 19220 direct 134,540 indirect	Baseline and evaluation report, monthly project	Pre-post assessment, monitoring reports visits by	FAO UNIDO	Security does not prevent all field access

	consumption in the project area.			reports reporting against global CMAM standards.	Govt & UN staff		
1.5: Nutritional status and household food security is assessed at baseline, monitored and evaluated.	Baseline results available.. Nutrition and Food Security indicators are monitored on a quarterly basis. # of joint monitoring visits:14	# of household reporting increase in food production and consumption # PLW screened 12058 Pregnant women screened(845 malnourished) 14436 Lactating women screened(965 malnourished) Total: 26494 Pregnant and lactating women screened # of screened for SAM 6-24 mo:21577 25-59 mo: 24816 Boy:22689 Girl: 23704 Total: 46393 Joint visits made:4	# of total target household *100	Baseline and evaluation report, monitoring reports	Pre-post assessment, quarterly monitoring visits by Govt & UN staff	FAO led UNICEF WHO UNIDO	Shocks (eg Drought) do not seriously affect project areas Security does not prevent field access
Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Numerator	Denominator	Means of verification	Collection methods	Responsibilities	Risks & assumptions
Outcome 2: Policies, strategic frameworks and institutional mechanisms supporting integrated nutrition & household food security	# of integrated nutrition & household food security policy and strategic documents developed 4			Government reports	Information provided by Government focal points and officials (e.g. PMC)	All agencies (FAO lead through JPTAC)	Senior government officials and stakeholder representatives are supportive of nut. & FS

interventions are established					members)		
2.1 Nutrition and household food security are adequately addressed in Government policies and strategies and resources allocated increased	# of policies /strategy documents stating nutrition and food security as priorities	# of government policies and strategies addressed nutrition and household food security 4- Nutrition Action Framework National priority program-Food for Life Afghanistan Food and Nutrition Security Agenda Food Based Dietary guidelines	# of total government policies and strategies which address nutrition and food security *100. 4- Nutrition Action Framework National priority program-Food for Life Afghanistan Food and Nutrition Security Agenda Food Based Dietary guidelines	Government policies and strategy papers Multisectoral plan of action on nutrition Integrated Food & Nutrition Security Strategy for Afghanistan	Review of policy/strategy documents Regular information to be provided by Government officials and donors	All agencies (FAO lead, through JPTAC)	Policy review processes are run efficiently and Government officials responsive to recommendations & inter-ministerial collaboration. Donor interest in Afghanistan does not significantly reduce.
2.2 Effective coordination mechanisms for the promotion, supervision, implementation and evaluation of nutrition and food security interventions at central and provincial levels are established	- Linkages between Health and Nutrition and Agriculture and Rural Development are explicitly lined out - # of stakeholders meetings, information sharing held regularly between key partners, and common decisions are taken and followed up regarding food security and nutrition, at central and provincial levels	# of total joint(MAIL-MOPH) coordination meetings held 6 TWG meeting 2 PMC 2 PCC/province	# of total planned or targeted joint coordination meetings *100 TWG meetings6 PMC-2 PCC-2/province	Meeting minutes JP semi-annual reports	JPTAC and/or National coordinator participation in coordination meetings, Meeting minutes	All agencies (FAO lead, through JPTAC)	Senior government officials and stakeholder representatives are supportive of nut. & FS coordination, at central and provincial level
2.3 Nutrition and food	# of Nut. & FS courses reviewed and updated	# of functionaries trained in delivering	# of functionaries delivering public	Faculty	Review of faculty	All agencies (FAO lead,	Curricula revision processes and

<p>security training modules are integrated in existing pre-service and in-service trainings for health, agricultural, education personnel (and other relevant sectors)</p>	<p>(medicine . nursing & pharmacy and primary schools)</p> <p># academic trained to teach courses in nutrition/food security in universities- 20 Teachers-514</p> <p># subjects in which nutrition/food insecurity is included in school curriculum- 6</p>	<p>public health nutrition interventions</p> <p>Trained on CIYCF, nutrition education, health and hygiene, breastfeeding</p> <p>Micronutrient: Male: 94 Female: 72 Total: 166</p> <p>Trained on CIYCF, nutrition education, health and hygiene, breastfeeding</p> <p>Micronutrient: Male: 94 Female: 72 Total: 166</p> <p>Give ICSP numbers</p> <p>Community based Maternal and Newborn Care: 58 (CSOs)</p> <p>C-GMP and C-IMCI: 1001 CHWs and 58 CSOs in 31 districts.</p> <p>Trained on CIYCF, nutrition education, health and hygiene, breastfeeding</p> <p>Micronutrient: Male: 94</p>	<p>health nutrition interventions in targeted areas* 100</p> <p># of functionaries delivering Food security interventions in targeted areas* 100</p> <p># of schools in targeted areas* 100</p> <p># of school children in target areas</p>	<p>curricula</p> <p>Content of in-service trainings</p> <p>Training modules</p> <p>School curricula for different grades</p> <p>Consultant reports</p>	<p>curricula and in-service training programmes</p> <p>Review of training modules</p>	<p>through JPTAC)</p>	<p>calendars ease the introduction of new modules. Heads of training institutions responsive to offers of collaboration.</p>
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		<p>Female: 72 Total: 166 Give ICSP numbers</p> <p>Community based Maternal and Newborn Care: 58 (CSOs)</p> <p>C-GMP and C-IMCI: 1001 CHWs and 58 CSOs in 31 districts. # of persons trained in delivering Food security interventions-19220</p> <p># of schools introducing nutrition in their curricula- planned for 10 in 2013</p> <p># students reached through revised school curricula-6000</p>					
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Joint Programme Outcome 1: Child malnutrition and household food insecurity are reduced by 2013 through the implementation of an integrated community nutrition and food security package in 10 districts (in 5 provinces).			
JP Output	Activity	Amount	Indicator/Activity
1.1 Participatory nutrition and food security assessments, project design, monitoring and evaluation conducted by government and implementing partner staff at provincial and district levels	1.1.1: Provincial trainings on participatory nutrition and food security assessments and project design	60,000	To develop responsive, effective strategies, JP worked with each district (through participatory planning) to assess the situation and identify key beliefs and behaviors affecting maternal, infant, and young child nutrition and household food security and type of nutrition /food security intervention needed Capacity of government stakeholders are built in participatory assessment at sub-national level. The institutions are active in the provinces and have required capacity to carry out similar activities in future to improve coordination mechanisms through participatory workshop
	1.1.2: Proposal preparation	8976	RFP circulated for concept notes from targeted provinces/districts. Proposal development was supported for short listed concepts. Funds were released for implementation of proposals finalized . Implementation is currently ongoing.
	1.1.3: Provincial trainings on monitoring and evaluation	34000	Provincial training on M & E has been conducted for all health and agriculture functionaries involved in implementation of the JP program. All reporting is done by the government functionaries-from district to province to national authorities with copy to MDG
	1.1.4: On-the-job learning through monitoring visits	60086	On the job learning through monitoring is ongoing
1.2. Increased awareness and knowledge of healthy nutrition practices	1.2.1: Trainings on IYCF, micronutrients, health and hygiene	50455 <i>UNICEF</i>	<ul style="list-style-type: none"> . As part of the institutional and staff capacity development for MoPH, and other relevant BPHS implementing NGOs staff 154 (at the national 54 and provincial levels 100) have been trained as master trainers, areas covered were community IYCF, use of Micronutrients, and Health and Hygiene. UNICEF provided technical and financial support to these trainings. These master trainers are able to facilitate the cascade training in their respected areas 1154 doctors, nurses, CHS and CHWs and health care providers are trained in MDGf target provinces/districts, with the support of UNICEF zonal office, ACO, implementing partners and PNOs. The topics were on community infant and young child feeding 630 health shuras trained in the target districts 281 Doctors, midwives, nurses, CHS, CHW and community shuras including school teachers were trained on micronutrient supplementation and health and hygiene promotion UNICEF provided technical support for review and revision (where required) of nutrition relevant training packages, protocols, guidelines, and education and communication materials

			<ul style="list-style-type: none"> • UNICEF provided technical support for the finalization of community IYCF training package and translated into National languages (Dari/Pashto) • Support provided for the finalization of operational guideline and training package on SAM. The document is translated into national languages and training is conducted
1.2.2: Trainings on family nutrition, food needs by age group, food hygiene, improved recipes...	56480		<p>Training packages were developed by JP to improve family nutrition. It focused on food needs by age groups, food hygiene and improved recipes. A comprehensive training of trainers, included all the components of nutrition education was conducted to train key sub-national staff of DoPH, DAIL, DRRD, DoWA and DoED as well as members of community structures: DDA, CDCs. Thus, a sub national team combined of government and other stakeholders with require knowledge and skills is built to mobilize community and conduct nutrition education /training. In provincial team PNO and extension officers are key government staff to support nutrition education at sub-national and community levels.</p> <p>2851 (1398 Male, 1453 Female) have received training on nutrition in different districts</p>
1.2.3: Trainings on breastfeeding, micronutrients, health and hygiene	9125 WHO		<p>With collaboration of PND , UNICEF and other partners Key messages on breastfeeding ,complementary feeding, use of micronutrients ,health and hygiene developed) and totally 240 health staff and community health workers and supervisor were trained on above mentioned topics:</p> <p>30 male and 30 female health staff trained on breastfeeding counseling(2011) 180 community health worker and community supervisors (85female and 95 male) trained on Breastfeeding, micronutrients, health and hygiene(2012)</p>
1.2.4: Production of nutrition education materials (to be used by all partners)	56000		<p>UNICEF supported on development, production and distribution of Nutrition Education Materials (USI, Breastfeeding, WAHS/Hygiene and Micronutrient national guideline. Communication materials in 2 language Dari and Pashto.</p> <p>Listed below are the communication materials produced:</p> <ul style="list-style-type: none"> • Breastfeeding Posters: 1000 copies • Breastfeeding leaflets: 5000 copies • Breastfeeding broacher : 5000 copies • Breastfeeding Trifold: 500 copies • USI leaflet: 4000 Dari and 100 Pashto <p>National Micronutrient guidelines and WASH manual are under printing process</p> <p>15000copies Boy growth chart,15000 copies Girls growth charts, 1000 Copies MSAM Booklet printed(by WHO)</p>
1.2.5: Nutrition	154800		Provincial team has the technical capacity to mobilize community and identify key community

	education sessions in schools, literacy, youth groups, cooperatives, etc. (by IP's)		<p>groups/individuals/ institutions where nutrition education should be conducted. The key government departments that carry out nutrition education (related to the institution's TOR) are departments of extension and public nutrition. With direct leadership of extension and health officers, capacity in nutrition education was developed for key community mobilizers: facility health workers, school teachers, key members of CDCs and women Shura, and agriculture cooperatives, community leaders, households and individuals.. For JP, empowerment of community mobilizers was strongly facilitated by the existence of community organizations. Mobilizers could link service delivery with the communities - a cluster of 10 to 20 households per mobilizer.</p> <p>The sub national government stakeholders acted as trained people in the community groups and community institutions are encouraged to pass nutrition messages to the community members, schools students and people who were coming to clinics. In addition to that, nutrition education sessions were conducted at community level for influential key people at community who may not receive nutrition messages through schools and clinics, CDC members and women Shura members.</p> <p>School gardens are used as entry point for Nutrition education in schools in targeted areas – 34000 children are currently targeted through gardens 4 Cooperatives target 2000 children</p>
	1.2.6: Trainings on Participatory Cooking Sessions and complementary feeding (including follow-up)	10304	<p>District extension officers, social worker of DoWA and social mobilizer of DRRD and PNO have received training on participatory cooking sessions and complementary feeding. Extension officers and social worker of woman affairs conducted participatory cooking sessions in women Shuras, female CDCs and clinics, when the gardens products were available 2816 beneficiaries (1397 Male and 1419 Female) received training through participatory cooking sessions for complementary feeding</p>
	1.2.7: Breastfeeding counseling trainings (incl. Follow-up)	36500	<p>Health staffs have been trained on breastfeeding counseling as master trainers and trainees. The master trainers will train others community and facilities health workers ,in using training materials and guidelines.</p> <p>JP supporting MOPH in celebration of World Breastfeeding Week financially and technically</p> <p>30 male and 40 female health facility staff trained on community IYCF and breastfeeding counseling</p> <p>18 male and 3 female health staff <u>trained as trainer</u> on Breastfeeding counseling in Feb 2012</p>
	1.2.8: Trainings on Growth Monitoring and	36500	<p>Growth monitoring training Packages translated in local language and WHO standard growth chart developed and ready for printing.</p>

	Promotion (including training follow-up)		As part of the institutional and staff capacity development for MOPH and other relevant BPHS implanting NGOs, 42 male and 8 female health staff at national and provincial levels have been trained on growth monitoring as master trainers and trainees. The master trainers will train others health workers in using training materials which were translated in local language. 30,000 copies Growth chart (15000 Boy growth chart and 15000 Girl growth chart) AND 1000 Mayo chart printed(by WHO-2012)
	1.2.9: Establishment of 'Mother Support Groups' or 'Community support groups'	400000	Infant and young child feeding happens at home, not in health facilities, so JP focused on solutions to support mothers and family members on appropriate IYCF practices through community support groups at the community level. Therefore so far; <ul style="list-style-type: none"> • 1096 Community Support Group Established (900 in Daikundi and 196 in Bamyan) 43 trained on BF and code of marketing
1.3 Improved access for acutely malnourished children aged 6-59 months to community-based management of acute malnutrition (CMAM)	1.3.1: Trainings on screening for acute malnutrition (incl. Follow-up)	18250	UNICEF technically supported the development of anthropometric measurement (weight, height and MUAC) pictorial guideline and translated in local language. Database for MUAC screening developed. <ul style="list-style-type: none"> • 70 CHs and 1000 CHWs (400 male and 600 female) trained on screening for acute malnutrition • MUAC screening for children 6-59 months and pregnant and lactating women conducted in MDGf target districts and malnourished cases detected and referred to inpatients and outpatients centers. So far: <ul style="list-style-type: none"> ➤ <u>100,986 children 6-59 months age screened</u> and SAM and MAM case referred to therapeutic centers • Daikundi: 33,691 children • Bamyan: 30,834 children • Kabul: 1,064 children • Badakhshan: 14,085 • Nangarhar: 21,312 <ul style="list-style-type: none"> ➤ <u>38,530 Pregnant and lactating women screened and MAM cases were referred to therapeutic centers:</u> <ul style="list-style-type: none"> • Kabul: 1,640 PLW anthropometric measurement conducted by Care International in D-7 and D-8 of Kabul and eligible beneficiaries referred to curative centers • Bamyan: 13,760 in PLW screened • Daikundi: 16,168 PLW • Badakhshan: 6962 PLW 16,008 children 24-59 months dewormed in Bamyan

	1.3.2: Trainings on management of acute malnutrition (incl. Follow-up)	36500	<ul style="list-style-type: none"> • UNICEF supported on the revision of Management of Severe Acute Malnutrition training package and operational guideline by international consultant. It was then translated in local languages (Dari and Pashto). Based on operational guidelines and protocols of management of acute malnutrition inpatient booklet were developed and translated into local languages. • UNICEF provided technical support in revision of nutrition database and reporting system by Therapeutic Feeding Units <p>.</p> <p>1000 copies booklet printed</p> <p><u>Database for reporting by Therapeutic Feeding Unite (TFUs) was revised.</u></p> <p><u>18 female and 80 male at central and provincial levels</u> have been trained on management sever acute malnutrition as master trainers and trainees. The MOPH staffs were involved in planning and implementation of activities . The master trainers will train others TFU staff, in using training materials, operational guideline , and revised training packages .</p> <p>Kabul PNO received the management sever acute malnutrition <u>TOT in Khartoum /Sudan.</u></p>
	1.3.3: Provision and delivery of severe acute malnutrition treatment supplies	10000	<p>As part of multi-donor support MDGf contributed to the implementation of TFUs in 5 MDGf selected provinces. 7 TFU in 5 MGDF provinces received supplies for therapeutic feeding for management of Severe Acute Malnourished children</p> <p>From the beginning of January to end of Dec 2012,</p> <ul style="list-style-type: none"> ➤ 1,538 SAM children admitted and treated in TFUs of five MDGf provinces. ➤ For the treatment of SAM cases in TFUs UNICEF provided below food items to the concerned TFUs: <ul style="list-style-type: none"> - F-75: 103 cartons - F-100: 1504 cartons - RUTF: 556 cartons - ReSomal: 2 cartons

			<p>10 OTPs sites received therapeutic feeding supplies for Management of SAM cases without complication in 5 MDGf provinces.</p> <ul style="list-style-type: none"> - RUTF: 6,126 cartons - F-75: 38 cartons - F-100: 38 cartons - Resomal: 10 cartons - MUAC tape: 1,500 - Weighing scale: 20 <p>➤ UNICEF also provided micronutrients powder (Sprinkles) for 45,000 children 6-59 children in Kabul, Bamyan and Badakhshan</p> <p>1,345 packs of micronutrient tablet provided to PLW in Kabul and Badakhshan</p>
	<p>1.3.4: Provision & delivery of supplementary food supplies (and associated training)</p>	<p>139678</p>	<ul style="list-style-type: none"> - 80 relevant staff were trained on Targeted Supplementary Feeding (TSFP) programming and the Community-based Management of Acute Malnutrition approach (WFP own resources), including from the MDG-F areas (Ningahar, Badakhshan, Bamyan): the MOPH (3 DOPH), 5 NGO implementing partners (HN-TPO, AADA, Merlin, CAF, AKHS) and 25 of WFP's Area Office nutrition focal points and PATs/Programme monitors. - For designing, developing and delivering nutrition programme training and educational sessions aimed at enhancing TSFP/CMAM implementers capacity in 8 MDG-Fund districts (Surkhrod, Khewa, Ningarhar Centre, Badakhshan Centre, Panjab, Waras, Sharistan, Ashterlay) ICT equipment, including computers and printers, has been procured - 37.2 MT of ready-to-use supplementary Food (RUSF) was procured for the treatment of moderately acutely malnourished (MAM) children, and 1,500 mid-upper arm circumference tapes, to screen for malnutrition, have been supplied to WFP's TSFP/CMAM projects in the MDG-Fund areas. - TSFP/CMAM projects were implemented in 8 MDG-Fund districts of Badakhshan, Ningarhar, Bamyan and Daikundi provinces and through these projects, 6,891 children were treated for moderate acute malnutrition, using 38.56 MT of RUSF.ⁱ - The numbers of MAM children aged 6-59 months admitted to the TSFPs were: <ul style="list-style-type: none"> 3,032 boys <u>3,859 girls</u> 6,891 TOTAL <p>The TSFP performance indicators met SPHERE standards and were:</p> <p>Cure Rate: 85%</p> <p>Default Rate: 15%ⁱⁱ</p>

			Death Rate: 0%
	1.3.5: Hospital /Clinic garden established at health facility to support the delivery of CMAM programs,	50455	Vegetable garden at Health facilities in JP targeted districts/provinces were set up. The products were used for promoting nutrition education to mothers/care takers attending health clinic for optimal complementary feeding for young children and household dietary diversification. A total of 22 clinic gardens were established.
	1.3.6: Supervision and technical support to ensure supplementation is effectively done	50455	<p>CMAM sites supervised and, appropriate treatment and supplementation provided Supervision is ongoing for existed CMAM program. --10 supervision visits by JP</p> <p>-Materials developed (SAM training package, guideline, booklet, CMAM guideline, anthropometric guideline) and staffs trained (over 50 staffs).</p> <p>-For CMAM implementation in Nangarhar a contract is signed with HNI/TPO for 2 districts of Khewa and Surkhroad. For Daikundi we are expecting to receive a proposal from AMI.</p> <p>In Badakhshan and Bamyam CMAM is implementing by other partners from UNICEF resources.</p> <p>22 gardens (299 direct beneficiaries)</p> <p>13 gardens established in health facilities</p>
	1.3.7: Implementation of CMAM by partners (including community outreach)	27375	<p>Community outreach in CMAM is essential for early case detection, increase program coverage and improve program</p> <p>In five MDGf provinces, CMAM is being implementing through partnership with BPHs NGOs. The operation cost of CMAM program in two MDGf provinces of Nangarhar and Daikundi are supported by MDGf fund through a Project Cooperation Agreement (PCA) with BPHS implementers.</p> <p>In Nangarhar the PCA is with HNI-TPO and in Daikundi with PU-AMI. In Nangarhar, the PCA signed in June 2012 and in Daikundi in Aug 2012. Both PCAs are extended until end of March 2013.</p> <p>In Bamyam, Kabul (in KIS, CMAM is implementing by ACF) and Badakhshan MDGf contributed to capacity building for treatment of SAM, CMAM program in these provinces as supported by UNICEF through other resources.</p> <p>1- Through the OTP sites 5,638 SAM children admitted:</p> <ul style="list-style-type: none"> • Bamyam: 1,956 • Daikundi: 1,300 • Kabul: 550 • Badakhshan: 140 (only one district of Yamgan) • Nangarhar: 1,692 <p>2- Moderately malnourished children admitted in CMAM OTPs sites were:</p>

			<ul style="list-style-type: none"> • Bamyān: 1956 • Daikundi: 1300 • Kabul: 1116 • Badakhshan: 250 (only one district of Yamgan) • Nangarhar: 7,560 <p>3- CMAM PLW admission in OTPs:</p> <ul style="list-style-type: none"> • Bamyān: 1,503 • Daikundi: 800 • Kabul 309 • Badakhshan 3,091 <p>Nangarhar: 1,532</p>
	1.3.8: Trainings on Participatory Cooking Sessions and complementary feeding for health staff (including follow-up)	50455	IYCF as major cause of chronic malnutrition is recognized by MOPH. Capacity of national and sub national health workers on conducting participatory cooking demonstrations to promote complementary feeding based on locally available foods has been built in all JP targeted provinces/ districts
	1.3.9: Supervision and staff support to ensure nutrition component of BPHS is implemented (by IP)	200000	<p>MOPH facilitated JP's study on effectiveness of BPHS in delivering nutrition interventions</p> <p>JP strengthened health systems to build a supportive environment for nutrition counseling. It worked with partners and health workers to integrate nutrition assessment, counseling, and support into health facilities. Collaboration with MOPH helped JP to introduce supportive supervision procedures to enhance health workers' skills.</p>
	1.3.10: Supervision and on the job technical support to Therapeutic Feeding Units	150000	<p>Therapeutic Feeding Units in each MDGF provinces supervised by UNICEF and WHO focal points. The TFU staffs where required received on the job training on MoPH protocol for management of severe acute malnutrition and anthropometry measurement.</p> <p><i>Staff in 7 TFU, 10 OTP staff were trained</i></p>
1.4 Increased	1.4.1: Trainings	130000	During the reporting period 4393 (2347 M and 2046 F) directly received training in gardening skills

household food production and income 20% increase in household income.	on household food production (home gardens, poultry, etc.)		In addition to the skills passed to the farmers, IEC materials developed in two local languages, Dari and Pashto, on vegetable production, gardening methods, types of vegetables, set up of nurseries, set up of green houses, pest management, and making home composts. A total of 76,250 pieces in Dari and 50,050 pieces in Pashto languages designed and published and distributed to all ten districts and used by the community members with support of district extension officers and staff of other related government departments.
At least two new types of foods introduced in household based food production.	1.4.2: Trainings on household and village level food processing (including follow-up)	92960	TOT have been conducted for related staff of government (MAIL and WOA) both at national and sub nation levels. The trained staff from departments of agriculture and women affairs have trained active community members and key members of CDCs and agriculture cooperatives. Food processing centers have been established at provincial center by direct involvement of DAIL and DoWA. The centers are linked to market so that the centers and groups should be able to sale the surplus products and have income. This can support the centers to continue its activities independently. In one hand the centers generate income for the members and on the other hand there is an institutional support in place for the centers. The centers can also serve as a platform from where fruits and vegetable processing activities can be expended to other communities. Having skilled members, the centers can support other community groups that may be interested in food processing. To improve national capacity on processing and postharvest management of fruits and vegetables, the project sent key technical staff of MAIL selected by the ministry to one of the best institutes in India, Central Food Technology Research Institute (CFTRI), to receive training on postharvest handling and storage, processing, and packaging of fruits and vegetables for both commercial and household consumption purposes. 1188 beneficiaries (70 M and 1118 F) 152 women trained in food processing at household level
	1.4.3: Introduction (trainings) of technology for small-scale industry (non-food)	66145	Kabul Province: District 7 and 8. A new technology was introduced by conducting TOT on solar dehydrators at Kabul for district 7 and 8. During this training 11 male 22 female, trainees got 2 days training from 27 to 28 July 2011 afterward 30 Solar Dryers were distributed in district 7 and 30 Solar Dryers to district 8 at the same time all training materials were distributed on participants. The participants were Heads and member of agriculture cooperatives, Producer groups, Extension officers, CDCs, DDA, Health workers, and School Teachers.
	1.4.4: Introduction (trainings) of improved agricultural technology (incl. Follow-up)	98740	Secondly, community base demonstration and training on solar dryers was conducted for 5 days from 11 to 15 September 2011 for district 7 and 8 of Kabul province. During this demonstration 600 female were trained and learnt practical work how to dry vegetables / fruits and meat in a safe and secure method and increase house hold income through this new initiative. Participants were School Teachers, Producer groups, member of CDCs, associations and cooperatives of district 7 and 8 of Kabul province. At the same time participants got incentive plus transportation cost for the mentioned training accordingly.
	1.4.5: Trainings	166874	Badakhshan Province: Khash and Yamgan districts Ten days TOT from 28 May to 6 June 2012 on safe milk processing and information took place in provincial

	<p>on technology for small-scale industry (incl. Follow-up)</p>	<p>capital Faizabad at agriculture directorate. During this training 13 male and 14 female were fully trained. The centers were expected to be inaugurated in two places but due to the long distance between villages the officials and elders of the community requested to split the same training into 4 centers in four different places. For each center the trainer and facilitators were selected through their capability and getting top numbers after passing pre and post TOT tests.</p> <p>Participants were CDC heads and members, Extension officers, teachers, women Shuras members, Health Shuras members and Women Affairs, the participants received all relevant training materials as well as received incentives, food, transportation costs for the said training.</p> <p>Milk processing and information centers were inaugurated at selected places in Khash and Yamgan of Badakhshan province during the said training 320 female got training for four months, June to end September 2012 in two shifts at the meantime all necessary equipment were provided for each of the four centers. A shop for selling products was opened in Faizabad and the marketing agent was responsible to carry all products to the provincial capital by safe and secure methods and he/she was advised to find local market as well. The product is regularly transported to Faizabad and marketing procedure is well established. After MDG-F financial support is withdrawn the same centers would be handed over to the women cooperatives which are legally registered with MAIL and DAIL.</p> <p>Nangarhar: Kunzkunar and Surkhroud Districts</p> <p>Similarly a TOT on solar dryers held in directorate of agriculture in this training 63 male and 10 female were trained, the participants were Extension Officers, District Health Officers and CHWs, Heads of Cooperatives, School teachers' male and female, associations and producer groups, CDCs, DDA members. This training was also conducted for 2 days from June 29 to 30, 2011. Afterward 40 Solar dryers were distributed for Kuzkunar district and 40 Solar dryers were distributed on Surkhroud district.</p> <p>In addition to this community base demonstration and training for 5 days was conducted for 800 women for both districts.</p> <p>The participants were from School Teachers, Producer groups, member of CDCs, associations and cooperatives. Secondly a TOT on Food Processing and Packaging was conducted in provincial capital Nangarhar and 15 female from both districts got this TOT. The participants were School teachers' male and female, associations and producer groups, CDCs, DDA members subsequently all training related equipment and materials plus incentives were distributed accordingly.</p> <p>Food Processing and Packaging centers were provided essential equipment to do practical work and during this training 160 women got practical training for six months and learnt how to process and package vegetables and fruits as well got the knowledge of marketing linkages. Raw materials were also provided through MDG fund during the period of training.</p> <p>The participants were School Teachers, Producer groups, member of CDCs, associations, cooperatives and house wives.</p> <p>These tow training centers have been handed over to the registered women cooperatives with MAIL. For sustainability IDEA NEW/USAID Project and United State/ Afghanistan Agriculture Extension Program (AAEP) are very interested to financially support and upgrade the centers.</p>
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			<p>As well as the Directorate of Agriculture, Irrigation and livestock DAIL has committed to run these centers under their supervision and for immediate and emergency cases they committed and allocated 2000 USD for both centers. Success story is prepared.</p> <p>Bamyan Province: Panjab and Waras Districts</p> <p>Bamyan province is the largest producer of the potatoes thus, UNIDO conducted a TOT on potato processing and packaging at provincial capital in agriculture directorate of the said province.</p> <p>During this training 14 male and 11 female participants attended the TOT and the participants were school teachers, producer groups, DDA and CDC members, associations, extension officer and Shura. This training was held for 8 days from 9 to 15 May, 2012 at the same time all relevant training materials were disseminated on participants.</p> <p>The centers are provided necessary and essential equipment and were expected to be supported for three months but due to the deep interest and request from the community elders and officials the same centers were extended for one more month and commenced from September and ended December 2012. During this training 320 women will be trained at community level to work form their hometowns and increase their households income.</p> <p>These centers will also be handed over to the women cooperatives after MDG-F support is withdrawn and DAIL will supervise these sustainable activities in the future.</p>
	1.4.6: Trainings on simple business skills and marketing (including on market assessments and book-keeping)	46480	Income generation to support household livelihood is a key objective in food processing and postharvest management. Trainings on simple business skill and marketing techniques are conducted to the groups and key members of the centers who have food processing activities. Training included business and marketing skills so that they will be able to adjust their products to market needs and sale to markets.. So far 170 women have registered as cooperative member
	1.4.7: Follow-up to trainings / support to community members for applying trainings	200000	At sub-national and community level capacity is built in simple business and marketing of products. Thus the producer groups and centers are linked to local market and can keep functioning with slight managerial support from the local institutions--Follow up is ongoing for producer group cooperatives : those trained in poultry/food processing. - success stories is being documented
1.5 The nutritional status of children under 5 and women of reproductive	1.5.1: Monitoring of field activities	50455	<p>UNICEF--UNICEF MDGf focal point and other relevant staff conducted 14 monitoring visits in MDGf project areas in 2012,</p> <ul style="list-style-type: none"> • 4 to Bamyan • 2 to Nangarhar • 1 to Badakhshan

age, and the household food security situation, are monitored in project sites			<ul style="list-style-type: none"> • 1 to Daikundi • 6 to Kabul. <p>Out of these monitoring visit two were jointly with WHO and FAO</p> <ul style="list-style-type: none"> • Joint UNICEF and MDGf/FAO monitoring visit to Badakhshan province from 3-6 March 2012 and • Joint UNICEF and WHO monitoring visit to Bamyan province from 13-17 May 2012 were conducted. <p>UNICEF organized December PCC meeting in BamyanJoint UNICEF and MDGf/FAO monitoring visit to Badakhshan province from 3-6 March 2012 and Joint UNICEF and WHO monitoring visit to Bamyan province from 13-17 May 2012 were conducted.</p>
		18250	UNIDO--11 Monitoring visits conducted in four provinces (Badakhshan, Bamyan, Nangarhar and Kabul)
		44750	WHO--15 monitoring visits – WHO (Badakshan, Nangarhar & Kabul) Joint WHO and UNICEF monitoring visit to Bamyan province from 13-17 May 2012 WHO monitoring visit to Yamgan district of Badakhshan from 10-12 2012 August were conducted WHO monitoring visit to Shewa and Sourkhroad district of Nangarhar were conducted form 1 st October to 4 th October 2012. Joint UNICEF and WHO-Monitoring from Kabul districts 7 and 8 were conducted
		46480	FAO -Monthly visits are made to target areas-each is visited at least once every 2 months 20 visits made
	1.5.2:: Baseline survey & impact assessment	350000	Baseline survey report is available Impact assessment is planned for Oct-Nov 2012
Joint Programme Outcome 2: The policy and strategic frameworks and institutional mechanisms required to support integrated nutrition and household food security interventions are established			
JP Output	Activity	Amount	Indicator
2.1 Nutrition and household food security are adequately addressed in Government policies and strategies	Critical review of existing policies and strategies	42196	JP focused on identifying gaps in service provision where we could contribute to national programs and policies. Existing nutrition policies / strategy/ action plan are compiled as a CD Food and Nutrition Security Goals &Targets of Government of Afghanistan are clearly stated <ul style="list-style-type: none"> • Reduce the proportion of people who suffer from hunger by 5% per annum until the year 2020--Revised Millennium Development Goal No. 1 for Afghanistan • Assurance of food security-Afghanistan National Development Strategy 2008-2013 • Economic growth and food security -National Agricultural Development Framework 2009 • Reducing malnutrition and micronutrient deficiencies-National Nutrition Policy and Strategy 2010
	Mapping of ongoing interventions	25000	Mapping of ongoing interventions is done to identify barriers and facilitators. Contributions of Relevant Stakeholders are :

	and resources		<ul style="list-style-type: none"> • MAIL...food availability (production) and access of rural population to food • MRRD...access to food (rural infrastructure and public employment /productive safety net programmes) • MoPH...food utilization and nutrition (diets, nutrients absorption and disease prevention) • MoLSAMD...food access (social safety nets and public transfers) • MoCI...food availability (imports) and food utilization (processing) • MoE...food access (school feeding) and food utilisation (school gardens) • MoEW...food availability (rural energy and water supply) • ANDMA...stability of access and availability (disaster preparedness and management) <p><u>Food security and Nutrition facilitators:</u></p> <ul style="list-style-type: none"> • CSO...data collection, analysis and publication • MoWA...women empowerment • MoF...allocation of financial resources • MoFA...development of cooperation and other <u>partnership agreements</u> <p><u>Local and international NGOs...programmes and projects implementation</u></p> <ul style="list-style-type: none"> • Civil society organizations...advocacy, sensitization, mobilization, monitoring and proposals development • Private sector....implementation of market-based interventions, ensuring sustainability <p>UN and donor organizations...policy analysis and advice, provision of financial and material resources, technical assistance</p>
	Fund raising	20000	<p>Efforts are being made to raise more financial resources . However it is challenging due to ongoing transition plans and government ‘s changing policy for donors to support only what is included in the a National Priority program . A joint program is difficult to implement because of non harmonized procedures and fund raising is done more at agency level</p> <p>Small grants to supplement ongoing interventions are received from FAO under telefood project (40,000 \$) and another 55,000 from Hungry Embassy to replicate the model in another province-Baghlan</p>
	Participation in policy-making exercises and advocacy	75000	<p>The JP is actively involved in all policy making /advocacy activities of both MAIL and MOPH. It has supported development of multi sectoral plan of action for nutrition; National program on Food for life which MAIL proposes to launch in 2012 March;; Development of strategic framework on Nutrition and Food Security; Development of UNDAF Food Security Policy; Development of model for service delivery by MAIL extension/ Policy development for Extension</p> <p>JP also actively participates in the UNCT working groups on Maternal and Newborn health; sustainable livelihood and Gender and is a n active member of the Gender donor Coordination group as well the nutrition cluster and food security cluster. JP participated in the Nutrition-sensitive food production systems for</p>

			<p>sustainable food security in Asia and the Pacific</p> <p>JP is supporting Development of National Food Based Dietary Guideline(FBDG) for Afghanistan. All JP partners are providing technical support for the development of FBDG, questionnaires were translated to national languages, field tested and finalized for collecting data on National food consumption pattern using for focus group discussions</p>
2.2 Effective coordination mechanisms for the promotion, supervision, implementation and evaluation of nutrition and food security interventions at central and provincial levels are established	Review of existing coordination mechanisms	10495	<p>In order to create an enabling environment for nutrition and food security programming, JP collaborated with relevant ministries and other partners to support activities which can improve coordination mechanisms for integrating food security and nutrition. There is limited opportunity for MAIL-MOPH-MRRD to work together in delivering nutrition and food security interventions . There is need for</p> <p>Effective Coordination and Cooperation Among relevant stakeholders; at all and between all levels Efficient flow and exchange of FNS information-Among stakeholders; communication to high level policy makers Consensiveness-- Clear mandates and responsibilities for decisions and actions to be taken</p>
	Support Government coordination mechanisms	105801	<p>Prevention of malnutrition and improving food security requires an enabling environment at the national & sub national level as well as in health facilities and communities. JP was designed to be implemented through existing government coordination mechanisms , both at national /sub national level to ensure sustainability. No new structures/positions are created</p> <p>JP is supporting country led efforts for integration of different sectors: a high-level Food Security and Nutrition Steering Committee chaired by the 2nd Vice President is proposed (MAIL, MoPH, MRRD, MoE, MoCI and ANDMA; representatives of non-governmental stakeholders as members)</p> <p>This high-level FNSSC would be supported by a Secretariat for coordination, monitoring, data management and analysis, and advocacy/communication. Each participating ministry/agency would have a Focal Person/Unit to foster internal and external linkages</p>
	Strengthening provincial coordination mechanisms	105801	<p>The provincial coordination mechanism between various stakeholders is set up through PCC (Provincial coordination Committee) and District Coordination Committee (DCC). PCC oversee provincial activities headed either by department of public health or department of agriculture while DCC in each district. DCC focuses on district and all activities carried out by extension officers (DAIL), social mobilizer (DRRD), social worker (DoWA) and school representative (DoED). The committee at district level is usually headed by district governor This is a good practice which will be document in best practices. PCC/DCC meets regularly and provides a forum for information sharing between key partners and finding solutions to challenges faced.</p> <ul style="list-style-type: none"> • Provincial.....perhaps use the existing Provincial Coordination Committee –PCC structure set by JP in the targeted provinces • District.....District coordination committee –DCC set up by JP and chaired by District governor <p>Community.....community structures: CDC, shuras, producer cooperatives</p>
	linkages	10000	JP is supporting Food and nutrition security linkages through Nutrition Strategic framework of MOPH and , Food

	between nutrition and food security		<p>for life NPP of MAIL and Food and Nutrition Security Strategy of MAIL .Mandate for Food Security and Nutrition Security dispersed across several agencies . The Afghanistan National Development Strategy (ANDS) makes it challenging to integrate food security and nutrition as Agriculture & Rural development (Pillar 6) includes MAIL & MRRD but MOPH is a part of Pillar 5 while Education is Pillar 4 . Achieving Food Security and Nutrition is overarching and cross-cutting among various pillars and its pursuit requires coherent policy and strategic framework and related institutional arrangements. Suggestion for integrating food security and nutrition are listed below.</p> <ul style="list-style-type: none"> • FSN Focal Points (FP) at relevant institutions...internal and external links for coordination and communication • FSN Committees at central and decentralized levels...for coordination, information exchange and implementation <p>- High-level Steering Committee...high ranking officials from relevant institutions and representatives of non-governmental stakeholders</p> <p>- Technical Committees...to facilitate implementation</p> <p>- Committees at decentralized levels...to coordinate FSN at local levels</p> <p>JP is actively participating in the meetings of <u>National board of food and medicines</u> which is led by her Excellency MOPH minister.</p> <p>JP is also supporting Afghan norms and standards (ANSA) in laying down standards for various food items to ensure food safety</p>
2.3 Nutrition and food security training modules are integrated in existing trainings	mapping of existing training programmes	45215	Mapping has been done in consultation with government stakeholders. The capacity building activities of JP meets the needs identified by the respective Ministry : Health, Agriculture, Education / Higher Education
	identification of key civil servants' training needs	45215	Training needs of key civil servants (25) and faculty (5) were met by facilitating training in India at the Central Food Technology Research institute (UN Institute) and at National Institute of Nutrition in India.
	Development of adapted training modules	100000	<p>JP is assisting the government (MOE) to integrate nutrition into national curricula of primary school children(Better Nutrition Better Learning Initiative) . Nutrition Education Curriculum is translated in 3 languages Dari/Pashto/ English-for use in all primary schools in Afghanistan. All JP partners attended the workshop on finalization of nutrition education syllabus materials for primary school .where the nutrition education syllabus materials for primary school were reviewed by MoE teachers and trainers . Based on the workshop feedback ,materials are revised.</p> <p>The materials will help > 6.25 million children. Posters as teaching Aids Materials on following topics are designed and printed for use by teachers:</p> <ul style="list-style-type: none"> - Why School Garden? ; - Better Nutrition- Better learning

			<ul style="list-style-type: none"> - Five Major Food Groups - What foods do in our body?(Food Function) - Food alphabets - Green Vegetables <p>A total of 514 people from MoE received informative nutrition education sessions related to nutrition topics included in curricula of school. Out of the mentioned group of people 404 were school teachers, who were invited from various provinces. 110 of the participants were Curriculum Developer & Text book writers of MOE.</p>
	Training of trainers	165788	<p>JP focused on capacity-building to boost human resources supporting nutritional and food security improvements. Through comprehensive capacity-building and training activities, JP influenced significant changes in practices among facility- and community-based health providers— ensuring that caregivers received accurate, actionable advice that would lead to critical feeding improvements JP also engaged religious leaders fathers, grandmothers, and teachers to support improved feeding</p> <p>JP’s training and capacity-building activities reached nearly 2113 health workers ,50 extension workers and 7366 community members.</p>

ⁱ Out of 38.56 MT RUSF, 37.2 MT was purchased with MDG-F funds; the remaining was WFP own resources.

ⁱⁱ The high default rate is explained by a temporary suspension (2 months) of TSFP activities, as a precautionary measure due to a possible contamination of RUSF from the European producer. After testing the in-country stock, the RUSF was cleared and the programming resumed.