

Section I: Identification and JP Status

Feeding the Children of Afghanistan Together

Semester: 1-11

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

Report Number	
Reporting Period	1-11
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	\$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	\$525,955.00
UNICEF	\$138,157.84	
UNIDO		
WFP		
WHO		
Total	\$664,112.84	

Total Budget Disbursed To Date

	FAO	\$555,312.00
UNICEF	\$108,863.63	
UNIDO	\$28,256.00	
WFP	\$44,837.00	
WHO	\$56,630.00	

Total \$793,898.63

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					
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 1: Child under nutrition 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)

- District specific action plan is developed through participatory planning
- Community based monitoring (MUAC screening) of maternal and child malnutrition is ongoing in targeted areas and will be monitored every 90 days
- Multiple micronutrients have been ordered for children < 2 years to improve chronic malnutrition along with ORS and zinc supplements
- 66 Model gardens (1350 beneficiaries) were set up along with 22 Clinic gardens in 50% of the health facilities in target project areas for nutrition education by 299 health staff. 2472 children are involved in setting of 34 school gardens in schools for promoting nutrition education in schools. 1351 Kitchen gardens are set up in different areas which cover 15765 direct beneficiaries. Backyard poultry project for promoting household food security (through sustainable livelihood) in urban areas: Kabul city is started for 500 women (mothers of children < 2 years) . bee keeping for 200 women in Daikundi is also started for promoting sustainable household food security.
- Capacity building of government staff (health/extension rural development) and community based organizations is ongoing. Capacity of 1246 persons (758 male and 488 female) has already been done (refer capacity building enclosure)

Outcome 2: Policies, strategic frameworks and institutional mechanisms supporting integrated nutrition and household food security interventions are established.

- Support for development of multi sectoral plan of action on nutrition
- Partnership for developing Food Security Policy for Ministry of Agriculture
- Promoting nutrition education for primary school children by working with Ministry of Education to include nutrition in school curricula for grades 1-6 (reach 6.5 million children)
- Supporting Ministry of Higher education for developing curricula for offering nutrition courses at university level
- Ministry of Public health – Effectiveness of current BPHS in delivery of nutrition services (Basic Package of Health Services)

Progress in outputs

Output 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.(Participatory appraisal workshop was conducted in each district to develop district specific action plans for improving nutrition and food security based on local situation and needs. Information gathered in participatory workshop and based on the information gathered in participatory workshop The action plans were formulated and finalized in direct consultation with district coordination committee, local organizations and community . Based on the district action plans food and nutrition security activities in the districts are started.

Output 1.2 : Improving infant and young child feeding through (Behaviour Change Communication (BCC): The major focus of this output is early initiation of breastfeeding, exclusively breastfeeding for the first six months, and continued breastfeeding with adequate, timely and appropriate nutritious complementary feeding up to the age of two years and beyond. Activities for this output are integrated with other ongoing nutrition activities in the targeted districts through trained health and agriculture extension workers,

Community Development Councils and community health workers.

A TOT was conducted for the key staff of the 10 districts to gain an overall understanding of nutrition so that they can conduct community level nutrition education sessions to be for members of male and female CDCs and agriculture cooperatives, women associations. Participants were social workers of MRRD, Social workers of women affairs and extension officers of MAIL. The training includes basic concept of nutrition, food groups, food needs by age, improved recipes, common types of malnutrition in Afghanistan and food taboo and food habits. The training was conducted.

Community based IYCF training and counseling materials are being translated into local language by a private firm. Once produced, these materials will serve as an essential resource for community health workers and community based IYCF service providers in the JP target provinces.

Output 1.3: Improved access for acutely malnourished children aged 6-59 months to community-based management of acute malnutrition (CMAM)

Community based management of Acute malnutrition (CMAM) is implemented in integration with IYCF and micronutrient supplementation including home food fortification. The rolling out of integrated CMAM has started in two districts in Kabul and Bamyan. Therapeutic feeding services for referral of severe acute malnutrition cases from the targeted districts are operational in all five JP provinces including two targeted districts in Bamyan province. UNICEF is providing ready-to-use therapeutic food (RUTF) and multiple micronutrients for home food fortification whereas as WFP have ensured that there are adequate of ready to use supplementary food (RUSF) to these provinces.

Nutrition knowledge and skills of service providers relevant to the JP have been strengthened through a training conducted in all JP provinces. The facility operational guidelines and training package for management of severe acute malnutrition at health facility level have been revised and updated. A TOT on facility based management of acute malnutrition was conducted for 30 participants, who will serve as a national pool of trainers ready to be deployed to the JP provinces.

Output 1.4: Increased household food production and consumption

Food Security interventions to increase household food production & consumption were started in March 2011 through Agriculture (Extension) and rural development staff in provinces/districts. A total of 1473 gardens have been set up which cover 19886 direct beneficiaries in the targeted JP districts. Households targeted for food security interventions are those with child less than 2 years so that infant and young child feeding practices can be improved. Gardening activities are combined with nutrition education for behavior change, cooking demonstrations to show mothers can use the foods grown in the kitchen garden for child feeding, food preservation to ensure supply of vegetables throughout the year. TOT on solar drying has been done by UNIDO who is providing JP areas with solar dryers. Ministry of Women affairs is supporting JP by running food and vegetable processing courses with technical support from JP.

Homestead food production through supply of appropriate farm mechanization and skilled upgrading, home-based food storage and processing and income generation- dairy, poultry, Bee Keeping are part of JP supported activities. ToT on agriculture production was conducted in all five provinces for district and provincial agriculture officers and social workers of DRRDs and this was immediately followed by providing seed and tool kits to set up different kinds of vegetable/fruit gardens (Model gardens, School gardens, Clinic gardens/household kitchen gardens). In urban area: Kabul city, household food security and nutrition is also being improved through poultry. JP is supporting establishment of community based and individual household poultry farms in which will be run as a micro-enterprise. One of the objectives of the project is to increase household production and consumption of poultry products, particularly eggs. Income earned from selling surplus poultry products will play an important role in improving household food security and nutrition. This poultry production project target households with children below 24 months of age and is supported by nutrition education sessions and cooking demonstrations which emphasize increasing egg consumption by mothers and young children

Output 1.5: Nutritional status and household food security is assessed at baseline, monitored and evaluated.

Baseline survey has been outsourced. Letter of Agreement has been signed between JP and AARCC. (Assil Afghan Research Consultancy company). The overall objective of the baseline survey is to generate data on the current nutritional and household food security status in the targeted areas that will be used to measure the progress and impact of the nutrition and household food security initiatives by JP.

Output 2.1: Nutrition and household food security are adequately addressed in Government policies and strategies and resources allocated increased

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. At the national level, advocacy meetings in ministry of agriculture, rural development and health have been supported by JP to make government recognize that food security and nutrition are inseparable. While the Agriculture can play the primary role in improving the availability of and access to food, the support of the other departments: health/rural development is also crucial. At the sub-national level, attempts are being made to integrate food security and nutrition into the decentralized local planning process to address dimensions of food insecurity, malnutrition and poverty in their communities as a development priority

Output 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

□ Provincial governments and DDAs (district development assemblies) and CDCs (Community development committees) are often trying to address dimensions of food insecurity, malnutrition and poverty in their communities as a development priority (e.g. tertiary road construction to increase household incomes and services, irrigation infrastructure repairs to improve production). The need to ensuring that agricultural systems contribute to nutrition and health goals was recognized by JP. The process of establishing coordination mechanism for food and nutrition security was started with a workshop on integrating promotion/implementation and monitoring of food security and nutrition interventions in May 2011. MDG Programs is built around existing community knowledge making maximum use of existing organizational frameworks: CHWs, local women's groups and community development committees . Convergence at community level (CDC-CHW, District Extension officer)- MAIL-MRRD-MOPH is being promoted

Output 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)

JP partnership with Ministry of Education---Plan of action for curriculum development for including nutrition in primary schools for grades 1-3 is completed . 2 workshops , 3 students elementary modules for grades 1-3 are finalized. Joint survey with UNICEF & MOE for evaluation of existing curricula of primary grades 1-6 is completed so that they can be revised

JP partnership with Ministry of higher education – MOHE has set up a working group for development nutrition courses/curriculum at university level. The group has identified that nutrition can be offered as a specialization for students enrolled in Bachelor's course in public health at Kabul Medical university which is started this year . Collaboration with Univ of Houston is explored. The UH central administrators have agreed that their nutrition department can craft a mechanism that will work from UH's perspective to deliver curriculum to the students in Kabul.

Measures taken for the sustainability of the joint programme

All JP activities are planned in such a way to ensure sustainability: implementation and monitoring by government (national and sub national ownership)

Role of JP is facilitation/building capacity of government to implement and monitor

Are there difficulties in the implementation?

UN agency Coordination
Administrative / Financial

Joint Programme design

What are the causes of these difficulties?

External to the Joint Programme

MOPH & MAIL have different mechanism for service delivery which makes Integration of nutrition & agriculture (food security) components of the program very challenging for implementation

Access to provinces: Daikundi, difficult to get reservation on UNAMA flights

The duration of the program does not give adequate time to plan well and then implement.

Briefly describe the current difficulties the Joint Programme is facing

Security

Access- physical, transportation

Delay in signing contracts because of administrative procedures

scattered pockets of population, poor basic infrastructure such as roads and bridges and issues related to ethnic groups

Briefly describe the current external difficulties that delay implementation

Security

Access to JP areas esp Daikundi-- difficult to get tickets to travel on UNAMA flights

Partners cannot spend money at the same rate-some need additional funds but till all together spend 70% of total-we cannot get additional funds

MDG focal point in partner agencies are not available for MDG activities- other activities of the organization take priority

Money budgeted for activities in the program proposal is not realistic : baseline survey is 132,000 \$ though lowest quote received is 250,000\$

Need for technical person in BCC and in M & E -not budgeted in MDG proposal

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

Province/district selection is based on security risk- low risk areas are selected for JP

Work with local partners who can access the project area

Implement Interventions during months when physical access is not an issue

Synergy between agencies or interventions: JP seeks to maximize benefits from convergence of various programs and interventions related to nutrition/food security. This helps to address different dimensions of food insecurity and nutrition at the household/community level; and focus on complementarity of resources to maximize the impact and coverage of beneficiary households

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 Steering Committee- Representatives of Government of Afghanistan (MoF/MFA), Government of Spain, UNRC
- Program Management Committee- UNRC, Participating JP Agencies, Government counterparts and other invitees (Programme Coordinator, technical experts, key stakeholders, civil society, national authorities, donors)
- Technical working group- technical staff from the participating UN agencies and the government counterparts & CSOs.
- Provincial coordination Committee- representatives from the DOPH, DAIL, DRRD, the Governor's office, UNAMA (as a representative of the RCO) and present UN partner agencies, participating NGOs and CSOs,
- District Coordination Committee- Representatives from district (Health, agriculture, rural development, Women affairs, religious affairs, education, DDA/CDCs, shuras, cooperatives

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	10	decisions taken as one UN- local contracts,	participatory meetings

Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs	0	1	baseline survey	TWG
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs	0	15	Reports- PCC/DCC meeting	Setting up PCC/DCC Participatory planning capacity building
			Participatory planning	
			Capacity building	

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
Monitoring of JP activities
 Management: budget
Monitoring of JP activities
 Management: service provision
Monitoring of JP activities
 Management: other, specify
Monitoring of JP activities

Who leads and/or chair the PMC?

RCO-Resident Coordinator

Number of meetings with PMC chair

4 -(2 through PMC and 2 as one to one with JTAC)

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

Not involved false
 Slightly involved false

Fairly involved false
Fully involved true

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

Policy/decision making

Planning and monitoring

Management: budget

Planning and monitoring

Management: service provision

Planning and monitoring

Management: other, specify

Planning and monitoring

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?

Policy/decision making

All JP activities are planned based on local needs/priorities identified by civil society

Community based implementation & monitoring helps in community ownership of the program

Management: service provision

All JP activities are planned based on local needs/priorities identified by civil society

Community based implementation & monitoring helps in community ownership of the program

Management: other, specify

All JP activities are planned based on local needs/priorities identified by civil society

Community based implementation & monitoring helps in community ownership of the program

Where is the joint programme management unit seated?

National Government

Ministry of Agriculture

Current situation

JPTAC and staff/consultants recruited from FAO or joint budget are seated in Ministry of Agriculture

Focal MDG points of JP partners are seated in respective UN 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

Put Nutrition and Household food Security high on the political agenda of the Afghanistan and mobilize 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

Implementation of an integrated package of nutrition and food security interventions by JP requires convergence of different ministries at the community level/at grassroots level. It is exploring how CDCs, District extension worker and CHWs can work together to deliver a package of service to communities/households instead of each going their own way

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

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

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the private sector and other stakeholders to expand and implement Nutrition and food security programs and increase funding commitments

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Key moments/events of social mobilization that highlight issues

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Media outreach and advocacy

Put Nutrition and Household food Security high on the political agenda of the Afghanistan and mobilize 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

Implementation of an integrated package of nutrition and food security interventions by JP requires convergence of different ministries at the community level/at grassroots level. It is exploring how CDCs, District extension worker and CHWs can work together to deliver a package of service to communities/households instead of each going their own way

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	17
Social networks/coalitions	10
Local citizen groups	948
Private sector	27
Academic institutions	411
Media groups and journalist	2
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 based monitoring

Household surveys

Community based monitoring

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

Community based monitoring

Open forum meetings

Community based monitoring

Capacity building/trainings

Community based monitoring



Others
Community based monitoring

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 contribution in Nutrition & Food Security

- Screening of Pregnant Lactating women for malnutrition- currently not part of public health intervention
- Improving child nutrition and nutrition education through the promotion of Hospital Garden & School Nutrition Programs
- Promoting use of multiple micronutrients for children < 2 years to enhance nutritional value of food and promote growth and controlling micronutrient deficiencies in Badakhshan, Bamyar, Nangarhar and Daikundi province.
- Reduce vulnerability to malnutrition and food insecurity through increased household food production (Kitchen gardens), consumption, and dietary diversity
- Building capacity of extension staff through short term training program at Central Food Technology and Research Institute in India on
 - Essentials of packaging technology for distribution and marketing of food products
 - Processing of fruits and vegetables into value added products and
 - post-harvest handling and storage of fresh fruits and vegetables for commercial trade

Setting up of Daikundi Fruit and vegetable processing training and information center at Neli by the Department of Home Economics (MAIL), Planning and policy Directorate (MoWA) and DoWA of Daikundi with financial support from MDG fund. The center will target to improve children's health – and family incomes – by boosting the production, supply and consumption of fruit and vegetables

Schools can make an important contribution to Afghanistan's efforts to overcome hunger and malnutrition, so adding the different nutrition topics in different subjects for grades 1-6 (in subjects: Languages Dari/Pashto, Social Science, Science, Health and Environment, Life Skills) will help to promote nutrition education at national level for 6.5 million school children

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

- The next installment of JP should be released by MDG HQ if amount spent plus amount committed exceeds 70% of grant received instead of 70% amount spent.
- If any JP does not spend the money received, it should be transferred to another JP in the country so it can scale up its activities

Section IV: General Thematic Indicators

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

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

Children under 2

Total No.	36445
No. Urban	5670
No. Rural	30775
No. Girls	
No. boys	

Children from 2 to 5

Total No.	85037
No. Urban	13230
No. Rural	71807
No. Girls	
No. Boys	

Children older than 5

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

Women

Total	47870
No. Urban	6840
No. Rural	41030
No. Pregnant	23935

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	36445
No. Urban	5670
No. Rural	30775
No. Girls	
No. Boys	

Children from 2 to 5

Total	85037
No. Urban	13230
No. Rural	71807
No. Girls	
No. Boys	

Children older than 5

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

Women

Total	47870
No. Urban	6840
No. Rural	41030
No. pregnant	23935

Men

Total	
No. Urban	
No. Rural	

1.3 Prevalence of underweight children under-five years of age

National % 39
 Targeted Area %

Proportion of population below minimum level of dietary energy consumption

% National 34
 % Targeted Area 45

Stunting prevalence

% National 59
 % Targeted Area

Anemia prevalence

% National 60
 % Targeted Area

Comments

Baseline survey is ongoing so the prevalence of underweight/food insecurity will be reported after baseline survey results are available

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 1473
 Urban 72
 Rural 1401
 Girls 19886
 Pregnant Women
 Boys

Food fortification

National
 Local 30775
 Urban
 Rural 30775
 Girls

Pregnant Women
Boys

School feeding programmes

National
Local
Urban
Rural
Girls
Pregnant women
Boys

Behavioural change communication

National
Local 54710
Urban 9090
Rural 45620
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	5670
Rural	30775
Girls	
Pregnant Women	23935
Boys	

Therapeutic feeding programmes

National	
Local	54710
Urban	9090
Rural	45620
Girls	
Pregnant Women	
Boys	

Vaccinations

National	
Local	
Urban	
Rural	
Girls	
Pregnant Women	
Boys	

Other, specify

National 6.5 million school children

HEALTHY CHILDREN HEALTHY AFGHANISTAN (ATFAL SAHATMAN-AFGHANISTAN SAHATMAN) will cover 121482 children < 5 years and 23935 pregnant women.

Better Nutrition Better Learning (TEGHASI BEHTTER-AMOKHTEN BEHTTER)initiative will cover 6.5 million primary school children in Afghanistan

Local

HEALTHY CHILDREN HEALTHY AFGHANISTAN (ATFAL SAHATMAN-AFGHANISTAN SAHATMAN) will cover 121482 children < 5 years and 23935 pregnant women.

Better Nutrition Better Learning (TEGHASI BEHTTER-AMOKHTEN BEHTTER)initiative will cover 6.5 million primary school children in Afghanistan

Urban

HEALTHY CHILDREN HEALTHY AFGHANISTAN (ATFAL SAHATMAN-AFGHANISTAN SAHATMAN) will cover 121482 children < 5 years and 23935 pregnant women.

Better Nutrition Better Learning (TEGHASI BEHTTER-AMOKHTEN BEHTTER)initiative will cover 6.5 million primary school children in Afghanistan Rural

HEALTHY CHILDREN HEALTHY AFGHANISTAN (ATFAL SAHATMAN-AFGHANISTAN SAHATMAN) will cover 121482 children < 5 years and 23935 pregnant women.

Better Nutrition Better Learning (TEGHASI BEHTTER-AMOKHTEN BEHTTER)initiative will cover 6.5 million primary school children in Afghanistan Girls

HEALTHY CHILDREN HEALTHY AFGHANISTAN (ATFAL SAHATMAN-AFGHANISTAN SAHATMAN) will cover 121482 children < 5 years and 23935 pregnant women.

Better Nutrition Better Learning (TEGHASI BEHTTER-AMOKHTEN BEHTTER)initiative will cover 6.5 million primary school children in Afghanistan Pregnant Women

HEALTHY CHILDREN HEALTHY AFGHANISTAN (ATFAL SAHATMAN-AFGHANISTAN SAHATMAN) will cover 121482 children < 5 years and 23935 pregnant women.

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HEALTHY CHILDREN HEALTHY AFGHANISTAN (ATFAL SAHATMAN-AFGHANISTAN SAHATMAN) will cover 121482 children < 5 years and 23935 pregnant women.

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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	0
Local	
Plans	
National	1
Local	

3 Assessment, monitoring and evaluation

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

National	1
Local	10
Total	11

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 and evaluation report.	Pre-post assessment (providing baseline and endline data). Access to MICS database.	All agencies (FAO lead)	Security conditions allow for continued implementation at community level.
1.1. Community's needs are assessed in a participatory way and results are used to form the district-level project design and implementation plans.	# of district participatory planning meetings conducted in the target area	# of participatory district plans developed and documented	# of targeted participatory district / plan *100	District participatory planning report District plan of action	Participatory planning workshops	FAO	Security conditions do not deteriorate and limit field access

<p>1.2 : Improving infant and young child feeding through BCC</p>	<p>Exclusively breastfeeding until 6 months and adequate complementary feeding is increased by 3-5 %/year</p> <p>Increase by 10-20% in awareness & knowledge of caregivers –who can recall a minimum of 3 key nutrition education messages, in project areas</p>	<p># of caregiver in the area of project who can recall 3 key messages</p>	<p># of total caregiver in the area project increased their awareness*100</p>		<p>Pre-post assessment, Baseline and evaluation report,</p>	<p>FAO, UNICEF, WHO</p>	<p>Security conditions do not deteriorate and limit field access</p>
<p>1.3: Improved access for acutely malnourished children aged 6-59 months to community-based management of acute malnutrition (CMAM</p>	<p>Coverage of acutely malnourished children enrolled in CMAM programmes >60%</p> <p>Proportion of acutely malnourished children (SAM/MAM) recovered in CMAM programmes >75%</p>	<p># of children until 6 months exclusively breast fed</p> <p># of children 6-24 months given timely complementary feeding</p> <p># of</p>	<p># of total children until 6 months in the area *100</p> <p># of children 6-24 months *100</p> <p># of total caregiver in the area project</p>	<p>Baseline and evaluation report</p> <p>MICS survey 2011 (to compare project sites with national averages).</p>	<p>Pre-post assessment,</p> <p>Access to MICS database.</p>	<p>FAO, UNICEF, WHO WFP</p>	<p>Security does not prevent all field access</p>

		<i>caregiver in the area of project who can recall 3 key massages</i>	increased their awareness*100				
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 children (age) successfully discharged from CMAM program in the project area	# of total SAM children (< 5 yrs of age) admitted in the CMAM program in the project area*100	Baseline and evaluation report, monthly project reports reporting against global CMAM standards.	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.	Baseline results available by 10/2011. Nutrition and Food Security indicators are monitored on a quarterly basis.	# of household reporting increase in food production and consumption	# of total target household *100	Baseline and evaluation report, monitoring reports	Pre-post assessment, quarterly monitoring visits by Govt & UN staff	FAO led UNICEF WHO UNIDO	Shocks (eg Drought) do not seriously affect project areas Security does not prevent field access
Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Numerator	Denominator	Means of verification	Collection methods	Responsibilities	Risks & assumptions
Outcome 2:	# of integrated nutrition			Government	Information	All agencies	Senior

<i>Policies, strategic frameworks and institutional mechanisms supporting integrated nutrition & household food security interventions are established</i>	& household food security policy and strategic documents developed			reports	provided by Government focal points and officials (e.g. PMC members)	(FAO lead through JPTAC)	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 and resources allocated increased	# of policies /strategy documents stating nutrition and food security as priorities	# of government policies and strategies addressed nutrition and household food security	# of total government policies and strategies which address nutrition and food security *100.	Government policies and strategy papers Multisectoral plan of action on nutrition Integrated Food & Nutrition Security Strategy for Afghanistan	Review of policy/strategy documents Regular information to be provided by Government officials and donors	All agencies (FAO lead, through JPTAC)	Policy review processes are run efficiently and Government officials responsive to recommendations & inter-ministerial collaboration. Donor interest in Afghanistan does not significantly reduce.
2.2 Effective coordination mechanisms for the promotion, supervision,	- Linkages between Health and Nutrition and Agriculture and Rural Development are explicitly	# of total joint(MAIL-MOPH) coordination	# of total planned or targeted joint	Meeting minutes JP semi-annual reports	JPTAC and/or National coordinator participation in	All agencies (FAO lead, through JPTAC)	Senior government officials and stakeholder representative

implementation and evaluation of nutrition and food security interventions at central and provincial levels are established	lined out - # of stakeholders meetings, information sharing held regularly between key partners, and common decisions are taken and followed up regarding food security and nutrition, at central and provincial levels	meetings held	coordination meetings *100		coordination meetings, Meeting minutes		s 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) courses- certificate/diploma/ undergraduate/postgraduate courses offered by national universities in nutrition/food security # academic trained to teach courses in nutrition/food security in universities	# of functionaries trained in delivering public health nutrition interventions # of persons trained in delivering Food security interventions # of schools	# of functionaries delivering public health nutrition interventions in targeted areas* 100 # of functionaries delivering Food security interventions in targeted	Faculty curricula Content of in-service trainings Training modules School curricula for different grades 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.

	<p>#course reviewed/revise for pre service/in service training</p> <p># subjects in which nutrition/food insecurity is included in school curriculum</p>	<p>introduci ng nutrition in their curricula</p> <p># students reached through revised school curricula</p>	<p>areas* 100</p> <p># of schools in targeted areas* 100</p> <p># of school children in target areas</p>				
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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)

Expected Results (Outcomes & outputs)	Indicators)	Participatory UN	Implementing partner	Activities for each output
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 areas	Joint-FAO led	PCC	Participatory Planning Meeting in Each district District Specific Action Plan
1.2 Infant and young child and family feeding practices improved Exclusively breastfeeding until 6 months and adequate complementary feeding is increased by 3-5 %/year	Joint Nut ed. materials produced-type & quantity, use of education materials & method of communication	<i>UNICEF Led</i>		Production of nutrition education materials (to be used by all partners at all levels-facility/community) Communication strategy-district specific
	# facility and community outreach workers partners trained on promotion and support for counseling # caregivers sensitized on promotion of EBF	<i>WHO</i>		Breastfeeding counseling trainings (incl. Follow-up) Mother support groups
	# facility and community outreach workers trained on appropriate complementary feeding # caregivers sensitized on promotion of Complementary feeding # Support groups established	FAO		Trainings on Participatory Cooking Sessions and complementary feeding (including follow-up) Mother/Community Support groups

	# facility and community outreach workers trained on Growth Monitoring and Promotion	WHO		Trainings on Growth Monitoring and Promotion Counseling on GMP during HH/facility visits Community based screening for malnutrition every 90 days
	# of Field partners trained on Nut. Ed, esp. breastfeeding, micronutrients, health & hygiene (TOT) # nutrition education sessions conducted at facility level and # of participants/session # nutrition education sessions conducted at community levels and # of participants/session	UNICEF & WHO		Training on breastfeeding, micronutrients, health and hygiene (TOT and cascading down of training at community levels) Nutrition Education Session
	# of Implementing partners trained on Nut.Ed esp. food needs, improved recipes and food hygiene # nutrition education sessions conducted at community levels and # of participants/session	FAO led		Trainings on family nutrition, food needs by age group, food hygiene, improved recipes...(TOT and cascading down of training at community levels) Nutrition Education Session/ Cooking demonstrations – health facility, schools, literacy, youth groups, cooperatives, CDC, shuras ,
1.3 Community-based management of acute malnutrition is effective (CMAM) in areas where it is operational	# facility and community outreach workers trained on screening of malnutrition in under five children & Pregnant Women	WHO	BPHS NGOs	Trainings on screening for acute malnutrition (incl. Follow-up) Quarterly report of screening for malnutrition
	# Facility & Outreach health workers trained on CMAM	WHO		Trainings on management of acute malnutrition (incl. Follow-up)
	Supplies for management of severe acute malnutrition provided	UNICEF		Provision and delivery of severe acute malnutrition treatment supplies
	Field partners trained on supplementary feeding and management of moderate malnutrition & supplementary food is supplied	WFP		Provision & delivery of supplementary food supplies (and associated training)

	CMAM implemented with strong community outreach and education by IP's	<i>Joint (FAO lead)</i>		Hospital garden established at health facility for nutrition education use mobile phones to support the delivery of CMAM programs,
1.4 Increased household food production and consumption	Improved household food security and income through home gardens, poultry projects, and other agricultural activities	FAO	CDC Shuras Cooperatives DAIL DRRD	Developing training materials Kitchen /School Gardening Food Processing Training On KG/SG-TOT Training-GOVT/CDC # of Seed kits distributed # Gardening tool kits # Kitchen gardens CDC-Male, CDC-Female Cooperatives; Hospital Facility School-Boys; School-Girls Integrated Community based food security Projects-Poultry; Beekeeping; Nurseries; Food Processing; Dairy
	# Field partners & HH trained on food processing skills at household and community level	FAO		Trainings on household and village level food processing (including follow-up)
	Increased quality and safety of processed foods, including through the introduction of new technology	UNIDO		Introduction (trainings) of technology for small-scale industry (non-food)
	Appropriate agricultural technology (incl. storage) introduced at village level	UNIDO		Introduction (trainings) of improved agricultural technology (incl. Follow-up)
	Introduction of technology that can support local small-scale industry and micro-enterprises (non-food)	UNIDO		Trainings on technology for small-scale industry (incl. Follow-up)
	Improved marketing and simple business management skills (at cooperative level)	FAO		Trainings on simple business skills and marketing
	# of Community-based food security projects implementing integrated food production and income generation	<i>Joint (FAO lead)</i>		Technical support provided by FAO Sustainability of integrated project

	activities			
1.5 Nutritional status and household food security is assessed at baseline, monitored and evaluated.	Baseline Survey Endline Survey Monitoring results	FAO led		Monitoring results are submitted on a quarterly basis Baseline results available by 10/2011.. Endline survey results & final evaluation report available by 12/2013.
Outcome 2: Policies, strategic frameworks and institutional mechanisms supporting integrated nutrition & household food security interventions are established				
Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)			
2.1 Nutrition and household food security are adequately addressed in Government policies and strategies and resources allocated increased	# of # of integrated nutrition & household food security policy and strategic documents developed - Linkages between Health and Nutrition and Agriculture and Rural Development are explicitly lined out -			
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			
2.3 Nutrition and food security training modules are integrated in existing pre-service and in-service trainings for health, agricultural, education	# of Nut. & FS training modules integrated in at least 2 faculties' curricula (medicine and agriculture) and 2 in-service training program. (MOPH and MAIL)			

<p>personnel (and other relevant sectors)</p>	<p>courses- certificate/diploma/ undergraduate/postgraduate courses offered by national universities in nutrition/food security</p> <p># academic trained to teach courses in nutrition/food security in schools and universities</p> <p>#course reviewed/revised for pre service/in service training</p> <p># subjects in which nutrition and food insecurity is included in school curriculum</p>			
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