

Section I: Identification and JP Status

Feeding the Children of Afghanistan Together

Semester: 2-10

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

Report Number	
Reporting Period	2-10
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	\$475,825.00
WFP	\$149,456.00
WHO	\$195,275.00
Total	\$4,997,000.00

Total Amount of Transferred To Date

FAO	\$1,244,919.00
UNICEF	\$147,981.00
UNIDO	\$138,859.00
WFP	\$44,837.00
WHO	\$56,630.00
Total	\$1,633,226.00

Total Budget Committed To Date

FAO	\$257,959.00
UNICEF	
UNIDO	\$111,171.00
WFP	
WHO	\$52,633.00
Total	\$421,763.00

Total Budget Disbursed To Date

FAO	\$103,244.00
UNICEF	\$1,300.00
UNIDO	\$27,688.00
WFP	\$0.00
WHO	\$52,633.00

Total \$184,865.00

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 in 2010 for each programme as per following example:

Amount in thousands of US\$

Type	Donor	Total	For 2010	For 2011	For 2012
Parallel	511266				
Cost Share					
Counterpart					

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.

Direct Beneficiaries

Indirect Beneficiaries

Section II: JP Progress

1 Narrative on progress, obstacles and contingency Measures

Please provide a brief overall assessment (250 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

Progress in outcomes

Outcome one -reduction of undernutrition at the district level.

– Provinces/Districts for JDMG have been selected in each province.

Badakshan- Khash & Wakhan;

Bamyan-Punjab & Waras

Daikundi-Ashtralay & shahristan

Nangarhar-Shewa & Shurkhrud

Kabul- 7 & 13

During inception workshop planned on Jan 22 & 23,2011, the selected provinces will discuss how JDMG can be implemented in these selected districts

Competitive bids for baseline survey invited

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Outcome two- . foundations for nutrition and food security activities

JTAC participated in the 2 day MOPH planning meeting on developing strategic directions for public health nutrition interventions for next 5 years in Dec 2010.

A comprehensive and sustainable response to the nutrition situation in Afghanistan requires a coordinated approach involving several Ministries of the Government of Afghanistan, working in partnership with the private sector and civil society. MOPH has requested development partners for technical support to develop a multi-sectoral national plan of action that will enable a coordinated response to the nutrition challenge. JDMG is supporting gaged in drafting a multi-sectoral national plan of action for food and nutrition security. A National consultant has been recruited for this purpose for 5 months who will work closely with an international consultant recruited by the World Bank

supporting annual workplan development of Public nutrition department.

Contacts have been made with the Ministry of Education to include nutrition education in schools as part of existing curricula & Higher education to offer academic courses in nutrition & food security and with Kabul Medical univ/agriculture univ for offering in service/pre service training courses for building capacity of nutrition workforce.

Attracting partnerships for capacity building with existing EC project support in 2 provinces selected by JDMG (Daikundi & Nangarhar) and USAID for 3 provinces (Badakshan,

Bamyan & Kabul).

UNICEF is implementing similar projects as outcome-1 from other funding sources in the same MDG-F selected provinces which are directly contributing to the objectives of MDGs. These projects are:

- Implementation of minimum package of maternal, newborn and child health and nutrition services in two districts of Daikundi, Meramor and Khider.
- Implementation of Integrated maternal, child health and nutrition services (IMCHN) in Panjab, Waras, and Yakawlang districts and center of Bamyan.
- Implementation of Supplementary feeding program for pregnant and lactating women along with IMCHN services in Panjab, Waras, and Yakawlang districts and center of Bamyan in collaboration with WFP
- Implementation of community based management of severe acute malnutrition in Yamangan, Wardoj, Zebak, eshkashem, wakhan, Jerm, Keshem, Tagab, Yaftal Payeen, Raghistan, Yawan an Kohistan districts of Badakhshan
- Functional TFUs in Badakhshan, Bamyan, Daikundi, Nangarhar and Kabul provinces.
- Infant and Young Child Feeding program including conduction of Breast Feeding Counseling Courses to midwives, nurses , and doctors, establishment of community mother support groups and Breast feeding corners in two districts of Baharak and Jerm in Badakhshan

Progress in outputs

1.4: CMAM

Development of National protocol for inpatient & community based management of acute malnutrition

Capacity building of 32 provincial nutrition officers for implementing/monitoring CMAM

1.5: quality of the nutrition support

During inception workshop planned for Jan 22 & 23, provinces selected for JMDG will recommend how quality of nutrition activities can be improved in districts selected for JMDG implementation,

1.6: Increased household food production and income

Synergy with FAO livelihood project in Nangarhar province will help to increased household food production and income

1.7: baseline survey / project monitoring

TOR for baseline survey has been posted to invite competitive bids

Partnership with government monitoring department of MOPH & MAIL are explored to ensure that JMDG monitoring plan can be integrated in the government monitoring system

2.1- Policies, strategic frameworks

Partnership with national stakeholders on nutrition & food security established to translate nutrition policy into national plan of action on nutrition (multisectoral) which clearly identifies role of various sectors, National consultant recruited by JMDG who will work in close cooperation & guidance of international consultant which is recruited by the World Bank

2.2 Effective coordination mechanisms for the promotion, supervision, and implementation of nutrition and food security interventions at central and provincial levels are established

2.3 : TOR for national curriculum advisor has been posted to recruit national curriculum advisor for curriculum development. Linkages with Wageningen University (Netherlands) are being explored to offer short term (in service training) and long term academic courses to provide skilled human resource in nutrition and food security in sustainable way. Support from Ministry of Higher education is explored

Measures taken for the sustainability of the joint programme

Government ownership of JMDG programme & staff

All the project activities will be implemented through local institutions, government and non-governmental. Joint MDG will add value to ongoing projects

Capacity-building (of civil servants, NGO staff, and community members) will be an integral part of all project activities, combining trainings with on-the-job learning.

At the community level, the project will work in partnership with organizations that are facilitating the establishment of self-help groups, small-scale enterprises, women's cooperatives, and other community-based organizations, so as to integrate food security, nutrition and livelihoods in field-level institutions

Promoting interventions that build on local capacities and resources -The types of food security interventions that will be promoted through this project will build upon the Afghan population's existing skills and resources, making sure they are adapted to the local environment and can be environmentally sustainable

Are there difficulties in the implementation?

Administrative / Financial

What are the causes of these difficulties?

External to the Joint Programme

Challenges are linked to management structures/different rules/policies

The program started later than expected, but the reason is not the government interference. The local government bodies are fully committed

Briefly describe the current difficulties the Joint Programme is facing

Security issues delayed the project start

Physical access to provinces during winter

Lack of availability of government staff which could be seconded to JMDG-so positions had to be advertised and recruitment done on competitive basis

Briefly describe the current external difficulties that delay implementation

Security issues delayed the project start

Physical access to provinces during winter

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

There is fully commitment from UN and local government sides and a good coordination mechanism is already in place.

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

National level (National steering committee- Head of UN partner agencies, Deputy Minister (health and agriculture ministry), representative of Spanish Embassy – chaired by Resident coordinator

at national level---Program management committee (technical representatives from each partner ; focal point from ministry , representative from resident coordinator's office-chaired by joint technical advisor & coordinator)

at Provincial level(multi sectoral provincial coordination committee-PCC—co chaired by provincial nutrition & extension, members from different sectors: rural development, horticulture, education,labor & social welfare, women affairs, religious affairs, CSOs)

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				
Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs				
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs		5	minutes of PCC meetings	

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
Policy/decision making, service provision, and over all observant and monitoring
Management: service provision
Policy/decision making, service provision, and over all observant and monitoring

Who leads and/or chair the PMC?

The PMC is led by the Joint technical advisor & coordinator of the MDG-F programme-Dr Nina Dodd

Number of meetings with PMC chair

one/month

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

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

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

Policy/decision making
Joint MDG programme will be implemented through existing civil society partners in the selected districts. It will
- build on what exists--scale up activities
-fill in gaps for interventions which are not implemented as part of package (example -food security in CMAM)
- interventions planned will be need based-identified through participatory planning at the district level
Management: service provision
Joint MDG programme will be implemented through existing civil society partners in the selected districts. It will
- build on what exists--scale up activities
-fill in gaps for interventions which are not implemented as part of package (example -food security in CMAM)

- interventions planned will be need based-identified through participatory planning at the district level

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

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

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

Management: service provision
Facilitating the provision of Services to community implementation

Where is the joint programme management unit seated?

National Government
Joint MDG is located in the Ministry of agriculture. Deputy Minister (technical) has provided 2 rooms for use by MDG and one more room will be alloted soon

At province level , JMDG is seated in local government offices-provincial office of health & agriculture

Local Government
Joint MDG is located in the Ministry of agriculture. Deputy Minister (technical) has provided 2 rooms for use by MDG and one more room will be alloted soon

At province level , JMDG is seated in local government offices-provincial office of health & agriculture

Current situation

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

Yes, soon the communication strategy will be developed

Communities, religious leaders, society influencers, school teachers and student, CHWs, health and nutrition service providers

What concrete gains are the adovacy 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
Establishment and/or liaison with social networks to advance MDGs and related goals

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

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

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

Focus groups discussions

Community social network (shuras-male & female) , community development committees-CDC, women forum, community health shura (council)

use of local religious leaders & local community groups (Male & female shuras)

Household surveys

Community social network (shuras-male & female) , community development committees-CDC, women forum, community health shura (council)

use of local religious leaders & local community groups (Male & female shuras)

Use of local communication mediums such radio, theatre groups, newspapers

Community social network (shuras-male & female) , community development committees-CDC, women forum, community health shura (council)

use of local religious leaders & local community groups (Male & female shuras)

Open forum meetings

Community social network (shuras-male & female) , community development committees-CDC, women forum, community health shura (council)

use of local religious leaders & local community groups (Male & female shuras)

Capacity building/trainings

Community social network (shuras-male & female) , community development committees-CDC, women forum, community health shura (council)

use of local religious leaders & local community groups (Male & female shuras)

Others

Community social network (shuras-male & female) , community development committees-CDC, women forum, community health shura (council)

use of local religious leaders & local community groups (Male & female shuras)

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

National level—JMDG is supporting development of national multisectoral plan of action on nutrition

National guidelines for CMAM are developed to ensure standard operating procvedures are followed

WHO conducted TOT on CMAM of all provincial nutrition officers (34 provinces) in country

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

UNICEF is implementing similar projects as outcome-1 from other funding sources in the same MDG-F selected provinces which are directly contributing to the objectives of MDGs. Amount of USD 511,266 (not Joint MDG fund) have been spent in these projects are:

- Implementation of minimum package of maternal, newborn and child health and nutrition services in two districts of Daikundi, Meramor and Khider.
- Implementation of Integrated maternal, child health and nutrition services (IMCHN) in Panjab, Waras, and Yakawlang districts and center of Bamyan.
- Implementation of Supplementary feeding program for pregnant and lactating women along with IMCHN services in Panjab, Waras, and Yakawlang districts and center of Bamyan in collaboration with WFP
- Implementation of community based management of severe acute malnutrition in Yamangan, Wardoj, Zebak, eshkashem, wakhana, Jerm, Keshem, Tagab, Yaftal Payeen, Raghistan, Yawan an Kohistan districts of Badakhshan
- Functional TFUs in Badakhshan, Bamyan, Daikundi, Nangarhar and Kabul provinces.
- Infant and Young Child Feeding program including conduction of Breast Feeding Counseling Courses to midwives, nurses , and doctors, establishment of community mother support groups and Breast feeding corners in two districts of Baharak and Jerm in Badakhshan.

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.

No. Urban

No. Rural

No. Girls

No. boys

Children from 2 to 5

Total No.

No. Urban

No. Rural

No. Girls

No. Boys

Children older than 5

Total

No. Urban

No. Rural

No. Girls

No. boys

Women

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

No. Urban

No. Rural

No. Girls

No. Boys

Children from 2 to 5

Total

No. Urban

No. Rural

No. Girls

No. Boys

Children older than 5

Total

No. Urban

No. Rural

No. Girls

No. Boys

Women

Total

No. Urban

No. Rural

No. pregnant

Men

Total

No. Urban

No. Rural

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 40 or more

Stunting prevalence

% National 56
% Targeted Area 56 or more

Anemia prevalence

% National
% Targeted Area

Comments

Beneficiary	Selected District	Population Under 5 Children	Pregnant Women	Lactating Women	Women
Bamyan	404700809401618816188222585				
D 1	Panjab4839796791936193626618				
D 2	Waras82119164243285328545165				
Daikundi	417300834601669216692229515				
D 1	Ashtarlay66330132662653265336482				
D 2	Shahristan52909105822116211629099				
Badakhshan	8603001720603441234412473165				
D 1	Khash4800096001920192026400				
D 2	Wakhan1300026005205207150				
Nangarhar	13584002716805433654336747120				
D1	Khewa167640335286706670692202				
D 2	Rodat85000170003400340046750				
Kabul	35685007137001427401427401962675				
District	70000				
District	130000				

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
Local
Urban
Rural
Girls
Pregnant Women
Boys

Food fortification

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

School feeding programmes

National
Local
Urban
Rural
Girls
Pregnant women
Boys

Behavioural change communication

National
Local
Urban
Rural
Girls
Pregnant women
Boys

Gender specific approaches

National
Local

Urban
Local
Girls
Pregnant Women
Boys

Interventions targeting population living with HIV

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

Promotion of exclusive breastfeeding

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

Therapeutic feeding programmes

National
Local
Urban
Rural
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
Local

Laws

National
Local

Plans

National
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
Local
Total

Table 5: Monitoring matrix

Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Numerator	Denominator	Means of verification	Collection methods	Responsibilities	Risks & assumptions
Outcome 1 malnutrition and household food insecurity are reduced by Jun 2013 through the implementation of an integrated community nutrition and food security package in 10 districts (in 5 provinces in Children < 5 yrs)	By 2013 rates of chronic malnutrition (<-2zsH/A) reduced by 10%, underweight (<-2zsW/A) by 15% and acute malnutrition (<-2zsW/H) by 20%.	# of children (6-59 mo who are stunted # of children (6-59 m) who are underweight # of children (6-59 m) who are wasted	#of total children (6-59 mon the area #of total children6-59mo in the area #of total children 6-59 mo in the area	Baseline and evaluation report. HMIS data MICS data (for comparison with national averages)	Pre-post assessment (providing baseline and endline data). Access to MICS database.	All agencies (FAO lead)	Security conditions allow for continued implementation at community level.
1.1. Community's needs are assessed in a participatory way and results are used to form the district-level project design and implementation plans.	# of Participatory village development planning is conducted in about 20% of the target area and plans are documented by 07/2011	# of participatory village plan developed and documented	.# of targeted participatory village plan	Community development plans, project proposals	Programme registration system	FAO	Security conditions do not deteriorate and limit field access
1.2. Awareness and knowledge of healthy nutrition practices increased	80% of caregivers are able to recall a minimum of 9 key nutrition education messages, in project areas*	# of caregiver in the area of project can recall 9 key massages	# of total caregiver in the area project increased their awareness	Baseline and evaluation report, monitoring reports	Pre-post assessment, quarterly monitoring visits by Govt & UN staff	FAO, UNICEF, WHO	Security conditions do not deteriorate and limit field access
1.3 Infant and young child and family feeding practices improved	Exclusively breastfeeding until 6 months increased by 30%. Provision of adequate complementary foods in a timely manner increased by 10%. Dietary diversity increased by 15% in project areas	# of children until 6 months exclusively breast fed #of children6-8 months who receive solid, semi solid or soft foods	# of total children until 6 months in the area #of total children 6-8 months of age in the area	Baseline and evaluation report MICS survey 2011 (to compare project sites with national averages).	Pre-post assessment, quarterly monitoring visits by Govt & UN staff. Access to MICS database.	FAO, UNICEF, WHO	Security does not prevent all field access
1.4 Community-based management of acute malnutrition is effective (CMAM)	80% of children< 5 years suffering from acute malnutrition are treated, in project areas*	# of children (6-59months) treated for acute malnutrition in the project area	# of total children (6-59 months) with acute malnutrition in the project area	Baseline and evaluation report, monthly project reports reporting against global CMAM standards.	Pre-post assessment, quarterly monitoring visits by Govt & UN staff	UNICEF, WHO, WFP	Security does not prevent all field access

1.5 Quality of nutrition activities provided through health services improved	90% of health facilities implement nutrition activities according to MOPH quality standards (c.f. balance score card) in project areas	# of HFs implemented nutrition activities according to MoPH standard	# of total target HFs *100	Project monitoring results (or reporting system, quarterly)	Pre-post assessment, quarterly monitoring visits by Govt & UN staff	UNICEF, WHO	Security does not prevent all field access
1.6 Increased household food production and income	20% increase in household income. At least two new types of foods introduced in household based food production.	# of household increased their income	# of total target household *100	Baseline and evaluation report, monitoring reports	Pre-post assessment, quarterly monitoring visits by Govt & UN staff	FAO, UNIDO	Shocks (eg Drought) do not seriously affect project areas Security does not prevent field access
1.7 Nutritional status and household food security is assessed at baseline, monitored and evaluated.	Baseline results available by 07/2011. Monitoring results are submitted on a quarterly basis. Endline survey results & final eval. report available by 06/2013.			Baseline and endline survey, monitoring reports	Pre-post assessment, quarterly monitoring visits by Govt & UN staff	FAO (lead), UNICEF, WHO, WFP, UNIDO	Field access possible in project sites at beginning and end of project.
Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)			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 Food security and nutrition interventions implemented as part of Government programmes. # of Household food security and nutrition coordination committees are functional at national and sub-national level. # of Household food security and nutrition knowledge of key informants and staff has increased.	# of food security (programs) intervention of government implemented # of coordination committee functioning # of key informants and staff knowledge increase	# of total food security (programs) Intervention of government * 100 # of total planned coordination committee* 100 # of total target key informants and staff knowledge increased *100	Government reports (to MOF and donors) Meeting minutes Knowledge test scores	Information provided by Government focal points and officials (e.g. NSC members) Participation in meetings & Review of meeting minutes Training institutions test results	All agencies (FAO lead through JPTAC)	Senior government officials and stakeholder representatives are supportive of nut. & FS coordination, at central and provincial level. Changes in senior officials does not affect policy-making processes negatively.
2.1 Nutrition and household food security are adequately addressed in Government policies and strategies and resources	# of policies stated (reflected) nutrition and food security as priorities - Linkages between	# of government policies and strategies addressed nutrition and household food security	# of total government policies and strategies addressed nutrition and food security	Government policies and strategy papers Reports on	Review of policy documents and donor reports Regular	All agencies (FAO lead, through JPTAC)	Policy review processes are run efficiently and Government officials responsive to

allocated increased	Health and Nutrition and Agriculture and Rural Development are explicitly lined out and are operational. - Resources (Gov't and donor) allocated to nutrition and household food security increase by 20%. <i>Baseline: little emphasis and lack of linkages</i>		*100.	resource allocation Indicators for priorities as well as linkages to be defined at baseline.	information to be provided by Government officials and donors		recommendations & inter-ministerial collaboration. Donor interest in Afghanistan does not significantly reduce.
2.2 Effective coordination mechanisms for the promotion, supervision, implementation and evaluation of nutrition and food security interventions at central and provincial levels are established	# of stakeholders meetings, information sharing held regularly between key partners, and common decisions are taken and followed up regarding food security and nutrition, at central and provincial levels <i>Baseline: coordination mechanisms limited to cluster meetings</i>	# of total cluster coordination meeting held	# of total planned or targeted cluster coordination meetings *100	Meeting minutes JP semi-annual reports	JPTAC and/or National coordinator participation in coordination meetings Review of meeting minutes	All agencies (FAO lead, through JPTAC)	Senior government officials and stakeholder representatives are supportive of nut. & FS coordination, at central and provincial level
2.3 Nutrition and food security training modules are integrated in existing pre-service and in-service trainings for health, agricultural, education personnel (and other relevant sectors)	# of Nut. & FS training modules integrated in at least 2 faculties' curricula (medicine and agriculture) and 2 in-service training prog. (MOPH and MAIL) <i>Baseline: limited nutrition and food security training in faculties and in-service trainings (precise baseline to be established at beginning of JP)</i>	# of nutrition & FS training modules integrated in 2 faculties	# of total planned or targeted nutrition and FS modules *100	JP reports Faculty curricula Content of in-service trainings Training modules Consultant reports	Review of faculty curricula and in-service training programmes Review of training modules	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.

UNDAF Outcomes:									
Sustainable livelihoods: agriculture, food security and income:									
1. Increase agricultural output and access to diversified food at the household level									
3. Improve, expand and diversify opportunities for decent work and income, especially for vulnerable groups									
Basic social services: Education, Health, Water and Sanitation									
1. Afghans, particularly those who are under-served, have greater and more equitable access to quality basic services									
2. More Afghans pursue education opportunities and healthy lifestyles									
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 3 to 5 provinces).									
indicators and baselines: to be copied and pasted from finalized monitoring matrix									
JP Outputs	Participating UNO specific Outputs	Participating UN organization[1]	Participating UNO corporate priority	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame*			
						Y1	Y2	Y3	Total
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 <i>Participatory village development planning conducted in 20% of the target area and plans are documented by 09/2010</i>		Joint, led by FAO	UNDAF A.2	Government staff (central, provincial and district),	Provincial trainings on participatory nutrition and food security assessments and project design	\$60,000			\$60,000
				Local structures, NGOs (namely BPHS NGOs),	Proposal preparation	\$8,976			\$8,976
					Provincial trainings on monitoring and evaluation		\$20,000	\$4,000	\$24,000
					On-the-job learning through monitoring visits		\$14,488	\$7,496	\$21,984
				TOTAL OUTPUT 1.1				\$68,976	\$34,488
1.2. Increased awareness and knowledge of healthy nutrition practices <i>80% of caregivers are able to recall a minimum of 9 key nutrition education messages, in project areas</i>	Field partners trained on Nut. Ed, esp. breastfeeding, micronutrients, health & hygiene	UNICEF	MDG 1 & 4, UNDAF C1 & C2	Local structures, NGOs, CSOs	Trainings on IYCF, micronutrients, health and hygiene	\$15,136	\$25,227	\$10,091	\$50,455

	Field partners trained on Nut.Ed esp. food needs, improved recipes and food hygiene	<i>FAO</i>	<i>NMTPF outcome 1, output 1.2</i>		Trainings on family nutrition, food needs by age group, food hygiene, improved recipes...	\$13,944	\$23,240	\$9,296	\$46,480
	Field partners trained on Nut. Ed, in particular breastfeeding, micronutrients, health and hygiene	<i>WHO</i>	<i>MDG 1, UNDAF C.1 & C2</i>		Trainings on breastfeeding, micronutrients, health and hygiene	\$2,737	\$4,562	\$1,825	\$9,125
	Joint Nut ed. materials produced	<i>UNICEF lead</i>	<i>MDG 1 & 4, UNDAF C1 & C2</i>		Production of nutrition education materials (to be used by all partners)	\$31,800	\$53,000	\$21,200	\$106,000
	Community & district level nutrition education implemented through IPs	<i>Joint output (FAO lead)</i>	<i>UNDAF B.1 and C.1, C.2</i>		Nutrition education sessions in schools, literacy, youth groups, cooperatives, etc. (by IP's)	\$46,440	\$77,400	\$30,960	\$154,800
	TOTAL OUTPUT 1.2					\$110,058	\$183,430	\$73,372	\$366,860
1.3 Improved nutrition infant and young child and family feeding practices through counselling and community support <i>Exclusive BF till 6m increased by 20%. Provision of adequate complementary foods in a timely manner increased by 20%. Dietary diversity increased by 20%</i>	Field partners trained on improved complementary and family recipes and participatory cooking sessions	<i>FAO</i>	<i>NMTPF outcome 1, output 1.2</i>	Local structures, NGOs (namely BPHS NGOs), & community groups	Trainings on Participatory Cooking Sessions and complementary feeding (including follow-up)	\$27,888	\$46,480	\$18,592	\$92,960
	Field partners trained on Breastfeeding counseling	<i>WHO</i>	<i>MDG 1 & 4, UNDAF C.1 & C.2</i>		Breastfeeding counseling trainings (incl. Follow-up)	\$10,950	\$18,250	\$7,300	\$36,500
	Field partners trained on Growth Monitoring and Promotion	<i>WHO</i>	<i>MDG 1, UNDAF C.1 & C2</i>		Trainings on Growth Monitoring and Promotion (including training follow-up)	\$10,950	\$18,250	\$7,300	\$36,500

	Support groups established & Nutrition counseling implemented in communities	<i>Joint (FAO lead)</i>	<i>UNDAF B.1 and C.1, C.2</i>		Establishment of 'Mother Support Groups' or 'Community support groups' & implementation of IYCF counseling activities by IP's	\$92,880	\$154,800	\$61,920	\$309,600
	TOTAL OUTPUT 1.3					\$142,668	\$237,780	\$95,112	\$475,560
1.4 Effective of community-based management of acute malnutrition (CMAM) 80% of children suffering from acute malnutrition are treated, in project areas*	Field partners trained on screening of malnutrition	<i>WHO</i>	<i>MDG 1, UNDAF C.1 & C.2</i>	BPHS NGOs (ONLY?)	Trainings on screening for acute malnutrition (incl. Follow-up)	\$5,475	\$9,125	\$3,650	\$18,250
	Field partners trained on treatment and management of severe acute malnutrition	<i>WHO</i>	<i>MDG 1 & 4, UNDAF C.1 & C.2</i>		Trainings on management of acute malnutrition (incl. Follow-up)	\$10,950	\$18,250	\$7,300	\$36,500
	Supplies for management of severe acute malnutrition provided	<i>UNICEF</i>	<i>MDG 1 & 4, UNDAF C1 & C2</i>		Provision and delivery of severe acute malnutrition treatment supplies	\$51,000	\$85,000	\$34,000	\$170,000
	Field partners trained on supplementary feeding and management of moderate malnutrition & supplementary food is supplied	<i>WFP</i>	<i>PRRO Strategic Objectives 1 & 5</i>		Provision & delivery of supplementary food supplies (and associated training)	\$41,903	\$69,839	\$27,936	\$139,678
	CMAM implemented with strong community outreach and education by IP's	<i>Joint (FAO lead)</i>	<i>UNDAF C.1</i>		Implementation of CMAM by partners (including community outreach)	\$125,700	\$209,500	\$83,800	\$419,000
	TOTAL OUTPUT 1.4						\$235,028	\$391,714	\$156,686
1.5 Improved quality of nutrition activities provided through health services 90% of health facilities implement nutrition activities according to MOPH quality standards (c.f. balance score card) in project areas	Supplementation protocols implemented	<i>UNICEF</i>	<i>MDG 1 & 4, UNDAF C1 & C2</i>	BPHS NGOs and DOPH	Supervision and technical support to ensure supplementation is effectively done	\$15,136	\$25,227	\$10,091	\$50,455
	Quality of treatment in Therapeutic Feeding Units increases	<i>WHO</i>	<i>MDG 1 & 4, UNDAF C.1 & C.2</i>		Supervision and on the job technical support to Therapeutic Feeding Units	\$8,212	\$13,687	\$5,475	\$27,375

	Improved marketing and simple business management skills (including book-keeping) introduced at village level	FAO	NMTPF Outcome 2, outputs 2.1 & 2.2		Trainings on simple business skills and marketing (including on market assessments and book-keeping)	\$13,944	\$23,240	\$9,296	\$46,480
	Community-based food security projects implemented integrating various food production and income generation activities	Joint (FAO lead)	UNDAF B.1, B.3		Follow-up to trainings / support to community members for applying trainings	\$125,700	\$209,500	\$83,800	\$419,000
	TOTAL OUTPUT 1.6					\$316,245	\$527,075	\$210,830	\$1,054,150
1.7 The nutritional status of children under 5 and women of reproductive age, and the household food security situation, are monitored in project sites <i>Baseline results available by 10/2010. Monitoring results on quarterly basis. Endline survey results & final eval. report available by 12/2013.</i>	Field activities monitored	FAO		FAO staff	Monitoring of field activities	\$9,296	\$18,592	\$18,592	\$46,480
	Field activities monitored	UNICEF		UNICEF staff	Monitoring of field activities	\$10,091	\$20,182	\$20,182	\$50,455
	Field activities monitored	UNIDO		UNIDO staff	Monitoring of field activities	\$8,950	\$17,900	\$17,900	\$44,750
	Field activities monitored	WHO		WHO staf	Monitoring of field activities	\$3,650	\$7,300	\$7,300	\$18,250
	Baseline and impact survey conducted and results disseminated	Joint, with FAO lead		Research institute or specialized NGO	Baseline survey & impact assessment (50% budget for each)	\$123,130		\$123,130	\$246,260
	TOTAL OUTPUT 1.7					\$155,117	\$63,974	\$187,104	\$406,195
Joint Component (FAO)	Programme Cost **					\$629,266	\$763,088	\$426,066	\$1,818,420
	Indirect Support Cost**					\$44,049	\$53,416	\$29,825	\$127,289
FAO	Programme Cost **					\$134,792	\$227,752	\$102,256	\$464,800
	Indirect Support Cost**					\$9,435	\$15,943	\$7,158	\$32,536
UNICEF	Programme Cost					\$138,300	\$233,864	\$105,655	\$477,819
	Indirect Support Cost					\$9,681	\$16,370	\$7,396	\$33,447
UNIDO	Programme Cost					\$129,775	\$219,275	\$98,450	\$447,500
	Indirect Support Cost					\$9,084	\$15,349	\$6,892	\$31,325
WFP	Programme Cost					\$41,903	\$69,839	\$27,936	\$139,678
	Indirect Support Cost					\$2,933	\$4,889	\$1,955	\$9,777
WHO	Programme cost					\$52,925	\$89,425	\$40,150	\$182,500
	Programme support cost					\$3,705	\$6,260	\$2,810	\$12,775
Total	Programme Cost					\$1,126,962	\$1,603,243	\$800,512	\$3,530,717

	Indirect Support Cost	\$78,887	\$112,227	\$56,036	\$247,150
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[\[1\] In cases of joint programmes using pooled fund management modalities, the Managing Agent is responsible/accountable for achieving all shared joint programme outputs. However, those participating UN organizations that have specific direct interest in a given joint programme output, and may be associated with the Managing Agent during the implementation, for example in reviews and agreed technical inputs, will also be indicated in this column.](#)