

**FINAL MDGF JOINT PROGRAMME  
NARRATIVE REPORT**

Participating UN Organization(s)
FAO UNICEF UNIDO WFP WHO

Sector(s)/Area(s)/Theme(s)
Please indicate Thematic window and other relevant sub thematic areas  Thematic Area 1 on Children, Food Security and Nutrition

Joint Programme Title
Nutrition and Household Food Security in Afghanistan

Joint Programme Number
UNJP/AFG/057/SPA Activity code: TFES35AF09232

Joint Programme Cost [Sharing - if applicable]
<b>Fund Contribution: 50,000</b> USD
<b>Govt. Contribution:</b> in kind Salaries of DAIL staff paid by Govt.
<b>Agency Core Contribution:</b>
<b>Other: 40,000</b> USD Telefood from FAO
<b>TOTAL:</b> USD

Joint Programme [Location]
<b>Region (s):</b> Eastern, Central, central highland, and north east regions.
<b>Governorate(s):</b> Five Provinces Bamyan, Badakhshan, Daikundi, Nangarhar and Kabul
<b>District(s)</b> 10 districts
Panjab and Waras Bamyan Province Khash and Yamgan Badakhshan Province Ashatarly and Shahrstan Daikundi Province Kuzkunar (Khewa) and Nangarhar Province Surkhroud District 7 and 8 Kabul Province

Final Joint Programme Evaluation
<b>Final Evaluation Done</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Evaluation Report Attached</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date of delivery of final report</b>

Joint Programme Timeline
<b>Original start date</b> <i>01 Jan 2010</i>
<b>Final end date</b> <i>30 June 2013</i>

**Participating Implementing Line Ministries and/or other organisations (CSO, etc)**

**National level:** MOPH (PND), MAIL (DG extensions), MRRD, MOE, MOHE, MOWA, MoRA

**Sub National level:** DAIL, DOPH, DRRD, DOWA, DORA

**NGOs:** AMI, HealthNet-TPO, AADA, Merlin, Mission East, Afghan Aid, CARE International, KNF, CWS, CAF, MI, RRAA, MOVE, GIA, GWO, AHAO

**CSOs:** Omran Agriculture Cooperative, Armaghan Agriculture Cooperative, Ashtarlay CDC, and Shahrstan CDC, Kuzkunar Agriculture and livestock Cooperative, Naghrak Cooperative, Primary Agriculture and livestock Panjab women Cooperative,

**Report Formatting Instructions:**

- Number all sections and paragraphs as indicated below.
- Format the entire document using the following font: 12point \_ Times New Roman.

## **I. PURPOSE**

***a. Provide a brief introduction on the socio economical context and the development problems Addressed by the programme.***

Afghanistan is among the countries in the world with the highest rates of child mortality (IMR 77/1000 live births and U5MR 102/1000 live births).<sup>1</sup> More than one-half of children under five years of age suffer from chronic malnutrition (stunting) and approximately one in three are underweight.<sup>2</sup> Countywide, infant and young child feeding (IYCF) practices are sub-optimal. Cultural and traditional practices, low maternal awareness and high female illiteracy rates are major contributing factors for poor IYCF practices. Breastfeeding is often initiated very late and rates of exclusive breastfeeding to six-months of age are very low. Breastfeeding is stopped earlier than recommended and complementary feeding is not usually started on time. Commonly-used weaning foods often do not meet the nutritional requirements of the young child. Poor hygiene and sanitation practices, and limited access to improved water, also contribute substantially to child mortality. Undernourished girls and women are key to the inter-generational cycle of malnutrition.

Major micronutrient deficiencies are prevalent: iron, vitamin A, iodine and zinc, causing increased vulnerability to illness and death. About 4% of deaths among children under five are caused by zinc deficiency, which increases the risk for pneumonia, malaria and diarrhea. Micronutrient deficiencies and malnutrition are more likely to occur in women who are illiterate or have not had access to at least primary education.

The main causes of household food insecurity are drastic increases in food prices (since 2007), harsh winters, frequent droughts and floods, inadequate production of staple crops, limited storage and processing capacity for agricultural products, high unemployment rates and a general surge in the overall cost of living. Of the more than 5 million Afghans deficient in both calories and protein, approximately 1.1 million are children under five years of age living in food insecure households.<sup>3</sup> It is highly likely that both food insecurity and acute undernutrition follow seasonal trends, peaking during the spring. This is a period associated with the agricultural lean season and high prevalence of diarrhea, which is closely correlated with malnutrition.

Food insecurity is not limited to physical availability of food and its domestic production. Out of 26.4 million, almost 10 million Afghans (36%) live below the national poverty line, unable to meet their basic needs and dietary requirements. Household food insecurity is found also in urban areas, accompanied by undernutrition. The 2007/08 Global High Food Price crisis affected the country

<sup>1</sup> MOPH/CDC/CSO. Afghanistan Mortality Survey, 2010

<sup>2</sup> MOPH/CDC/UNICEF National Nutrition Survey, 2004/05

<sup>3</sup> CSO. NRVA 2011/12, Preliminary Findings (R0und 8)

greatly given its existing high levels of poverty. Approximately 37% of the population are living on the borderline of absolute poverty and food insecurity. Their conditions are influenced by fluctuations in economic factors, e.g. food prices, income and employment opportunities. Women, including female-headed households, have a disproportionate inferior access to adequate food, even if their household is not considered vulnerable.

In 2009, the Human Development Index (HDI)<sup>4</sup> ranked Afghanistan as lowest in Asia and second lowest in the world. Four years later, the HDI for Afghanistan has improved only slightly and the country is ranked 175 among 186 nations. Eradication of extreme poverty is the first goal of the MDGs. Poverty is compounded by a lack of health and social services, as well as poor education and nutrition levels. In spite of annual progress, per capita income remains the lowest in the region. Forth per cent of the Afghan population remain unemployed and more than one-half vulnerable to poverty. Another 8.5 million or 37% of the people are at the borderline of food insecurity and thus hunger.<sup>5</sup>

This joint U.N. programme aimed to address malnutrition and food insecurity through an integrated package and sustainable manner, while supporting an enabling environment by strengthening institutional frameworks. The programme was implemented at national and sub-national levels with direct technical and operational support of five UN agencies - FAO, UNICEF, UNIDO, WFP, WHO - under the leadership of MoPH and MAIL and five other ministries: MRRD, MoWA, MoE, MoRA and MoHE.

The UN Joint Programme's (UNJP) interventions have directly and indirectly contributed towards addressing hindrances of chronic nutrition and food security issues to the country's development. Related food security and nutrition targets are highlighted under national policy and strategy documents, in particular the National Agriculture Development Framework, the Health and Nutrition Sector Strategy (2008-2013), the National Health and Nutrition Policy (2012-2020), and the overall objectives of the national Nutrition Action Framework (NAF) and the Afghanistan Food Security and Nutrition Agenda (AFSANA).

**b. List Joint programme outcomes and associated outputs list as per the final approved of the joint program document or last agreed revision.**

***Outcome1:***<sup>6</sup>

*Child undernutrition 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).*

**Outputs:**

- 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
- 1.2 Increased awareness and knowledge of healthy nutrition practices
- 1.3 Improved access for acutely malnourished children aged 6-59 months to community-based management of acute malnutrition (CMAM)
- 1.4 Increased household food production and income
- 1.5 The nutritional status of children under 5 and women of reproductive age, and the household food security situation, are monitored in project sites

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<sup>4</sup> 2009 and 2013 Global Human Development Reports

<sup>5</sup> Afghanistan endorsed the MDGs only in 2004 due to ongoing conflict in 2000 when the Millennium Summit took place. Thus, the timeline for achieving the MDGs was extended for the country until 2020; a ninth goal on security was added. The Government of Afghanistan is committed to achieving these goals.

<sup>6</sup> Originally there were 7 outputs under Outcome 1, which were later merged into 5 outputs. Output 1.4 was reworded and the activities under outputs 1.3, 1.4 and 1.5 were distributed under outputs 1.2, 1.3 and 1.4. in the revised version. Therefore, the contents of the outputs remained unchanged while the number of outputs was reduced. These changes were officially approved by the PMC.

## **Outcome 2:**

*Policies, strategic frameworks and institutional mechanisms supporting integrated nutrition & household food security interventions are established.*

### **Outputs:**

- 2.1. Nutrition and household food security are adequately addressed in Government policies and strategies
- 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
- 2.3. Nutrition and food security training modules are integrated in existing trainings

### **c. Explain overall contribution of the joint programme to National Plan and Priorities**

The United Nations Development Assistance Framework (UNDAF) for Afghanistan has three priority areas: *good governance* (peace and stability), *sustainable livelihoods* (agriculture, food security and income opportunities) and *basic social services* (education, health, water and sanitation). The main objective of the UNJP was to deliver an integrated set of interventions to improve nutrition, food security and agriculture. The UNJP contributed to the first priority of the UNDAF (good governance) by building local capacity and setting up coordination mechanisms in which relevant local government stakeholders participated.

The UNJP directly contributed to agricultural outcomes, food security and nutritional improvements, the second UNDAF priority, by various interventions aimed at improving agricultural production and food diversification through different types of homestead food production models and enhancing community agricultural skills.

The UNJP established the Women Agriculture Cooperatives, which have been registered under MAIL. Seventeen food processing centres have been established, linked to the market and handed over to the newly established Women Agriculture Cooperatives. The capacity of cooperative members improved through various trainings, knowledge sharing and through improved technologies. The project helped in setting up micro-gardens in selected urban areas. Cooperative members were trained in small-scale food processing, preservation and cooking techniques. Improved dairy processing techniques and technologies for making proto cheese were introduced. New techniques of potato processing and packaging were provided to the members. The members have gained knowledge on proper way of drying of vegetable, fruits and meat through solar dehydrators. The necessary tools and equipment were provided to the cooperatives. Various activities enabled families to improve their diets and generate income. The UNJP has therefore over-all contributed to increased agricultural skills, improved food and nutrition security and enhanced income opportunities.

The UNJP contributed to the third UNDAF priority through strengthening the capacity of health staff, including community health workers on Growth Monitoring and Promotion; Infant and Young Child Feeding; counselling on breastfeeding and improved complementary feeding; including the Community-based Management of Acute Malnutrition (CMAM). The UNJP developed training packages and publications to support health staff, and for future expansions, thereby improving communities' access to improved health services.

The final review of the UNJP reflected a striking level of government ownership and engagement – laying “impressive groundwork for a substantial, targeted acceleration of achievements”. The UNJP delivered a package of community nutrition and food security interventions, while strengthening the institutional framework for addressing malnutrition and chronic food security issues in an integrated and holistic manner.

The MDGs in Afghanistan consist of nine goals and UNJP has contributed to MDG 1 (eradicate extreme poverty and hunger), MDG 4 (reduce child mortality), and MDG 5 (improve maternal health). The Afghanistan National Development Strategy (ANDS) is the highest development strategy document in the country. The ANDS has not defined any clear objectives in relation to nutrition and food security. However, the UNJP contributed to the economic and social development pillar of the ANDS. Moreover, the UNJP has contributed to two cross cutting issues in the ANDS, capacity development and gender equity.

The UNJP has been actively engaged in all relevant ongoing and newly-developed national plans, including the National Priority Programmes (NPPs). During the programme duration, the UNJP technically contributed to the development process of the following documents:

- Food for Life;
- Nutrition Action Framework;
- FNS Policy Statement and Strategic Framework;
- Afghanistan Food Security and Nutrition Agenda;
- Technical Review of the Food Law Draft

***d. Describe and assess how the programme development partners have jointly contributed to achieve development results***

The UN Agencies, along with government and community stakeholders, established functional coordination mechanism at national, sub-national and district levels in order to identify key nutrition and food security problems in the related provinces, develop district action plans through participatory planning processes, and implement activities with UN support and the full engagement of the government, especially at sub-national level, and in partnership with community organizations. Regular meetings were arranged to share progress made and review any challenges and issues during the implementation of the project.

In each province, a PCC was established that was chaired by either a DOPH or DAIL representative. The PCC members included representatives from DRRD, DoWA, DoRA, DoED, the Governor's Office, and civil society. The PCC members selected the two UNJP districts in each province based on high levels of food insecurity, accessibility, and lack of basic services. Following the selection, a DCC was established in each district to advise and support the activity monitoring carried out in collaboration with government and NGOs. PCC and DCC meetings were held as and when needed. Community-level nutrition and food security needs were identified, the area of coverage was selected, and a functional coordination system was set up. Each province was led by one of the UNJP UN agencies. The lead UN agency was responsible for coordinating activities in their assigned province. Supporting UN agencies also played a role based on agency technical capability and commitments.

The project together with national and sub-national key stakeholders, started a multi-dimensional and comprehensive joint effort to achieve planned outcomes in the targeted areas. With the direct consultation of PCC and DCC members, community level action plans were developed to address the needs of the respective communities. In spite of some differences in various communities, action plans shared a lot of commonalities, among others the importance of improving food production, strengthening post-harvest management, food processing/preservation, agriculture technology transfer, nutrition education, IYCF counseling, and the screening, treatment and management of acute malnutrition (under CMAM). Each UN agency provided technical support within its areas of expertise, and logistical support, in an integrated manner.

The district action plans served as platforms for the implementation carried out by the provincial and district government staff, local NGOs, and local community organization members. Monitoring, evaluation, supervision and reporting were carried out vertically through two key ministry channels. For example, Provincial Nutrition Officers conducted trainings for district and community health workers, and Agricultural Extension Officers worked with district extension workers who in turn worked with communities, to train beneficiaries in gardening techniques, providing them with seeds,

tools and fertilizers. All activities were carried out in close coordination with the PCCs and DCCs. Food security activities were primarily monitored by District Extension Officers, with the support of DRRD and DOWA staff. Monitoring results were reported to DAIL at province level and then to general directorates of extensions at national level.

In the same manner, all nutrition-related activities, were reported by the PNO to the DoPH at provincial level, and to the MOPH's Public Nutrition Department at the national level. Such management helped to ensure government ownership whilst fostering capacity development. It also alleviated the impact security restrictions had on UN staff to access insecure areas. Links with the MRRD and the MoWA, as well as the MoE, bridged the required access to communities through CDCs, Women's Shuras, and schools.

Other key features of the UNJP were innovation, opportunity-seeking and flexibility. These approaches of management and coordination helped the UNJP to step beyond the original project plan, e.g. resulting in development of the National Food-based Dietary Guidelines, as well as the inclusion of nutrition education in the primary school curriculum, titled "Better feeding - Better learning". Additionally, community screening for acute malnutrition in young children and pregnant or lactating women was regarded in the Final Evaluation Report as a substantive achievement in a relatively short period of time.

## **II. ASSESSMENT OF JOINT PROGRAMME RESULTS**

- a. *Report on the key outcomes achieved and explain any variance in achieved versus planned results. The narrative should be results oriented to present results and illustrate impacts of the pilot at policy level)*

### Outcome 1:

The UNJP established coordination mechanisms at national, sub national and community levels. The two coordinating bodies, which were established at national level are the PMC and the TWG. The PMC replaced the NSC which was foreseen in project document, while the TWG has carried out responsibilities provided to the PMC in the project document. A total of six PMC meetings were conducted. PMC members included the Deputy Ministers of MAIL and MOPH, the Country Directors of the UN agencies, and it was chaired by the RCO head. The TWG included representatives from related departments of MAIL and MOPH, focal points from all five UN agencies, two national coordinators, and was headed by the JCCTA.

The coordination mechanism at sub-national levels initiated with a participatory appraisal workshops at sub-national level that paved the way to bring all sub-national stakeholders together and in one place to jointly decide on setting up a mechanism of coordination and identify local needs to improve household nutrition and food security. The national and sub-national workshops, in which all key stakeholders actively participated, resulted into well functioning mechanisms of coordination, the provincial coordination committee (PCC) and the district coordination committee (DCC).

Following the formulation of a district profile and the identification of food security and nutrition situation in each district, key stakeholders from various sectors in the province jointly developed a responsive district level action plan for each district. The district action plan served as a roadmap to implement all nutrition and food security interventions. This was a useful exercise for all related stakeholders at national and sub-national level on how to work together and bring synergy to respond to the nutrition and food security needs of the communities.

Another major challenge the UNJP addressed was to increase community awareness and enhance the capacity of involved stakeholders. Based on the results of a capacity needs assessment, key

government staff were selected from all related sectors and provided with ‘Training of Trainers’ on nutrition and food security. These trained trainers have provided cascade trainings to the community level. The UNJP produced ten different types of information, education and communication (IEC) materials and developed 15 different training packages. Relevant government staff were involved in the development process, promoting and providing full ownership by MOPH and MAIL. Similarly, the school nutrition curricula is now in the hands of MOE. Government staff led all trainings and awareness-raising activities at the sub-national levels. NGOs working in the nutrition and food security sectors, and other development agencies, are now using the UNJP-developed materials.

To improve food availability and food access at community level, the UNJP with the direct support of relevant government sectors established 891 partnerships with community organizations and institutions, including: male and female CDCs, clinics, women associations, male and female agriculture cooperatives, religious organizations, and schools. The UNJP supported the establishment and registration of Women Agriculture Cooperatives. The cooperative members were trained on food production, preservation and marketing; today the cooperatives function as producer groups. Gardens, green houses, nurseries, plastic tunnels, and food processing and information centers were built and were handed over to interested community institutions. DAIL, DRRD, DOWA were fully involved in the process of development and hand-over of the centers. These departments are now overseeing and supporting the groups, as they were involved from the beginning. Building partnership with community organizations with direct involvement of sub-national government is not only for the purpose of improving awareness, passing skills and transferring technologies but also has sustained UNJP interventions at the community level.

## Outcome2

The UNJP supported the development processes of a number of policy and strategy documents. However, due to ambiguity to develop related strategy documents, the UNJP had to show flexibility and apply innovative approaches. Successful work was carried out on the development of FBDG and the integration of nutrition into school curricula. Both activities can be considered relevant achievements that were well-recognized by all stakeholders; their success was highlighted in the MDGf Final Evaluation Report.

*b. In what way do you feel that the capacities developed during the implementation of the joint programme have contributed to the achievement of the outcomes?*

Capacity development of UNJP was planned in line with the community and government needs to achieve their development objectives. UNJP capacity development focused on both improving human capacity and as well as system capacity to improve nutrition and services.

Capacity development carried out by UNJP at all three levels (national, sub-national and community levels) has a long lasting effect on community members and government staff at provincial as well as district levels. Government staff will use the skills they have gained during the implementation of the UNJP to provide better service to their communities.

Some skill sets and capacity in relation to food security initiatives at sub-national and community level were not available among government that the UNJP started. The UNJP has therefore developed training packages and trained government staff and community members to increase their awareness on nutrition and food security; UNJP has also developed IEC materials to be used at community level. In addition to that UNJP has sent key government staff abroad to increase their skills on post-harvest management, food processing, packaging and marketing. The achieved capacity will help government staff to improve household food availability and food access, particularly in off seasons, where heavy snow cut off transportation routes and prevent food losses.

The key government staff working at community level have received TOTs on nutrition and food security topics to train key community organizations members, namely health shuras, CDC, women associations, agriculture cooperatives, school teachers and related staff of clinics. With the support of

coordination mechanism established at all three level by the UNJP, provincial nutrition officers, agriculture extension worker, social mobilizers and representatives of women departments worked as teams to mobilize communities and supported them on food production, post-harvest management, food processing, nutrition education, IYCF and marketing. It is important to note that for many government staff, the UNJP, by creating an opportunity to work in an integrated manner with partners from many sectors to support various interested community organizations, offered a unique opportunity for government staff to be exposed to inter-sectoral and inter-ministerial work.

UNJP also integrated nutrition into school curricula from grade 1 to grade six and trained over 400 teachers to support the process. FBDG development is another contribution of UNJP to improve nutrition and helping related sectors to contributed to public nutrition in a more meaning full manner.

- c. *Report on how outputs have contributed to the achievement of the outcomes based on performance indicators and explain any variance in actual versus planned contributions of these outputs. Highlight any institutional and/ or behavioural changes, including capacity development, amongst beneficiaries/right holders.*

### *Participatory appraisal workshops*

Linking agriculture, nutrition and health is key to the sustainable improvement of nutrition, particularly of children and women. To foster the linkages between these, a coordination mechanism was established at community level to support the integration of agriculture, nutrition and health at community level.

Immediately following the inception workshop and the selection of five provinces and ten districts as UNJP coverage areas, the UNJP decided to bring all stakeholders together for a needs assessment and decision making process. For this purpose, the UNJP conducted participatory appraisal workshops in all five provinces. All key provincial government staff from all related sectors participated actively in the workshop. Through a participatory appraisal workshop all key provincial stakeholders were identified; based on this information, provincial coordination committees (PCCs) were established in each province to oversee provincial activities.

Due to the high involvement of MAIL and MOPH in the UNJP, the PCC were headed either by a staff member from the provincial department of public health (DoPH) or the provincial department of agriculture (DAIL). Meanwhile, district coordination committees (DCC) were established in each district. DCCs focused on district level implementation and all activities carried out by extension officers (DAIL), social mobilizers (DRRD), social workers (DoWA) and school representatives (DoED). The respective district governors headed the DCCs. District level action plans were developed based on the participatory planning workshop results, specific to the needs of the district. The plans were finalized with the participation of the respective PCC and DCC members.

Sub-national level coordination structures supported and supervised all activities of JP implemented through district level action plans. In order to further strengthen the mechanism of coordination, one UN agency that had more presence and facilities in the province was identified and selected as the lead agency in that province. Besides supporting JP activities jointly in all JP coverage areas the related agency was selected as lead in the relevant province.

### *Institutional Support and Capacity Development*

At the start of the UNJP, capacity to support nutrition and food security through various sectors was still very poor, especially at sub-national level and in food-insecure areas where geographical and climatic limitations are combined with high security risks and little resources for capacity development. The UNJP, therefore, focused its capacity development activities in the field of nutrition and food security primarily at the sub-national level.

## *National level capacity development*

To increase the awareness of community groups and to support the existing health system regarding IYCF messaging, 6,491 health staff were trained, including doctors, midwives, nurses, CHS, CHW, and LHC/VHC. To strengthen and sustain IYCF communication and awareness raising activities, IYCF informative sessions were conducted that covered 1,346 community members and established 1,268 community support groups. Training on C-IYCF and breastfeeding, breastfeeding counseling and the International Code of Marketing of Breastmilk Substitutes were carried out for the key health staff at district level. A considerable amount of communication material was formulated, designed and published to support health workers at field level. These materials were handed over to the Public Nutrition Department of the MoPH for future use and adaptation.

To improve the capacity of health staff on the management of acute malnutrition, some 2250 health staff were trained, including CHWs, on screening and referral, and more than 137,000 children and over 152,000 pregnant and lactating women were screened. To support the implementation of CMAM, 198 master trainers from key health positions were trained on its modalities. The master trainers will train TFU staff to provide quality CMAM services at the sub-national levels. To further strengthen capacity development support, over 122 MT of supplies were supplied to the UNJP-supported TFUs.<sup>7</sup>

Targeted Supplementary Feeding Programmes for the treatment of children aged 6-59 months with moderate acute malnutrition (MAM) under the CMAM approach, will continue through MOPH, and the BPHS-implementing NGOs that are responsible in the UNJP districts. The provision of CMAM training, ensuring availability of technical expertise with the government health staff and, specifically, procuring the specialized nutrition products for the treatment of MAM children are not yet possible, at-scale, through government resources. Although there have been numerous instances wherein WFP and UNICEF have separately implemented CMAM components to treat acutely malnourished children, the UNJP demonstrated that a jointly implemented initiative can efficiently utilise the comparative advantages and resources of each agency in combination, leading to the achievement of successful programme outcomes.

To build capacity in agriculture and other related sectors, more than 100 master trainers were trained, who then built provincial capacity with members of different technical backgrounds from the related departments with complementary skills. The provincial teams consisted of district extension officers (DAIL), provincial nutrition officers (DoPH), social workers (DoWA), social mobilizers (DRRD). A focal point was designated from DoED. Provincial teams, under supervision of PCC supported related technical staff at district levels. Through this mechanism, over 19,220 (9,751 male, 9,463 female) community members and members of community organizations received training on gardening, food processing, cooking demonstration, and nutrition education.

## *International Capacity-building*

To strengthen the capacity of District Extension Officers and enable them to provide better services to farmers, international training was facilitated. The aim of the training was to reduce post harvest losses and to add value and utility to agro-resources by enabling 25 extension officers from the five MDGf provinces to travel to the Central Food & Technology Research Institute in India for short term training courses on essentials of packaging technology for the distribution and marketing of food products, holistic approaches to processing of fruits and vegetables to turn them into value added products, as well as post harvest handling and storage of fresh fruits and vegetables for commercial trade.

## Homestead food production and food security support

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<sup>7</sup> Includes F-75 (3MT), F-100 (20MT), RUTF (96MT), ReSomal (1MT) and Resomal (2MT) .

### *Promotion of vegetable growth to support dietary diversity*

Supporting nutrition-sensitive agriculture activities has direct impact on improving household nutrition and it is particularly imperative in subsistent farmer communities. The UNJP food production component was both flexible and opportunistic towards integrating vegetable production in education, rural development, health and urban settings. Different types of gardens reflect interventions in the related sectors' system and responding off season production. A total of 2,899 gardens were established that reached 41,145 beneficiaries.

### *Clinic Gardens*

Child nutrition was addressed by promoting clinic gardens to diversify dietary intake. Pregnant and breastfeeding women received counselling from trained health workers to utilize locally grown vegetables that would improve their nutrition. Thirty-five clinic gardens were established with the support of Agriculture Extension Officers and health workers.

### *School Gardens*

Sixty-four school gardens were established and used as means for teaching children about food and nutrition-related issues and the importance of dietary diversification. Nutrition and food security lessons are passed on from school children to other family members when school garden practices are replicated at home or in community gardens.

### *Home Gardens*

Good nutrition depends on the quality and quantity of the food that is available. The establishment of home gardens for improving food intake, while using household labour intensively on small land surfaces within the home, were supported. These gardens facilitated women to grow fruits and vegetables while fulfilling their domestic and child care responsibilities. Home garden foods typically include roots and tubers, green leafy vegetables, legumes and fruits, all of which are rich in vitamins and minerals. A total of 2,610 household gardens were set up in rural areas, and 103 in urban area by agriculture extension staff.

### *Greenhouses and Nurseries*

DAIL supported the implementing partners and community structures (CDCs, shuras and agriculture cooperatives) to construct nurseries and greenhouses. Community members received training to set up nursery/greenhouse for fruits and vegetables, along with seeds and tools. To establish the home gardens, saplings were distributed free-of-charge to community members; thus, communities were empowered to diversify crops, make best use of the local growing season, and produce nutritious food. With the support of District Extension Officers, a total of 12 greenhouses and 35 nurseries were established in MDGf districts.

### *Plastic Tunnels*

Twenty-four plastic tunnels were introduced into Badakhshan province, which aimed to provide fresh vegetables to the community members in off-seasons when vegetables are dried. Khash is located in a highland area of Badakhshan province where six-months of the year are too cold for vegetable production. The use of the plastic tunnels was facilitated by implementing partners and supported by the District Extension Officers; the practice was continued by the local communities and they plan to continue in coming years.

### *Micro-Gardens in Urban Settings*

In urban areas (Kabul city), space for the promotion of food production rich in micronutrients is limited. To improve the nutrition of poor vulnerable families, micro-gardens were promoted for an urban family to produce high-value nutritious vegetables. A micro-garden is a very small garden that

allows growing a vast range of horticulture crops. It is an innovative approach for communities living in urban areas, where access constraints and limited space demand home-based solutions. They require little space and little water to grow a broad range of vegetables that can be consumed by the family or sold to the neighbours. They also assist in converting kitchen garbage into useable compost.

### *Poultry and Beekeeping*

Afghanistan experiences a high influx of rural poor to urban areas. In order to address the needs of an increasingly urbanized population, saving sources for livelihoods need to be identified and specifically targeted programs need to be designed and implemented for the migrant population which is particularly vulnerable to malnutrition in the process of transformation from the land-based to cash economy. Urban families rarely own enough land to subsist off the food they grow, or the animals they keep. DAIL supported the establishment of backyard household poultry farms for 500 families in Kabul - in households with at least one malnourished child - which were operated as micro-enterprises. Intensive training was provided to women who were then supplied with starter poultry kits (15 pullets, one drinker, one feeder, two meters of wire and 95 kilograms of poultry feed). Pullets were provided regular vaccination against new castle disease. The women also received initial support in the marketing of eggs.

DAIL also supported the establishment of Poultry Producer Groups (PPGs)—self help groups which market eggs as a cooperative and maintain the supply of inputs and arrange for vaccination after the support by the UNJP is withdrawn. This support to poor food insecure households has helped to diversify diets in these households through an increase in household egg and other poultry product consumption. In addition, income generated from the sale of poultry products allows these households to add more fresh foods to their daily meals.

### *Beekeeping*

In Daikundi and Badakhshan provinces, the household situation is precarious due to high poverty, lack of income opportunities and seasonal food shortages. DAIL and partners supported beekeeping as a unique initiative that aims to reduce poverty and improve food security by empowering women to generate income within their communities. This activity was implemented in coordination with CDCs and local women's shuras. The women (primary beneficiaries) were selected by shura members based on family income and willingness to participate – women headed households are among the most vulnerable since they have very few opportunities to earn income outside the home. Even though modest, this new cash income has the potential to make a significant difference to a family that has little cash income.

A total of 250 hives and tools were provided for 250 women who received training on honeybee management and ecological education on the importance of bees in crop pollination. District Extension Officers facilitated the on-site coaching and routinely monitored the progress in maintaining the beehives and harvesting the honey. In order to manage the hives in the most efficient way, shura members nominated one woman from each village to work as the master beekeeper, along with specialized training in packaging and marketing honey. With the support of women's shuras and DoWA the women set up a producer cooperative to market their honey at the main markets in Daikundi and Badakhshan, where high quality honey commands a good price – 25kg of pure honey retails for 50,000 Afghanis (approximately USD \$1,000).

### *Food Processing Centers Established:*

With support from DAIL, a total of 17 food processing & training centers were established. 3 food processing centers in Kabul city, and one food processing and four milk processing centers in Daikundi, four milk processing centers and one vegetable and fruit processing center in Badakhshan, two potato processing centers in Bamyan and two food processing centers in Nangarhar provinces were established. The centers have enabled 1,417 women from low income communities to learn

preservation techniques and gain knowledge on how to market their products locally. The centers were supported for a period of four to six months and handed over women agriculture cooperatives.

The aim was also to improve children's health by diversifying their dietary intake and increasing family income. Over 1,325 women and 163 men received comprehensive training to help other community members. Training-of-Trainers was provided to selected members from CDCs/shuras. These trainers cascaded down the training to other community members to hygienically produce dried/dehydrated products, pickles, tomato paste, jams, semi-processed fruit products, and cheese. Preference for training was given to mothers of young children, especially those with children under 24 months. To effectively market their finished products, food processing producer groups were set up by the training centre and each producer group nominated one woman of the producer cooperative to support trainees in packaging, branding and selling their products.

### *Technology Transfer*

Nutrition and health-sensitive food production and post-harvest management was a key component identified to improve nutrition and food security through the UNJP. With direct involvement of DAILs and DoWA, simple, time and labour-saving technologies were transferred to help producer groups to process their surplus production of fast perishing productions such as vegetables, fruits and dairy. Small technologies for 17 food processing centers were transferred, and 140 solar dryers for women groups and Women Agriculture Cooperatives. A short training and demonstrations were conducted on the proper and hygienic use of the dryers for 1.400 beneficiaries.

### *Gender and Women Empowerment*

Almost all of the implemented nutrition, food security and livelihood interventions were aimed towards empowering women both in rural and urban settings. However, in a gender-segregated society, where women are often not allowed to carry out certain activities in the absence of male family members, men become essential towards facilitate the processes and supporting women.

Women and, preferably, female-headed households were targeted as beneficiaries in backyard poultry and beekeeping projects. Agriculture cooperatives and women producer groups were established, supported and registered with MAIL/DAIL; food processing and information centers were built and equipped with full engagement of DAIL and DoWA and handed over to Women Agriculture Cooperatives, solar dryers were only given to women and women groups.

### *Women Agriculture Extension Workers*

Women in Afghanistan usually have less access to agricultural extension and training, less access to agricultural credit, and less access to irrigation and modern inputs. They are also less likely to be organized in farmers' organizations or agricultural interest groups that make their voices heard. Achieving gender equity is not only a goal in its own right, it is essential in order to use agriculture for development, and a precondition to meeting MDG-1 of halving hunger and poverty in Afghanistan. To respond to these needs, the General Directorate of Agriculture Extensions was convinced to prioritise the recruitment of female agriculture extension worker at district level. With the agreement of the DG extensions in MAIL, the DAILs were supported to identify candidates suitable for the position of district agriculture extension and trained six female candidates. The Directorate of Extensions agreed to recruit and integrate these women into the government structure as women extension workers in their respective communities.

Outcome Two focused on policy and strategy support. During the UNJP's duration, there were a number on-going policy and strategy initiatives; the UN partners contributed actively to the process of their development although not necessarily under the scope of the MDGf. The UNJP showed high flexibility and came up with innovative approaches, which allowed it to contribute to the second outcome in spite of the unfavorable environment. The development of a Food-based Dietary Guideline (FBDG) and integrating nutrition education into the school curricula were two key

contributions in achieving Outcome Two; both initiatives were based on a specific interest from the Government (MOPH, MAIL), as well as from the relevant sectoral stakeholders.

### *Food-Based Dietary Guideline for Afghanistan*

Based on the interest of MOPH and MAIL and the need for national dietary guidelines, the task to develop responsible and sensible dietary messages to help the population choose an adequate and prudent diet was carried out. The Government was supported to develop FBDG through a transparent and integrated process, in partnerships with all stakeholders, including policy makers, nutrition and other health professionals, agriculturists, educationists, as well as representatives from the private sector such as the food and health industry and the media. It was ensured that the FBDG was linked to nutrition education efforts, agriculture and food policies, and that overall the FBDG will be part of an integrated strategy to improve food security, food safety, nutrition and health in the country.

The FBDG development process was a joint process led by the Public Nutrition Department of MOPH with support from MAIL, MRRD and other stakeholders. The development process began with a multi-sectoral workshop with participants from MOPH, MAIL, MRRD, MOE, UNICEF, WFP, FAO and ICARDA. At this workshop, participants identified the main health and nutrition problems affecting the population of Afghanistan. Based on the health and nutrition problems identified, recommendations for nutrient intake and overall nutrition goals were formulated which would help the population, over a period of time, to improve their health and nutrition situation.

Following the initial workshop, a two day multi sector workshop was conducted, field testing methodology and tools were designed in order to test the technical recommendations drawn from the first workshop. After data collectors were trained, the recommendations were tested in 45 focus group discussions in eight regions of the country. After the collected data was analyzed and consolidated, the recommendations were modified accordingly and a poster with 10 recommendations was developed. Due to high interest of all government stakeholders, the process is now continued through a small TCP fund of FAO. The project will complete the cycle of FBDG development and associated communication materials to be distributed to the broader public.

### *Better Nutrition and Better Learning*

Considering school as an important part of several factors influencing children's eating patterns and attitude, it is also a natural development zone for nutrition education and a place to initiate lifestyle changes. The MoE was supported to integrate nutrition into the national school curricula from grade one to grade six. In the MoE's curriculum development department, 110 staff received training on related nutrition topics. Technical support was provided in order that text book writers were identified for nutrition topics to be incorporated into school nutrition curricula. The nutrition curricula were translated into the two national languages, Dari and Pashtu. Teaching aids in the form of posters for six nutrition-related topics were designed and published. In relation to the content of nutrition curricula, 404 key teachers from different regions of the country were trained. The material will reach over 6.35 million primary school students.

- d. *Who are and how have the primary beneficiaries/right holders been engaged in the joint programme implementation? Please disaggregate by relevant category as appropriate for your specific joint programme (e.g. gender, age, etc)*

Through a participatory planning process, the UNJP has set up several coordination mechanisms composed of all related sector representatives. At district level, DCC decided on types, location, and composition of primary beneficiaries in consultation with the UNJP field officers. In each province, the UNJP developed a team with members of different technical background and from different sectors.

In Afghanistan, each sector has created a community structure to carry out the related sector activities at the community level. These are health shuaras for the MoPH, agricultural cooperatives for MAIL, CDCs for MRRD, women associations for the MoWA, and Ulama shuras for the MoRA. Under the direct supervision of the DCCs, the UNJP has identified beneficiaries for the programme through the above mentioned community networks/organizations with direct support of the team composed of agriculture extension workers, social workers for women affairs, social mobilizers of rural development and provincial nutrition officers from health. Local knowledge and deep understanding of each team members from community structures helped the UNJP to identify and engage the right beneficiaries.

Selection, engagement, capacity development, and support of suitable beneficiaries were overseen by the DCC, particularly technical members of DCC. The UNJP ensured social workers of women affairs, social mobilizers of rural development and agriculture extension officers were always engaged to identify the most suitable female beneficiaries in the communities. To complete this task, the UNJP was supported by women's associations, female CDCs and women agriculture cooperative respectively.

The most actively engaged community organizations to identify the beneficiaries and sustain the work after the UNJP ended were female CDCs, women's associations, as well as women agriculture cooperatives. In the case of the bee keeping project in Badakhshan and Daikundi, the projects were handed over to women's associations and female CDC members. After the UNJP handed over the project, these community organizations took over the management responsibility to sustain the project result and further expand it to other neighboring communities.

The bee keeping project for women in Daikundi province has since received funding from UNHCR. The donor has seen the model of selection and support funded the IP to expand the project to other parts of the provinces. A food security and nutrition project by another IP in Daikundi province has received 6 months of extension by another donor. In the national lesson learnt workshop, the same IP informed the UNJP that the EC is going to expand the same type of intervention to all provinces for the duration of three years.

Most of the food processing centers were handed over to women agricultural cooperatives. USAID has already agreed to further support two food processing centers that were handed over to women agricultural cooperatives. Part of this success is due to the careful and proper selection of beneficiaries and to the engagement of community organizations and related sectors through the entire process.

*a. Describe and assess how the joint programme and its development partners have addressed issues of social, cultural, political and economic inequalities during the implementation phase of the programme:*

*a. To what extent and in which capacities have socially excluded populations been involved throughout this programme?*

- In all coverage areas women were considered as the primary beneficiaries. However, in the social context of Afghanistan, where male and female segregation is strictly followed and women need the support of the (male) decision makers of their family, men have to also be engaged. In addition to that, women cannot do certain types of work, e.g. when it requires mobility, like visiting market places. Due to the mentioned reasons, men were also involved in the UNJP activities at the family land community level to facilitate the process of working with women and woman groups.
- Two of the selection criteria given to the PCC for selection of districts in a province were high food insecurity and underserved area.
- Bee keeping and poultry projects exclusively focused on poor women and particularly female headed households.

- In food processing centres, the UNJP has involved women's groups, particularly women's agricultural cooperatives. The group members received TOT, and centers were equipped and finally handed over to the same women's agricultural cooperatives.
- 140 solar dryers were exclusively given to women's groups. Most of the micro gardens and home gardens were focused on women beneficiaries.

*b. Has the programme contributed to increasing the decision making power of excluded groups vis-a-vis policies that affect their lives? Has there been an increase in dialogue and participation of these groups with local and national governments in relation to these policies?*

- When women contribute to households' income, they gain respect from other family members. Their role in decision making processes at the household level is thereby strengthened.
- Providing food processing centers and solar dryers to women groups can also support women in decision making. It enhanced women's participation and dialogue with the various sectors engaged in the programme. In Nangarhar province, women's participation in the food processing center attracted attention of a donor. After consulting with the cooperatives, USAID has agreed to further fund the women's groups, to improve the equipment of the center and provide support for more efficient management of the processing centres.

*c. Has the programme and its development partners strengthened the organization of citizen and civil society groups so that they are better placed to advocate for their rights? If so how? Please give concrete examples.*

- During the duration of the programme, the UNJP has established many partnerships with local institutions and community organizations, helped to build their capacities and to increase their potential for improved agriculture production, better nutrition and food security. Two CDCs and two agricultural cooperatives were directly funded by the UNJP. The community organizations who received funds used the funds based on their priorities. This was done in direct coordination with DAIL and DRRD, and the two departments are looking forward to mobilise additional resources for the community groups as they show increasing capacity to effectively use and manage funds for capacity development.

*d. To what extent has the programme (whether through local or national level interventions) contributed to improving the lives of socially excluded groups?*

- Interventions of the UNJP have increased awareness in relation to nutrition and food security, improved dietary diversity and increased income of women through backyard poultry, beekeeping, food processing and food processing centres, and vegetable production particularly in urban settings.

*e. Describe the extent of the contribution of the joint programme to the following categories of results:*

*a. Paris Declaration Principles*

- *Leadership of national and local governmental institutions*

- Leadership of government institution both at sub-national and community level was a prominent part of the UNJP interventions. Government institutions were directly involved in the planning, implementation and monitoring of activities. The coordination mechanisms established (PCC, DCC) serve as a good indicator of the government leadership.

- *Involvement of CSO and citizens*

- 

16 CSOs were funded to implement projects in 10 districts in close coordination with local institutions and community organizations.

A huge number of partnerships with local institutions and community organizations were established by the UNJP. This was done with the direct engagement of the related government sectors at sub-

national level. DRRD, DoWA and DoRA mobilized all the related community organizations, namely CDCs, women’s associations and religious committees. Clinics were identified by DoPH, agriculture cooperatives were involved in implementation by DAIL and schools were identified and involved by DoEd. The numbers of local institutions and community organisations that worked closely in partnership with the UNJP to improve nutrition and food security at community are as follows:

Year	Clinics	CDCs	Schools	Agriculture Cooperatives	Women Associations	Religious committees
2011	22	53	34	4	3	0
2012	46	510	152	12	41	14

- *Alignment and harmonization*

PMC, TWG, PCC, and DCC served as means of alignment and harmonization of various components of programs.

- *Innovative elements in mutual accountability (justify why these elements are innovative)*
- The programme was accountable to the members of the PMC. The UNJP could not carry out any activity without approval of PMC members.
- PCCs were checking all proposals through NGOs in their respective province and PCC had open hand in selection and declining of proposals.
- One of the main commitments of all DCC was to see the plan, approve the activities based on the need and monitor the activities in the field through district extension officers, and health officers.

b. Delivering as One

- Role of Resident Coordinator Office and synergies with other MDGF joint programmes
- Innovative elements in harmonization of procedures and managerial practices (justify why these elements are innovative)
- Joint United Nations formulation, planning and management

### III. GOOD PRACTICES AND LESSONS LEARNED

- *Report key lessons learned and good practices that would facilitate future joint programme design and implementation*

Proper involvement and participation of government and community organization and on time handover of project outputs (food processing centers, training materials, communication materials) is key for continuation and sustainability of the project result.

Joint work both at national and provincial level is essential to increase commitments. The more government partners are involved the better they feel ownership of the work/ activities and that increases government commitment as well.

Supporting community organization is another good practices that was carried out by UNJP. UNJP funded two cooperatives and two CDCs in Daikundi province. The direct fund to the cooperatives both increased capacity of the groups to use other available resources at sub-national level, budget is also used efficiently without providing overhead costs and staff salaries. In addition to that it increased interaction and dialogue between community members and UNJP on one hand and between cooperatives and DAIL on the other hand.

UNJP supporting recruitment of women extension officers at MAIL. Both male and female members of community needs agriculture support and services, government staff is predominantly male; male staff cannot work with women and women groups in social context of Afghanistan. UNJP encouraged general directorate of agriculture extension to recruit female agriculture extension workers. Based on both side agreement, UNJP with related DAILs identified and trained six women to increase their skills in agriculture, food processing, nutrition and food security. General directorate of agriculture in MAIL has promised to recruit them. Now MAIL is realising that increasing women agriculture extension workers is a need for better agriculture services.

UNJP increased capacity of government staff at provincial and district level. In the last decade most of the resources and capacity development efforts were channelled to national level and places where provision of services have been easy. UNJP identified that, government staff at province and district levels have less opportunity of capacity development; therefore, they have poor capacity and enhancing capacity of those staff is essential to improve nutrition and food security at community level.

Setting up a longer term partnership to support existing community organizations is an effective way of supporting community. UNJP in its life time started to establish partnership with a lot of community organizations, however, short duration of the project affected the process. To support communities requires working with communities and built their capacity and link them to market and establish their close collaboration with related government sectors, which requires a long term partnership and support.

- *Report on any innovative development approaches as a result of joint programme implementation*

Establishing local partnership was a good development approach that UNJP set up with many CDCs, women Shuras, and agriculture cooperatives. The partnership was supervised by government related staff in the field. The aim was to build on existing community structures and existing capacity with initiative and interest of the community groups. Although it is challenging to work with community groups, involving a few sectors and strategize them, but the approach was working and had good result.

Joint work of staff from various sectors on improving nutrition and food security was another good approach. People from different technical background and sectors, each supporting a different community structures set up by their provincial department, supported by a ministry at national level worked jointly at community level as a team to support nutrition and food security objectives. This approach was materialized only in few districts; the result of their joint work was very good.

- *Indicate key constraints including delays (if any) during programme implementation*
  - a. *Internal to the joint programme*

The project faced many obstacles, due to the different operational and administrative procedures on each UN Agency. This caused some implementation delays. Implementing UN joint project is challenging, given that a lot of efforts is needed for coordination among and between agencies for delivering activities. Though, regular meetings and exchange of information facilitated the implementation and working together. It should be noted that more efforts is needed for improving the delivering as one UN.

UNJP started almost one year later than it was intended starting date, the delay in project start and short duration of the project challenged achieving nutrition and food security objectives which usually needs a long term commitments.

- b. *External to the joint programme*

Security problems limited regular access to fields for monitoring the implementation. Some of project areas where there is UN security travel restrictions, it was not possible to undertake field visits. These were mainly two districts in Nangarhar province one district in Daikundi provinces and one district in Badakhshan province. In addition, road travels were banned to all provinces from the beginning of UNJP implementation.

Insufficient number of government staff at community was a major challenge. Health staffs at community level are fully busy with their routine work. Agriculture has one district agriculture extension officer which make difficult for supporting and implementing activities. Working at community level with support of government staff, although very similar to their TOR, it places an extra work for them.

Lack of female staff at provincial and district levels made difficult for engaging women and setting up women groups. Working in a female and male disaggregated communities, female staff is key to work with women and women groups. It was a challenge for UNJP, where in most of the provinces a male staff face difficulties in communicating and visiting women farmers.

Poor capacity of government staff at provincial and district level is also one of the challenge in implementing the project, most of the resources geared towards capacity building at national level, which had a good result; but the government staff working at provincial and community levels are less benefited from capacity development initiatives.

Government staff turnover at various levels affected projects activities. New staffs had to be trained and couched on nutrition and food security and also on JP activities, which also caused some delays.

Geographical problems (mountainous areas, long distance between communities, long winter, heavy snow, no proper roads) challenged UNJP to implement on time.

*c. Main mitigation actions implemented to overcome these constraints*

- Help received from government staff and key community organizations members (CDC, Women associations, Agriculture cooperatives), where the security was bad.
- PNO and agriculture extension officers, Social workers, social mobilizers, were involved in the process of implementation, to help even in insecure areas.
- Female agriculture extension workers proposed to be added in MAIL staff at province and district levels. MAIL has agreed, UNJP has identified the women and built their capacity.
- Capacity development initiatives of JP has improved related staff of government, it needs to be expanded to different level and a large number of related government staff needs higher capacity to perform better.
- To respond to geographic problems, more logistic support required to help government staff to overcome the problems e.g. improved transportation and communication support.

- *Describe and assess how the monitoring and evaluation function has contributed to the:*

*a. Improvement in programme management and the attainment of development results*

Direct involvement of government staff in field monitoring was a success, all field monitoring was carried out by related government staff and it was both reported to UNJP and their related reporting line to provincial and national level.

Joint monitoring by UN agencies was also an aid in better management of activities to identify gapes and increase collaboration for achieving development results.

Frequent visit of UNJP staff from the field helped to identify community groups short coming, gaps, and problems. Through discussion with communities, suitable solutions were identified, which were responded by JP.

*b. Improvement in transparency and mutual accountability*

PMC, PCCs, DCCs and government staff were involved in the implementation process. Direct involvement of all parties in field operations supported transparency and accountability.

Establishment of partnership with community groups also helped in transparency and accountability at community level.

*c. Increasing national capacities and procedures in M&E and data*

Key government staff trained on monitoring. Monitoring of field activities were carried out by extension officers and PNOs

Training on screening of acute malnutrition helped health staff to collect data through MUAC screening.

A data base developed for consolidation of data received from MUAC screening results.

*d. To what extent was the mid-term evaluation process useful to the joint programme?*

Although all recommendations in midterm evaluation could not put in practice, over all it helped UNJP to re-adjust its interventions.

- *Describe and asses how the communication and advocacy functions have contributed to the:*

*a. Improve the sustainability of the joint programme*

Proper involvement of the community groups and establishing good partnership with them needed a lot of communications. All the community groups engaged with UNJP implementations were aware of the activities; after UNJP closure they were ready to take the responsibility of the remaining activities. 17 food processing centres were handed over to women groups successfully.

The Joint Programme developed an Exit Strategy for sustainability of the project. The purpose of this strategy is to sustain the achievements and results of the Joint Programme (JP) after its closure. To ensure that sustainability of the UNJP results, one of main focus of the UNJP team was to involve the key stockholders in the all stages of activities implementation at national and sub-national level.

Government ownership also comes from active communication and advocacy. The number of communication materials printed were handed over to the related government departments and now government feels that the training packages and IEC materials are developed by them and they own the package and IEC materials.

*b. Improve the opportunities for scaling up or replication of the joint programme or any of its components*

Bee keeping project in Daikundi province is an example of replication and parts of results comes from good communication to community members. Now the project is funded in other districts by UNHCR to the same IP.

*c. Providing information to beneficiaries/right holders*

Communication contributed very much in enhancing capacity of community groups involved in the programme. Both government staffs and UNJP staff from all UN partners enhanced awareness of beneficiaries on nutrition and food security.

- *Please report on scalability of the joint programme and/or any of its components*

*a. To what extend has the joint programme assessed and systematized development results with the intention to use as evidence for replication or scaling up the joint programme or any of its components?*

*b. Describe example, if any, of replication or scaling up that are being undertaken*

Food based dietary guideline FBDG is an excellent innovation of MDG JP, FBDG is a continuous process that can bring many UN agencies to work together. FBDG at national level is supported by a TCP project through FAO that will finalize national level FBDG along with its IEC materials. FBDG at regional level will still be a point on which all stakeholders may work jointly.

Integration of nutrition in school curricula is suitable for scaling up. Nutrition topics should be identified and integrated in curricula of grades 6 to 12. JP could not support capacity building to teachers that can be carried in a systematic manner from grade 1 to grade 12 in all 34 provinces.

Integration of nutrition in Higher education curricula is another intervention that can be sculled up. JP had started integration of relevant subjects into Kabul medical university, Nursing school, and faculty of public health. Due to time and resource limitations it was left out.

c. *Describe the joint programme exit strategy and asses how it has improved the sustainability of the joint program*

Based on the work carried out with all partners either government or community organizations JP formulated an exit strategy to sustain the achievements and results of the Joint Programme (JP) after its closure. To ensure that sustainability of the Joint Program results, one of main focus of the Joint Programme was to involve the key stockholders in the all stages of activities implementation at national and sub-national level.

Based on the exit strategy developed for each interventions, some of the interventions did not need handover and some of them needed proper handover to be sustainable. 17 food processing centres that were handed over to women groups are the interventions that handed over to the related community groups and the group with support of related sector will continue working with centres.

#### IV. FINANCIAL STATUS OF THE JOINT PROGRAMME

a. Provide a final financial status of the joint programme in the following categories:

UN agencies	Total Budget Approved	Total Budget Transferred	Total Budget Disbursed	Balance
<b>JP (joint fund)</b>	3,167,842	3,167,842	3,167,842	0
<b>FAO</b>	497,336	497,336	497,336	0
<b>UNICEF</b>	511,266	511,266	511,266	0
<b>UNIDO</b>	478,825	478,825.00	474,757	4068
<b>WFP</b>	149,456	149,456	149,456	0
<b>WHO</b>	195,275	195,275	195,275	0
Total	<b>5,000,000</b>	<b>5,000,000</b>	<b>4,995,932</b>	4068

b. Explain any outstanding balance or variances with the original budget

#### V. OTHER COMMENTS AND/OR ADDITIONAL INFORMATION

## VI. ANNEXES

### 1. List of all document/studies produced by the joint programme-baseline/ fs lesson learned workshop-documentation/fact sheet/success stories

- a. Formative research: to identify the knowledge, perception, and practices related to anemia in young children (6-23months) and identifying the factors which influence the use of MMNP in reduction of anemia in Afghanistan.
- b. Study on effectiveness of BPHS in addressing malnutrition in Afghanistan: to assess if BPHS adequately address the program design of public nutrition program and actual implementation at various levels of health facilities
- c. Baseline Assessment Report
- d. Best practices and lesson learnt report
- e. Five Biannual reports.
- f. Exit Strategy of JP

### 2. UNJP Output Progress Report

#### 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).

Output/Activity	Progress
<b>Output 1.1</b>	<b>Participatory nutrition and food security assessments, project design, monitoring and evaluation conducted by government and implementing partner staff at provincial and district levels</b>
1.1.1: Provincial trainings on participatory nutrition and food security assessments and project design	<p>The key point under this activity is that all the related sectors and actors at sub-national level were involved to Identify their felt needs and causes of malnutrition and food insecurity and form a responsive coordination mechanism.</p> <p>To develop responsive, effective strategies, UNJP worked 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.</p> <p>Through this participatory process a mechanism of coordination was built, that involved all the sectors and a joint implementation model was developed in the form of district action plan. The district action plans were implemented throughout the life UNJP.</p> <p>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.</p>
1.1.2: Proposal preparation	<p>Request for proposals circulated for concept notes from targeted provinces/districts. PCC was actively engaged in reviewing proposals related to their respective provinces and provided their comments on the concept notes. Based on the comments received from respective PCCs and criteria of selection for short listing of concept notes that was prepared in agreement with PCCs, the proposal development was supported for short listed concepts. Funds were released for implementation of proposals that were finalized and approved. A total of 12 NGOs, 2 CDCs and 2 agriculture cooperatives were funded.</p>
1.1.3: Provincial	<p>Provincial training on M &amp; E has been conducted for all health and agriculture functionaries involved in implementation of the JP program. All reporting is done by</p>

trainings on monitoring and evaluation	the government functionaries-from district to province to national authorities with copy to MDG office.
1.1.4: On-the-job learning through monitoring visits	On the job learning through monitoring was carried out throughout the program cycle.
<b>Output 1.2.</b>	<b>Increased awareness and knowledge of healthy nutrition practices</b>
1.2.1: Trainings on IYCF, micronutrients, health and hygiene	<p>As part of the institutional and staff capacity development for MoPH, and other relevant BPHS implementing NGOs staff have been trained as master trainers on different subjects. The training focused on community IYCF, use of Micronutrients, and Health and Hygiene. They are provided with training materials, monitoring check list and information, education materials to be use at the community level. The government and NGOs staffs were involved in planning and implementation of activities and benefited from the training of trainers and on the job training. The master trainers will train others community health workers, in using Nutrition Education materials and guidelines.</p> <ul style="list-style-type: none"> <li>• 2,941 doctors, nurses, CHS and CHWs and health care providers are trained on CMAM and C-IYCF</li> <li>• 64 health staff trained on BF and code of marketing</li> <li>• 716 caregivers received breastfeeding individual counseling</li> <li>• 630 health shuras oriented on IYCF, hygiene, micronutrients and general nutrition</li> <li>• 3,550 doctors, midwives, nurses, CHS, CHW, LHC/VHC, FHAG and community shuras and school teachers were oriented on importance and promotion of micronutrient supplementation, iodized salt, health and hygiene</li> </ul>
1.2.2: Trainings on family nutrition, food needs by age group, food hygiene, improved recipes...	<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 required 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> <ul style="list-style-type: none"> <li>• Breastfeeding Posters: 1000 copies</li> <li>• Breastfeeding leaflets: 5000 copies</li> <li>• Breastfeeding broacher : 5000 copies</li> <li>• Breastfeeding Trifold: 500 copies</li> <li>• USI leaflet Dari and Pashto: 5000 copies</li> <li>• Micronutrient guidelines Dari/Pashto: 3000 copies</li> <li>• WASH/hygiene manual Dari: 1000 copies</li> <li>• Hygiene flip chart: 5000 copies</li> <li>• Breastfeeding counseling guidelines: 2700 copies</li> </ul> <p>5402 (2787Male, 2615Female) have received training on nutrition in different districts</p>
1.2.3: Trainings on breastfeeding, micronutrients, health and hygiene	<p>With collaboration of PND, UN technical agencies Key messages on breastfeeding, 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> <ul style="list-style-type: none"> <li>• 30 male and 30 female health staff trained on breastfeeding counseling (2011).</li> <li>• 180 community health worker and community supervisors (85female and 95 male) trained on Breastfeeding, micronutrients, health and hygiene (2012-2013).</li> </ul>

<p>1.2.4: Production of nutrition education materials (to be used by all partners)</p>	<p>IEC materials developed, printed, and distributed to 10 districts supported by JP. The materials include:</p> <ul style="list-style-type: none"> <li>• Breastfeeding Posters: 1000 copies</li> <li>• Breastfeeding leaflets: 5000 copies</li> <li>• Breastfeeding broacher : 5000 copies</li> <li>• Breastfeeding Trifold: 500 copies</li> <li>• USI leaflet Dari and Pashto: 5000 copies</li> <li>• Micronutrient guidelines Dari/Pashto: 3000 copies</li> <li>• WASH/hygiene manual Dari: 1000 copies</li> <li>• Hygiene flip chart: 5000 copies</li> <li>• Breastfeeding counseling guidelines: 2700 copies</li> <li>• 15000copies Boy growth chart,15000 copies Girls growth charts, 1000 Copies Management of Severe Acute Malnutrition Booklet printed</li> </ul>
<p>1.2.5: Nutrition education sessions in schools, literacy, youth groups, cooperatives, etc. (by IP's)</p>	<p>Provincial team has the technical capacity to mobilize community and identify key community 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 agriculture 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. The sub national government stakeholders acted as main driving force for improving nutrition awareness and trained people in the community groups and community institutions and they 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. 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>
<p>1.2.6: Trainings on Participatory Cooking Sessions and complementary feeding (including follow-up)</p>	<p>A team with complementary skills and background education is formed at sub-national level to support participatory cooking session and complementary feeding. 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. Cooking sessions at clinics were conducted by health staff that was directly supervised by PNOs, the sessions were particularly increased when the gardens products were available to use garden products in the cooking sessions. A total of 4819 (2381 Male and 2438 Female) received training directly through participatory cooking sessions on complementary feeding, young child feeding, feeding pregnant and lactating mothers, feeding elderly and seek people.</p>
<p>1.2.7: Breastfeeding counseling trainings (incl. Follow-up)</p>	<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. JP is financially and technically supporting MOPH in celebration of World Breastfeeding Week financially and technically. 48 male and 43 female health facility staff trained as trainers on community IYCF and breastfeeding counseling.</p>

<p>1.2.8: Trainings on Growth Monitoring and Promotion (including training follow-up)</p>	<p>Growth monitoring training Packages translated in local language and WHO standard growth chart developed and printed. As part of the institutional and staff capacity development for MOPH and other relevant BPHS implanting NGOs, 52 male and 18 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 of Growth chart (15000 Boy growth chart and 15000 Girl growth chart) AND 1000 Mayo chart printed. 20 health facility staff (10 female and 10 male ) from Kabul trained on Growth monitoring.</p>
<p>1.2.9: Establishment of 'Mother Support Groups' or 'Community support groups'</p>	<p>Infant and young child feeding happens at home, not in health facilities, so JP focused on solutions that start at the community level. A total of 1,268 Community support group established 43 people trained on BF and code of marketing</p>
<p><b>Output 1.3</b></p>	<p><b>Improved access for acutely malnourished children aged 6-59 months to community-based management of acute malnutrition (CMAM)</b></p>
<p>1.3.1: Trainings on screening for acute malnutrition (incl. Follow-up)</p>	<p>The guideline of anthropometric measurement (weight, height and MUAC) developed and translated in local language. Database for MUAC screening developed. First and second and third round MUAC screening for children 6-59 months and pregnant and lactating women conducted, malnourished cases detected and referred to inpatients and outpatients centers. 70 CHs and 1151 CHWs (551 male and 600 female) trained on screening for acute malnutrition</p> <p>Children Screened for acute malnutrition in 2011-2012 (1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> round MUAC screening: Total children 6-59 months age screened: <u>176459 (92207 boys and 84252 girls)</u></p> <ul style="list-style-type: none"> <li>• Daikundi: 42634 children screened</li> <li>• Bamyan: 54648 children</li> <li>• Badakhshan: 14085</li> <li>• Nangarhar: 65092</li> <li>• Kabul 2,500</li> </ul> <p>6 -24 months: 86793, 25-59 months: 90150 SAM: 11954(6.8%); MAM: 18212 (10.3%); GAM:30166 (17.1%)</p> <p>48706 Pregnant women screened (3826 malnourished, 7.9%) 53336 Lactating women screened (4306 malnourished, 8%) Total: <u>102042 Pregnant and lactating women screened</u></p>
<p>1.3.2: Trainings on management of acute malnutrition (incl. Follow-up)</p>	<p><u>Training package</u> and operational guideline of management sever acute malnutrition <u>revised</u> by international consultant. It was <u>then translated</u> in local languages (Dari and Pashto). Based on operational guidelines and protocols of management of acute malnutrition inpatient booklet were developed and translated in local languages. 1000 copies booklet printed <u>Database for reporting</u> by Therapeutic Feeding Unite (TFUs) was <u>revised</u>.</p>

	<p>43 female and 130 male at central and provincial levels have been trained on management severe 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 severe acute malnutrition <u>TOT in Khartoum /Sudan.</u></p> <p><u>Maywand hospital TFU renovated and milk preparation equipment provided for Badakhshan, Nangarhar, Daikundy Kabul and Bamyan province TFUs</u></p>
<p>1.3.3: Provision and delivery of severe acute malnutrition treatment supplies</p>	<p>As part of multi-donor support UNJP contributed to the implementation of TFUs in 5 UNJP selected provinces. 7 TFU in 5 MGDF provinces received supplies for therapeutic feeding for management of Severe Acute Malnourished children. A total SAM children admitted on the program 1255, out of these total cured 470 (80.7%), total defaulter 84 (14.4%), total death 28 (4.8%), these meet the Sphere standards.</p> <p>A total of F 75 (1248 sachets), F 100 (13104), and ResoMal (499 sachets) are used in these TFUs.</p> <p>OTP supplies provided as below;</p> <ul style="list-style-type: none"> <li>- RUTF: 6,174 cartons</li> <li>- F-75: 42 cartons</li> <li>- F-100: 42 cartons;</li> <li>- Resomal: 15 cartons</li> <li>- MUAC tape: 1,500</li> <li>- Weighing scale: 20</li> <li>- 20 measuring boards</li> </ul> <p>TFU Therapeutic Supplies provided;</p> <ul style="list-style-type: none"> <li>- F-75: 125 cartons</li> <li>- F-100: 1827 cartons</li> <li>- RUTF: 679 cartons</li> <li>- ReSomal: 5 cartons</li> </ul>
<p>1.3.4: Provision &amp; delivery of supplementary feeding and supplies (and associated training)</p>	<ul style="list-style-type: none"> <li>- In the MDGf provinces of Ningahar, Badakhshan, and Bamyan, some 80 relevant staff were trained on Targeted Supplementary Feeding (TSFP) programming and the Community-based Management of Acute Malnutrition approach (using WFP's own resources). The trainings included: the MOPH (3 DOPH), five NGO implementing partners (HN-TPO, AADA, Merlin, CAF, AKHS) and 25 of WFP's Area Office nutrition focal points and PATs/Programme monitors.</li> <li>- ICT equipment, including computers and printers, was procured for delivering nutrition programme training and nutrition educational sessions - aimed at enhancing TSFP/CMAM implementers' capacity - in the eight MDGf districts of Surkhrod, Khewa, Ningarhar Centre, Badakhshan Centre, Panjab, Waras, Sharistan, and Ashterlay.</li> <li>- 37.2 MT of Ready-to-use Supplementary Food (Plumpy'sup©) for the treatment of MAM children, as well as 1,500 mid-upper arm circumference (MUAC) tapes to screen for malnutrition, were procured and supplied to WFP's TSFP/CMAM sites in the MDGf-targeted areas.</li> <li>- TSFP/CMAM projects were implemented in 8 MDGf districts within Badakhshan, Ningarhar, Bamyan and Daikundi province. Through these programmes, 6,891 children were treated for moderate acute malnutrition, using 38.56 MT of RUSF.<sup>i</sup></li> <li>- The numbers of MAM children aged 6-59 months treated in the TSFPs were: 3,032 boys <u>3,859 girls</u> 6,891 TOTAL</li> </ul>

	<p>The TSFP performance indicators met or exceeded SPHERE standards and were:</p> <ul style="list-style-type: none"> <li>• Cure Rate: 85%</li> <li>• Default Rate: 15%<sup>ii</sup></li> <li>• Death Rate: 0%</li> </ul>
1.3.5: Hospital /Clinic garden established at health facility to support the delivery of CMAM programs,	<p>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 48 clinic gardens were established. The clinics products were linked with nutrition education and cooking demonstrations conducted in the clinic by trained health staff.</p>
1.3.6: Supervision and technical support to ensure supplementation is effectively done	<p>CMAM sites supervised and, appropriate treatment and supplementation provided</p> <p>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.</p> <p>In Badakhshan and Bamyán CMAM is implementing by other partners from UNICEF resources.</p> <p>22 gardens ( 299 direct beneficiaries)</p>
1.3.7: Implementation of CMAM by partners (including community outreach)	<p>Community outreach in CMAM is essential for early case detection, increase program coverage and improve program outputs.</p> <p>150 female CHWs and 12 CHS are trained on MUAC screening for identifying malnourished children.</p> <p>In 5 UNJP province CMAM is implementing through MDG JP, there are CMAM in Nangarhar, Bamyán, Badakhshan and Kabul. In these OTPs totals of 381 SAM children without complications are treated. Based on age categories, No any Children less than 6 months admitted, children between 6-23 months 222(101 Male and 121 Female, children 24-59 months 159 (101 male, and 58 female), it means total 202 male and 179 female were at the program.</p> <p>In Nangarhar a new CMAM program is set up in 2 districts of Khewa and Surkhroad with the support of JP by HNI/TPO, so far 5 OTPs out of 18 have started activities since April 2012.</p> <p>In Kabul city the screening in district 7 &amp; 8 supported by UNJP so far 340 have been screened. The 28 SAM children are referred to OTP supported by ACF. In Bamyán and Badakhshan UNJP contributed to capacity building for treatment of SAM, CMAM program in these provinces as supported by UNICEF through other resources.</p> <p><u>6,174 SAM children admitted in CMAM OTPs sites</u></p> <ul style="list-style-type: none"> <li>- Bamyán: 2006</li> <li>- Daikundi: 1347</li> <li>- Kabul: 635</li> <li>- Badakhshan: 212</li> <li>- Nangarhar: 1,974</li> </ul> <ul style="list-style-type: none"> <li>• 1,868 SAM children treated in TFUs in five UNJP provinces.</li> <li>• 15,000 PLW received micronutrient supplemented in Kabul and Badakhshan</li> <li>• 16,008 children 24-59 months dewormed</li> <li>• 66,620 children 6-59 children in Kabul, Bamyán and Badakhshan</li> </ul>
1.3.8: Trainings on Participatory	<p>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</p>

Cooking Sessions and complementary feeding for health staff (including follow-up)	has been built in all JP targeted provinces/ districts A total of 4819 (2318 male, 2438 female) received training on participatory cooking session and complementary feeding, health staff comprises a big part of the people received training.
1.3.9: Supervision and staff support to ensure nutrition component of BPHS is implemented (by IP)	MOPH facilitated JP's study on effectiveness of BPHS in delivering nutrition interventions 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. Through integrated child survival package ICSP, with standard packages for nutrition promotion, by direct support and supervision of MoPH, 31 districts were covered with total coverage of 1,382,565 beneficiaries via an IP.
1.3.10: Supervision and on the job technical support to Therapeutic Feeding Units	Therapeutic Feeding Units in each UNJP provinces supervised by PNOs and related key UN partner focal points, the TFU staffs received on job training on management of severe acute malnutrition, and measuring kits distributed to TFUs. Food items like F-57 and F-100 and plumpy nut provided by UNICEF <i>Staff of 7 TFU, 10 OTP were trained.</i>
<b>Output 1.4</b>	<b>Increased household food production and income 20% increase in household income.</b> <b>At least two new types of foods introduced in household based food production.</b>
1.4.1: Trainings on household food production (home gardens, poultry, etc.)	In close coordination and collaboration with related DAILs and district agriculture extension officers training packages were developed and translated in local languages. Based on directives of DCCs training on gardening skills were conducted and 7542 (4459 M and 3083 F) directly received training in gardening skills. 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 DRRD and DoWA. Through IP, 500 women were identified in Kabul urban district 7 and 8, all the direct beneficiaries trained in backyard poultry and supported to run their own backyard poultry.
1.4.2: Trainings on household and village level food processing (including follow-up)	TOT have been conducted for related staff of government (MAIL and WOA) both at national and sub national 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 25 key technical staff of MAIL selected by the

	<p>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.</p> <p>1188 beneficiaries ( 70 M and 1118 F) covered</p> <p>1340 (70 male, 1270 female) trained in food process skills.</p>
1.4.3: Introduction (trainings) of technology for small-scale industry (non-food)	<p>High quality production requires farmers to have up to date knowledge and technology to not only increase production but also increase the safety and quality of the food and decrease postharvest losses of the agriculture products.</p> <ul style="list-style-type: none"> <li>• Two food processing, packaging and information centers established in two districts of Nangarhar provinces and were supported for six months. The centers were handed over to the registered women cooperatives with MAIL. After the MDG-F assistance United States Department of Agriculture (USDA) visited the centers and further to support the trainees. In addition to that DAIL director has promised the cooperatives to support the centers. All the trainees are active members of women cooperatives, CDCs, DDA.</li> </ul>
1.4.4: Introduction (trainings) of improved agricultural technology (incl. Follow-up)	<ul style="list-style-type: none"> <li>• 73 (63 male, 10 female) received TOT on food processing</li> <li>• 177 women were trained on food processing and packaging</li> <li>• 8 milk processing and information centers are established in provinces of Badakhshan and Daikundi and two shops are functioning in local market of Badakhshan and Daikundi provinces to sell the products in a local market The centers are handed over to women cooperatives.</li> </ul>
1.4.5: Trainings on technology for small-scale industry (incl. Follow-up)	<ul style="list-style-type: none"> <li>• 27 (13male, 14 female) received ToT on safe and healthily methods of milk processing in badakhshan province</li> <li>• 23 (3male, 20 female) received ToT on safe and healthy methods of milk processing in Daikundi province</li> <li>• 380 women received training on milk processing in Badakhshan</li> <li>• 480 women received training on milk processing in Daikundi</li> <li>• 4 potato processing centers established in Bamyán province, Bamyán is the largest potato producer and is very famous in potato production.</li> <li>• 25 (14 male, 11 female) received TOT on potato processing techniques</li> <li>• 380 women received training on potato processing at community level</li> <li>• A total of 140 Solar Dryers distributed (One dryer per 10 families) to women beneficiaries in Kabul and Nangarhar provinces.</li> <li>• 1400 beneficiaries received training and demonstration on use and handling of solar dryers.</li> </ul> <p>Some Refresher Trainings and up gradation have been done in Nangarhar, Bamyán and Badakhshan provinces.</p>
1.4.6: Trainings on simple business skills and marketing (including on market assessments and book-keeping)	<p>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</p>
1.4.7: Follow-up to trainings / support to community members for applying	<p>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. The lesson learnt from the activities have been documented.</p> <p>117 (60 male, 57 female) received marketing skill trainings</p>

trainings	
<b>Output 1.5</b>	<b>The nutritional status of children under 5 and women of reproductive age, and the household food security situation, are monitored in project sites</b>
1.5.1: Monitoring of field activities	<p>20 jointly monitoring visits from UNICEF national level conducted in UNJP project areas,</p> <ul style="list-style-type: none"> <li>- 6 in Bamyan</li> <li>- 3 in Nangarhar</li> <li>- 1 in Badakhshan</li> <li>- 4 in Daikundi</li> </ul> <p>6 in Kabul Joint UNICEF and UNJP/FAO monitoring visit to Badakhshan province from 3-6 March 2012 and a Joint UNICEF and WHO monitoring visit to Bamyan province from 13-17 May 2012 were conducted.</p> <p>UNIDO--14 Monitoring visits conducted in four provinces (Badakhshan, Bamyan, Nangarhar, Kabul and Daikundi)</p> <ul style="list-style-type: none"> <li>• 4 Monitoring visits to Nangarhar province</li> <li>• 3 Monitoring visits to Badakhshan province</li> <li>• 3 Monitoring visits to Bamyan province</li> <li>• 1 Monitoring visit to Daikundi province</li> </ul> <p>3 Monitoring visits to Kabul</p> <p>WHO--15 monitoring visits – WHO ( Badakshan, Nangarhar &amp; Kabul)</p> <p>Joint WHO and UNICEF monitoring visit to Bamyan province from 13-17 May 2012</p> <p>WHO monitoring visit to Yamgan district of Badakhshan from 10-12 2012 August were conducted</p> <p>WHO monitoring visit to Shewa and Sourkhroad district of Nangarhar were conducted form 1<sup>st</sup> October to 4<sup>th</sup> October 2012.</p> <p>Joint UNICEF and WHO-Monitoring from Kabul districts 7 and 8 were conducted</p> <p>Regular monitoring of Kabul TFUs monthly base</p> <p>FAO -Monthly visits are made to target areas-each is visited at least once every 2 months</p> <p>20 visits made</p> <p>-</p>
1.5.2:: Baseline survey & impact assessment	<p>The baseline survey report is available</p> <p>The impact assessment was not carried out due to a lack of a designated budget line.</p>

Joint Programme Outcome 2: The policy and strategic frameworks and institutional mechanisms required to support integrated nutrition and household food security interventions are established

Activity	Progress
<b>Output 2.1</b>	<b>Nutrition and household food security are adequately addressed in Government policies and strategies</b>
Critical review of existing policies and strategies	<p>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</p> <p>Food and Nutrition Security Goals &amp;Targets of Government of Afghanistan are clearly stated</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Assurance of food security-Afghanistan National Development Strategy 2008-2013</li> <li>• Economic growth and food security -National Agricultural Development Framework 2009</li> </ul>

	<ul style="list-style-type: none"> <li>Reducing malnutrition and micronutrient deficiencies-National Nutrition Policy and Strategy 2010</li> </ul>
Mapping of ongoing interventions and resources	<p>Mapping of ongoing interventions is done to identify barriers and facilitators. Contributions of Relevant Stakeholders are :</p> <ul style="list-style-type: none"> <li>MAIL...food availability (production) and access of rural population to food</li> <li>MRRD...access to food (rural infrastructure and public employment /productive safety net programmes)</li> <li>MoPH...food utilization and nutrition (diets, nutrients absorption and disease prevention)</li> <li>MoLSAMD...food access (social safety nets and public transfers)</li> <li>MoCI...food availability (imports) and food utilization (processing)</li> <li>MoE...food access (school feeding) and food utilisation (school gardens)</li> <li>MoEW...food availability (rural energy and water supply)</li> <li>ANDMA...stability of access and availability (disaster preparedness and management)</li> </ul> <p><u>Food security and Nutrition facilitators:</u></p> <ul style="list-style-type: none"> <li>CSO...data collection, analysis and publication</li> <li>MoWA...women empowerment</li> <li>MoF...allocation of financial resources</li> <li>MoFA...development of cooperation and other <u>partnership agreements</u></li> </ul> <p><u>Local and international NGOs...programmes and projects implementation</u></p> <ul style="list-style-type: none"> <li>Civil society organizations...advocacy, sensitization, mobilization, monitoring and proposals development</li> <li>Private sector...implementation of market-based interventions, ensuring sustainability</li> </ul> <p>UN and donor organizations...policy analysis and advice, provision of financial and material resources, technical assistance</p>
Fund raising	<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	<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 sustainable food security in Asia and the Pacific</p> <p>JP is supporting Development of National Food Based Dietary Guideline(FBDG) for</p>

	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
<b>Output 2.2</b>	<b>Effective coordination mechanisms for the promotion, supervision, implementation and evaluation of nutrition and food security interventions at central and provincial levels are established</b>
Review of existing coordination mechanisms	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  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 responsiveness-- Clear mandates and responsibilities for decisions and actions to be en
Support Government coordination mechanisms	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  Country- led efforts for integration of the different sectors are being supported by the UN partners. A high-level Afghanistan Food Security and Nutrition Agenda steering committee, chaired by the 2 <sup>nd</sup> Vice President was endorsed ( MAIL, MoPH, MRRD, MoE, MoCI and ANDMA; representatives of non-governmental stakeholders as members).
Strengthening provincial coordination mechanisms	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.
linkages between nutrition and food security	JP is supporting Food and nutrition security linkages through Nutrition Strategic framework of MOPH and , Food for life NPP of MAIL and Food and Nutrition Security Strategy of MAIL . Efforts towards supporting the linkages between Food Security and Nutrition are shared across several UN partners.
<b>Output 2.3</b>	<b>Nutrition and food security training modules are integrated in existing trainings</b>
mapping of existing training programmes	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 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.

training needs	
Development of adapted training modules	<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 &gt; 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"> <li>- Why School Garden? ;</li> <li>- Better Nutrition- Better learning</li> <li>- Five Major Food Groups</li> <li>- What foods do in our body?(Food Function)</li> <li>- Food alphabets</li> <li>- Green Vegetables</li> </ul> <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 &amp; Text book writers of MOE.</p>
Training of trainers	<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>

3. List all communication products created by the joint programme

Documents	Title	Description	Type of publication
Lessons learned	Best Practices and Lesson Learnt	Document contains 12 best practice record from 2 years operations of MDG JP in Afghanistan	Printed in English
Case studies			NIL
Other general products about the JP	Food Based Dietary Guideline	FBDG poster is drafted having 10 key messages 7 food groups	FBDG poster drafted
Advocacy and communication materials	Hand bag Scarves Cap Folders	Caps and scarf with MDG Logo with slogan of healthy children healthy Afghanistan produced to sensitise beneficiaries on nutrition sensitive initiatives.	Produced: 500 pieces Produced: 500 pieces Produced: 1000 pieces Produced: 10000 pieces

<b>Education materials (for beneficiaries) e.g. leaflets, posters materials</b>	Simple vegetable production guide	Flipcharts (70x100cm) Booklets printed in one local language Handouts printed in one local language	Printed in Dari: 500 Printed in Dari: 400 Printed in Dari: 300
	Table of nursery establishment guide for fruit tree	Big poster (70cm X 100cm) on 22 fruits, providing details on establishing nurseries	Printed in two local languages 25 in each language.
	Table of vegetable growing guide	Big poster (80cm X 120cm) on 22 vegetables providing details on types, timing of cultivation, spacing and other technical guide.	Printed in two local languages 25 in each language.
	Vegetable gardening guide	A brochure (20 cm X 40cm) describing steps in setting up a garden at home, schools, clinic.	Printed in two local languages: Dari (15000) and Pashto (10000).
	Pest management guide	A brochure (20 cm X 40cm) that describes easy to understand mechanical methods of pest management	Printed in two local languages: Dari (15000) and Pashto (10000).
	Nursery making guide	A brochure (21cm X 29.5cm) that describes a step by step method of fruit tree set up.	Printed in two local languages: Dari (15000) and Pashto (10000).
	Home compost making guide	A brochure (21cm X 29.5cm) of step by step compost making, particularly for urban environment.	Printed in two local languages: Dari (15000) and Pashto (10000).
	Green house making and usage guide	A brochure (21cm X 29.5cm) of setting up green house by community groups.	Printed in two local languages: Dari (15000) and Pashto (10000).
	Breast feeding communication campaign	Poster Leaflet Brochure	1000 5000 5000
	USI leaflets	Publication is into two languages	5000
	National Micronutrient guidelines	Publication is into two languages	3000
	Breastfeeding counseling participant guidelines	Publication is into Pashto language	2700
	WASH/hygiene manual Dari	Publication is into Dari language	1000
	Hygiene flip chart	Publication is into Dari language	5000
Technical guidance and training	Participatory appraisal session guide	Session guide that was developed for first participatory appraisal workshops	Electronic version
	Nutrition syllabus for school	The syllabus include 6 posters and a manual for teachers from grade 1 to grade 6 of schools	
	TOT package on	The packages is developed for	Electronic version

<b>Training materials (for service providers)</b>	gardening skills	extension officers, MRRD district social workers and key representatives of CDCs and women associations.	
	TOT packages on Nutrition education	The packages is developed for extension officers, provincial nutrition officers, district health officers, MRRD district social workers and key representatives of CDCs and women associations.	Electronic version
	Anthropometric Guideline	The guideline developed for health facility staff and community health workers and supervisor	Electronic version
	Training package on cooking demonstration	The package include a materials on key points of complementary feeding, recipes based on locally available food	Electronic version
	Training package on IYCF	Training package is aimed for health workers and field health professionals	Electronic version
	Training package on Growth monitoring translated	The package is available in into two national languages and aimed for health workers and field health professionals	Electronic version
	Growth monitoring boy and girl chart		Printed and electronic version
	Training package on food processing	The training package is focusing on fruit and vegetable processing for women farmers, CDC members, male and female agriculture cooperative members at community and household level	Electronic version
	Training solar dryers	Solar dryers training is on use solar dryers by community members, available in two national languages	Electronic version
	Management of severe acute malnutrition booklet	Especial training for CMAM support personal and related health professionals	Printed and electric version
	Management of severe acute malnutrition Operational guideline and training packages	Especial training for CMAM support personal and related health professionals	Electronic version
	Database for MUAC screening developed		Electronic version
	Training on milk processing and information centres	Training packages in local languages on safe and secure techniques of milk processing and linking them to the market.	Electronic Version
	Training on Potato Processing and Packaging	Training packages in local languages on potato processing and packaging techniques is provided to the local community	Electronic Version

Videos	Provincial video report on food and vegetable processing and packing	Almost five minutes video report telecasted by one of the provincial TV and Pashto version is available	Media
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4. Minutes of the final review meeting of the Programme Management Committee and National Steering Committee
5. Final Evaluation Report—Enclosed
6. M&E framework with update final values of indicators
7. List of abbreviations

ARD	Agriculture and rural development
BPHS	Basic Package of Health Services
CDC	Community Development Committee
CHW	Community Health Worker
CMAM	Community-based Management of Acute Malnutrition
CSO	Civil Society Organization
DCC	District Coordination Committee
DAIL	Department of Agriculture Irrigation and Livestock
DoPH	Department of public health
DoRA	Department of religious affairs
DoWA	Department of women affairs
DRRD	Department of Rural Rehabilitation and Development
FAO	Food and Agriculture Organization
GMP	Growth Monitoring and Promotion
GoA	Government of Afghanistan
IMR	Infant Mortality Rate
IYCF	Infant and Young Children Feeding
JPTAC	Joint Programme Technical Advisor and Coordinator
KMU	Kabul Medical University
MAIL	Ministry of Agriculture, Irrigation and Livestock
MAM	Moderate Acute Malnutrition
MDG	Millennium Development Goals
MDGF	Millennium Development Goals Achievement Fund
MoE	Ministry of Education
MoHE	Ministry of Higher Education
MoPH	Ministry of Public Health
MOWA	Ministry of Women Affairs
MRRD	Ministry of Rural Rehabilitation and Development
MUAC	Mid-Upper Arm Circumference
NPP	National priority program
PMC	Project management committee
PCC	Provincial Coordination Committee
PNO	Provincial Nutrition Officer
SAM	Severe Acute Malnutrition

TWG	Technical working group
U5	Under-five years of age
U5MR	Under-five Mortality Rate
UNDAF	United Nations Development Assistance Framework
UNICEF	United Nations Children Fund
UNIDO	United Nations Industrial Development Organization
UNJP	United Nations Joint Programme
WFP	World Food Programme
WHO	World Health Organization

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

<sup>ii</sup> 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.