

Section I: Identification and JP Status

Feeding the Children of Afghanistan Together

Semester: 2-11

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

Report Number	
Reporting Period	2-11
Programme Duration	
Official Starting Date	2010-01-01

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

Total Approved Budget

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

Total Amount of Transferred To Date

FAO	\$3,163,111.00
UNICEF	\$400,746.00
UNIDO	\$404,031.00
WFP	\$119,565.00
WHO	\$154,268.00
Total	\$4,241,721.00

Total Budget Committed To Date

FAO	\$942,551.00
UNICEF	\$263,400.00
UNIDO	\$78,339.00
WFP	\$97,638.00
WHO	\$0.00
Total	\$1,381,928.00

Total Budget Disbursed To Date

FAO	\$1,566,794.00
UNICEF	\$122,269.00
UNIDO	\$191,572.00
WFP	\$74,728.00
WHO	\$85,158.00

Total **\$2,040,521.00**

Donors

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

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

Type	Donor	Total	For 2010	For 2011	For 2012
Parallel		\$0.00	\$0.00	\$0.00	\$0.00
Cost Share		\$0.00	\$0.00	\$0.00	\$150,000.00
Counterpart		\$0.00	\$0.00	\$0.00	\$0.00

DEFINITIONS

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

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

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

Beneficiaries

Beneficiary type	Targetted	Reached	Category of beneficiary	Type of service or goods delivered
Pregnant and lactating women	47,870	37,429	Breast Feeding Women	Promotion of Exclusive Breastfeeding
Children < 5 yrs	121,482	68,436	Children Under 3 Years/Male	Access to Health Services
women with children < 2 yrs	19,886	19,866	Breast Feeding Women	Homestead Food Production and Diversification

Section II: JP Progress

1 Narrative on progress, obstacles and contingency Measures

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

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

Government ownership at national and sub national level-- calling it a success story in Afghanistan. Program is planned, implemented and monitored by Government

Community based surveillance of malnutrition every 90 days- through MUAC screening of children < 5 for appropriate targeting and of Pregnant lactating women for the first time in Afghanistan

women trained in livelihood interventions : food processing and preservation and backyard poultry forming producer cooperatives to market their product

Better Nutrition Better Learning Initiative in partnership with Ministry of Education which will reach > 6 million school children nationwide

Community involvement and ownership for program implementation

Progress in outcomes

Outcome 1— 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). The ongoing integrated food security and nutrition will ensure that Outcome 1 is achieved by 2013. MUAC screening of children for acute malnutrition in JP targeted areas has helped in targeting malnourished children for interventions. The existing government structures and functionaries in provinces and districts are used by the JP for participatory planning, coordination, implementation and monitoring and this has ensured government ownership and sustainability of the ongoing MDG supported work. Efforts are made to build the capacity of government and IP's to implement and monitor activities by providing need based support/fill in gaps /strengthen quality of service delivery through training for capacity building/monitoring by all JP partners. Getting different stakeholders and community institutions to work together has allowed synergies to emerge. A number of best practices have emerged which will be documented and shared soon

Outcome 2- Policies, strategic frameworks and institutional mechanisms

This is for the first time that different ministries (MOPH, MAIL, MRRD, MOE) are working together at national and sub national level. Multi sectoral plan of action on nutrition by MOPH or proposed National Food for life program by MAIL recognize the synergy of different sectors in achieving national nutrition and food security. JP is contributing to development of MAIL's extension model, strategic plan and extension policy

MOE's Better Nutrition Better Learning initiative in including nutrition in school curricula will be implemented country wide with a reach of more than 6.25 million school children from next academic year. Partnership with MOHE to build capacity of existing faculty to offer nutrition courses will ensure that Afghanistan can produce the skilled human resource required for various nutrition programs of government/civil society.

Progress in outputs

For outcome 1 ---Outputs 1 and 2 and 4 in outcome 1 are progressing as planned. The output 3 related to improving access for CMAM is moving slowly as it is very resource intensive. The outcome 5 related to baseline has been frustrating as even though the survey has been collected, the contractor has not submitted the results/draft report. The JP could target beneficiaries based on community based nutrition screening it has initiated

Outcome 2—The JP has primarily fulfilled a capacity building role. Within the constraints posed by the security situation and budgetary balance of the project, the JP in large part has delivered on this aspect. The lesson learnt has been that JP can support the policy/strategy development but the lesson which can be learned from this project is that national sector transformational processes cannot be predicted or dictated by external parties, no matter how close or long lasting the relationship with a Ministry. wherever opportunities have presented themselves JP has facilitated the process and made substantial contribution. The internal processes of change management in MAIL are themselves indicative of the momentum and consciousness which exists about the continued need for hands on capacity building support. Advocacy for the JP's work done has been in different forums including CGHN (Consultative group on Health & nutrition).

Measures taken for the sustainability of the joint programme

- Political Commitment
- Government ownership by involving them in planning , coordination, implementation and monitoring of all JP activities
- Building capacity of government staff with TOR related to food and nutrition security so they can provide the required support after JP is over
- Community ownership through involvement through participatory planning/community based monitoring
- Building capacity of local community organizations for implementation and monitoring
- Strengthen delivery of existing intervention-build on what exists/fill in gap
- Multi stakeholder coordination structures

Are there difficulties in the implementation?

UN agency Coordination

Administrative / Financial

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

What are the causes of these difficulties?

External to the Joint Programme

Other. Please specify

Internal

- lack of uniform harmonized procedures among various UN agencies*
- Limited funds r*
- Inadequate # of govt staff/ staff with appropriate knowledge/skills to deliver the program*
- Getting different ministries to work together*
- Duration of the JP (one yr lost because of late start)*
- Focal points appointed from JP are not available because of their work load*

External to the Joint Programme

- Physical access due to climate
- Security
- Agency Work load on JP supported focal point by partner

Briefly describe the current difficulties the Joint Programme is facing

- Physical Access to project areas
- IP's /contracts not delivering on time- baseline survey
- JP supported UN focal points are overloaded with agency work so they have limited time for JP
- JP activities are not priority for UN partners

Briefly describe the current external difficulties that delay implementation

- Physical access-weather
- Security
- Low capacity of focal points in provinces/districts
- Stakeholders changing mind: Kabul Medical University now wants courses at PG level instead of UG
- Poor Knowledge/skills/capacity of Govt functionaries
- Level of commitment of JP focal points at sub national level

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

Build capacity/increase knowledge and skills of government functionaries
Provide some type of incentive to increase their motivation
Change mental attitude

2 Inter-Agency Coordination and Delivering as One

Is the joint programme still in line with the UNDAF?

Yes true
No false

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

Yes true
No false

What types of coordination mechanisms

Weekly Inter agency meetings

Monthly Provincial Coordination Committee meetings which brings different stakeholders together

Sharing Responsibility- Different provinces are monitored by different UN partner who is lead focal point for each province

Monthly TWG meetings

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

Indicators	Baseline	Current Value	Means of verification	Collection methods
Number of managerial practices (financial, procurement, etc) implemented jointly by the UN implementing agencies for MDF-F JPs	0	18	contract reports	minutes
Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs	0	3	Baseline Micronutrient formative BPHS evaluation	reports
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs	0	13	MUAC screening reports	field visits

3 Development Effectiveness: Paris Declaration and Accra Agenda for Action

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

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

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

Policy/decision making
 Management: budget
 Management: procurement
 Management: service provision
 Management: other, specify

*Monitoring/supervision
capacity building--cascading down the training*

Who leads and/or chair the PMC?

Resident Coordinator

Number of meetings with PMC chair

1

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

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

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

Management: budget
Management: procurement
Management: service provision
Management: other, specify

Behavior change communication

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

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

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

Management: budget
Management: procurement
Management: service provision
Management: other, specify

Behavior change communication

Community based monitoring of nutrition situation

Where is the joint programme management unit seated?

National Government

UN Agency

UN focal points are seated with the UN agency which recruited them, The Joint Programme Coordinator with the joint team hired under FAO contract are seated with the Ministry of Agriculture, Irrigation and Livestock.

Current situation

Joint Technical Advisor & coordinator & staff recruited through FAO and joint budget-- Agriculture Ministry

UNIDO/UNICEF/WHO-- with their respective agencies

4 Communication and Advocacy

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

Yes true

No false

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

Objective: Improving Household food Security and feeding practices and nutrition for infants and young children to ensure child survival to achieving the Millennium Development Goals and securing long-term social and economic development in Afghanistan.

Key Element-

Policy dialogue to encourage implementation of national-level policies /programs

Partnerships with government and private initiatives

NGO community-based activities

National multimedia communications campaign with TV and radio spots to generate demand for IYCF services and create a supportive environment

Access to micronutrient powders through distribution by community health workers along with education on better use of local foods and appropriate feeding practices

Target Audience-National & Provincial government, Stakeholders, Community, donors

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

Increased awareness on MDG related issues amongst citizens and governments

Increased dialogue among citizens, civil society, local national government in relation to development policy and practice

New/adopted policy and legislation that advance MDGs and related goals

Establishment and/or liaison with social networks to advance MDGs and related goals

Media outreach and advocacy

Put Nutrition and Household Food Security high on the political agenda in Afghanistan and mobilized government and stakeholders: international organizations, civil society, the private sector and other stakeholders to expand and implement Nutrition and food security programs and increase funding commitments

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

Faith-based organizations	137
Social networks/coalitions	54
Local citizen groups	949
Private sector	
Academic institutions	27
Media groups and journalist	411
Other	4

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

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

Sharing information through Community Development Councils, Shuras, religious leaders, cooperatives

Section III: Millenium Development Goals

Millenium Development Goals

Additional Narrative Comments

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

- JP is providing support beyond JP targeted areas: support to MOPH for implementation of integrated child survival package to expand child survival high impact community based interventions into 26 additional districts in Afghanistan which will cover 276513 children under 5 and 110605 PLW
- In Daikundi, capacity building (at facility and community level) for delivering nutrition interventions is being expanded from initial 2 districts targeted by JP to the whole province. This is done in partnership with another EC supported project
- Outcome 2 is very ambitious. By nature capacity building processes are of a transformational nature and require (very) long timeframes to complete. The assumptions that a single short /medium term duration project is sufficient in this respect is simply wrong. National sector transformational processes cannot be predicted or dictated by external parties, no matter how close or long lasting the relationship with a Ministry is. Policy and legal development can be assisted and supported through external assistance, which is conscious about the complexities and intricacies of the national situation. Such assistance must be conceived in longer term programmatic and partnership based terms, it can be supported by specific project inputs, but should preferably not exclusively rely on it.

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

Staff appointed through MDGTF should be accountable to JTAC

In Afghanistan, rural poverty, food insecurity and malnutrition are strongly interlinked issues in the practical terms of the daily lives of poor people. Improvements in food security and nutrition are a fundamental and inseparable dimension of poverty alleviation. There is limited awareness of basic food security and nutrition concepts and their application to planning within ministries, and weaknesses in institutional structures at the national level to improve food security and nutrition. This leads to limited recognition and capacity among relevant ministries to mainstream, identify, prioritize and operationalize FSN interventions at the national level. At the sub-national level, FSN issues are insufficiently integrated into the decentralized local planning process. JP recognizes that integration is not an end in itself and should be pursued where it results in improved service delivery and quality of services at the community levels

Food security and nutrition interventions target in very different ways. The community is the focal point of small scale agriculture interventions. Food security programmes seek to improve food security at community level, whereas the health programme focuses on the individual child and their carer. There are several tensions inherent in this. One is the assumption that households with a malnourished child, are likely to be among the most food insecure

The challenge faced by JP is that in the targeted areas there are scattered pockets of population, poor basic infrastructure such as roads and bridges and issues related to ethnic and security etc. which all pose difficult questions regarding the coverage by BPHS health facilities based on the number of people covered. How can JMDG deliver extension/food security interventions to mothers who are thinly dispersed among villages across the District, because of poor availability and access to health facilities.

Section IV: General Thematic Indicators

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

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

Children under 2

Total No. 4679 (21.7% of total)
No. Urban
No. Rural
No. Girls
No. boys

Children from 2 to 5

Total No. 6324 (21.5% of total)
No. Urban
No. Rural
No. Girls
No. Boys

Children older than 5

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

Women

Total 2004 (11% of total)
No. Urban
No. Rural
No. Pregnant

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

Children under 2

Total	12618
No. Urban	
No. Rural	12618
No. Girls	
No. Boys	

Children from 2 to 5

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

Children older than 5

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

Women

Total	14794
No. Urban	828
No. Rural	13966
No. pregnant	

Men

Total	90774
No. Urban	325
No. Rural	90449

1.3 Prevalence of underweight children under-five years of age

National %
Targeted Area %

Proportion of population below minimum level of dietary energy consumption

% National
% Targeted Area

Stunting prevalence

% National
% Targeted Area

Anemia prevalence

% National
% Targeted Area

Comments

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

Homestead food production and diversification

National 19886
Local
Urban 627
Rural 19259
Girls
Pregnant Women
Boys

Food fortification

National
Local
Urban
Rural 21500
Girls
Pregnant Women

Boys

School feeding programmes

National

Local

Urban

Rural

Girls

Pregnant women

Boys

Behavioural change communication

National

Local 38965

Urban 1000

Rural 38865

Girls

Pregnant women 38965

Boys

Gender specific approaches

National

Local 158475

Urban

Local

Girls

Pregnant Women

Boys

Interventions targeting population living with HIV

National

Local

Urban

Rural

Girls

Pregnant Women

Boys

Promotion of exclusive breastfeeding

National
Local 5219 and 170 community support struc
Urban 1000
Rural 4219
Girls
Pregnant Women 5219
Boys

Therapeutic feeding programmes

National
Local 4524
Urban
Rural 4524
Girls
Pregnant Women
Boys

Vaccinations

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

Other, specify

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

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

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

Policies
National 2
Local

Laws
National
Local

Plans
National 4
Local

3 Assessment, monitoring and evaluation

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

National 0
Local 5
Total 5

Monitoring matrix

Outcomes & Outputs-Revised	Indicators (with baselines & indicative timeframe)	Numerator	Denominator	Means of verification	Collection methods	Responsibilities	Risks & assumptions
Outcome 1: Child malnutrition and household food insecurity are reduced by 2013 through the implementation of an integrated community nutrition and food security package in 10 districts (in 5 provinces)	Annual reduction in GAM prevalence by 2-3 percent in targeted areas	# of GAM children < 5 yrs	#of target children (age)*100	Baseline (not available)	Pre-post assessment	All agencies (FAO lead)	Security conditions allow for continued implementation at community level.
1.1. Community's needs are assessed in a participatory way and results are used to form the district-level project design and implementation plans.	# of district participatory planning meetings conducted in the target area - 10	10	10	District plan of action	Participatory planning workshops	FAO	Security conditions do not deteriorate and limit field access
1.2 : Improving infant and young child feeding through BCC Increase by 10-20% in awareness & knowledge of caregivers –who can recall a minimum of 3 key nutrition education messages, in project areas	Exclusively breastfeeding until 6 months and adequate complementary feeding is increased by 3-5 %/year	# of caregiver in the area of project who can recall 3 key messages 37429	# of total caregiver in the area project increased their awareness*100 47870		Report	FAO, UNICEF, WHO	Security conditions do not deteriorate and limit field access
1.3: Improved access for acutely	Coverage of	# of children	# of total	Baseline	Pre-post	FAO,	Security does not

malnourished children aged 6-59 months to community-based management of acute malnutrition (CMAM)	acutely malnourished children enrolled in CMAM programmes >60% Proportion of acutely malnourished children (SAM/MAM) recovered in CMAM programmes >75%	until 6 months exclusively breast fed # of children 6-24 months given timely complementary feeding # of caregiver in the area of project who can recall 3 key messages	children until 6 months in the area *100 # of children 6-24 months *100 # of total caregiver in the area project increased their awareness*100	and evaluation report MICS survey 2011 (to compare project sites with national averages).	assessment, Access to MICS database.	UNICEF, WHO WFP	prevent all field access
1.4 Increased household food production and consumption	10 % increase in the proportion of household reporting increase in food production and consumption in the project area.	# of household reporting increase in food production and consumption 19886	# of total target household *100 56989	. monthly report	Pre-post assessment, monitoring reports visits by Govt & UN staff	FAO UNIDO	Security does not prevent all field access
1.5: Nutritional status and household food security is assessed at baseline, monitored and evaluated.	MUAC screening for nutrition	63936 children 37429 PLW	121482 children 47870 PLW	Quarterly Data base of MUAC screening	Pre-post assessment, quarterly	FAO led UNICEF WHO UNIDO	Shocks (eg Drought) do not seriously affect project areas

	Baseline results available by 10/2011. Nutrition and Food Security indicators are monitored on a quarterly basis.				y monitoring visits by Govt & UN staff		Security does not prevent field access
Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Numerator	Denominator	Means of verification	Collection methods	Responsibilities	Risks & assumptions
<i>Outcome 2: Policies, strategic frameworks and institutional mechanisms supporting integrated nutrition & household food security interventions are established</i>	# of integrated nutrition & household food security policy and strategic documents developed	Contribute to 5	5	Draft reports	Information provided by Government focal points and officials (e.g. PMC members)	All agencies (FAO lead through JPTAC)	Senior government officials and stakeholder representatives are supportive of nut. & FS
2.1 Nutrition and household food security are adequately addressed in Government policies and strategies	# of policies /strategy documents stating nutrition	# of government policies and strategies	# of total government policies and strategies	Government strategy papers	Review of policy/strategy	All agencies (FAO lead,	Policy review processes are run efficiently and Government

	and food security as priorities 5	addressed nutrition and household food security 5	which address nutrition and food security *100. 5		documents	through JPTAC)	officials responsive to recommendations & inter-ministerial collaboration.
2.2 Effective coordination mechanisms for the promotion, supervision, implementation and evaluation of nutrition and food security interventions at central and provincial levels are established	- Linkages between Health and Nutrition and Agriculture and Rural Development are explicitly lined out - # of stakeholders meetings, 15	# of total joint(MAIL-MOPH) coordination meetings held 15	# of total planned or targeted joint coordination meetings *100	Meeting minutes JP semi-annual reports	JPTAC and/or National coordinator participation in coordination meetings, Meeting minutes	All agencies (FAO lead, through JPTAC)	Senior government officials and stakeholder representatives are supportive of nut. & FS coordination, at central and provincial level
2.3 Nutrition training modules are integrated in existing pre-service and in-service trainings and capacity building	courses-certificate/diploma/ undergraduate/postgraduate courses offered by national universities in nutrition/food security	# of functionaries trained in delivering public health nutrition interventions # of persons trained in	# of functionaries delivering public health nutrition interventions in targeted areas* 100 (254 facility and 1366 in community)	Faculty curricula Content of in-service trainings Training modules School	Review of faculty curricula and in-service training programmes Review of training	All agencies (FAO lead, through JPTAC)	Curricula revision processes and calendars ease the introduction of new modules. Heads of training institutions responsive to offers of collaboration.

	<p>4</p> <p># academic trained to teach courses in nutrition/food security in universities 5 faculty</p> <p>#course reviewed/ revised for pre service/in service training 1</p> <p># subjects in which nutrition/food insecurity is included in school curriculum</p>	<p>delivering Food security interventions (15364</p> <p># of schools introducing nutrition in their curricula</p> <p># students reached through revised school curricula (6.25 million will be reached by 2013)</p>	<p># of functionaries delivering Food security interventions in targeted areas* 100 20000</p> <p># of schools in targeted areas* 100</p> <p># of school children in target areas 205163)</p>	<p>curricula for different grades</p> <p>Consultant reports</p>	<p>modules</p>		
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JP Output	Activities	amount	Indicator
1.1 Participatory nutrition and food security assessments, project design, monitoring and evaluation conducted by government and implementing partner staff at provincial and district levels	1.1.1: Provincial trainings on participatory nutrition and food security assessments and project design	60,000	Participatory district planning conducted in all the target area and plans are documented
	1.1.2: Proposal preparation	8976	RFP circulated for concept notes from targeted provinces/districts. Proposal development was supported for short listed concepts. Funds released for implementation of final proposals- implementation is ongoing
	1.1.3: Provincial trainings on monitoring and evaluation	34000	Provincial training on M & E has been conducted for all health and agriculture functionaries involved in implementation of the JP program. All reporting is done by the government functionaries-from district to province to national authorities with copy to MDG
	1.1.4: On-the-job learning through monitoring visits	60086	On the job learning through monitoring is ongoing
1.2. <i>Increased awareness and knowledge of healthy nutrition practices and improved infant and young child and family feeding practices through counseling and community support</i>	1.2.1: Trainings on IYCF, micronutrients, health and hygiene	20,000	10 female and 10 Male trained on Community Infant and Young Child feeding counselling package.
	1.2.2: Trainings on family nutrition, food needs by age group, food hygiene, improved recipes...	56480	2283 direct beneficiaries and government staff (1269 M and 1014 F)
	1.2.3: Trainings on breastfeeding, micronutrients, health and hygiene	9125	30 male and 30 female health facility trained on breastfeeding counselling
	1.2.4: Production of nutrition education materials (to be used by all partners)	26,000	IYCF—1000 MUAC—1500 SAM--500

	1.2.5: Nutrition education sessions in schools, literacy, youth groups, cooperatives, etc. (by IP's)	154800	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
	1.2.6: Trainings on Participatory Cooking Sessions and complementary feeding (including follow-up)	103040	1927 beneficiaries (984 Male and 943 Female)
	1.2.6: Breastfeeding counseling trainings (incl. Follow-up)	36500	30 male and 40 female health facility staff trained on community IYCF and breastfeeding counseling
	1.2.7: Trainings on Growth Monitoring and Promotion (including training follow-up)	36500	50 male and 30 female health facility staff trained on Growth monitoring and promotion 10 TOT, 15 initial
	1.2.8: Establishment of 'Mother Support Groups' or 'Community support groups' & implementation of IYCF counseling activities by IP's	400000	170 Community support group established 43 trained on BF and code of marketing of Breast Milk substitutes
1.3 : Improved access for acutely malnourished children aged 6-59 months to community-based management of acute malnutrition (CMAM)	1.3.1: Trainings on screening for acute malnutrition (incl. Follow-up)	18250	The guideline of anthropometric measurement (weight, height and MUAC) developed and translated in local language Data base for analysing the MUAC assessment is developed by WHO 70 CHS and 1000 CHW(400 male and 600female)trained on screening for acute malnutrition Children Screened for acute malnutrition:

			<p>28035 children 6-23months age screened 29291 children 24-59 months age screened Total:57326 children 6-59 months age screened</p> <p>Pregnant and Lactating women screened for malnutrition: 16672 Pregnant women screened 18336 Lactating women screened Total:35008 Pregnant and lactating women screened</p>
	1.3.2: Trainings on management of acute malnutrition (incl. Follow-up)	36500	<p>40 male and 30 female facility staff trained on management sever acute malnutrition Training package and operational guideline of management sever acute malnutrition revised by international consultant in July</p> <p>The training packages and operational guideline of Management severe acute malnutrition which updated by international consultant, reviewed by Unicef and WHO technical staff in September. The training packages of SAM translated in local language.</p>
	1.3.3: Provision and delivery of severe acute malnutrition treatment supplies	10000	<p>. 14 TFU in 5 MGDF provinces received adequate supply of therapeutic feeding for management of Sever Acute Malnourished children. A total of 4524 Severe malnutrition cases treated among these 3477 are children aged 2-23 months and 1012 children aged 24-59 months</p> <p>-190 OTPs received therapeutic feeding supplies for Management of SAM cases without complication in 5 MDGF provinces.</p>

			Measuring equipment including >1500 MUAC tape, measuring board, scales provided to implementing partners in MDGF provinces
	1.3.4: Provision & delivery of supplementary food supplies (and associated training)	139678	- 1,400 MUAC tapes provided for training of 975 CHWs (593 female) and screening of 35,008 pregnant & lactating women for acute malnutrition -(<i>training</i>) - 17.5 MT of ready-to use supplementary food procured for targeted supplementary feeding programmes to be established under CMAM (<i>supplies</i>)
	1.3.5: Hospital garden established at health facility for nutrition education use mobile phones to support the delivery of CMAM programs,	50455	22 gardens (299 direct beneficiaries)
	1.3.6: Implementation of CMAM by partners (including community outreach)	27375	150 female CHWs and 12 CHS are trained on MUAC screening.
	1.3.7: Supervision and technical support to ensure supplementation is effectively done	50455	10 supervision visits by JP
	1.3.8: Training on nutrition education to health staff and follow up	50455	44 health facility staff trained and 64 health supervisor and 593 Female CHW and 382 Male CHW trained
	1.3.9: Supervision and on the job technical support to Therapeutic Feeding Units	150000	Staff in 14 TFU, 190 OTP staff were trained
	1.3.10: Trainings on Participatory Cooking Sessions and complementary feeding for health staff (including follow-up)	46480	4210 (2253 M and 1957 F)

	1.3.10: Supervision and staff support to ensure nutrition component of BPHS is implemented (by IP)	200000	Evaluation of BPHS evaluation has been done in JP targeted provinces/districts and this information is being used to attract additional funding Capacity of all health facility/community staff delivering nutrition services has been built to improve quality of service delivery
1.4 Increased household food production and income <i>20% increase in household income.</i> <i>At least two new types of foods introduced in household based food production.</i>	1.4.1: Trainings on household food production (home gardens, poultry, etc.)	130,000	2284 (1502 M and 782 F) 500 backyard poultry; 200 bee keeping
	1.4.2: Trainings on household and village level food processing (including follow-up)	92960	1188 beneficiaries (70 M and 1118 F)
	1.4.3: Introduction (trainings) of technology for small-scale industry (non-food)	66145	TOT for 73 trainees conducted on Solar Dryers in Nangarhar for both district -TOT for 33 trainees conducted in Kabul for both districts
	1.4.4: Introduction (trainings) of improved agricultural technology (incl. Follow-up)	98740	-80 Solar Dryers distributed (One dryer per 10 families) in both districts which covers 800 direct beneficiaries and 5600 indirect beneficiaries
	1.4.5: Trainings on technology for small-scale industry (incl. Follow-up)	166874	-60 Solar Dryers distributed (One dryer per 10 families) in both districts which covers 600 direct beneficiaries and 4200 indirect beneficiaries -Community based training and demonstration in Nangarhar for both districts for 800 direct beneficiaries conducted - Community based training and demonstration in Kabul for both districts for 600 direct beneficiaries conducted -TOT on food processing and packaging for 15 women trainees conducted in both district of Nangarhar -160 women are getting food processing and packaging techniques for three months in both districts up to end

			February 2012 in Nanagarhar province, our indirect beneficiary are 1120 family members.
	1.4.6: Trainings on simple business skills and marketing (including on market assessments and book-keeping)	46480	170 F (women cooperatives)
	1.4.7: Follow-up to trainings / support to community members for applying trainings	200,000	Follow up is ongoing. Women cooperatives are set up for those trained in poultry/food processing. They are linked to local shops for marketing- success stories is being documented
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	FAO	46480	Monthly visits are made to target areas-each is visited atleast once every 2 months 20 visits made
	UNICEF	50455	10 Monitoring visits conducted in JMDGF project areas.(UNICEF)-3 Monitoring visit were done in Bamyar. 1 Monitoring visit done in Ningarhar and 4 Monitoring visits were done in Kabul
	WHO	44750	15 monitoring visits – WHO (Badakshan, Nangarhar & Kabul)
	UNIDO	18250	
	Baseline survey	350,000	Results are awaited. The contractor says his data analysis person left the NGO for higher salary Draft report expected by Feb 2012

Outcome 2

2.1 Nutrition and household food security are adequately	Critical review of existing policies and strategies	The review has been done and gaps identified Existing nutrition policies/strategy/action plan are compiled as a CD
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addressed in Government policies and strategies and resources allocated for household food security and nutrition interventions increase		
	Mapping of ongoing interventions and resources	Mapping of ongoing interventions is done both at national & provincial level to identify gaps and where MDG support through the food and nutrition security fund will make an impact
	Fund-raising	Efforts are being made to raise more financial resources. However due to ongoing transition plans and government 's changing policy for donors to support only what is a National Priority it is not easy to raise funds
	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>
2.2 Effective coordination mechanisms for the promotion, supervision, implementation and evaluation of nutrition and food security interventions at central and provincial levels are established	Review of existing coordination mechanisms	The existing coordination mechanisms have been reviewed. There was limited opportunity for MAIL-MOPH-MRRD to work together in delivering nutrition and food security interventions
	Support Government coordination mechanisms	The JP is designed to be implemented through existing government coordination mechanisms , both at national /sub national level to ensure sustainability. No new structures/positions are created
	Strengthening provincial coordination mechanisms	The provincial coordination mechanism between various stakeholders is set up through PCC (Provincial coordination Committee) and District Coordination Committee (DCC). 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	Food and nutrition security linkages are being established through multi sectoral plan of action on nutrition and national Food for life program which will be launched in 2012 March—beginning of Afghan new year.

2.3 Nutrition and food security training modules are integrated in existing pre-service and in-service trainings for health, agricultural, education personnel (and other relevant sectors)	mapping of existing training programmes	Mapping has been done and JP is trying to meet the needs identified by Ministry of Education and Ministry of Higher Education
	identification of key civil servants' training needs	Training needs of key civil servants (25) and faculty (5) are met by facilitating training in India at the Central Food Technology Research institute (UN Institute) and at National Institute of Nutrition in India.
	Development of adapted training modules	This is ongoing with active involvement of the curriculum department of Ministry of Education. Better Nutrition Better Learning Initiative is targeting 6.25 million children nationwide by including nutrition topics in primary school curricula.
	Training of trainers and teachers	This is planned for 2012 – both for implementing Better Nutrition Better Learning Initiative and for faculty of Kabul Medical University