



FINAL NARRATIVE REPORT

Afghanistan

Thematic window
Children, Food Security & Nutrition

Programme Title:

Nutrition and Household Food Security in
Afghanistan

October | **2013**

Prologue

The MDG Achievement Fund was established in 2007 through a landmark agreement signed between the Government of Spain and the UN system. With a total contribution of approximately USD 900 million, the MDG-Fund has financed 130 joint programmes in eight Thematic Windows, in 50 countries around the world.

The joint programme final narrative report is prepared by the joint programme team. It reflects the final programme review conducted by the Programme Management Committee and National Steering Committee to assess results against expected outcomes and outputs.

The report is divided into five (5) sections. Section I provides a brief introduction on the socio economic context and the development problems addressed by the joint programme, and lists the joint programme outcomes and associated outputs. Section II is an assessment of the joint programme results. Section III collects good practices and lessons learned. Section IV covers the financial status of the joint programme; and Section V is for other comments and/or additional information.

We thank our national partners and the United Nations Country Team, as well as the joint programme team for their efforts in undertaking this final narrative report.

MDG-F Secretariat

**FINAL MDGF JOINT PROGRAMME
NARRATIVE REPORT**

<p>Participating UN Organization(s)</p> <p>FAO UNICEF UNIDO WFP WHO</p>	<p>Sector(s)/Area(s)/Theme(s)</p> <p>Please indicate Thematic window and other relevant sub thematic areas</p> <p>Thematic Area 1 on Children, Food Security and Nutrition</p>
<p>Joint Programme Title</p> <p>Nutrition and Household Food Security in Afghanistan</p>	<p>Joint Programme Number</p> <p>UNJP/AFG/057/SPA Activity code: TFES35AF09232</p>
<p>Joint Programme Cost [Sharing - if applicable]</p> <p>Fund Contribution: 50,000 USD</p> <p>Govt. Contribution: in kind Salaries of DAIL staff paid by Govt.</p> <p>Agency Core Contribution:</p> <p>Other: 40,000 USD Telefood from FAO</p> <p>TOTAL: USD</p>	<p>Joint Programme [Location]</p> <p>Region (s): Eastern, Central, central highland, and north east regions.</p> <p>Governorate(s): Five Provinces Bamyan, Badakhshan, Daikundi, Nangarhar and Kabul</p> <p>District(s) 10 districts</p> <p>Panjab and Waras Bamyan Province Khash and Yamgan Badakhshan Province Ashatarly and Shahrstan Daikundi Province Kuzkunar (Khewa) and Nangarhar Province Surkhroud District 7 and 8 Kabul Province</p>
<p>Final Joint Programme Evaluation</p> <p>Final Evaluation Done Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Evaluation Report Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of delivery of final report</p>	<p>Joint Programme Timeline</p> <p>Original start date 01 Jan 2010</p> <p>Final end date 30 June 2013</p>

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

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

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

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

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

Report Formatting Instructions:

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

I. PURPOSE

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

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

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

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

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

¹ MOPH/CDC/CSO. Afghanistan Mortality Survey, 2010

² MOPH/CDC/UNICEF National Nutrition Survey, 2004/05

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

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

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

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

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

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

Outcome1:⁶

Child undernutrition and household food insecurity are reduced by 2013 through the implementation of an integrated community nutrition and food security package in 10 districts (in 5 provinces).

Outputs:

- 1.1 Participatory nutrition and food security assessments, project design, monitoring and evaluation conducted by government and implementing partner staff at provincial and district levels
- 1.2 Increased awareness and knowledge of healthy nutrition practices
- 1.3 Improved access for acutely malnourished children aged 6-59 months to community-based management of acute malnutrition (CMAM)
- 1.4 Increased household food production and income
- 1.5 The nutritional status of children under 5 and women of reproductive age, and the household food security situation, are monitored in project sites

⁴ 2009 and 2013 Global Human Development Reports

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

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

Outcome 2:

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

Outputs:

- 2.1. Nutrition and household food security are adequately addressed in Government policies and strategies
- 2.2. Effective coordination mechanisms for the promotion, supervision, implementation and evaluation of nutrition and food security interventions at central and provincial levels are established
- 2.3. Nutrition and food security training modules are integrated in existing trainings

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

II. ASSESSMENT OF JOINT PROGRAMME RESULTS

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

Outcome 1:

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

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

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

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

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

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

Outcome2

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

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

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

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

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

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

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

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

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

Participatory appraisal workshops

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

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

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

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

Institutional Support and Capacity Development

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

National level capacity development

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

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

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

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

International Capacity-building

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

Homestead food production and food security support

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

Promotion of vegetable growth to support dietary diversity

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

Clinic Gardens

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

School Gardens

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

Home Gardens

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

Greenhouses and Nurseries

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

Plastic Tunnels

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

Micro-Gardens in Urban Settings

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

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

Poultry and Beekeeping

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

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

Beekeeping

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

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

Food Processing Centers Established:

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

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

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

Technology Transfer

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

Gender and Women Empowerment

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

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

Women Agriculture Extension Workers

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

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

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

Food-Based Dietary Guideline for Afghanistan

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

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

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

Better Nutrition and Better Learning

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a. Paris Declaration Principles

- *Leadership of national and local governmental institutions*

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

- *Involvement of CSO and citizens*

-

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

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

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

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

- *Alignment and harmonization*

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

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

b. Delivering as One

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

III. GOOD PRACTICES AND LESSONS LEARNED

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

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

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

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

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

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

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

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

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

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

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

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

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

- b. External to the joint programme*

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

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

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

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

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

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

c. Main mitigation actions implemented to overcome these constraints

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

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

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

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

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

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

b. Improvement in transparency and mutual accountability

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

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

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

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

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

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

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

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

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

a. Improve the sustainability of the joint programme

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

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

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

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

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

c. Providing information to beneficiaries/right holders

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

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

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

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

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

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

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

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

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

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

IV. FINANCIAL STATUS OF THE JOINT PROGRAMME

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

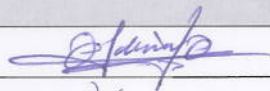


UN agencies	Total Budget Approved	Total Budget Transferred	Total Budget Disbursed	Balance
JP (joint fund)	3,167,842	3,167,842	3,167,842	0
FAO	497,336	497,336	497,336	0
UNICEF	511,266	511,266	511,266	0
UNIDO	478,825	478,825.00	474,757	4068
WFP	149,456	149,456	149,456	0
WHO	195,275	195,275	195,275	0
Total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

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

V. OTHER COMMENTS AND/OR ADDITIONAL INFORMATION

VI. CERTIFICATION ON OPERATIONAL CLOSURE OF THE PROJECT

By signing, Participating United Nations Organizations (PUNO) certify that the project has been operationally completed.

PUNO	NAME	TITLE	SIGNATURE	DATE
FAO	OUSMANE GUINDO	COUNTRY REPRESENT		13/08/2013
UNICEF	VIDHYA R. WANISH	Deputy Rep / OIC	Widya R Wanish	15 Aug 2013
WHO	Rik Peepker Korn	Country Representative	R Peepker Korn	28/08/2013
WFP	JOHN PROUT	DCB OPS		14/08/13
UNIDO	FAKHRUDDIN ABJI	HEAD of UNIDO operations		13/8/13

VI. ANNEXES

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

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

2. UNJP Output Progress Report

Joint Programme Outcome 1:

Child malnutrition and household food insecurity are reduced by 2013 through the implementation of an integrated community nutrition and food security package in 10 districts (in 5 provinces).

Output/Activity	Progress
Output 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	<p>The key point under this activity is that all the related sectors and actors at sub-national level were involved to Identify their felt needs and causes of malnutrition and food insecurity and form a responsive coordination mechanism.</p> <p>To develop responsive, effective strategies, UNJP worked to assess the situation and identify key beliefs and behaviors affecting maternal, infant, and young child nutrition and household food security and type of nutrition /food security intervention needed.</p> <p>Through this participatory process a mechanism of coordination was built, that involved all the sectors and a joint implementation model was developed in the form of district action plan. The district action plans were implemented throughout the life UNJP.</p> <p>Capacity of government stakeholders are built in participatory assessment at sub-national level. The institutions are active in the provinces and have required capacity to carry out similar activities in future to improve coordination mechanisms through participatory workshop.</p>
1.1.2: Proposal preparation	<p>Request for proposals circulated for concept notes from targeted provinces/districts. PCC was actively engaged in reviewing proposals related to their respective provinces and provided their comments on the concept notes. Based on the comments received from respective PCCs and criteria of selection for short listing of concept notes that was prepared in agreement with PCCs, the proposal development was supported for short listed concepts. Funds were released for implementation of proposals that were finalized and approved. A total of 12 NGOs, 2 CDCs and 2 agriculture cooperatives were funded.</p>
1.1.3: Provincial	<p>Provincial training on M & E has been conducted for all health and agriculture functionaries involved in implementation of the JP program. All reporting is done by</p>

trainings on monitoring and evaluation	the government functionaries-from district to province to national authorities with copy to MDG office.
1.1.4: On-the-job learning through monitoring visits	On the job learning through monitoring was carried out throughout the program cycle.
Output 1.2.	Increased awareness and knowledge of healthy nutrition practices
1.2.1: Trainings on IYCF, micronutrients, health and hygiene	<p>As part of the institutional and staff capacity development for MoPH, and other relevant BPHS implementing NGOs staff have been trained as master trainers on different subjects. The training focused on community IYCF, use of Micronutrients, and Health and Hygiene. They are provided with training materials, monitoring check list and information, education materials to be use at the community level. The government and NGOs staffs were involved in planning and implementation of activities and benefited from the training of trainers and on the job training. The master trainers will train others community health workers, in using Nutrition Education materials and guidelines.</p> <ul style="list-style-type: none"> • 2,941 doctors, nurses, CHS and CHWs and health care providers are trained on CMAM and C-IYCF • 64 health staff trained on BF and code of marketing • 716 caregivers received breastfeeding individual counseling • 630 health shuras oriented on IYCF, hygiene, micronutrients and general nutrition • 3,550 doctors, midwives, nurses, CHS, CHW, LHC/VHC, FHAG and community shuras and school teachers were oriented on importance and promotion of micronutrient supplementation, iodized salt, health and hygiene
1.2.2: Trainings on family nutrition, food needs by age group, food hygiene, improved recipes...	<p>Training packages were developed by JP to improve family nutrition. It focused on food needs by age groups, food hygiene and improved recipes. A comprehensive training of trainers, included all the components of nutrition education was conducted to train key sub-national staff of DoPH, DAIL, DRRD, DoWA and DoED as well as members of community structures: DDA, CDCs. Thus, a sub national team combined of government and other stakeholders with required knowledge and skills is built to mobilize community and conduct nutrition education /training. In provincial team PNO and extension officers are key government staff to support nutrition education at sub-national and community levels.</p> <ul style="list-style-type: none"> • Breastfeeding Posters: 1000 copies • Breastfeeding leaflets: 5000 copies • Breastfeeding broacher : 5000 copies • Breastfeeding Trifold: 500 copies • USI leaflet Dari and Pashto: 5000 copies • Micronutrient guidelines Dari/Pashto: 3000 copies • WASH/hygiene manual Dari: 1000 copies • Hygiene flip chart: 5000 copies • Breastfeeding counseling guidelines: 2700 copies <p>5402 (2787Male, 2615Female) have received training on nutrition in different districts</p>
1.2.3: Trainings on breastfeeding, micronutrients, health and hygiene	<p>With collaboration of PND, UN technical agencies Key messages on breastfeeding, use of micronutrients, health and hygiene developed and totally 240 health staff and community health workers and supervisor were trained on above mentioned topics.</p> <ul style="list-style-type: none"> • 30 male and 30 female health staff trained on breastfeeding counseling (2011). • 180 community health worker and community supervisors (85female and 95 male) trained on Breastfeeding, micronutrients, health and hygiene (2012-2013).

<p>1.2.4: Production of nutrition education materials (to be used by all partners)</p>	<p>IEC materials developed, printed, and distributed to 10 districts supported by JP. The materials include:</p> <ul style="list-style-type: none"> • Breastfeeding Posters: 1000 copies • Breastfeeding leaflets: 5000 copies • Breastfeeding broacher : 5000 copies • Breastfeeding Trifold: 500 copies • USI leaflet Dari and Pashto: 5000 copies • Micronutrient guidelines Dari/Pashto: 3000 copies • WASH/hygiene manual Dari: 1000 copies • Hygiene flip chart: 5000 copies • Breastfeeding counseling guidelines: 2700 copies • 15000copies Boy growth chart,15000 copies Girls growth charts, 1000 Copies Management of Severe Acute Malnutrition Booklet printed
<p>1.2.5: Nutrition education sessions in schools, literacy, youth groups, cooperatives, etc. (by IP's)</p>	<p>Provincial team has the technical capacity to mobilize community and identify key community groups/individuals/ institutions where nutrition education should be conducted. The key government departments that carry out nutrition education (related to the institution's TOR) are departments of extension and public nutrition. With direct leadership of agriculture extension and health officers, capacity in nutrition education was developed for key community mobilizers: facility health workers, school teachers, key members of CDCs and women Shura, and agriculture cooperatives, community leaders, households and individuals. For JP, empowerment of community mobilizers was strongly facilitated by the existence of community organizations. Mobilizers could link service delivery with the communities - a cluster of 10 to 20 households per mobilizer. The sub national government stakeholders acted as main driving force for improving nutrition awareness and trained people in the community groups and community institutions and they are encouraged to pass nutrition messages to the community members, schools students and people who were coming to clinics. In addition to that, nutrition education sessions were conducted at community level for influential key people at community who may not receive nutrition messages through schools and clinics, CDC members and women Shura members. School gardens are used as entry point for Nutrition education in schools in targeted areas – 34000 children are currently targeted through gardens 4 Cooperatives target 2000 children</p>
<p>1.2.6: Trainings on Participatory Cooking Sessions and complementary feeding (including follow-up)</p>	<p>A team with complementary skills and background education is formed at sub-national level to support participatory cooking session and complementary feeding. District extension officers, social worker of DoWA and social mobilizer of DRRD and PNO have received training on participatory cooking sessions and complementary feeding. Extension officers and social worker of woman affairs conducted participatory cooking sessions in women Shuras, female CDCs. Cooking sessions at clinics were conducted by health staff that was directly supervised by PNOs, the sessions were particularly increased when the gardens products were available to use garden products in the cooking sessions. A total of 4819 (2381 Male and 2438 Female) received training directly through participatory cooking sessions on complementary feeding, young child feeding, feeding pregnant and lactating mothers, feeding elderly and seek people.</p>
<p>1.2.7: Breastfeeding counseling trainings (incl. Follow-up)</p>	<p>Health staffs have been trained on breastfeeding counseling as master trainers and trainees. The master trainers will train others community and facilities health workers, in using training materials and guidelines. JP is financially and technically supporting MOPH in celebration of World Breastfeeding Week financially and technically. 48 male and 43 female health facility staff trained as trainers on community IYCF and breastfeeding counseling.</p>

<p>1.2.8: Trainings on Growth Monitoring and Promotion (including training follow-up)</p>	<p>Growth monitoring training Packages translated in local language and WHO standard growth chart developed and printed. As part of the institutional and staff capacity development for MOPH and other relevant BPHS implanting NGOs, 52 male and 18 female health staff at national and provincial levels have been trained on growth monitoring as master trainers and trainees. The master trainers will train others health workers in using training materials which were translated in local language. 30,000 copies of Growth chart (15000 Boy growth chart and 15000 Girl growth chart) AND 1000 Mayo chart printed. 20 health facility staff (10 female and 10 male) from Kabul trained on Growth monitoring.</p>
<p>1.2.9: Establishment of 'Mother Support Groups' or 'Community support groups'</p>	<p>Infant and young child feeding happens at home, not in health facilities, so JP focused on solutions that start at the community level. A total of 1,268 Community support group established 43 people trained on BF and code of marketing</p>
<p>Output 1.3</p>	<p>Improved access for acutely malnourished children aged 6-59 months to community-based management of acute malnutrition (CMAM)</p>
<p>1.3.1: Trainings on screening for acute malnutrition (incl. Follow-up)</p>	<p>The guideline of anthropometric measurement (weight, height and MUAC) developed and translated in local language. Database for MUAC screening developed. First and second and third round MUAC screening for children 6-59 months and pregnant and lactating women conducted, malnourished cases detected and referred to inpatients and outpatients centers. 70 CHs and 1151 CHWs (551 male and 600 female) trained on screening for acute malnutrition</p> <p>Children Screened for acute malnutrition in 2011-2012 (1st, 2nd and 3rd round MUAC screening: Total children 6-59 months age screened: <u>176459 (92207 boys and 84252 girls)</u></p> <ul style="list-style-type: none"> • Daikundi: 42634 children screened • Bamyan: 54648 children • Badakhshan: 14085 • Nangarhar: 65092 • Kabul 2,500 <p>6 -24 months: 86793, 25-59 months: 90150 SAM: 11954(6.8%); MAM: 18212 (10.3%); GAM:30166 (17.1%)</p> <p>48706 Pregnant women screened (3826 malnourished, 7.9%) 53336 Lactating women screened (4306 malnourished, 8%) Total: <u>102042 Pregnant and lactating women screened</u></p>
<p>1.3.2: Trainings on management of acute malnutrition (incl. Follow-up)</p>	<p><u>Training package</u> and operational guideline of management sever acute malnutrition <u>revised</u> by international consultant. It was <u>then translated</u> in local languages (Dari and Pashto). Based on operational guidelines and protocols of management of acute malnutrition inpatient booklet were developed and translated in local languages. 1000 copies booklet printed <u>Database for reporting</u> by Therapeutic Feeding Unite (TFUs) was <u>revised</u>.</p>

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

	<p>The TSFP performance indicators met or exceeded SPHERE standards and were:</p> <ul style="list-style-type: none"> • Cure Rate: 85% • Default Rate: 15%ⁱⁱ • Death Rate: 0%
1.3.5: Hospital /Clinic garden established at health facility to support the delivery of CMAM programs,	<p>Vegetable garden at Health facilities in JP targeted districts/provinces were set up. The products were used for promoting nutrition education to mothers/care takers attending health clinic for optimal complementary feeding for young children and household dietary diversification. A total of 48 clinic gardens were established. The clinics products were linked with nutrition education and cooking demonstrations conducted in the clinic by trained health staff.</p>
1.3.6: Supervision and technical support to ensure supplementation is effectively done	<p>CMAM sites supervised and, appropriate treatment and supplementation provided</p> <p>Supervision is ongoing for existed CMAM program. --10 supervision visits by JP</p> <p>-Materials developed (SAM training package, guideline, booklet, CMAM guideline, anthropometric guideline) and staffs trained (over 50 staffs).</p> <p>-For CMAM implementation in Nangarhar a contract is signed with HNI/TPO for 2 districts of Khewa and Surkhroad.</p> <p>In Badakhshan and Bamyán CMAM is implementing by other partners from UNICEF resources.</p> <p>22 gardens (299 direct beneficiaries)</p>
1.3.7: Implementation of CMAM by partners (including community outreach)	<p>Community outreach in CMAM is essential for early case detection, increase program coverage and improve program outputs.</p> <p>150 female CHWs and 12 CHS are trained on MUAC screening for identifying malnourished children.</p> <p>In 5 UNJP province CMAM is implementing through MDG JP, there are CMAM in Nangarhar, Bamyán, Badakhshan and Kabul. In these OTPs totals of 381 SAM children without complications are treated. Based on age categories, No any Children less than 6 months admitted, children between 6-23 months 222(101 Male and 121 Female, children 24-59 months 159 (101 male, and 58 female), it means total 202 male and 179 female were at the program.</p> <p>In Nangarhar a new CMAM program is set up in 2 districts of Khewa and Surkhroad with the support of JP by HNI/TPO, so far 5 OTPs out of 18 have started activities since April 2012.</p> <p>In Kabul city the screening in district 7 & 8 supported by UNJP so far 340 have been screened. The 28 SAM children are referred to OTP supported by ACF. In Bamyán and Badakhshan UNJP contributed to capacity building for treatment of SAM, CMAM program in these provinces as supported by UNICEF through other resources.</p> <p><u>6,174 SAM children admitted in CMAM OTPs sites</u></p> <ul style="list-style-type: none"> - Bamyán: 2006 - Daikundi: 1347 - Kabul: 635 - Badakhshan: 212 - Nangarhar: 1,974 • 1,868 SAM children treated in TFUs in five UNJP provinces. • 15,000 PLW received micronutrient supplemented in Kabul and Badakhshan • 16,008 children 24-59 months dewormed • 66,620 children 6-59 children in Kabul, Bamyán and Badakhshan
1.3.8: Trainings on Participatory	<p>IYCF as major cause of chronic malnutrition is recognized by MOPH. Capacity of national and sub national health workers on conducting participatory cooking demonstrations to promote complementary feeding based on locally available foods</p>

Cooking Sessions and complementary feeding for health staff (including follow-up)	has been built in all JP targeted provinces/ districts A total of 4819 (2318 male, 2438 female) received training on participatory cooking session and complementary feeding, health staff comprises a big part of the people received training.
1.3.9: Supervision and staff support to ensure nutrition component of BPHS is implemented (by IP)	MOPH facilitated JP's study on effectiveness of BPHS in delivering nutrition interventions JP strengthened health systems to build a supportive environment for nutrition counseling. It worked with partners and health workers to integrate nutrition assessment, counseling, and support into health facilities. Collaboration with MOPH helped JP to introduce supportive supervision procedures to enhance health workers' skills. Through integrated child survival package ICSP, with standard packages for nutrition promotion, by direct support and supervision of MoPH, 31 districts were covered with total coverage of 1,382,565 beneficiaries via an IP.
1.3.10: Supervision and on the job technical support to Therapeutic Feeding Units	Therapeutic Feeding Units in each UNJP provinces supervised by PNOs and related key UN partner focal points, the TFU staffs received on job training on management of severe acute malnutrition, and measuring kits distributed to TFUs. Food items like F-57 and F-100 and plumpy nut provided by UNICEF <i>Staff of 7 TFU, 10 OTP were trained.</i>
Output 1.4	Increased household food production and income 20% increase in household income. At least two new types of foods introduced in household based food production.
1.4.1: Trainings on household food production (home gardens, poultry, etc.)	In close coordination and collaboration with related DAILs and district agriculture extension officers training packages were developed and translated in local languages. Based on directives of DCCs training on gardening skills were conducted and 7542 (4459 M and 3083 F) directly received training in gardening skills. In addition to the skills passed to the farmers, IEC materials developed in two local languages, Dari and Pashto, on vegetable production, gardening methods, types of vegetables, set up of nurseries, set up of green houses, pest management, and making home composts. A total of 76,250 pieces in Dari and 50,050 pieces in Pashto languages designed and published and distributed to all ten districts and used by the community members with support of district extension officers and staff of DRRD and DoWA. Through IP, 500 women were identified in Kabul urban district 7 and 8, all the direct beneficiaries trained in backyard poultry and supported to run their own backyard poultry.
1.4.2: Trainings on household and village level food processing (including follow-up)	TOT have been conducted for related staff of government (MAIL and WOA) both at national and sub national levels. The trained staff from departments of agriculture and women affairs have trained active community members and key members of CDCs and agriculture cooperatives. Food processing centers have been established at provincial center by direct involvement of DAIL and DoWA. The centers are linked to market so that the centers and groups should be able to sale the surplus products and have income. This can support the centers to continue its activities independently. In one hand the centers generate income for the members and on the other hand there is an institutional support in place for the centers. The centers can also serve as a platform from where fruits and vegetable processing activities can be expended to other communities. Having skilled members, the centers can support other community groups that may be interested in food processing. To improve national capacity on processing and postharvest management of fruits and vegetables, the project sent 25 key technical staff of MAIL selected by the

	<p>ministry to one of the best institutes in India, Central Food Technology Research Institute (CFTRI), to receive training on postharvest handling and storage, processing, and packaging of fruits and vegetables for both commercial and household consumption purposes.</p> <p>1188 beneficiaries (70 M and 1118 F) covered</p> <p>1340 (70 male, 1270 female) trained in food process skills.</p>
1.4.3: Introduction (trainings) of technology for small-scale industry (non-food)	<p>High quality production requires farmers to have up to date knowledge and technology to not only increase production but also increase the safety and quality of the food and decrease postharvest losses of the agriculture products.</p> <ul style="list-style-type: none"> Two food processing, packaging and information centers established in two districts of Nangarhar provinces and were supported for six months. The centers were handed over to the registered women cooperatives with MAIL. After the MDG-F assistance United States Department of Agriculture (USDA) visited the centers and further to support the trainees. In addition to that DAIL director has promised the cooperatives to support the centers. All the trainees are active members of women cooperatives, CDCs, DDA.
1.4.4: Introduction (trainings) of improved agricultural technology (incl. Follow-up)	<ul style="list-style-type: none"> 73 (63 male, 10 female) received TOT on food processing 177 women were trained on food processing and packaging 8 milk processing and information centers are established in provinces of Badakhshan and Daikundi and two shops are functioning in local market of Badakhshan and Daikundi provinces to sell the products in a local market The centers are handed over to women cooperatives.
1.4.5: Trainings on technology for small-scale industry (incl. Follow-up)	<ul style="list-style-type: none"> 27 (13male, 14 female) received ToT on safe and healthily methods of milk processing in badakhshan province 23 (3male, 20 female) received ToT on safe and healthy methods of milk processing in Daikundi province 380 women received training on milk processing in Badakhshan 480 women received training on milk processing in Daikundi 4 potato processing centers established in Bamyán province, Bamyán is the largest potato producer and is very famous in potato production. 25 (14 male, 11 female) received TOT on potato processing techniques 380 women received training on potato processing at community level A total of 140 Solar Dryers distributed (One dryer per 10 families) to women beneficiaries in Kabul and Nangarhar provinces. 1400 beneficiaries received training and demonstration on use and handling of solar dryers. <p>Some Refresher Trainings and up gradation have been done in Nangarhar, Bamyán and Badakhshan provinces.</p>
1.4.6: Trainings on simple business skills and marketing (including on market assessments and book-keeping)	<p>Income generation to support household livelihood is a key objective in food processing and postharvest management. Trainings on simple business skill and marketing techniques are conducted to the groups and key members of the centers who have food processing activities. Training included business and marketing skills so that they will be able to adjust their products to market needs and sale to markets.. So far 170 women have registered as cooperative member</p>
1.4.7: Follow-up to trainings / support to community members for applying	<p>At sub-national and community level capacity is built in simple business and marketing of products. Thus the producer groups and centers are linked to local market and can keep functioning with slight managerial support from the local institutions. The lesson learnt from the activities have been documented.</p> <p>117 (60 male, 57 female) received marketing skill trainings</p>

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

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

Activity	Progress
Output 2.1	Nutrition and household food security are adequately addressed in Government policies and strategies
Critical review of existing policies and strategies	<p>JP focused on identifying gaps in service provision where we could contribute to national programs and policies. Existing nutrition policies / strategy/ action plan are compiled as a CD</p> <p>Food and Nutrition Security Goals &Targets of Government of Afghanistan are clearly stated</p> <ul style="list-style-type: none"> • Reduce the proportion of people who suffer from hunger by 5% per annum until the year 2020--Revised Millennium Development Goal No. 1 for Afghanistan • Assurance of food security-Afghanistan National Development Strategy 2008-2013 • Economic growth and food security -National Agricultural Development Framework 2009

	<ul style="list-style-type: none"> Reducing malnutrition and micronutrient deficiencies-National Nutrition Policy and Strategy 2010
<p>Mapping of ongoing interventions and resources</p>	<p>Mapping of ongoing interventions is done to identify barriers and facilitators. Contributions of Relevant Stakeholders are :</p> <ul style="list-style-type: none"> MAIL...food availability (production) and access of rural population to food MRRD...access to food (rural infrastructure and public employment /productive safety net programmes) MoPH...food utilization and nutrition (diets, nutrients absorption and disease prevention) MoLSAMD...food access (social safety nets and public transfers) MoCI...food availability (imports) and food utilization (processing) MoE...food access (school feeding) and food utilisation (school gardens) MoEW...food availability (rural energy and water supply) ANDMA...stability of access and availability (disaster preparedness and management) <p><u>Food security and Nutrition facilitators:</u></p> <ul style="list-style-type: none"> CSO...data collection, analysis and publication MoWA...women empowerment MoF...allocation of financial resources MoFA...development of cooperation and other <u>partnership agreements</u> <p><u>Local and international NGOs...programmes and projects implementation</u></p> <ul style="list-style-type: none"> Civil society organizations...advocacy, sensitization, mobilization, monitoring and proposals development Private sector...implementation of market-based interventions, ensuring sustainability <p>UN and donor organizations...policy analysis and advice, provision of financial and material resources, technical assistance</p>
<p>Fund raising</p>	<p>Efforts are being made to raise more financial resources . However it is challenging due to ongoing transition plans and government ‘s changing policy for donors to support only what is included in the a National Priority program . A joint program is difficult to implement because of non harmonized procedures and fund raising is done more at agency level</p> <p>Small grants to supplement ongoing interventions are received from FAO under telefood project (40,000 \$) and another 55,000 from Hungry Embassy to replicate the model in another province-Baghlan</p>
<p>Participation in policy-making exercises and advocacy</p>	<p>The JP is actively involved in all policy making /advocacy activities of both MAIL and MOPH. It has supported development of multi sectoral plan of action for nutrition; National program on Food for life which MAIL proposes to launch in 2012 March;; Development of strategic framework on Nutrition and Food Security; Development of UNDAF Food Security Policy; Development of model for service delivery by MAIL extension/ Policy development for Extension</p> <p>JP also actively participates in the UNCT working groups on Maternal and Newborn health; sustainable livelihood and Gender and is a n active member of the Gender donor Coordination group as well the nutrition cluster and food security cluster. JP participated in the Nutrition-sensitive food production systems for sustainable food security in Asia and the Pacific</p> <p>JP is supporting Development of National Food Based Dietary Guideline(FBDG) for</p>

	Afghanistan. All JP partners are providing technical support for the development of FBDG, questionnaires were translated to national languages, field tested and finalized for collecting data on National food consumption pattern using for focus group discussions
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
Review of existing coordination mechanisms	In order to create an enabling environment for nutrition and food security programming, JP collaborated with relevant ministries and other partners to support activities which can improve coordination mechanisms for integrating food security and nutrition. There is limited opportunity for MAIL-MOPH-MRRD to work together in delivering nutrition and food security interventions . There is need for Effective Coordination and Cooperation Among relevant stakeholders; at all and between all levels Efficient flow and exchange of FNS information-Among stakeholders; communication to high level policy makers responsiveness-- Clear mandates and responsibilities for decisions and actions to be en
Support Government coordination mechanisms	Prevention of malnutrition and improving food security requires an enabling environment at the national &sub national level as well as in health facilities and communities. JP was designed to be implemented through existing government coordination mechanisms , both at national /sub national level to ensure sustainability. No new structures/positions are created Country- led efforts for integration of the different sectors are being supported by the UN partners. A high-level Afghanistan Food Security and Nutrition Agenda steering committee, chaired by the 2 nd Vice President was endorsed (MAIL, MoPH, MRRD, MoE, MoCI and ANDMA; representatives of non-governmental stakeholders as members).
Strengthening provincial coordination mechanisms	The provincial coordination mechanism between various stakeholders is set up through PCC (Provincial coordination Committee) and District Coordination Committee (DCC). PCC oversee provincial activities headed either by department of public health or department of agriculture while DCC in each district. DCC focuses on district and all activities carried out by extension officers (DAIL), social mobilizer (DRRD), social worker (DoWA) and school representative (DoED). The committee at district level is usually headed by district governor This is a good practice which will be document in best practices. PCC/DCC meets regularly and provides a forum for information sharing between key partners and finding solutions to challenges faced.
linkages between nutrition and food security	JP is supporting Food and nutrition security linkages through Nutrition Strategic framework of MOPH and , Food for life NPP of MAIL and Food and Nutrition Security Strategy of MAIL . Efforts towards supporting the linkages between Food Security and Nutrition are shared across several UN partners.
Output 2.3	Nutrition and food security training modules are integrated in existing trainings
mapping of existing training programmes	Mapping has been done in consultation with government stakeholders. The capacity building activities of JP meets the needs identified by the respective Ministry : Health, Agriculture, Education / Higher Education
identification of key civil servants'	Training needs of key civil servants (25) and faculty (5) were met by facilitating training in India at the Central Food Technology Research institute (UN Institute) and at National Institute of Nutrition in India.

training needs	
Development of adapted training modules	<p>JP is assisting the government (MOE) to integrate nutrition into national curricula of primary school children(Better Nutrition Better Learning Initiative) . Nutrition Education Curriculum is translated in 3 languages Dari/Pashto/ English-for use in all primary schools in Afghanistan. All JP partners attended the workshop on finalization of nutrition education syllabus materials for primary school .where the nutrition education syllabus materials for primary school were reviewed by MoE teachers and trainers . Based on the workshop feedback ,materials are revised.</p> <p>The materials will help > 6.25 million children. Posters as teaching Aids Materials on following topics are designed and printed for use by teachers:</p> <ul style="list-style-type: none"> - Why School Garden? ; - Better Nutrition- Better learning - Five Major Food Groups - What foods do in our body?(Food Function) - Food alphabets - Green Vegetables <p>A total of 514 people from MoE received informative nutrition education sessions related to nutrition topics included in curricula of school. Out of the mentioned group of people 404 were school teachers, who were invited from various provinces. 110 of the participants were Curriculum Developer & Text book writers of MOE.</p>
Training of trainers	<p>JP focused on capacity-building to boost human resources supporting nutritional and food security improvements. Through comprehensive capacity-building and training activities, JP influenced significant changes in practices among facility- and community-based health providers— ensuring that caregivers received accurate, actionable advice that would lead to critical feeding improvements JP also engaged religious leaders fathers, grandmothers, and teachers to support improved feeding</p> <p>JP’s training and capacity-building activities reached nearly 2113 health workers ,50 extension workers and 7366 community members.</p>

3. List all communication products created by the joint programme

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

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

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

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

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

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

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

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

Final Programme Management Committee (PMC) Meeting

"Feeding the Children of Afghanistan Together"

Joint FAO-WFP-WHO-UNIDO-UNICEF Programme
UN RC Office (Compound Alpha), Kabul, Afghanistan
30 June 2013

Joint Programme Goal

To contribute to the reduction of undernutrition through sustainable and multi-sectoral efforts and, thus, contribute to the achievement of the Millennium Development Goals in Afghanistan (in contribution to UNDAF outcomes 1, 2 & 3).

Programme 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 3 to 5 provinces).

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

Agenda

1. Welcome remarks - Mr. Fakhruddin Azizi (UNIDO)
2. Overview presentation on the MDG-F UNJP "Feeding the Children of Afghanistan together" and its key achievements – Ms. Martina Park, Nutrition Division FAO, Rome
3. Presentation of the key findings of the final evaluation mission – Ms. Martina Park, Nutrition Division FAO, Rome
4. Remarks by MoPH – Dr. Ahmad Nawid Qarizada
5. Remarks by WFP – Mr. John Prout
6. Remarks by WHO – Dr. Ishfaq Ahmed
7. Remarks by UNIDO – Dr. Abdul Khaliq Abbasi
8. Remarks by UNICEF – Ms. Elham Monsef
9. Concluding remarks – Mr. Fakhruddin Azizi (UNIDO)

PMC Members

Organization	Member	Member/Representative Present	
RC	Mr. Mark Bowden-CHAIR		
MAIL	Mr. Ghani Ghoriani	<i>Nagibullah</i>	<i>Atala</i>
MOPH	Dr. Najia Tariq	<i>[Signature]</i>	
FAO	Dr. Ousmane Guindo	<i>[Signature]</i>	
WHO	Dr A Shadoul <i>Peoparkor</i>	<i>[Signature]</i>	
UNICEF	Mr. Peter Crowley	<i>[Signature]</i>	<i>15 July 2013</i>
UNIDO	Mr. Fakhruddin Azizi	<i>[Signature]</i>	
WFP	Mr. Louis Imbleau	<i>[Signature]</i>	

Exit Strategy of JP on Children, Nutrition and Food Security in Afghanistan

JP Output	Participating UN agency	Indicative activities for each Output	Exit Strategy
Joint Programme Outcome 1: Child malnutrition and household food insecurity are reduced by 2013 through the implementation of an integrated community nutrition and food security package in 10 districts (in 5 provinces).			
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	Joint-FAO led	1.1.1: Provincial trainings on participatory nutrition and food security assessments and project design	<p>The links between agriculture, nutrition and health were established and each sector was educated about the role of other sector in improving food security and nutrition.</p> <p>Immediately after inception workshop, participatory appraisal workshops were conducted in all five provinces. All the key provincial staff of government participated actively in the workshop. Besides that, provincial coordination committees (PCC) were established to oversee provincial activities headed either by department of public health or department of agriculture. Meanwhile a district coordination committees (DCC) were established in each district. DCC focuses on district and all activities carried out by extension officers (DAIL), social mobilizer (DRRD), social worker (DoWA) and school representative (DoED). The committee at district level is usually headed by district governor. Besides establishing two layers of coordination structure at sub-national and community levels, district level action plan were developed based on the participatory appraisal workshop results, specific to the needs of the district and finalized with direct participation of potential PCC and DCC members.</p> <p>Exit: Phase over to Sub national Government stakeholders</p> <p>Capacity of government stakeholders are built in participatory assessment at sub-national level. The institutions are active in the provinces and have required capacity to carry out similar activities in future to improve coordination mechanisms through participatory workshop.</p>
		1.1.2: Proposal preparation	
		1.1.3: Provincial trainings on monitoring and evaluation	
		1.1.4: On-the-job learning through monitoring visits	
1.2. Increased awareness and knowledge of healthy nutrition practices (80% of caregivers are able to recall a minimum of 3 key nutrition education messages, in project areas) and Improved infant and young child and family feeding practices through counseling and community support (Exclusive BF till 6m increased by 20%. Provision of adequate	UNICEF	1.2.1: Trainings on IYCF, micronutrients, health and hygiene	<p>As part of the institutional and staff capacity development for MoPH, and other relevant BPHS implementing NGOs about (135) staff at the national and provincial levels have been trained on different subjects (IYCF, Micronutrients, and Health and Hygiene) as master trainers and trainees. Trainees provided with training materials, monitoring check list and information, education materials to be use at the community levels. The government and NGOs staffs were involved in planning and implementation of activities and benefited from the training of trainers and on the job training. The master trainers will train others community health workers, in using training materials and NE materials and guidelines.</p> <p>Exit: Phase over to National and sub national stakeholders</p> <p>This activity will continue through MoPH, BPHS and non BPHS implementing NGOs who are responsible in each JMDGF selected districts/Provinces.</p>
	FAO	1.2.2: Trainings on family	

complementary foods in a timely manner increased by 20%. and dietary diversity increased by 20%		nutrition, food needs by age group, food hygiene, improved recipes...	<p>groups, food hygiene and improved recipes. A comprehensive training of trainers, included all the components of nutrition education was conducted to train key sub-national staff of DoPH, DAIL, DRRD, DoWA and DoED as well as members of community structures: DDA, CDCs. Thus, a sub national team combined of government and other stakeholders with require knowledge and skills is built to mobilize community and conduct nutrition education /training. In provincial team PNO and extension officers are key government staff to support nutrition education at sub-national and community levels.</p> <p>Exit: Phase over to Sub national Government and community stakeholders</p> <p>Provincial and District extension and health officers have the capacity to conduct nutrition education covering various nutrition components at sub-national and community levels</p>
	WHO	1.2.3: Trainings on breastfeeding, micronutrients, health and hygiene	<p>With collaboration of PND , UNICEF and other partners Key messages on breastfeeding ,complementary feeding, use of micronutrients ,health and hygiene developed) and staff trained on above mentioned topics(150 staff)</p> <p>Exit strategy: Phase over to MOPH and BPHS implementing NGOs.</p> <p>This activity will continue through MOPH,BPHS and non BPHS implementing NGOs who are responsible in MDGF selected districts /provinces . UNICEF and WHO will support technically and financially.</p>
	UNICEF led	1.2.4: Production of nutrition education materials (to be used by all partners)	<p>IEC materials developed, printed, and distributed to 10 districts of 5 MDG-f selected districts. The materials are including:</p> <ul style="list-style-type: none"> • Breastfeeding communication materials in 2 language Dari and Pashto, including, posters (1000), leaflets (5000), and broacher (5000). • USI leaflet Dari (4000) and Pashto (1000). <p>(There are number of doc (CMAM, SAM, Micronutrients, WASH, anthropometry, booklet are ready to be print).</p> <p>Exit: Phase out</p> <p>-This activity will be phase out with current MDG-f budget; but will be continued with other resources from MoPH/BPHS non BPHS implementing NGOs</p>
	FAO led	1.2.5: Nutrition education sessions in schools, literacy, youth groups, cooperatives, etc. (by IP's)	<p>For JP, empowerment of community mobilizers was strongly facilitated by the existence of community organizations. Mobilizers could link service delivery with the communities and foster local community-based initiatives It was seen that a cluster of 10 to 20 households commonly depended on one or two well-respected individuals for guidance or assistance. With direct leadership of extension and health officers, capacity in nutrition education session was developed for key community mobilizers: facility health workers, school teachers, key members of CDCs and women Shura, and agriculture cooperatives. Community leaders, households, individuals. Empowerment of community mobilizers is strongly facilitated by the existence of community organizations. It is seen that a cluster of 10 to 20 households commonly depended on one or two well-respected individuals for guidance or assistance in emergency situation. The sub national government stakeholders acted as trained people in the community groups</p>

		<p>and community institutions are encouraged to pass nutrition messages to the community members, schools students and people who were coming to clinics. In addition to that, nutrition education sessions conducted at community level to influential key people at community who may not receive nutrition messages through schools and clinics, CDC members and women Shura members.</p> <p>Exit: Phase over to schools and community structures/community mobilizers through sub national government as facilitators</p> <p>Provincial team has the technical capacity to mobilize community and identify key community groups/individuals/ institutions where nutrition education should be conducted. The key government departments that carry out nutrition education and it is related to the institution's TOR are departments of extension and public nutrition. By having the same TOR and related technical capacity and experience in terms of targeting appropriated groups, institutions and key individuals in government departments; they can conduct nutrition education session at community level effectively and continue activities based on the department's mandate.</p>
FAO	1.2.6: Trainings on Participatory Cooking Sessions and complementary feeding (including follow-up)	<p>District extension officers, social worker of DoWA and social mobilizer of DRRD and PNO have received training on participatory cooking sessions and complementary feeding. Extension officers and social worker of woman affairs conducted participatory cooking sessions in women Shuras, female CDCs and clinics, when the gardens products were available.</p> <p>Exit: Phase over to DRRD and DOPH as facilitators with community structures as mobilizers</p> <p>Sub-national government staff have the capacity to conduct and contextualize participatory cooking sessions. The team is able to continue the activities in the same community and expend it to other neighborhood</p>
WHO	1.2.7: Breastfeeding counseling trainings (incl. Follow-up)	<p>Health staffs have been trained on breastfeeding counseling as master trainers and trainees. the master trainers will train others community and facilities health workers ,in using training materials and guidelines. In celebration of World Breastfeeding Week financially and technically supported MOPH</p> <p>Exit strategy: Phase over to MOPH and BPHS implementing NGOs.</p> <p>Breastfeeding counseling is part of BPHS and EPHS, implementer partners will be continued this activity under MOPH with support from UNICEF , WHO, WABA and IBFAN resources and technical expertise.</p>
WHO	1.2.8: Trainings on Growth Monitoring and Promotion (including training follow-up)	<p>Growth monitoring training Packages translated in local language and WHO standard growth chart developed and ready for printing.</p> <p>As part of the institutional and staff capacity development for MOPH and other relevant BPHS implantiing NGOs,42 male and 8 female health staff at national and provincial levels have been trained on growth monitoring as master trainers and trainees. The master trainers will train others health workers in using training materials which were translated in local language.</p>

			<p>Exit strategy: Phase over to MOPH and BPHS implementing NGOs.</p> <p>The provision of Growth Monitoring training will be continued under MOPH with support from WHO resources and technical expertise.</p>
	FAO led	1.2.9: Establishment of 'Mother Support Groups' or 'Community support groups' & implementation of IYCF counseling activities by IP's	<p>Community based support groups and/ mother to mother support groups are established by local IP's in JP targeted districts in Bamyán, Daikundi & Nangarhar and Kabul to promote Exclusive breast feeding and timely complementary feeding-- Small do-able actions. The members of community IYCF group are trained to provide IYCF counseling with mentoring by health providers.</p> <p>Exit: Phase over to Community and local health providers</p> <p>Support groups empower women to make better decisions, and build self confidence</p>
1.3 Improved access for acutely malnourished children aged 6-59 months to community-based management of acute malnutrition (CMAM)	WHO	1.3.1: Trainings on screening for acute malnutrition (incl. Follow-up)	<p>The guideline of anthropometric measurement (weight, height and MUAC) developed and translated in local language. Database for MUAC screening developed . 64 CHS and 593 female and 382 male CHW trained on screening for acute malnutrition .First and second round MUAC screening for children 6-59 months and pregnant and lactating women conducted, malnourished cases detected and referred to inpatients and outpatients centers.</p> <p>Exit strategy: Phase over to MOPH and BPHS implementing NGOs.</p> <p>MUAC screening among 6-59 month children at community level is part of CHW responsibility , and will continue through BPHS implementing NGOs ,. Training material is exist ,implementer partners can use the guidelines in their training</p>
	WHO	1.3.2: Trainings on management of acute malnutrition (incl. Follow-up)	<p>Training package and Operational Guidelines and Protocols of management of sever acute malnutrition revised, and translated in local languages (Dari and Pashto). Based on operational guidelines and protocols of management of acute malnutrition inpatient Booklet developed and translated in local languages. Database for Therapeutic Feeding Unite (TFUs) report revised.18 female and 77 male at central and provincial levels have been trained on management sever acute malnutrition as master trainers and trainees. Kabul PNO received the management sever acute malnutrition TOT in Khartoum /Sudan.</p> <p>The MOPH staffs were involved in planning and implementation of activities . The master trainers will train others TFU staff, in using training materials, operational guideline , and revised training packages .</p> <p>Exit strategy: Phase over to MOPH and BPHS implementing NGOs.</p> <p>Training on management of acute malnutrition will continue under WHO resources past the MDGF project completion date through MOPH /PND and the BPHS implementing NGOs who are responsible in MDGF districts/provinces.</p>

	UNICEF	1.3.3: Provision and delivery of severe acute malnutrition treatment supplies	<p>Health staff trained at facility and community on detection and treatment of SAM.</p> <p>SAM treatment supply provided and supplemented by UNICEF emergency funds. Micronutrients supply (tablet and sprinkles) are provided through MDG funds and distributed to selected districts by IPs.</p> <p>Exit: Phase over to BPHS implementers</p> <p>The BPHS implementing NGOs will have the capacity to identify appropriately SAM cases</p>
	WFP	1.3.4: Provision & delivery of supplementary food supplies (and associated training)	<p>The delivery of targeted supplementary feeding (TSFP) of moderately acutely malnourished (MAM) children aged 6-59 months (CMAM approach) will continue under WFP resources past the MDGF project completion date through MoPH and the BPHS-implementing NGOs who are responsible in the selected MDGF districts. The provision of CMAM training, and specifically the TSFP components, including related training materials and guidelines will be continued under MOPH with support from WFP resources and technical expertise. Specialized nutrition products for the treatment of MAM children will be provided by WFP through its own resources.</p> <p>Exit: Phase over to WFP</p>
	UNICEF	1.3.5: Supervision and technical support to ensure supplementation is effectively done	<p>CMAM sites supervised and, appropriate treatment and supplementation provided Supervision is ongoing for existed CMAM program.</p> <p>-Materials developed (SAM training package, guideline, booklet, CMAM guideline, anthropometric guideline) and staffs trained (over 50 staffs).</p>
	FAO led	1.3.6: Implementation of CMAM by partners (including community outreach)	<p>-For CMAM implementation in Nangarhar a contract is signed with HNI/TPO for 2 districts of Khewa and Surkhroad. For Daikundi we are expecting to receive a proposal from AMI.</p> <p>In Badakhshan and Bamyán CMAM is implementing by other partners from UNICEF resources.</p> <p>Exit: Phase over to BPHS NGOs</p> <p>CMAM implementation is integrated with revised BPHS 2010. When MDG-f fund is end, MoPH and BPHS NGOs are responsible to implement the MoPH strategy (BPHS/EPHS) through different resources.</p>
	FAO	1.3.7: Trainings on Participatory Cooking Sessions and complementary feeding for health staff (including follow-up)	<p>IYCF as major cause of chronic malnutrition is recognized by MOPH. Capacity of national and sub national health workers on conducting participatory cooking demonstrations to promote complementary feeding based on locally available foods has been built in all JP targeted provinces/ districts</p> <p>Exit: Phase over to community health workers and MOPH</p>
	FAO led	1.3.8: Supervision and staff support to ensure nutrition component of BPHS is implemented (by IP)	<p>BPHS evaluation has helped to identify strength and weakness of BPHS. MOPH has to strengthen the gaps identified to improve service delivery</p> <p>Exit: Phase over to MOPH</p>
	WHO	1.3.9: Supervision and on the	<p>Therapeutic Feeding Unites in each MDGF provinces supervised by PNOs and UNICEF and WHO focal</p>

		job technical support to Therapeutic Feeding Units	<p>points, the TFU staffs received on job training on management of sever acute malnutrition, and measuring kits distributed to TFUs. Food items like F-57 and F-100 and plumpy nut provided by UNICEF.</p> <p>Exit strategy: Phase over to MOPH and BPHS implementing NGOs.</p> <p>Ongoing Supervision and monitoring of TFUs as per BPHS implementing NGOs and provincial nutrition officers routine activity will continue. Provision of food items will be continued by UNICEF and provision of training will be continue under MOPH with support from WHO resources and technical expertise</p>
<p>1.4 Increased household food production and income 20% increase in household income. At least two new types of foods introduced in household based food production.</p>	FAO	1.4.1: Trainings on household food production (home gardens, poultry, etc.)	<p>Improvement in diet quality/diversity was done by strengthening agriculture and nutrition linkages. Based on work plan prepared through participatory planning at district level, training of trainers on agriculture production (with focus on micronutrient rich vegetables and/fruits) was conducted for key staff of DAIL, DRRD, DoWA and DoED on agriculture at both national and sub-national level..</p> <p>The provincial government staff worked as a integrated multisectoral team and jointly identified and mobilized community groups and community institutions that included CDCs, agriculture cooperatives, women Shuras, schools, and clinics interested in growing vegetable gardens, setting up fruit tree nurseries and green houses. Following that, the team conducted community level trainings and helped the community groups and institutions and households to learn by doing: community gardens, green house, nurseries and home, school and clinic gardens .</p> <p>Limited female staff at community level in department of extension was a challenge in working with women farmers; particularly in the district level where male and female segregation is strictly followed by community members. With agreement and interest of extension department, MDG project have supported local officials of the department to recruit a female extension staff..</p> <p>A few types of communication tools have been developed to be used at community level training session. The publications are developed, designed and printed by MDG, in fact it is owned by publication department of extensions in ministry of agriculture and the department can reprint the communication materials when the needs arise.</p> <p>Exit: Phase over to Extension department at national & sub national level</p> <p>The project can exit by phasing over the activities to the extension departments at national and sub-national levels as main responsible department. Officially the activity exists in the TOR of extension department and the department can keep the existing team to help extension officers in terms of social mobilization related to the institutes and community groups managed by other DoED, DRRD and DoWA.</p>
	FAO	1.4.2:Trainings on household and village level food processing (including follow-up)	<p>TOT have been conducted for related staff of government (MAIL and WOA) both at national and sub nation levels. The trained staff from departments of agriculture and women affairs have trained active community members and key members of CDCs and agriculture cooperatives. Food processing centers have been established at provincial center by direct involvement of DAIL and DoWA. The centers are linked to market so that the centers and groups should be able to sale the surplus products and have income. This can support the centers to continue its activities independently. In one hand the centers</p>

		<p>generate income for the members and on the other hand there is an institutional support in place for the centers. The centers can also serve as a platform from where fruits and vegetable processing activities can be expended to other communities. Having skilled members, the centers can support other community groups that may be interested in food processing.</p> <p>To improve national capacity on processing and postharvest management of fruits and vegetables, the project sent key technical staff of MAIL selected by the ministry to one of the best institutes in India, Central Food Technology Research Institute (CFTRI), to receive training on postharvest handling and storage, processing, and packaging of fruits and vegetables for both commercial and household consumption purposes.</p> <p>Exit: Phase over to DAIL & DOWA</p> <p>Adequate capacity at community, sub-national and national levels has been built to continue food processing activities after JP support is withdrawn. Formation of women producer groups, sustainable fruits and vegetable processing centers and trained DAIL & DOWA staff will continue activities to diversify household meals</p>
UNIDO	1.4.2: Introduction (trainings) of technology for small-scale industry (non-food)	<p>160 women are getting food processing and packaging techniques since 6 months in Nangarhar province.</p> <p>Male and female got TOT on the same activity</p> <p>320 women are getting milk processing and packaging techniques in Badakhshan province</p> <p>And 27 male and female got the TOT in provincial capital from both districts (Khash and Yamgan)</p> <p>320 women are receiving potato processing and packaging techniques in Bamyan province.</p> <p>And male and female got TOT on the same activity</p> <p>Exit: Phase over to community through cooperatives</p> <p>Above mentioned activities will save the income jointly in each province and will be officially handed over to the registered cooperative in the relevant districts to remain sustainable.-</p>
UNIDO	1.4.3: Introduction (trainings) of improved agricultural technology (incl. Follow-up)	<p>80 solar dryers were distributed in Nangarhar for both districts (Kuzkunar and Sukhrud) from each dryer 10 families getting benefit to dry fruits and vegetables.</p> <p>60 Solar dryers were distributed in Kabul districts (7 and 8) the same number families are getting benefit from them.</p> <p>A TOT took place on new processing and packaging of potato chips in Bamyan province.</p> <p>Exit: -Phase over to community</p>
UNIDO	1.4.4: Trainings on technology for small-scale industry (incl. Follow-up)	<p>Small scale new technology on processing and packaging of potato chips in introduced in Bamyan province.</p> <p>Exit: Phase over to DOWA and CDCs</p>

	FAO	1.4.5: Trainings on simple business skills and marketing (including on market assessments and book-keeping)	Income generation to support household livelihood is a key objective in food processing and postharvest management. Trainings on simple business skill and marketing techniques are conducted to the groups and key members of the centers who may have food processing activities. Training included business and marketing skills so that they will be able to adjust their products to market needs and sale to markets. Exit: Phase over to local producer groups At sub-national and community level capacity is built in simple business and marketing of products. Thus the producer groups and centers are linked to local market and can keep functioning with slight managerial support from the local institutions.
	FAO led	1.4.6: Follow-up to trainings / support to community members for applying trainings	Capacity of community has been built through MOPH, MAIL, MRRD and MOWA Exit: Phase over to district and provincial authorities: DOPH, DAIL, DOWA/DRRD
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 UNICEF UNIDO WHO	1.5.1: Monitoring of field activities	JP had planned to involve government and community in monitoring and reporting on the implementation of its various activities. This was supported by quarterly monitoring visits conducted by J. Harmonized monitoring at National level on nutrition and food security was supported by JP Exit: Phase over to MOPH & MAIL as ongoing monitoring through BPHS implementers
	FAO led	5.5: Baseline survey & impact assessment	Baseline survey conducted-results are being disseminated in various forms and publications are planned Exit strategy: Phase out
Joint Programme Outcome 2: The policy and strategic frameworks and institutional mechanisms required to support integrated nutrition and household food security interventions are established			
2.1 Nutrition and household food security are adequately addressed in Government policies and strategies and resources allocated for household food security and nutrition interventions increase	FAO led	Critical review of existing policies and strategies Mapping of ongoing interventions and resources Participation in policy-making exercises and advocacy Fund-raising	Achieving Food Security and Nutrition is over-arching and cross-cutting among various pillars and its pursuit requires coherent policy and strategic framework and related institutional arrangements. Mapping of ongoing interventions is done and contributions of Relevant Stakeholders is recognized by each sector Exit: Phase over to MOPH, MAIL
2.2 Effective coordination mechanisms for the	FAO led	Review of existing coordination mechanisms	The JP was designed to be implemented through existing government coordination mechanisms, both at national /sub national level to ensure sustainability. No new structures/positions are created

<p>promotion, supervision, implementation and evaluation of nutrition and food security interventions at central and provincial levels are established</p>		<p>Support Government coordination mechanisms</p> <p>Strengthening provincial coordination mechanisms</p> <p>linkages between nutrition and food security</p>	<p>Development of Food for life NPP of MAIL, Nutrition Strategic framework of MOPH or food security and Nutrition strategy show integration of food security and nutrition among various sectors and more focus in government policies.</p> <p>Exit: Phase over to MOPH & MAIL</p> <p>The proposed high-level Steering Committee...high ranking officials from relevant institutions and representatives of non-governmental stakeholders and Technical Committees to facilitate implementation/ Committees at decentralized levels to coordinate FSN at local levels will ensure sustainability</p>
<p>2.3 Nutrition and food security training modules are integrated in existing trainings for health, agricultural, and other relevant sectors)</p>	<p>FAO led</p>	<p>mapping of existing training programmes</p> <p>identification of key civil servants' training needs</p> <p>Development of adapted training modules</p> <p>Training of trainers</p>	<p>The training needs/existing training opportunities were identified .The training modules have been developed with active involvement of the government and translated in 2 languages-Pushto and Dari</p> <p>TOT has been done for gaps identified but Training is a circular process that begins with needs identification and after a number of steps ends with evaluation of the training activity</p> <p>Exit: Phase over to MOPH & MAIL</p> <p>JP training primarily served as facilitators, catalysts, or resource persons. There is need both to keep employees at the peak of their possible performance and to prevent them from getting into a rut as well as upgrade their knowledge and skills continuously through refresher courses/supportive supervision.</p>

Children, Nutrition and Food Security in Afghanistan

Final Evaluation Report

Prepared for:

**Food and Agriculture Organization (FAO)/
MDG Achievement Fund (MDG-F)**

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List of Abbreviations Used

ANDS	Afghan National Development Strategy
BPHS	Basic Public Health Services
CDC	Community Development Counsel
CHW	Community Health Worker
CNFS	Children, Nutrition and Food Security in Afghanistan
CSO	Civil Society Organization
DCC	District Coordination Committee
FAO	Food and Agriculture Organization
GM & P	Growth Monitoring and Promotion
GoA	Government of Afghanistan
GWO	Green Way Organization
IYCF	Infant and Young Children Feeding
IP	Implementing Partner
JP	Joint Programme
JPTAC	Joint Programme Technical Advisor and Coordinator
KMU	Kabul Medical University
MAIL	Ministry of Agriculture, Irrigation and Livestock
MAM	Moderate Acute Malnutrition
MDG	Millennium Development Goals
MDG-F	Millennium Development Goals Achievement Fund
MoE	Ministry of Education
MoHE	Ministry of Higher Education
MoPH	Ministry of Public Health
MOWA	Ministry of Women's Affairs
MRRD	Ministry of Rural Rehabilitation and Development
MSAM	Management of Severe Acute Malnutrition
MTE	Mid Term Evaluation
MUAC	Mid-Upper Arm Circumference
PCC	Provincial Coordination Committee
PNO	Provincial Nutrition Officer
SAM	Severe Acute Malnutrition
U5's	Children under the age of five years old
UNDAF	United Nations Development Assistance Framework
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
WFP	World Food Programme
WHO	World Health Organization

Executive Summary

Children, Nutrition and Food Security in Afghanistan (CNFS) was a three-year, multi-agency programme that is funded through the Millennium Development Goals Achievement Fund (MDG-F). Its primary aim was to deliver a comprehensive package of community nutrition and food security interventions, while strengthening the institutional framework for addressing malnutrition and chronic food security issues in an integrated manner. It sought to model an integrated and multisectoral approach to tackling the underlying causes of malnutrition.

The Joint Programme was ambitious in both its scope and complexity; it attempted to better integrate the often separate but interrelated field of nutrition and food security, in ten target districts with the involvement of five government ministries, five UN agencies and through sixteen contracts with local and international CSO's.

This final evaluation was conducted in February-April 2013, with an in-country mission taking place between 22 February - 08 March 2013. Some of the main observations can be grouped in the following areas:

- 1) **Programme Design and Structure:** The JP had to operate with some design deficiencies, particularly as JP outputs were based on inputs/responsibility from a single agency. This created a scenario where collaboration is made more difficult as agencies are effectively incentivized to focus exclusively on their own outputs.
- 2) **Internal Coherence:** A wide range of nutrition and food security interventions were implemented throughout the target districts, but often in a disparate manner. The unwieldy numbers of stakeholders in the programme (5 government ministries, 5 UN agencies, and 16 contracts to NGO's/CSO's) were not well connected to each other in terms of sharing resources/expertise or agreeing on common strategies or implementation modalities. Examples of how food security and nutrition were effectively integrated to produce a more effective response to undernutrition were therefore limited, and some of the individual efforts have proven unsustainable.
- 3) **Policy Framework:** There have been achievements here that are innovative, strategic and demonstrate a level of flexibility and positive opportunism on behalf of the JP rarely seen in development programmes. This is an area where the JP has really excelled and has had a much more substantial impact than might be expected by a programme of its size. Of particular note are the inclusion of nutrition information in the national primary curriculum; establishment of the National Dietary-based Guidelines; development and rollout of training materials (Boys and Girls growth charts and measuring guidelines, anthropometric measurement guidelines, MSM guidelines); and the study produced on Barriers to Micronutrient Supplementation that may have a direct impact on government policy.
- 4) **Government Ownership:** The consistency and quality of government engagement has been high throughout the programme, both at the national level and at the provincial/district level where many government staff are active in programme monitoring and implementation (although the level of involvement varies widely by province). Many of the agricultural cooperatives formed during the JP are registered and domiciled at DAIL offices, offering a higher chance of sustainability and ongoing support.

- 5) **Delivering as One:** In terms of formal interaction between the agencies, an inception workshop and regular TWC and PMC meetings have been used to seek approval on key issues and decisions. Beyond this, there is little substantive or impactful collaboration between the agencies in terms of joint programming or innovating ways to collectively address malnutrition and food insecurity.

The evaluation draws the following conclusions:

- 6) The JP was well aligned to the Afghan National Development Strategy and oriented towards the achievement of the MDG's, most directly to MDG 1 (eradicating extreme poverty and hunger), MDG 4 (reducing child mortality rates), MDG 5 (improving maternal health). At time of evaluation, the JP was on track to achieve full delivery.
- 7) The evaluation notes many achievements under Output 1, accomplished through an array of partners. However, the JP did not manage to demonstrate a new model of integrating nutrition and food security initiatives in a compelling and replicable way. This was due to the scattered and, at times, isolated manner in which JP partners worked where there was little connection between them. (particularly between IP's and UN agencies). The best examples of an integrated approach came from initiatives implemented directly by the JP team itself, which is understandable as the team itself was comprised of both nutrition and food security specialists.
- 8) Similarly, joint planning and collaborative action between the partner UN agencies was quite limited, focusing mainly on sharing workplans, reporting and a number of joint monitoring mission. Interventions continued to be along traditional agency lines with little evidence of new approaches. This is likely attributable to three main factors: a) the way in which the programme was designed (with outputs divided by agencies); b) the 'pass through' funding mechanism which provided no incentive for joint planning due to separated budget lines; and c) the functioning of the programme coordination mechanisms (esp the PMC) which focused more on process than substance.
- 9) Under Output 2, the JP has had a wider ranging impact that could be expected for a programme of its size, and these successes resulted from an entrepreneurial approach to programming as they were not envisioned in the programme document. Notably among them are the Better Nutrition, Better Learning initiative (inclusion of nutrition information and messaging in the national primary school curriculum), and the development of the Food-based Dietary Guidelines.
- 10) Stakeholder engagement has been very high in the JP. Government partners at the national level are genuinely involved, and subnational government staff was highly engaged in local programme activities in both implementation and monitoring roles. Planning was done in a consultative way through the Inception Workshop and provincial workshops to develop district action plans.

Sustainability of the JP

Outcome 1

- 11) Due to the quick impact nature of many of the IP projects, some interventions have already completely ceased operations. Early Childhood Centres (ECD) had positive results through

noonday feeding, regular screenings and household hygiene training and follow up, but these have closed down. One IP reported that their food processing work was no longer continuing in the target areas following the closure of their programme. Other centres established report not having the appropriate supplies to continue envisaged services following the cessation of support from the JP.

- 12) There are some indications of areas where sustainability is more likely. Many cooperative formed during the programme are registered with, and domiciled in, MAIL/DAIL. This provides a structural basis for long term existence of, and support for, these cooperatives. Similarly, the study conducted by MI on barriers to micronutrient supplementation intake was presented to the Consultative Group of Health and Nutrition and may influence government policy.
- 13) So much capacity development (through trainings, exchanges and coordination mechanisms) has taken place through the programme that this will undoubtedly have an impact even if it is not possible to measure quantitatively.
- 14) \$95,000 has been raised to replicate a similar package of interventions (nutrition and FS) in a new province (Baghlan), giving the JP some spillover effect. Similarly, Green Way Organization (GWO) received funding from UNHCR to expand its bee keeping activities in additional areas of Daikundi.

Outcome 2

- 15) Two initiatives of the JP under Output 2 are highly likely to have wide, sustainable impact in Afghanistan. The first is the inclusion of nutrition content and messaging into national primary school curriculum under the Better Nutrition, Better Learning initiative.
- 16) Similarly, the Food-based Dietary Guidelines initiative that was launched under the JP has received additional funding for two years to ensure its complete development and roll out. It was noted by the Deputy Minister of MoPH that this was a very high priority for her ministry.

Recommendation in the short/immediate term are:

- 17) Programme stakeholders should be brought back together, particularly the IP's who were implementing both nutrition and FS interventions (as was the JP team), to capture the experiences of integrating both in a single programme area. This would help to understand how the model worked in practice, even if on a smaller scale. Demonstrating that was a key focus of the JP and this would contribute to that end.
- 18) To ensure sustainability and possible scaling of the Better Nutrition, Better Learning initiative, the JP team should approach the MoE to learn what further support is needed to include nutrition information into curriculum of higher level grades.

Some key lessons learned for joint programming:

- 19) Part of the rationale for this and other MDG-F programmes is to test and validate a model of better programming through joint UN action. This was particularly true in this JP as it set out to demonstrate a more effective means of reducing malnutrition by integrating nutrition and

food security efforts in target areas. The thin spread of limited resources throughout 10 districts, combined with a very high number of partners, made achieving this a nearly impossible goal. **If creating a replicable model is a primary aim, then the geographical scope (and therefore the number of IP's) must be small enough to demonstrate sustained, and measurable, change over time.**

- 20) The number of actors in the JP was too large to effectively manage and coordinate, although this was done to ensure that IP's had access and experience in the 10 target districts. Not nearly enough was done to bring all the actors together at the right times to ensure a coherent approach and sharing of resources, experience and messaging. Therefore, a key learning is that **to reduce the isolated approach happening within the programme, partners that are working on similar initiatives/issue areas should be brought into closer and regular communication.**
- 21) **Coordination is not the same as collaboration.** Much of the interaction between the partner agencies has been on a superficial level focusing on procedures, reporting and approvals, rather than a move towards innovative and integrated approaches. This has greatly limited the potential that a joint programme could offer.
- 22) **Collaboration is a full time job.** The agencies that were most engaged with the JP (UNIDO and WHO) both had a dedicated staff member employed and therefore had greater resources to contribute and get more direct agency buy-in. This was raised in the mid-term evaluation (need for dedicated staff), including a provision that the funds should/could come from the joint budget, but this was never acted on.
- 23) **Opportunities for joint/integrated solutions should be sought during the design phase of JP's,** or they will be structurally set up to fail or, at least, make success elusive. This JP suffered out of the gate as all the outputs were set up along regular agency activity lines, effectively incentivizing agencies to NOT pursue integrated, responsive approaches.
- 24) **Agency funding levels has a direct, and understandable, impact on their ability to fully engage in a programme like this.** Joint Programmes, by their nature, present an additional workload on agencies in terms of coordination meetings, different reporting formats, lengthy approval processes, etc. When the funding level is so low (applies in this case to most agencies, but \$150,000 for WFP over 3 years stands out), it is difficult for agencies to justify full engagement in the programme. This should be considered during the design phase and logic-based decisions taken on what agencies can realistically be expected to contribute to, or even if they should be involved at all.
- 25) **Innovation and the ability to pursue previously unidentified opportunities is incredibly important,** but often are neglected in favour of implementing the programme document verbatim. Some of the most interesting, far-reaching, impactful and sustainable achievements of this programme were not envisioned at the time of design.

Programme Environment and Context

1. Outside of Sub Saharan Africa, Afghanistan has the highest rate of child mortality and the second highest maternal mortality rate in the world.¹
2. Studies estimate that 35-56% of U5 deaths (globally) can be attributed to malnutrition. Of these, 83% of deaths are of children that suffer from mild-moderate malnutrition due to a decreased defense against infection, while only 10% are categorized as acutely malnutrition. Therefore, many of the U5 deaths could be prevented with enhanced nutritional intervention.²
3. Malnutrition rates in Afghanistan among women and children are estimated at 30% of the population, with severe acute malnutrition (SAM) affecting 11.3%. This is almost 6 times higher than the international emergency threshold of 2% of SAM cases. 55% of children in Afghanistan are moderately or severely stunted.³
4. Micronutrient deficiency rates are high amongst both children and women, with 33.7 and 21.4% respectively being anemic.⁴
5. Infant and young children feeding (IYCF) practices are often poor. Traditional and cultural beliefs can have negative effects on how young children are nourished; breastfeeding is shunned or stopped earlier than optimal; children are weaned at inappropriate ages; and complimentary foods are often inadequate or inappropriate for the nutritional needs of young children. Maternal undernutrition, a lack of support and limited resources, and a mother's workload all contribute to poor IYCF practices. It's estimated that one third of children are growth stunted by the age of twelve months.
6. Many of the most common causes of death for U5's can be linked to undernutrition, evidenced by the manner in which poor nutrition patterns mirror disease rates. Poor hygiene and sanitation practices, and limited access to improved water, also contribute substantially.
7. The Afghan National Development Strategy (ANDS) is the Government of Afghanistan's main strategic planning document, and it addresses nutrition and food security through the "Nutrition Sector Strategy" and the "Agriculture and Rural Development Sector Strategy". However, it is vague in tackling the causes and proposed solutions of undernutrition and household food security, and both political commitment and resource allocation have remained somewhat limited.

¹ World Bank Indicators, 2011. (<http://data.worldbank.org/indicator/SH.STA.MMRT>)

² Paraphrased from the JP Programme Document. Originally sourced from ² Black, R. et al (2008). Maternal and child undernutrition: global and regional exposures and health consequences, *The Lancet*, 371 (9608): 243-260. Caulfield et al. (2004). Undernutrition as an underlying cause of child deaths associated with diarrhea, pneumonia, malaria, and measles. *American Journal of Clinical Nutrition*, 80(1): 193-198. Pelletier et al. (1995). The effects of malnutrition on child mortality in developing countries. *Bulletin of the World Health Organization*, 73(4): 443-448.

³ Afghanistan Multiple Indicator Cluster Survey (MICS), 2011 (<http://cso.gov.af/Content/files/AMICS-Jun24-2012-FINAL.pdf>)

⁴ Ibid.

8. Coordination between ministries in tackling malnutrition in an integrated approach between health and food security interventions has been very limited.

Children, Nutrition and Food Security in Afghanistan

9. The Joint Programme “Children, Nutrition and Food Security in Afghanistan” (CNFS) aimed to support all three pillars of the 2010-2013 UNDAF, namely “Governance, Peace and Stability”, “Sustainable Livelihoods: Agriculture, food security and access to income”, and “Basic Services Delivery: Health, Education and Water and Sanitation”. It sought to contribute to several of the MDG’s, with particular relevance to MDG 1 (eradicating extreme poverty and hunger), MDG 4 (reducing child mortality rates), MDG 5 (improving maternal health).
10. The JP identified four main challenges to be addressed by the programme, namely a) limited prioritization of nutrition in government policies and budgets; b) limited coverage and outreach in less accessible areas; c) limited coordination and integration of interventions in nutrition and food security; and d) limited in-country expertise in nutrition and food security interventions and all levels of government and civil society.
11. The JP organized its efforts through two outcomes and 10 outputs, later reduced to 7 outputs.
12. Outcome 1 represented a comprehensive package of community nutrition and food security interventions to reduce the degree and prevalence of under nutrition at the district level. Outputs target the following areas:
 - ✦ Participatory nutrition and food security assessments
 - ✦ Capacity development of community members on nutritional practices
 - ✦ Improved IYCF practices
 - ✦ Community screening and treatment of acute malnutrition and referrals to health services
 - ✦ Capacity development of health workers on nutritional issues and practices
 - ✦ Increasing household food production and income generation capacity
 - ✦ Nutritional status monitoring in programme locations
13. The JP worked towards Outcome 1 by partnering with NGO’s and CSO’s with expertise and access in one or more outputs in one or more target areas. JP partners contracted these directly without the ‘Nutrition and Food Security Support Fund’ envisioned in the Programme Document, due to a lack of time to establish such a formalized mechanism due to a late programme start.
14. The National Steering Committee (NSC) was technically responsible for the selection of provinces according to the programme document. However, no NSC was ever constituted in Afghanistan due to limited interest from the Government given the small amount of funding involved, and the Deputy Ministerial level of representation at the Programme Management Committee (PMC). The selection of districts was done through consultation with government, partner agencies and UNAMA, and ultimately validated by the PMC.

15. Outcome 1 included the commissioning of a baseline survey, with the intention that it would quantify the baseline data and provide evidence needed to inform a targeted approach to programming. This did not materialize, as delivery of the baseline survey was late (with some contention of the results/methodology), by which time the activities were already determined and were underway.
16. Outcome 2 focused on strengthening the policy frameworks and institutional mechanisms required to support integrated nutrition interventions, addressing undernutrition from a longer-term perspective. Within the three specific outputs under Outcome 2, the JP sought to:
 - ✦ Provide policy advice and advocacy for stronger, better resourced and more focused policies and strategies to address undernutrition and food security
 - ✦ Help establish effective coordination mechanisms for nutrition and food security interventions at the central and provincial levels
 - ✦ Have nutrition and food security modules developed and integrated into pre-service and in-service trainings for health workers and other relevant personnel
17. Activities under Outcome 2 were focused at the central level, directly by the JP Team through the provision of capacity development and specific technical assistance. This included embedding two National Coordinators within the two key partner ministries, as well as support provided by the JP Technical Advisor and Coordinator (JPTAC) and a nutrition and food security curriculum development specialist.
18. The JP was approved on 06 July 2009 by the MDG-F Steering Committee and signed by all partner agencies by 29 July 2009. The programme budget was \$5,000,000 over a period of three years. The JP had FAO as a lead agency partnering with UNICEF, UNIDO, WFP and WHO, with the main government counterparts being the Ministry of Public Health (MOPH) and the Ministry of Agriculture, Irrigation and Livestock (MAIL), as well as substantial involvement of the Ministry of Rural Rehabilitation and Development (MRRD). Over the course of the JP, the Ministry of Education (MoE) and the Ministry of Women's Affairs (MoWA) also became a substantial partner.
19. The first tranche of funds was received in December 2009, making the official start date of the programme 23 December 2009.

Final Term Evaluation

Objectives

This final evaluation has the following **specific objectives**:

20. Measure to what extent the joint programme has contributed to solve the needs and problems identified in the design phase.
21. To measure the joint programme's degree of implementation, efficiency and quality of delivery on outputs and outcomes, against what was originally planned or subsequently officially revised.
22. Measure to what extent the joint programme has attained development results to the targeted population, beneficiaries, participants whether individuals, communities, institutions, etc.
23. To measure the joint programme contribution to the objectives set in their respective specific thematic windows as well as the overall MDG fund objectives at local and national level. **(MDGs, Paris Declaration and Accra Principles and UN reform)**.
24. To identify and document substantive lessons learned and good practices on the specific topics of the thematic window, MDGs, Paris Declaration, Accra Principles and UN reform with the aim to support the sustainability of the joint programme or some of its components.

Scope

25. This final evaluation measures the degree and quality of implementation of the JP from its inception through the period of the evaluation mission. The JP officially started in late December 2009 when the first tranche of funds were transferred to the UN agencies. The evaluation will include thirteen quarters from the beginning of January 2010 to the end of March 2013, although financial reporting was provided up to December 2012.
26. The final evaluation should be seen as an important opportunity to capture lessons learned to inform future programming. This was an ambitious programme both in terms of objective and number of partners and target areas, and offers experiences that can benefit other UN Country Teams and the MDG-F.

Methodology

27. The first step in the evaluation was a **desk review** of relevant documents in February 2013, including: Programme Document, annual reports, IP reports, JP funded publications, JP factsheets, MDGF Nutrition Action Plan, programme monitoring reports, MDGF Action Plan Food

Security, MDG-F mission report, MDG Inception Workshop report, results framework, and Field Visit Reports.

28. An **in-country mission** took place between 22 February - 08 March 2013, where a combination of first hand observation, interviews and discussion groups were used. Interviews included programme staff from all partner agencies, government counterparts, beneficiaries to the degree possible, provincial/district level nutrition actors, community members and leaders, and implementing partners. One brief field visit was conducted, in Kabul. (Districts 7 and 8)
29. Following the initial interviews and field visits, a stakeholders briefing was held where initial findings were shared and discussed, and clarifications were made.
30. Following the mission, a draft report was shared with the MDG-F and country team for review and comment.

Constraints and limitations on the study conducted

31. **Logistics and Security:** During the in-country mission, five separate booked field visits were cancelled due to technical issues with the plane, snow or security. As a result, the consultant was unable to leave Kabul during the mission to visit the target areas.

Main Substantive and Financial Progress of the Joint Programme

Design level

Relevance

32. The JP document made a clear case that it addresses a critical need in Afghanistan, effectively using quantitative socio-economic data as the basis for its analysis. It leverages the experiences and comparative advantages of each of the participating agencies. It also tied in clearly with national priorities and the UNDAF 2010-2013, which was in its development at the time of preparing this programme document. Finally, the JP document provides a realistic and frank assessment of challenges particular to the sectors (limited political commitment, low funding, etc) and identifies planned means to overcome them.
33. The JP was designed to directly support three Millennium Development Goals, namely MDG 1 (eradicating extreme poverty and hunger), MDG 4 (reducing child mortality rates), MDG 5 (improving maternal health).
34. The programme document was prepared through a collaborative process involving all UN partner agencies, the RCO and government staff from the MoPH, MAIL and MRRD.
35. However, the complete segregation of the programme outputs by agency in the programme document (reflective of their 'typical' types of activities) imposed a structural impediment to effective collaboration. The design encourages agencies to subsume their JP outputs into their larger initiatives, both for terms of economies of scale and to avoid a projectised approach internally. A lack of exploration or clarity of how these disparate components might fit together in an integrated fashion constitutes a major design flaw for an inter-agency programme.
36. This was raised during the mid-term evaluation, along with a recommendation for agencies to work together to find innovative, integrated solutions to the overlapping challenges of undernutrition and food insecurity but this coming together never happened in a substantive way.

Scope

37. The geographical reach of the programme was unmanageable, particularly given the difficulty and cost of movement in Afghanistan, coupled with the limited field-based staff and monitoring capacity. The programme was implemented in two districts in each of the following five provinces: Badakhshan, Nangahar, Daikundi, Bamiyan and Kabul. Many of the target districts were regularly/entirely inaccessible for UN staff due to security protocols.

Time

38. Even with the inherent challenges of implementing programmes in Afghanistan, the programme document allocated sufficient time for the intended activities. However, despite a quick start in the recruitment the JPTAC position, a programme criticality review (assessing the benefits/risks of fielding international staff) led the PMC to delay the placement of the JPTAC until November 2010. While some preparatory work was done prior to her arrival, most of the substantive work did not begin until the JPTAC was in place. This put a high level of pressure on the programme team to issue contracts and start activities.

Cost

39. The total budget allocated for the programme was adequate for the scale of planned activities, although some were inadequately budgeted such as the baseline survey that resulted in extra time being required to move ahead with it. The 'pass through' funding mechanism caused delays for some UN agencies, as they had spent their 1st tranche allocations but the JP could not request further tranches until the collective commitment was over 70%. This is discussed further below under Fund Management.

Processes level

Efficiency

40. For the period covered in this final evaluation, overall delivery (disbursement) was 85%, with the balance committed under contract, as of December 30, 2012⁵. Specific delivery figures are as follows:

	FAO	UNICEF	UNIDO	WFP	WHO	Total
Budget	3,665,178	511,266	478,825	149,456	195,275	\$4,997,000
Committed	442,481	174,479	93,871	0	41,578	\$752,409
Disbursed	3,222,697	336,516	384,594	149,456	153,697	\$4,246,960
Total Exp	3,665,178	510,995	478,465	149,456	195,275	\$4,999,369
% Disbursed	87.9%	65.8%	80.3%	100.0%	78.7%	85%

Achievements under Outcome 1

Outcome		Output	Achievements
Child Nutrition and household food insecurity are reduced by 2013	1	Community's needs are assessed in a participatory way and results are used to form the district-level programme design and implementation plans.	Inception workshop was held with all stakeholders to identify priorities, define indicators and foster engagement. Participatory appraisal workshops were held in all target provinces to develop district level action plans PCC's and DCC's established to provide local coordination and monitoring of programme activities RFP for IP contracts was circulated to the province and district level for input
	2	Awareness and knowledge of healthy nutrition practices increased	154 staff from MoPH and BHPS implementers received TOT as Master Trainers on IYCF, Micronutrients and Health and Hygiene 1154 medical staff, CHS and CHW were trained on community IYCF Over 900 beneficiaries (including health shuras, community shuras and teachers) were trained on micronutrient supplementation and health and hygiene practices Following a TOT of staff from DoPH, DAIL, DRRD, DoWA, and DoED, along with community groups like CDC's, 2851 people received

⁵ At the time of the in-country mission for this evaluation, delivery rates were higher than the figures above. However, most agencies did not supply the requested updated delivery figures as requested so the December figures are used in this report.

		<p>training on family nutrition, including dietary requirements by age, food hygiene and healthy recipes</p> <p>240 health staff received training on breastfeeding counseling and practices</p> <p>Nutrition education materials (USI, Breastfeeding, WASH, micronutrient guidelines) were developed and distributed (16,500 pieces of a variety of materials)</p> <p>1000 MSAM booklets, and 30,000 growth charts (boys/girls) printed</p> <p>50 staff from MoPH and BPHS implementing NGO's received training as 'Master Trainers' in growth monitoring</p> <p>District level staff of DAIL, DoWA, DRRD and the PNO were trained on cooking sessions for complimentary feeding, who then trained community level 2816 beneficiaries, while growth monitoring training packages were translated into local languages for distribution</p>
1 . 3	Improved access for acutely malnourished children to CMAM	<p>Development of anthropometric measurement guidelines supported, with 70 CHS and 1000 CHW receiving training for screening for acute malnutrition</p> <p>100,986 MUAC screenings were conducted on children and 38,530 pregnant and lactating women in the target areas (over three rounds)</p> <p>Kabul PNO was supported to attend a MSAM TOT in Khartoum, with 98 MoPH staff receiving master training in MSAM</p> <p>7 Therapeutic Feeding Units (TFU's) received 2162 cases of food items to treat SAM cases, while 10 Outpatient Therapeutic Care (OTP) sites received almost 6200 cases of feeding supplies for treatment of SMA cases, along with other supplies</p> <p>Micronutrient powder (sprinkles) were provided for 45,000 children, and 1,345 packs of micronutrient tablets were provided to PLW</p> <p>Training was given on targeted supplementary feeding (TSFP) and CMAM to a range of health practitioners, including from MDG-F target areas. 35.993 MT of RUSF (Plumpy'sup©) and 1500 MUAC tapes were procured and supplied for use in JP target areas.</p> <p>Targeted Supplementary Feeding Programme (TSFP) projects utilizing CMAM approach were implemented in eight MDG-F districts in the four MDG-F provinces; through these TSFP projects 6,891 children (3,859 girls; 3,032 boys) were treated for moderate acute malnutrition.</p> <p>A total of 22 gardens were established at health clinics to provide nutrition education for mothers/caretakers</p>
1 . 4	Increased household food production and 20% increase in household income	<p>4393 community members received training in gardening skills, including establishment, maintenance, types of vegetables, pest management, home composting and diversification</p> <p>Over 125,000 pieces (in Dari and Pashto) of educational material were developed and distributed</p> <p>Solar dehydration for food products introduced, with 110 people receiving TOT and 1400 attending community demonstrations on dehydrating techniques. 140 solar dehydrators were provided in different districts</p> <p>Milk processing introduced, with 27 receiving TOT, 320 women trained, equipment for 4 centres provided and the engagement of a marketing agent to take the milk to the provincial capital</p> <p>Potato processing introduced, with 25 receiving TOT, equipment provided and 320 others trained on potato processing</p> <p>Food processing and packaging training provided (15 TOT, 160 others) along with equipment and marketing skills training</p> <p>Additional funding to replicate the JP activities in Baghlan have been received (\$95,000)</p>
1 . 5	Nutritional status of U5 and women of reproductive age, and HH food security situation, monitored	<p>A total of 60 monitoring visits were reports by MDG-F agencies, a small number of which were joint monitoring missions of at least two partner agencies.</p> <p>A baseline study was conducted, but the results were not used on</p>

		programming or, to the knowledge of the consultant, for monitoring purposes. Very little data exists post implementation, making impact assessment untenable
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41. A total of 16 contracts were awarded to CSO's through the joint fund for the implementation of nutrition and/or food security initiatives or studies at the district level. Contracts were awarded to CSO's that had relevant experience and had existing presence in the target districts. In addition, agencies have implemented activities such as: food processing (UNIDO and FAO); developing trainings/TOT's and local language materials on SAM, MSAM and GM&P (WHO); and purchase of micronutrients (UNICEF) and targeted supplementary feeding (WFP).
42. A baseline survey was commissioned in order to quantify the existing situation and provide information required for evidenced-based interventions. However, given the late delivery of the baseline survey, and that all IP contracts were awarded and defined prior to its completion, the survey had minimal impact on programming or monitoring. UN partner agencies did not report using it to guide their interventions.
43. In addition, MUAC screening was being conducted directly by IP's or through training of Community Health Workers (CHW's) or teachers (conducted in different areas by UNICEF, FAO, WHO or the IP's themselves). WHO collected data over a 9 month period, but noted that CHW capacity and reporting mechanisms did not allow the results to be viewed with credibility. The results from the WHO MUAC reports for the three screenings are as follows:

<i>MUAC interpretation</i>		<i>Findings</i>							
		<i>1st round</i>		<i>2nd round</i>		<i>3rd round</i>		<i>Total</i>	
		<i>No</i>	<i>%</i>	<i>No</i>	<i>%</i>	<i>No</i>	<i>%</i>	<i>No</i>	<i>%</i>
<i>Total children 6-59 months Screened</i>		<i>66366</i>		<i>64189</i>		<i>45904</i>		<i>176459</i>	
<i>Global Acute Malnutrition (GAM)</i>	<i>MUAC < 12.5 cm and/or bilateral oedema</i>	<i>16858</i>	<i>25.4</i>	<i>7576</i>	<i>11.8</i>	<i>5732</i>	<i>12.5</i>	<i>30166</i>	<i>17.1</i>
<i>Moderate Acute Malnutrition (MAM)</i>	<i>MUAC 11.5 cm – 12.4 cm and no oedema</i>	<i>9479</i>	<i>14.3</i>	<i>4994</i>	<i>7.8</i>	<i>3739</i>	<i>8.1</i>	<i>18212</i>	<i>10.3</i>
<i>Severe Acute Malnutrition (SAM)</i>	<i>MUAC < 11.5 cm and/or bilateral oedema</i>	<i>7379</i>	<i>11.1</i>	<i>2582</i>	<i>4</i>	<i>1993</i>	<i>4.3</i>	<i>11954</i>	<i>6.8</i>

Achievements under Outcome 2

Outcome		Output	Achievements
Policy and strategic fraframe	2.1	Nutrition and household food security are adequately addressed in	Mapping of ongoing interventions and functional areas of responsibility for various government bodies to identify service gaps done Support provided by JP members to several policy initiatives, including the National Nutrition Action Framework, the National Program on Food for Life,

	Government policies and strategies and resources allocated increased	UNDAF, etc. The JP has helped support and shape the Food-based Dietary Guidelines for Afghanistan
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 Coordination Committee and District Coordination Committee established in each MDG-F target area to facilitate local coordination of programme activities JP provided support to the establishment of an integrated, high level Food Security and Nutrition Steering Committee chaired by the 2 nd Vice President
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 helped to integrate nutrition into the national curriculum of primary school children (Better Nutrition, Better Education initiative) This included material development, curriculum development and teacher training 514 MOE staff/teachers received training on the nutrition materials to be included in the new curriculum.

44. Activities under Outcome 2 deviated significantly from those planned in the programme document, due to a reluctance (of the programme team and the government) to produce stand alone policy documents as originally detailed in the prodoc, as well as reflecting ongoing efforts in the sector that the programme team/its members are supporting. (Notably the FAO/WFP-led Afghanistan Food Security and Nutrition Agenda, and the multi-sectoral Nutrition Action Framework, to which FAO, UNICEF, WFP and WHO were active contributors).
45. Innovating significantly from the planned activities of Outcome 2, two major accomplishments stood out. The first was the inclusion of nutrition educational material in the national primary curriculum, both as a standalone topic and one which was mainstreamed into other subject areas. This involved substantial inputs from the programme in terms of advocacy, providing technical assistance on curriculum development and teacher training, and should be recognized as an entrepreneurial and exciting departure from the programme document.
46. Similarly, the JP helped to spearhead and support the creation of food-based dietary guidelines, along with a process to field test and refine the way in which it will be communicated to people at the village and district level. Again, this was an excellent innovation of the JP that will give it a board and sustainable impact, at least in these areas, than might be expected from a programme with a fairly modest budget. The production and roll out of the guidelines is a major priority of the Ministry of Public Health, and funding has already been secured to extend FAO technical support to the ministry for this process over the next two years.

Fund Management

47. The JP utilized a pass-through funding modality, with FAO as the Managing Agent. Each agency received its respective funding directly (based on the initial workplan), while FAO received and utilized the funds referred to in the programme document as the “pooled” funds. These funds were disbursed entirely by FAO for IP contracts, advocacy materials and operational costs such as staff and travel.
48. Several weaknesses were observed related to this funding modality. This first is that the threshold to request subsequent funding tranches was set at 70% of the total commitment as per MDG-F guidelines, which meant that agencies that utilized their initial allocation quicker were forced to wait until total JP commitment reached 70%, causing delays and frustrations. The second issue is separate fund management by each agency provided little incentive for collaborative planning or implementation. A pooled funding mechanism, managed by FAO but falling under the purview of the PMC, would have allowed for more flexibility in allocating funds to different agency activities based on shifting priorities, as well as eliminating the issues with the 70% commitment threshold.
49. The PMC was convened regularly and gave approval on all major decisions. However, its role appears to be more functional rather than strategic; it was a forum for each agency to report on progress and for the JPTAC to seek confirmation on ongoing and planned directions, rather than a forum for substantive discussion and strategic input.
50. The typical programme management structure of MDG-F funded programmes includes 1) a high level National Steering Committee (NSC) that provides strategic guidance and overall oversight all JP’s in the country, 2) Programme Management Committee (PMC) comprised of agency heads, senior government officials and technical staff, to which the JPTAC reports to, and 3) Technical Working Groups (TWG) made up of agency staff that meet regularly to discuss implementation and operational issues. An NSC was never established in Afghanistan due to the high level of PMC representation (Deputy Minister) and limited interest due to limited budget levels. In this context, the PMC acted as the highest decision making body for the JP.

Communication and Advocacy

51. The unique identity of the programme was exceedingly well developed. Programme staff and government counterparts identified themselves as working “with the MDG programme”; there was a tight core programme team working within the MAIL (not in agency offices); and activities and events funded by or organized through the programme were clearly identified as MDG-F.
52. The JP supported large events such as International Women’s Day and food festivals with the MAIL, raising the profile of MDG issues to the broader public.
53. Internal communications within the partner agencies was frequent and oriented towards the practical, process aspects of the programme. Most substantive discussion on programmatic issues and joint solutions was limited, particularly as the implementation period moved towards the end.

Monitoring and Evaluation

54. Government staff did a significant portion of the district level monitoring, with Provincial Nutrition Officers (PNO's) and District Agricultural Extension Officer overseeing activities related to their respective areas. Reporting was done vertically through established ministry channels, with additional feedback provided through the Provincial and District Coordination Committees, which were established by the programme to facilitate communication. (PCC/DCC) However, the quality of both the PCC/DCC mechanisms and engagement of government counterparts appeared to vary widely between provinces, as (likely) did the quality and frequency of their monitoring.
55. Each UN agency was designated as focal point for each of the provinces, to facilitate direct monitoring of programme activities. This, too, seems to have been done with varying success and rigor depending on the province.
56. Some direct monitoring was conducted by programme staff through field visits, including joint agency monitoring on multiple occasions, as well as one JP-funded staff member regularly working out of Badakhshan.
57. In general, the M&E structures and methods focused mainly on anecdotal stories and activity reporting, rather than providing verifiable evidence of change. Much of it is based on IP reports, with some UN field missions that served to verify the status of activities. For example, activities regarding micronutrient supplementation were reported on in terms of sachets or posters distributed, rather than a reduction of micronutrient deficiencies. Many factors (access, capacity, communications) make district level monitoring challenging in Afghanistan, but it makes discussions of impact and change hard to address.

Interagency Coordination

58. In terms of formal interaction between the agencies, an inception workshop, and regular TWG and PMC meetings have been used to seek approval on key issues and decisions. Beyond this, there is little substantive or impactful collaboration between the agencies in terms of joint programming or innovating ways to collectively address undernutrition and food insecurity.
59. Significant frustrations existed between agencies and the JP team around issues of communication and participation, possibly leading to the lessening of a collaborative relationship.
60. Collaboration and JP-specific reporting and activities were higher in the two agencies (UNIDO and WHO) that had a dedicated staff member funded by the JP. The recommendation in the mid term evaluation that all agencies have staff (at least partly funded) which are accountable primarily to the JP was not taken up.

National/Local Ownership

61. The JP was successful at establishing ownership of the programme by government, civil society and other community stakeholders. Critical to developing ownership and building consensus was the Inception Workshop held in January 2011 with all UN agencies, government and community stakeholders from all of the target districts. This had a much greater role in defining the interventions and targets than the baseline survey.

Central Government

62. The level of government engagement in the CNFS was exceedingly high, which should be seen as a major success of the programme to date. Visits to various government ministries made clear that the programme team/members were very regularly there, and a collegial relationship was observed. Government staff (from Deputy Ministers to technical staff) knew the “MDG programme” and spoke in a way that showed they felt a good degree of ownership over it.

63. Government ownership and a sense of real partnership over the programme is engendered through physical presence; the programme team was located within MAIL offices (with one staff member based in the MoPH on a ½ time basis) and this proximity allowed for regular, instant access without the formality common with UN/Govt meetings.

Local Government

64. Government staff at the subnational level implemented or supported many of the programme activities—as well as coordination and monitoring functions. The experience of how well this worked varied greatly across provinces, as in some cases the role of the PNO was considered highly valuable and critical, where in others engagement by the PNO was extremely limited.

65. Many of the cooperatives that were formed during this programme were registered and, in many cases located at, local government offices. This represents an important linking of community bodies and government representatives. It also significantly enhances the likelihood of their sustainability following the programme closure.

66. Many of the programme activities were implemented directly by government staff, or monitored by them. This served to increase the accountability of local government for programme results.

CSO's and Community Level

67. Representatives of civil society groups and local leaders participated in the Inception Workshop, helping to define priorities and establish a direct link between the programme and its target population. CSO's were responsible for the implementation of many of the activities under Outcome 1.

68. It is not feasible to comment on the role or involvement of the target population/community members in the JP as no field travel was possible during the evaluation.

Results level

Outcome 1

69. A primary aim of the JP was to serve as a model to demonstrate the effectiveness of integrating nutrition and FS interventions to reduce undernutrition. Given the geographical spread and the lack of internal incoherence or approach, this was not achieved in a compelling manner.

70. The observation on a lack of internal coherence refers to the impact of many different actors implementing similar activities, but with limited communication and with wildly different implementation strategies and structures. The lack of coherence was, at least in part, almost inevitable given the large number of stakeholders involved. (16 NGO contracts, 5 agencies, and 5 government ministries). There have been many one-off activities (based on the tool box of different CSO's), and the limited connection between the IP's and partner agencies means opportunities for collaboration. Some anecdotal examples of this are:

Nutrition		
	Example	Implication
Community Outreach Method	Primary outreach vehicle were CHW's, Community-based Educators (CARE), Early Childhood Development Centres, school based Child Clubs, depending on IP	Different models, different sustainability implications, different reporting lines for MUAC results. (some screening results were reported to DoPH, some to the IP's HQ, etc)
MUAC Screening	In some cases done through CHW's, some directly done by IP's	Capacity development not focused on sustainable structures (i.e. CHW); varied quality and reporting lines of results
IYCF Materials	IYCF Materials and messages used were from UNICEF or WHO, or developed independently by IPs	Best practises not shared adequately; potential for inconsistent messaging; resources spent on 'reinventing the wheel'
Shared use of materials and messaging	One IP (MI) did a study on micronutrient uptake and appropriate messaging in Bamyan, while another IP (that was distributing micronutrients) in Bamyan was not aware of the study or the materials that had been developed	Excellent resource (study) not used to inform approach by others; possibly inconsistent messaging even within the same province; resources spent on 'reinventing the wheel'
Food Security		
Food Processing training	Each IP conducted trainings and chose and distributed different FP equipment, even where activities were similar	Different approach used and equipment provided; possibly differing levels of quality of support; one IP was relatively

		new to food processing and didn't benefit from experience of other
Sharing Agency expertise	-One NGO (ME) reported not knowing that UNIDO was involved in the programme	UNIDO is very active and experienced in this area, and could have been a valuable resource to help guide programming/shorten the learning curve, especially in such as short programme

71. In short, many of the activities under Outcome 1 were done in isolation, and many were implemented in such a way as to make sustainability unlikely. Many programme resources developed by IP's (such as the Childhood Development Centres, School Clubs, programme-funded community mobilizers) were no longer operational at the time of the evaluation mission.
72. In addition, there is little evidence that the UN partner agencies have made any fundamental changes in their approach to their specific programming as a result of being brought together under the JP. Most activities conducted at the agency level follow long-established business practices.
73. This is not to say that there was no cross fertilization or innovation by the agencies during the JP. Examples like the guidelines produced under the JP by WHO being picked up by other agencies as a shared resource, or UNIDO implementing significantly varied food processing activities in different areas depending on agricultural resources and market conditions, can be seen. The greatest integration of nutrition and food processing initiatives can be seen in activities implemented directly by the JP Team, aided by the fact that they were a single team working together over a period of time.
74. However, when looking at the JP from a wide-angle lens, there was a lack of internal coherence between the wide array of actors and limited examples of how food security and nutrition were effectively integrated to produce a more effective response to undernutrition in the target areas of the programme.
75. There was some anecdotal evidence of impact and sustainability of activities under Outcome 1. Green Way Organization secured an additional \$150,000 in funding from UNHCR to scale up its beekeeping activities in Badakhshan, based on the results of its work under the JP. Many cooperatives that were formed during the programme (esp food processing) are registered under, and domiciled in, DAIL offices, giving them a stronger opportunity from continuing and evolving following the closure of the programme. Further, all partners (UN agencies and IP's) conducted a huge amount of capacity development activities, which will have a lasting impact even if it is difficult to assess at this point. Finally, the creation of PCC/DCC has brought together various government departments at a local level that could, in some cases, continue even if on a less formal basis as many noted seeing value in the enhanced cooperation.

76. In addition, \$95,000 in additional funding was secured to continue certain activities, as well as implement a similar package of interventions in Baghlan Province.

Outcome 2

77. Attempts to harmonize reporting and monitoring systems of the main government partners (MoPH and MAIL), as proposed in the programme document, were never actively pursued. Given the timeframe of the programme, the complexity of the task and the inherently programme-centric justification to do so, not pushing ahead with this was a positive decision.

78. Several of the outputs and achievements under Outcome 2 were innovative, strategic and demonstrate a level of flexibility and positive opportunism on behalf of the JP often not seen in development programmes. These are where the JP has really excelled and has had a much more substantial impact than might be expected by a programme of its size.

79. One example of this was the inclusion of nutritional information in the national primary curriculum. This required a substantial amount of advocacy and support, including fielding a national specialist to help develop the messaging and to work with the Ministry of Education to ensure its mainstream integration in several modules of the revised curriculum for primary students across the country. It also involved organizing a series of trainings for teachers and teacher trainers. This was done during the periodic revising of the curriculum by the MoE, so integrated nicely with ongoing national processes rather than being an ad hoc programme-driven initiative.

80. Another major achievement was the development of the Afghan Nutrition-based Dietary Guidelines in partnership with the MoPH. This has enormous potential to have a wide-ranging impact on perceptions and awareness of nutritional issues through Afghanistan. The approach has been consultative and thoughtful, with extensive field-testing to identify the best means of effectively communicating the guidelines to populations with varying educational and literacy levels.

81. The initiative, and approach, has been highly appreciated by the MoPH and there is a veritable guarantee of its continued high level of engagement following the closure of the JP. Agencies active in this field such as UNICEF are positive about this initiative and have expressed interest in future engagement. In order to help finance elements of the finalization and national rollout, a new programme focusing solely on this has been funded by FAO for a two-year period and has already begun, so there should be minimal/no gaps in support.

82. In terms of research and policy, some of the materials developed and produced by WHO under the JP (Boys and Girls growth charts and measuring guidelines, anthropometric measurement guidelines, MSM guidelines) have been translated in local languages and distributed in many areas of the country. The study conducted by MI on Barriers to Micronutrient Supplement intake has been presented at the Consultative Group of Health and Nutrition and may have a direct impact on government policy.

Sustainability

Outcome 1

- 83) Due to the quick impact nature of many of the IP projects, some interventions have already completely ceased operations. Early Childhood Centres (ECD) had positive results through noonday feeding, regular screenings and household hygiene training and follow up, but these have closed down. One IP reported that their food processing work was no longer continuing in the target areas following the closure of their programme. Other centres established report not having the appropriate supplies to continue envisaged services following the cessation of support from the JP.
- 84) There are some indications of areas where sustainability is more likely. Many cooperative formed during the programme are registered with, and domiciled in, MAIL/DAIL. This provides a structural basis for long term existence of, and support for, these cooperatives. Similarly, the study conducted by MI on barriers to micronutrient supplementation intake was presented to the Consultative Group of Health and Nutrition and may influence government policy.
- 85) So much capacity development (through trainings, exchanges and coordination mechanisms) has taken place through the programme that this will undoubtedly have an impact even if it is not possible to measure quantitatively.
- 86) \$95,000 has been raised to replicate a similar package of interventions (nutrition and FS) in a new province (Baghlan), giving the JP some spillover effect. Similarly, Green Way Organization (GWO) received funding from UNHCR to expand its bee keeping activities in additional areas of Daikundi.

Outcome 2

- 87) Two initiatives of the JP under Output 2 are highly likely to have wide, sustainable impact in Afghanistan. The first is the inclusion of nutrition content and messaging into national primary school curriculum under the Better Nutrition, Better Learning initiative.
- 88) Similarly, the Food-based Dietary Guidelines initiative that was launched under the JP has received additional funding for two years to ensure its complete development and roll out. It was noted by the Deputy Minister of MoPH that this was a very high priority for her ministry.

Conclusions

- 89) The JP was well aligned to the Afghan National Development Strategy and oriented towards the achievement of the MDG's, most directly to MDG 1 (eradicating extreme poverty and hunger), MDG 4 (reducing child mortality rates), MDG 5 (improving maternal health).

- 90) The evaluation notes many achievements under Output 1, accomplished through an array of partners. However, it did not manage to demonstrate a new model of integrating nutrition and food security initiatives in a compelling and replicable way. This was due to the scattered and, at times, isolated manner in which JP partners worked where there was little connection between them. (particularly between IP's and UN agencies). The best examples of an integrated approach came from initiatives implemented directly by the JP team itself, which is understandable as the team itself was comprised of both nutrition and food security specialists.
- 91) Similarly, joint planning and collaborative action between the partner UN agencies was quite limited, focusing mainly on sharing workplans, reporting and a number of joint monitoring mission. Interventions continued to be along traditional agency lines with little evidence of new approaches. This is likely attributable to three main factors: a) the way in which the programme was designed (with outputs divided by agencies); b) the 'pass through' funding mechanism which provided no incentive for joint planning; and c) the functioning of the programme coordination mechanisms (esp the PMC) which focused more on process than substance.
- 92) Under Output 2, the JP has had a wider ranging impact that could be expected for a programme of its size, and these successes resulted from an entrepreneurial approach to programming as they were not envisioned in the programme document. Notably among them are the Better Nutrition, Better Learning initiative (inclusion of nutrition information and messaging in the national primary school curriculum), and the development of the Food-based Dietary Guidelines.
- 93) Stakeholder engagement has been very high in the JP. Government partners at the national level are genuinely involved, and subnational government staff was highly engaged in local programme activities in both implementation and monitoring roles. Planning was done in a consultative way through the Inception Workshop and provincial workshops to develop district action plans.

Recommendations

- 94) Programme stakeholders should be brought back together (particularly the IP's who were implementing both nutrition and FS interventions, and the JP team) to capture the experiences of integrating both in a single programme area. This would help to understand how the model worked in practice, even if on a smaller scale. Demonstrating that was a key focus of the JP and this would contribute to that end.
- 95) To ensure sustainability and possible scaling of the Better Nutrition, Better Learning initiative, the JP team should approach the MoE to what further support is needed to include nutrition information into higher-level grades.

Lessons Learned

- 96) Part of the rationale for this and other MDG-F programmes is to test and validate a model of better programming through joint UN action. This was particularly true in this JP as it set out to demonstrate a more effective means of reducing malnutrition by integrating nutrition and food security efforts in target areas. The thin spread of limited resources throughout 10 districts, combined with a very high number of partners, made achieving this

a nearly impossible goal. **If creating a replicable model is a primary aim, then the geographical scope (and therefore the number of IP's) must be small enough to demonstrate sustained, and measurable, change over time.**

- 97) The number of actors in the JP was too large to effectively manage and coordinate, although this was done to ensure that IP's had access and experience in the 10 target districts. Not nearly enough was done to bring all the actors together at the right times to ensure a coherent approach and sharing of resources, experience and messaging. Therefore, a key learning is that **to reduce the isolated approach happening within the programme, partners that are working on similar initiatives/issue areas should be brought into closer and regular communication.**
- 98) **Coordination is not the same as collaboration.** Much of the interaction between the partner agencies has been on a superficial level focusing on procedures, reporting and approvals, rather than a move towards innovative and integrated approaches. This has greatly limited the potential that a joint programme could offer.
- 99) **Collaboration is a full time job.** The agencies that were most engaged with the JP (UNIDO and WHO) both had a dedicated staff member employed and therefore had greater resources to contribute and get more direct agency buy-in. This was raised in the Mid-term Evaluation (need for dedicated staff), including a provision that the funds should/could come from the joint budget, but this was never acted on.
- 100) **Opportunities for joint/integrated solutions should be sought during the design phase** of JP's, of they will be structurally set up to fail or, at least, make success elusive. This JP suffered out of the gate as all the outputs were set up along regular agency activity lines, effectively incentivizing agencies to NOT pursue integrated, novel approaches.
- 101) **Agency funding levels has a direct, and understandable, impact on their ability to fully engage in a programme like this.** Joint Programmes, by their nature, present an additional workload on agencies in terms of coordination meetings, different reporting formats, lengthy approval processes, etc. When the funding level is so low (applies to most agencies, but \$150,000 for WFP over 3 years stands out as particularly unreasonable) it is difficult for agencies to justify full engagement in the programme. This should be considered during the design phase and logic-based decisions taken on what agencies can realistically be expected to contribute to, or even if they want to be involved at all.
- 102) **Innovation and the ability to pursue previously unidentified opportunities is incredibly important,** but often are neglected in favour of implementing the programme document verbatim. Some of the most interesting, far-reaching, impactful and sustainable achievements of this programme were not envisioned at the time of design. Introduction

Annex 1: Terms of Reference

TOR FOR FINAL EVALUATIONS OF MDG-F JOINT PROGRAMME ON ‘ FEEDING THE CHILDREN OF AFGHANISTAN TOGETHER’

Feeding the Children of Afghanistan Together

1. GENERAL CONTEXT: MDG ACHIEVEMENT FUND (MDG-F)

In December 2006, the UNDP and the Government of Spain signed a major partnership agreement for the amount of €528 million with the aim of contributing to progress on the MDGs and other development goals through the United Nations System. In addition, on 24 September 2008 Spain pledged €90 million towards the launch of a thematic window on Childhood and Nutrition. The MDG-F supports joint programmes that seek replication of successful pilot experiences and impact in shaping public policies and improving peoples’ life in 50 countries by accelerating progress towards the Millennium Development Goals and other key development goals.

The MDG-F operates through the UN teams in each country, promoting increased coherence and effectiveness in development interventions through collaboration among UN agencies. The Fund uses a joint programme mode of intervention and has currently approved 130 joint programmes in 50 countries. These reflect eight thematic windows that contribute in various ways towards progress on the MDGs, National Ownership and UN reform. With US\$134.5 million allocated to 24 joint programmes in the **thematic window ‘Children, Food Security and Nutrition’** this area represents almost 20% of the MDG-F’s work. The efforts contribute to achieving the MDG goals of reducing child mortality and eradicating extreme poverty and hunger.

This UN Joint Programme (JP) on ‘Feeding the Children of Afghanistan Together’ was designed shortly after Afghanistan was selected as one of the countries for the initiative “Delivering as One” . According to UNICEF, 60 percent of Afghan children are stunted because of poor feeding practices and malnutrition, and 2 out of 5 are moderately to severely underweight. With a budget of 5 million as parallel (\$1,832,158) and joint funding (\$3,167,842) the JP is tackling the issue by promoting an integrated package of nutrition and food security interventions at the community level and helping to establish the necessary policy frameworks, legislation, national capacity, coordination mechanisms and information management to support interventions at central, provincial, district and community-levels for the medium and long-term. It brings together health, agricultural and education activities to attack the immediate and underlying causes of malnutrition, by empowering communities to use their own resources to create lasting solutions to the problem. Most of the activities complement existing agency programmes on nutrition and food security in some selected provinces /districts of short term mitigating efforts: CMAM to provide support to malnourished children in district Health facilities, to longer term sustainable interventions, like FAO’s interventions focussing on improving diets and nutrition education in urban/rural areas.

The main Government partners of the Joint Programme are the Ministry of Public Health (MOPH) and the Ministry of Agriculture Irrigation and Livestock (MAIL). The focal point departments for the Joint Programme in these ministries are the Public Nutrition Department (MOPH) and the Extension directorate of (MAIL). The UN agencies participating in the Joint Programme are FAO, UNICEF, WHO, WFP and UNIDO. UN partners have designated FAO as the managing agent of the jointly funded components. Joint Programme Goal: to contribute to the reduction of undernutrition through sustainable and multi-sectoral efforts and, thus, contribute to the achievement of the Millennium Development Goals in Afghanistan

(<http://www.mdgfund.org/program/feedingchildrenafghanistantogether>)

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).

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

The anticipated start/end date of the 3 year programme was: 01 Jan. 2010- 31 Dec. 2012 but it actually started on 20 Nov, 2010.

2. OVERALL GOAL OF THE EVALUATION

The objective of this evaluation is to provide an independent evaluation as instated on the M&E Strategy and the implementation Guide for Joint Programmes under the Millennium Development Goals Achievement Fund.(MDG-F).

Final evaluations are **summative** in nature and seek to:

1. Measure to what extent the joint programme has fully implemented their activities, delivered outputs and attained outcomes and specifically measuring development results.
2. Generate substantive evidence based knowledge, on one or more of the MDG-F thematic windows by identifying best practices and lessons learned that could be useful to other development interventions at national (scale up) and international level (replicability).

As per TOR, particular attention is to be paid to the design, process and results level of this intervention, to measure the level of Relevance, Efficiency, Effectiveness, ownership and sustainability of the JP intervention on childhood, nutrition and food security. As a result, the findings, conclusions and recommendations generated by these evaluations will be part of the thematic window Meta evaluation, the Secretariat is undertaking to synthesize the overall impact of the fund at national and international level.

3. SCOPE OF THE EVALUATION AND SPECIFIC OBJECTIVES

The final evaluation will focus on measuring development results and potential impacts generated by the **joint programme**, based on the scope and criteria included in this terms of reference. This will enable conclusions and recommendations for the joint programme to be formed within a period between four and six months.

The unit of analysis or object of study for this evaluation is the joint programme, understood to be the set of components, outcomes, outputs, activities and inputs that were detailed in the joint programme document and in associated modifications made during implementation.

This final evaluation has the following **specific objectives**:

1. Measure to what extent the joint programme has contributed to solve the needs and problems identified in the design phase.
2. To measure joint programme's degree of implementation, efficiency and quality delivered on outputs and outcomes, against what was originally planned or subsequently officially revised.
3. Measure to what extent the joint programme has attained development results to the targeted population, beneficiaries, participants whether individuals, communities, institutions, etc.
4. To measure the joint programme contribution to the objectives set in their respective specific thematic windows as well as the overall MDG fund objectives at local and national level. **(MDGs, Paris Declaration and Accra Principles and UN reform)**.
5. To identify and document substantive lessons learned and good practices on the specific topics of the thematic window, MDGs, Paris Declaration, Accra Principles and UN reform with the aim to support the sustainability of the joint programme or some of its components.

4. EVALUATION QUESTIONS, LEVELS OF ANALYSIS AND EVALUATION CRITERIA

The evaluation questions define the information that must be generated as a result of the evaluation process. The questions are grouped according to the criteria to be used in assessing and answering them. These criteria are, in turn, grouped according to the three levels of the programme.

Design level:

- Relevance: The extent to which the objectives of a development intervention are consistent with the needs and interest of the people, the needs of the country and the Millennium Development Goals.

- a) To what extent was the design and strategy of the development intervention relevant

(assess including link to MDGs, UNDAF and national priorities, stakeholder participation, national ownership design process)?

b) How much and in what ways did the joint programme contribute to solve the (socioeconomical) needs and problems identified in the design phase?

c) To what extent was this programme designed, implemented, monitored and evaluated jointly? (see MDG-F joint programme guidelines.)

d) To what extent was joint programming the best option to respond to development challenges stated in the programme document?

e) To what extent the implementing partners participating in the joint programme had an added value to solve the development challenges stated in the programme document?

f) To what extent did the joint programme have a useful and reliable M&E strategy that contributed to measure development results?

g) To what extent did the joint programme have a useful and reliable C&A strategy?

h) If the programme was revised, did it reflect the changes that were needed? Did the JP follow the mid-term evaluation recommendations on the programme design?

Process level

- Efficiency: Extent to which resources/inputs (funds, time, human resources, etc.) have been turned into results.

a) To what extent did the joint programme's management model (i.e. instruments; economic, human and technical resources; organizational structure; information flows; decision-making in management) was efficient in comparison to the development results attained?

b) To what extent was the implementation of a joint programme intervention (group of agencies) more efficient in comparison to what could have been through a single agency's intervention?

c) To what extent the governance of the fund at programme level (TWG) and at national level (PMC) contributed to efficiency and effectiveness of the joint programme? To what extent these governance structures were useful for development purposes, ownership, for working together as one? Did they enable management and delivery of outputs and results?

d) To what extent and in what ways did the joint programme increase or reduce efficiency in delivering outputs and attaining outcomes?

e) What type of work methodologies, financial instruments, and business practices have the

implementing partners used to increase efficiency in delivering as one?

f) What was the progress of the JP in financial terms, indicating amounts committed and disbursed (total amounts & as percentage of total) by agency? Where there are large discrepancies between agencies, these should be analyzed.

g) What type of (administrative, financial and managerial) obstacles did the joint programme face and to what extent have this affected its efficiency?

h) To what extent and in what ways did the mid-term evaluation have an impact on the joint programme? Was it useful? Did the joint programme implement the improvement plan?

- Ownership in the process: Effective exercise of leadership by the country's national/local partners in development interventions

a) To what extent did the targeted population, citizens, participants, local and national authorities made the programme their own, taking an active role in it? What modes of participation (leadership) have driven the process?

b) To what extent and in what ways has ownership or the lack of it, impacted in the efficiency and effectiveness of the joint programme?

Results level

- Effectiveness: Extent to which the objectives of the development intervention have been achieved.

a) To what extent did the joint programme contribute to the attainment of the development outputs and outcomes initially expected /stipulated in the programme document? (detailed analysis of: 1) planned activities and outputs, 2) achievement of results).

b) To what extent and in what ways did the joint programme contribute:

- I. To the Millennium Development Goals at the local and national levels?
- II. To the goals set in the thematic window?
- III. To the Paris Declaration, in particular the principle of national ownership? (consider JP's policy, budgets, design, and implementation)
- IV. To the goals of delivering as one at country level?

c) To what extent were joint programme's outputs and outcomes synergistic and coherent to produce development results? What kinds of results were reached?

d) To what extent did the joint programme had an impact on the targeted citizens?

e) Have any good practices, success stories, lessons learned or transferable examples been identified? Please describe and document them.

f) What type of differentiated effects are resulting from the joint programme in accordance

with the sex, race, ethnic group, rural or urban setting of the beneficiary population, and to what extent?

g) To what extent has the joint programme contributed to the advancement and the progress of fostering national ownership processes and outcomes (the design and implementation of National Development Plans, Public Policies, UNDAF, etc.)

h) To what extent did the joint programme help to increase stakeholder/citizen dialogue and or engagement on development issues and policies?

i) To what extent and in what ways did the mid-term evaluation recommendations contribute to the JP's achievement of development results?

Sustainability: Probability of the benefits of the intervention continuing in the long term.

a) To what extent the joint programme decision making bodies and implementing partners have undertaken the necessary decisions and course of actions to ensure the sustainability of the effects of the joint programme?

b) At local and national level:

- I. To what extent did national and/or local institutions support the joint programme?
- II. Did these institutions show technical capacity and leadership commitment to keep working with the programme or to scale it up?
- III. Have operating capacities been created and/or reinforced in national partners?
- IV. Did the partners have sufficient financial capacity to keep up the benefits produced by the programme?

c) To what extent will the joint programme be replicable or scaled up at national or local levels?

d) To what extent did the joint programme align itself with the National Development Strategies and/or the UNDAF?

5.METHODOLOGICAL APPROACH

This final evaluation will use methodologies and techniques as determined by the specific needs for information, the questions set out in the TORs and the availability of resources and the priorities of stakeholders. In all cases, consultants are expected to analyze all relevant information sources, such as reports, programme documents, internal review reports, programme files, strategic country development documents, mid-term evaluations and any other documents that may provide evidence on which to form judgements. Consultants are also expected to use interviews, surveys or any other relevant quantitative and/or qualitative tool as a means to collect relevant data for the final evaluation. The evaluation team will make sure that the voices, opinions and information of targeted citizens/participants of the joint programme are taken into account.

The methodology and techniques to be used in the evaluation should be described in detail in the desk study report and the final evaluation report, and should contain, at minimum, information on the instruments used for data collection and analysis, whether these be documents, interviews, field visits, questionnaires or participatory techniques.

6. EVALUATION DELIVERABLES

The consultant is responsible for submitting the following deliverables to the commissioner and the manager of the evaluation:

- **Inception Report** (to be submitted within 15 days of the submission of all programme documentation to the evaluation team).

This report will be 10 to 15 pages in length and will propose the methods, sources and procedures to be used for data collection. It will also include a proposed timeline of activities and submission of deliverables. The desk study report will propose initial lines of inquiry about the joint programme. This report will be used as an initial point of agreement and understanding between the consultant and the evaluation managers. **The report will follow the outline stated in Annex 1.**

- **Draft Final Report** (to be submitted within 20 days after the completion of the field visit, please send also to MDG-F Secretariat)

The draft final report will contain the same sections as the final report (described in the next paragraph) and will be 20 to 30 pages in length. This report will be shared among the evaluation reference group. It will also contain an executive report of no more than 2 pages that includes a brief description of the joint programme, its context and current situation, the purpose of the evaluation, its methodology and its main findings, conclusions and recommendations. The draft final report will be shared with the evaluation reference group to seek their comments and suggestions. This report will contain the same sections as the final report, described below.

- **Final Evaluation Report** (to be submitted within 10 days after reception of the draft final report with comments, please send also to MDG-F Secretariat)

The final report will be 20 to 30 pages in length. It will also contain an executive summary of no more than 2 pages that includes a brief description of the joint programme, its context and current situation, the purpose of the evaluation, its methodology and its major findings, conclusions and recommendations. The final report will be sent to the evaluation reference group. **This report will contain the sections in Annex 2.**

7. EVALUATION REPORT QUALITY STANDARDS

The following UNEG standards should be taken into account when writing all evaluation reports¹:

1. The **final report should be logically structured, containing evidence-based findings, conclusions, lessons and recommendations** and should be free of information that is not

relevant to the overall analysis (S-3.16).

2. A reader of an evaluation report must be able to understand: the purpose of the evaluation; exactly what was evaluated; how the evaluation was designed and conducted; what evidence was found; what conclusions were drawn; what recommendations were made; what lessons were distilled. (S-3.16)

3. In all cases, evaluators should strive to **present results as clearly and simply as possible** so

NOTE: Using evidence implies making a statement based on valid and reliable facts, documents, surveys, triangulation of informants' views or any other appropriate means or techniques that contribute to create the internal validity of the evaluation. It is not enough to just state an informed opinion or reproduce an informant's take on a specific issue.

that clients and other stakeholders can easily understand the evaluation process and results.(S-3.16)

4. The level of participation of stakeholders in the evaluation should be described, including the rationale for selecting that particular level. (S-4.10)

5. The Executive Summary should "stand alone", providing a synopsis of the substantive elements of the evaluation. The level of information should provide the uninitiated reader with a clear understanding of what was found and recommended and what was learned from the evaluation. (see Outline in Annex 2 for more details). (S-4.2)

6. The joint programme being evaluated should be clearly described (as short as possible while ensuring that all pertinent information is provided). It should include the purpose, logic model, expected results chain and intended impact, its implementation strategy and key assumptions. Additional important elements include: the importance, scope and scale of the joint programme; a description of the recipients/ intended beneficiaries and stakeholders; and budget figures. (S-4.3)

7. The **role and contributions of the UN organizations and other stakeholders** to the joint programme being evaluated should be clearly described (who is involved, roles and contributions, participation, leadership). (S-4.4)

8. In presenting the findings, inputs, outputs, and outcomes/ impacts should be measured to the extent possible (or an appropriate rationale given as to why not). The report should make a logical distinction in the **findings, showing the progression from implementation to results with an appropriate measurement** (use benchmarks when available) and analysis of the results chain (and unintended effects), or a rationale as to why an analysis of results was not provided. Findings regarding inputs for the completion of activities or process achievements should be distinguished clearly from outputs, outcomes. (S-4.12)

9. Additionally, reports should **not segregate findings by data source**. (S-4.12)

10. **Conclusions need to be substantiated by findings** consistent with data collected and methodology, and represent insights into identification and/ or solutions of important problems or issues. (S-4.15)

11. **Recommendations should be firmly based on evidence and analysis**, be relevant and realistic, with priorities for action made clear. (S-4.16)

12. **Lessons, when presented, should be generalized beyond the immediate subject being evaluated** to indicate what wider relevance they might have. (S-4.17)

8. KEY ROLES AND RESPONSIBILITIES IN THE EVALUATION PROCESS

There will be 3 main actors involved in the implementation of MDG-F final evaluations:

1. The **Resident Coordinator Office** as **commissioner** of the final evaluation will have the following functions:

- Lead the evaluation process throughout the 3 main phases of a final evaluation (design, implementation and dissemination);
- Convene the evaluation reference group;
- Lead the finalization of the evaluation ToR;
- Coordinate the selection and recruitment of the evaluation team by making sure the lead agency undertakes the necessary procurement processes and contractual arrangements required to hire the evaluation team;
- Ensure the evaluation products meet quality standards (in collaboration with the MDG-F Secretariat);
- Provide clear specific advice and support to the evaluation manager and the evaluation team throughout the whole evaluation process;
- Connect the evaluation team with the wider programme unit, senior management and key evaluation stakeholders, and ensure a fully inclusive and transparent approach to the evaluation;
- Take responsibility for disseminating and learning across evaluations on the various joint programme areas as well as the liaison with the Program Management Committee;
- Safeguard the independence of the exercise, including the selection of the evaluation team.

2. The **Joint programme coordinator** as **evaluation manager** will have the following functions:

- Contribute to the finalization of the evaluation TOR;
- Provide executive and coordination support to the reference group;
- Provide the evaluators with administrative support and required data;
- Liaise with and respond to the commissioners of evaluation;

- Connect the evaluation team with the wider programme unit, senior management and key evaluation stakeholders, and ensure a fully inclusive and transparent approach to the evaluation;
- Review the inception report and the draft evaluation report(s);
- Ensure that adequate funding and human resources are allocated for the evaluation.

3. The Technical working group will function as the **evaluation reference group**.

This group will comprise the representatives of the major stakeholders in the joint programme and will:

- Review the draft evaluation report and ensure final draft meets the required quality standards;
- Facilitating the participation of those involved in the evaluation design;
- Identifying information needs, defining objectives and delimiting the scope of the evaluation;
- Providing input and participating in finalizing the evaluation Terms of Reference;
- Facilitating the evaluation team’s access to all information and documentation relevant to the intervention, as well as to key actors and informants who should participate in interviews, focus groups or other information-gathering methods;
- Oversee progress and conduct of the evaluation the quality of the process and the products;
- Disseminating the results of the evaluation.

4. The MDG-F Secretariat will function as a **quality assurance member** of the evaluation, in cooperation with the commissioner of the evaluation, and will have the following functions:

· Review and provide advice on the quality the evaluation process as well as on the evaluation products (comments and suggestions on the adapted TOR, draft reports, final report of the evaluation) and options for improvement.

5. The evaluation team will conduct the evaluation study by:

· Fulfilling the contractual arrangements in line with the TOR, UNEG/OECD norms and standards and ethical guidelines; this includes developing an evaluation matrix as part of the inception report, drafting reports, and briefing the commissioner and stakeholders on the progress and key findings and recommendations, as needed

9. EVALUATION PROCESS: TIMELINE (Oct 2012- Dec 2012)

Evaluation Phase	Activities	Who	When Dates- indicative	# days ET
Design	Establish the evaluation reference group	CE*	Done	
Design	General final evaluation TOR adapted	ERG**	Done	
Implementation	Procurement and hiring the	EM***	Oct 1-15,	

	evaluation team		2012	
Implementation	Provide the evaluation team with inputs (documents, access to reports and archives); Briefing on joint programme	EM*** ERG**	Oct 15, 2012	
Implementation	Delivery of inception report to the commissioner, the evaluation manager and the evaluation reference group	ET****	Oct 25 -31, 2012	Within 15 days
Implementation	Feedback of evaluation stakeholders to the evaluation team. Agenda drafted and agreed with evaluation team	CE,* EM,*** ERG **	Nov 10, 2012	
Implementation	In country mission	ET****, EM***, CE*, ERG**	Nov 10-30. 2012	
Implementation	Delivery of the draft report	ET****	Dec 15,2012	submitted within 20 days after the field visit
Implementation	Review of the evaluation draft report, feedback to evaluation team. Fact-checking revision by MDG-FS, to be done at the same time as the ERG (5 business days)	EM***, CE*, ERG ** MDGFS*****	Dec 22,2012	
Implementation	Delivery of the final report	EM***, CE*, ERG**, MDG-FS*****, ^PMC	Jan 5,2013	10 days after feedback
Dissemination/Improvement	Dissemination and use plan for the evaluation report designed and under implementation	EM,*** CE*, ERG**, ^PMC	Jan 2013	

***Commissioner of the evaluation (CE) –Resident Coordinator Office**
****Evaluation Reference group (ERG) or Technical working group**
*****Evaluation manager (EM) or Joint Technical Advisor & Coordinator (JTAC)**
******Evaluation team (ET)**
*******MDG-F Secretariat (MDGF-S)**
^Program management Committee

10. USE AND UTILITY OF THE EVALUATION

Final evaluations are summative exercises that are oriented to gather data and information to measure the extent to which development results have been attained. However, the utility of the evaluation process and products should go far beyond what was said by programme stakeholders during the field visit or what the evaluation team wrote in the evaluation report.

The momentum created by the evaluations process (meetings with government, donors, beneficiaries, civil society, etc.) it's the ideal opportunity to set an agenda for the future of the programme or some of their components (sustainability). It is also excellent platforms to communicate lessons learnt and convey key messages on good practices, share products that can be replicated or scaled-up at the country and international level.

The commissioner of the evaluation, the reference group, the evaluation manager and any other stakeholder relevant for the joint programme will jointly design and implement a complete plan of dissemination of the evaluation findings, conclusions and recommendations with the aim of advocating for sustainability, replicability, scaling-up, or sharing good practices and lessons learnt at local, national or/and international level.

11. ETHICAL PRINCIPLES AND PREMISES OF THE EVALUATION

The final evaluation of the joint programme is to be carried out according to ethical principles and standards established by the United Nations Evaluation Group (UNEG).

- **Anonymity and confidentiality.** The evaluation must respect the rights of individuals who provide information, ensuring their anonymity and confidentiality.
- **Responsibility.** The report must mention any dispute or difference of opinion that may have arisen among the consultants or between the consultant and the heads of the Joint Programme in connection with the findings and/or recommendations. The team must corroborate all assertions, or disagreement with them noted.
- **Integrity.** The evaluator will be responsible for highlighting issues not specifically mentioned in the TOR, if this is needed to obtain a more complete analysis of the intervention.
- **Independence.** The consultant should ensure his or her independence from the intervention under review, and he or she must not be associated with its management or any element thereof.
- **Incidents.** If problems arise during the fieldwork, or at any other stage of the evaluation, they must be reported immediately to the Secretariat of the MDGF. If this is not done, the existence of such problems may in no case be used to justify the failure to obtain the results stipulated by the Secretariat of the MDGF in these terms of reference.

- **Validation of information.** The consultant will be responsible for ensuring the accuracy of the information collected while preparing the reports and will be ultimately responsible for the information presented in the evaluation report.
- **Intellectual property.** In handling information sources, the consultant shall respect the intellectual property rights of the institutions and communities that are under review.
- **Delivery of reports.** If delivery of the reports is delayed, or in the event that the quality of the reports delivered is clearly lower than what was agreed, the penalties stipulated in these terms of reference will be applicable.

12. QUALIFICATIONS OF THE CONSULTANT/TEAM OF CONSULTANTS

- The evaluator will work for estimated 38-46 working days
- The evaluator will be independent, meaning that he/she has no previous engagement with the joint programme in the design/implementation.

Academic Qualification:

- A master degree or equivalent on international development, public policy, social science, engineering or related field is a requirement. Further education or a concentration in monitoring and/or evaluation would be an asset.
- A combination of 5 years of recognized expertise in conducting or managing evaluations, assessments, audits, research or review of development projects, programmes, countries or thematic areas
- Have thematic expertise in, one of the MDG-F windows, international development programmes and or assessing or evaluating one or more of the MDG-F thematic areas; (youth and employment; economic and private sector development; environment and climate change; conflict prevention and peace building; cultural diversity and development, economic governance, children and nutrition, gender and women's empowerment).

Experience:

- The evaluator should have at least 5 years of recognized expertise in conducting or managing evaluations, research or review of development programmes, and experience as main writer of an evaluation report. Evaluation experiences and knowledge within United Nations system will be considered an asset;)
- The evaluator should have a good knowledge on MDGs, Development Effectiveness (Paris Declaration, Accra Agenda for Action) United Nations and other Multilateral Development Actors as well as bilateral donor processes and interventions.
- Evaluation experiences and knowledge on countries where MDG-F operates will be considered an asset providing that the independence of the evaluator is not compromised
- Should have excellent communication skills, be computer proficient a

- Must be conversant in monitoring, evaluation and/or social research methodologies (qualitative/quantitative) and have extensive knowledge and analytical skills based on studies, research, experience, or occupation in MDG-F one or more thematic areas
- Proficiency in English (written and spoken)

13. DISSEMINATION AND COMMUNICATION STRATEGY

The highlight of final report will be shared with national and sub national stakeholders. Each JP partner will take the lead responsibility for sharing the report at sub national level. At national level, JTAC will organize the dissemination meetings.

14. ANNEXES

ANNEX I: INCEPTION REPORT OUTLINE

1. Introduction
2. Background to the evaluation: objectives and overall approach
3. Identification of main units and dimensions for analysis and possible areas for research
4. Main substantive and financial achievements of the joint programme
5. Methodology for the compilation and analysis of the information
6. Criteria to define the mission agenda, including “field visits”

ANNEX II: DRAFT & FINAL REPORT OUTLINE

· Cover Page

Including JP title, thematic window, report date, name of the evaluator/s.

· Table of contents

Including page references for all chapters & annexes.

· Acronyms page

· Executive Summary

No more than 2 pages. Summarize substantive elements of the report, including a brief description of the joint programme, purpose and objectives of the evaluation, evaluation methodological approach, key findings and conclusions, main recommendations.

1. Introduction

Explain why the evaluation is being conducted, including the following content:

· Background

MDG-F, thematic window, joint programme.

· Purpose, Goals and Methodology of Evaluation:

Purpose and goal of the evaluation, methodologies used (including evaluation criteria, scope), constraints and limitations on the study conducted.

· Description of the development intervention

Provide sufficient detail on the joint programme so that the readers of the report can easily understand the analysis done in the next chapter.

- Context

Social, political, economic, institutional factors that affect the JP.)

- **JP description**

Title, timeframe, intervention logic, objectives, intended outcomes/outputs, scale of the intervention, total resources, geographic location, etc.)

2. Levels of Analysis

This section should be evidence based, guided by the evaluation criteria and questions.

· **Design | Relevance**

Include a description of the initial concept and subsequent revisions, and all pertinent information for the reader to clearly understand the analysis done in this section. Assess the design relevance and address all evaluation questions (including link to MDGs, UNDAF and national priorities, stakeholder participation, national ownership design process, M&E framework and communications strategy and implementation of mid-term evaluation recommendations).

· **Process | Efficiency, Ownership**

Include a description of the JP's governance structure, coordination mechanisms, administrative procedures, implementation modalities, UN coordination, national ownership in the process and all pertinent information to clearly understand the analysis done in this section. Address all evaluation questions (including JP's level of financial progress and implementation of mid-term evaluation recommendations).

· **Results | Effectiveness, Sustainability**

Assess the level of attainment of the development results compared to what was initially expected. Show progression of implementation with an appropriate measure and analysis of the results chain (organized by outcome, and distinguishing findings on completion of activities and outputs from outcomes). If some of this analysis is not included, explain why it is not. Also, include an analysis of the effect of the mid-term evaluation on the JP's results achievement. For sustainability, please mention availability of financial resources and examples of or evidence for replicability and scale up of JP. Address all evaluation questions.

3. Conclusions

4. Lessons Learned

Define the scope of each lesson (joint programme, national policy, local intervention, etc.)

5. Recommendations

Prioritized, structured and clear. The scope and relevant stakeholder should be clearly defined for each recommendation.

6. Annexes

ANNEX III: DOCUMENTS TO BE REVIEWED

MDG-F Context

- MDGF Framework Document

- Summary of the M&E frameworks and common indicators

- General thematic indicators
 - M&E strategy
 - Communication and Advocacy Strategy
 - MDG-F Joint Implementation Guidelines
- Specific Joint Programme Documents
- Joint Programme Document: results framework and monitoring and evaluation framework
 - Mission reports from the Secretariat
 - Quarterly reports
 - -monitoring reports
 - Biannual monitoring reports
 - Annual reports
 - Annual work plan
 - Financial information (MDTF)
- Other in-country documents or information
- Evaluations, assessments or internal reports conducted by the joint programme
 - Relevant documents or reports on the Millennium Development Goals at the local and national levels
 - Relevant documents or reports on the implementation of the Paris Declaration and the Accra Agenda for Action in the country
 - Relevant documents or reports on One UN, Delivering as One

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 --10	# of targeted participatory district / plan *100 -10	District participatory planning report District plan of action	Participatory planning workshops	FAO	Security conditions do not deteriorate and limit field access

1.2 : Improving infant and young child feeding through BCC	<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>52803</p>	<p># of total caregiver in the area project increased their awareness*100</p> <p>52803</p>		Pre-post assessment, Baseline and evaluation report,	FAO, UNICEF, WHO	Security conditions do not deteriorate and limit field access
1.3: Improved access for acutely malnourished children aged 6-59 months to	Coverage of acutely malnourished children enrolled in CMAM	<p><i>% & of children (age) successfully discharged from CMAM program in the project area</i></p> <p><i>% recovery:</i></p>	# of total SAM children (< 5 yrs of age) admitted in the CMAM program in the project area*100	Baseline and evaluation report	Pre-post assessment, Access to MICS	FAO, UNICEF, WHO WFP	Security does not prevent all field access

community-based management of acute malnutrition (CMAM)	programmes >60% # of screened for SAM 6-24 mo:86793 25-59 mo: 90150 Boy: 92207 Girl: 84252 Total: 176459 SAM target: Reached:			MICS survey 2011 (to compare project sites with national averages).	database.		
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 41145 # Food production and information centers established # Milk processing and information centers established # Potato processing and Packaging centers established # of new technology introduced	# of total target household *100 17 food processing centres established in target area.s	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	Baseline results available by 10/2011.	# of household reporting increase in food production and consumption	# of total target household *100	Baseline and evaluation report, monitoring	Pre-post assessment, quarterly monitoring	FAO led UNICEF WHO UNIDO	Shocks (eg Drought) do not seriously affect project

at baseline, monitored and evaluated.	<p>Nutrition and Food Security indicators are monitored on a quarterly basis.</p> <p># of joint monitoring visits:</p>	<p># PLW screened 102042 Pregnant women screened(3826 malnourished) 53336 Lactating women screened(4306 malnourished) Total:102042 Pregnant and lactating women screened</p> <p># of screened for SAM 6-24 mo: 86793 25-59 mo: 90150 Boy:92207 Girl: 84252 Total: 176459</p> <p>Total of 66 monitoring visits made</p>		reports	visits by Govt & UN staff		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
<i>Outcome 2: Policies, strategic frameworks and institutional mechanisms supporting integrated</i>	# of integrated nutrition & household food security policy and			Government 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

<i>nutrition & household food security interventions are established</i>	strategic documents developed						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, implementation and evaluation of nutrition and food security interventions at central and	- Linkages between Health and Nutrition and Agriculture and Rural Development are explicitly lined out -	# of total joint(MAIL-MOPH) coordination meetings held 12 TWG meetings 6 PMC 30 PCC	# 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

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						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	# of Nut. & FS training modules integrated in at least 2 faculties' curricula (medicine and agriculture) and 2 in-service training	# of functionaries trained in delivering public health nutrition interventions 41145 people trained in delivering Food security interventions > 6.25 million children students reached through revised school	# of functionaries delivering public health nutrition interventions in targeted areas* 100 # of functionaries delivering Food security interventions in targeted areas* 100	Faculty curricula Content of in-service trainings Training modules School curricula for	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

sectors)	<p>prog. (MOPH and MAIL)</p> <p>courses- certificate/diploma/ undergraduate/postgraduate courses offered by national universities in nutrition/food security</p> <p># subjects in which nutrition/food insecurity is included in school curriculum</p>	<p>curricula</p> <p>People received Nutrition education: Male:2787 Female: 2715 Total: 5402</p> <p>Gov functionary received Trained on CIYCF, health and hygiene, breastfeeding: total: 751</p> <p>Micronutrient: Male: 94 Female: 72 Total: 166 Give ICSP numbers</p> <p>Community based Maternal and Newborn Care: 58 (CSOs)</p> <p>C-GMP and C-IMCI: 1001 CHWs and 58 CSOs in 31 districts.</p> <p>Nutrition integrated in school curricula from grade 1 to 6></p>	<p># of schools in targeted areas* 100</p> <p># people received nutrition education* 100</p> <p><i>#Gov functionary received Trained on CIYCF, health and hygiene* 100</i></p>	<p>different grades</p> <p>Consultant reports</p>			collaboration.
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