

JOINT PROGRAMME DOCUMENT CHILDREN, NUTRITION AND FOOD SECURITY IN AFGHANISTAN

Country: Afghanistan

Programme Title: Nutrition and Household Food Security in Afghanistan

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 (contribution to UNDAF Outcomes 1, 2 & 3)

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 household food security interventions are established.

<p>Programme Duration: 3 years</p> <p>Anticipated start/end dates: 01 Jan. 2010- 31 Dec. 2012</p> <p>Fund Management Option(s): Combination of Parallel Funding and Pooled Funding</p> <p>Administrative Agent: MDTF Office, UNDP (USA)</p> <p>Managing Agent: FAO (Afghanistan)</p>	<p>Total estimated budget*: \$5,000,000</p> <p>Out of which:</p> <p>1. Funded Budget: \$5,000,000</p> <p>2. Unfunded budget: Nil</p> <p>* Total estimated budget includes both programme costs and indirect support costs</p>												
<p>Sources of funded budget: MDG Achievement Fund \$5,000,000</p> <p>Uses of funds:</p> <table> <tr> <td>Joint Programme (FAO)</td><td>\$3,167,842</td></tr> <tr> <td>FAO</td><td>\$497,336</td></tr> <tr> <td>UNICEF</td><td>\$511,266</td></tr> <tr> <td>UNIDO</td><td>\$478,825</td></tr> <tr> <td>WFP</td><td>\$149,456</td></tr> <tr> <td>WHO</td><td>\$195,275</td></tr> </table>		Joint Programme (FAO)	\$3,167,842	FAO	\$497,336	UNICEF	\$511,266	UNIDO	\$478,825	WFP	\$149,456	WHO	\$195,275
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UN organisations	National Authorities
<p><i>for</i> </p> <p>Tekeste G. Tekie, Representative FAO Date:</p>	<p></p> <p>H.E. Asif Rahimi Minister of Agriculture, Irrigation and Livestock Islamic Republic of Afghanistan</p>
<p></p> <p>for Catherine Mbengue, Country Director UNICEF Date:</p>	
<p></p> <p>Fakhruddin Azizi, Head of Country Operations UNIDO Date: 28/07/09</p>	<p><i>for</i> </p> <p>H.E. Dr. Fatimie Minister of Public Health Islamic Republic of Afghanistan</p>
<p></p> <p>Stefano Porretti WFP Date: 29/07/09</p>	<p></p> <p>Robert Watkins, Resident Coordinator Date:</p>
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MDG-Fund Joint Programme on Children, Nutrition and Food Security in Afghanistan



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Acronyms

ACF	Action Contre la Faim
ADB	Asian Development Bank
ANDS	Afghan National Development Strategy
ARD	Agriculture and Rural Development
BASICS	Basic Support for Institutionalizing Child Survival (USAID-funded programme)
BFHI	Baby Friendly Hospital Initiative
BPHS	Basic Package of Health Services
CARD	Comprehensive Agriculture and Rural Development (Facility)
CDC	Community Development Councils
CMAM	Community-based Management of Acute Malnutrition
CSAM	Community-based management of Severe Acute Malnutrition
CSO	Central Statistics Office
DDA	District Development Assemblies
EBF	Exclusive Breast Feeding
EPHS	Essential Package of Hospital Services
FEWSNET	Famine Early Warning System Network
FAO	United Nations Food and Agriculture Organization
FLI	Functional Literacy Initiative
GAIN	Greening Afghanistan Initiative
GMP	Growth Monitoring and Promotion
HED	Home Economics Department
HEO	Home Economics Officer
HMIS	Health Management Information System
HNS	Health and Nutrition Sector
HST	Healthy Schools Initiative
ILO	International Labour Organisation
IMF	International Monetary Fund
IOM	International Office of Migration
IYCF	Infant and Young Child Feeding
JNYP	Joint National Youth Programme
JP	Joint Programme
JPTAC	Joint Programme Technical Advisor and Coordinator
MAIL	Ministry of Agriculture, Irrigation and Livestock
MDD	Micronutrient Deficiency Diseases
MDG	Millennium Development Goals
MCY	Ministry of Culture and Youth
MOC	Ministry of Commerce
MOE	Ministry of Education
MOMI	Ministry of Mines and Industry
MEW	Ministry of Energy and Water
MISFA	Microfinance Investment Support Facility for Afghanistan
MOPH	Ministry of Public Health
MORA	Ministry of Religious Affairs
MOWA	Ministry of Women's Affairs
MRRD	Ministry of Rehabilitation and Rural Development
NABDP	National Area-Based Development Programme
NRAP	National Rural Access Programme
NRVA	National Risk and Vulnerability Assessment
NSC	(Joint Programme) National Steering Committee
NSP	National Solidarity Programme

PCC	Provincial Coordination Committee
PMC	Programme Management Committee
PND	Public Nutrition Department
PNO	Provincial Nutrition Officer
PNPS	Public Nutrition Policy and Strategy
RCO	Resident Coordinators' Office
RUF	Ready to Use Food
RUTF	Ready to Use Therapeutic Food
SFP	Supplementary Feeding Programme
TFU	Therapeutic Feeding Unit
UNAMA	United Nations Assistance Mission to Afghanistan
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Program
UNEP	United Nations Environment Programme
UNESCO	United Nations Education, Science and Culture Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organisation
UNIFEM	United Nations Development Fund for Women
UNOPS	United Nations Operations
USAID	United States Agency for International Development
WATSIP	Water, Sanitation and Irrigation Programme
WB	World Bank
WFP	World Food Programme
WHO	World Health Organisation

1. Executive Summary

This Joint Programme on Children, Food Security and Nutrition in Afghanistan aims to contribute to the reduction of undernutrition through sustainable and multi-sectoral efforts at community, district, provincial and central levels. The Joint Programme strategy is structured around two outcomes, both designed to integrate a broad range of expertise and activities addressing the symptoms and immediate and underlying causes of undernutrition.

Outcome 1 will be achieved primarily at community and district levels. It consists in implementing an integrated package of food security and nutrition interventions, which includes a wide range of activities, namely: nutrition education; Infant and Young Child Feeding and family nutrition counselling (including breastfeeding counselling and participatory cooking sessions); community-based management of acute malnutrition; improving nutrition services provided through health facilities; household food production and income generation activities; and nutrition monitoring and impact assessment in project areas. This package will be implemented in 10 jointly selected food insecure and underserved districts of Afghanistan (in 3 to 5 provinces), through common implementing partners.

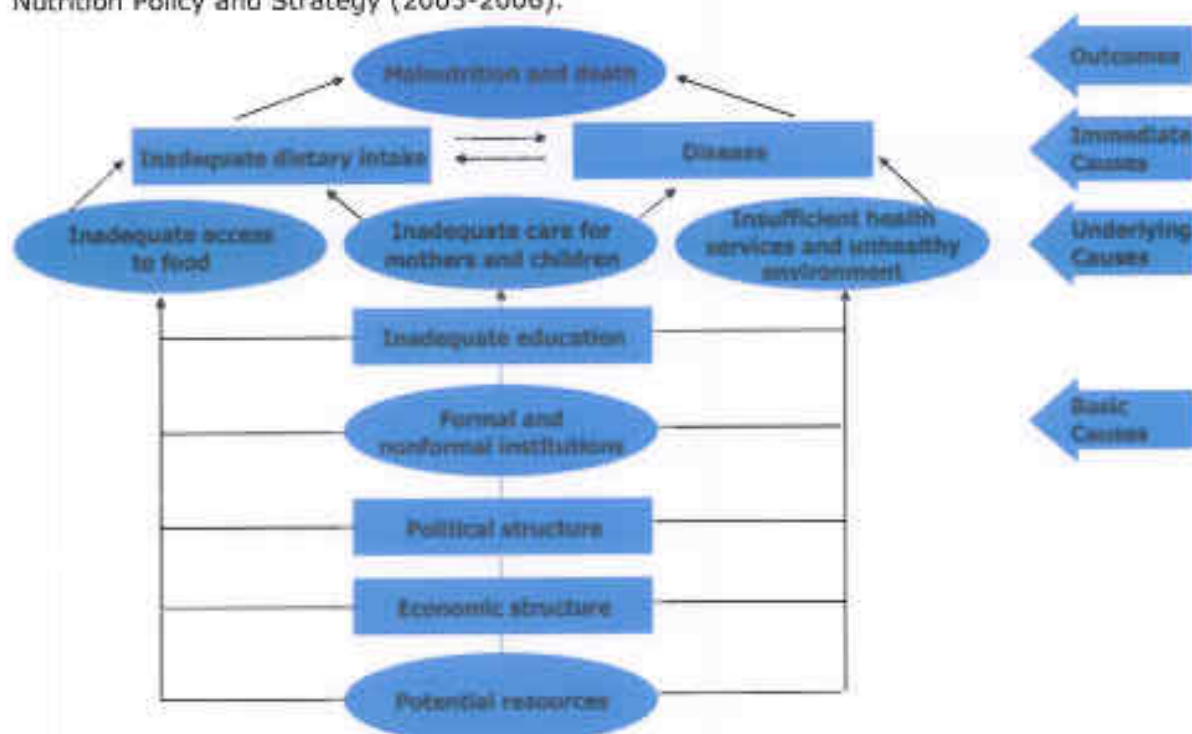
For each district, a unique package of interventions will be designed according to the local needs and priorities. The package can be implemented by one or several partners, who can apply to a Joint "Nutrition and Food Security Support Fund" jointly administered by JP members, who will select the best projects in each district. Prior to project design and proposal preparation, the potential partners will participate in a training (organized at provincial level) on participatory nutrition and food security assessments and project design, to assist them in project planning. During implementation, each partner will receive the technical assistance it requires from the relevant UN agency or Ministry (e.g. breastfeeding counselling training from WHO, UNICEF and MOPH; agricultural training by FAO and MAIL, etc.). A baseline survey and impact assessment will be conducted in each district.

Outcome 2 operates primarily at central and provincial levels, and is designed to establish the policies, strategic frameworks, coordination mechanisms, and training capacity to support effective and integrated nutrition and food security programmes in the medium and long-term. A central component of outcome 2 is the integration of training modules on nutrition and food security in pre-service (namely Faculties of Medicine and of Agriculture) and in-service training curricula, adapted to the needs of different staff categories working in health, agriculture and education. This will ensure that future generations entering the work force will have the technical skills required to support nutrition and food security interventions.

The Joint Programme implementation will be coordinated by a Joint Programme Technical Advisor and Coordinator (JPTAC), with two National Coordinators (one from MOPH, and one from MAIL), assisted by technical focal points from each participating agency and provincial government staff. The National Steering Committee, whose members include the Resident Coordinator, Deputy Ministers of Public Health and of Agriculture, the Heads of participating Agencies and a representative of the Spanish Embassy, will have oversight of the Joint Programme. The greater part of JP funds will be pooled and managed by FAO on behalf of all partners. Each agency will receive sufficient funds to cover necessary technical support costs. The JPTAC and technical focal points will work to mobilize additional resources to expand the scope and coverage of the Joint Programme.

2. Situation Analysis: Malnutrition and food insecurity in Afghanistan and ongoing interventions

Despite huge reconstruction efforts and significant economic growth since early 2002, Afghanistan remains one of the poorest countries in the world. In its Human Development Report of 2004, UNDP ranks Afghanistan as the 173rd (out of 178 countries). Mortality, malnutrition and food security rates are some of the highest in the world, and their causes related to a wide range of interacting factors, as described in the present situation analysis. This analysis has been guided by the Conceptual Framework of Malnutrition (see Graph 1) and the Public Nutrition Approach, adopted by the Government of Afghanistan in its Public Nutrition Policy and Strategy (2003-2006).



Graph 1: the Conceptual Framework of Malnutrition (adapted from UNICEF, 1992)

2.1. Malnutrition and Food insecurity in Afghanistan

2.1.1. Prevalence of malnutrition and its consequences.

Widespread malnutrition and food insecurity are major contributors to the extremely high child and maternal mortality and disease rates in Afghanistan, and undermine the country's efforts to achieve socio-economic development and political stabilization.

Afghanistan has the 3rd highest child mortality rate (children <5 years of age) in the world, with 327,000 U5 children dying each year¹. Estimates of infant and child mortality rates are presented in Table 1, below. The Government of Afghanistan aims to reduce the infant

¹ UNICEF, (2006) Afghanistan Statistics. Accessed at: http://www.unicef.org/infobycountry/afghanistan_statistics.html

mortality rate by 30% (Baseline: 165 deaths per 1000 live births, year 2000) and the under-five (U5) mortality rate by 35% (Baseline: 257 deaths per 1000 live births, year 2000) by the year 2013, as indicated in the Health and Nutrition Sector Strategy of the Afghan National Development Strategy (ANDS). Afghanistan has the second maternal mortality rate in the world, with an estimated 1600 women dying for every 100,000 live births².

Table 1. Mortality statistics for infants and young children in Afghanistan

	1990	2000	2006	Goal for 2013
Infant Mortality Rate	168*	165*	129*	115*
U5 Mortality Rate	260*	257*	191*	167*
U5 deaths/ year		327,000		
Maternal mortality		1600**		1360**

*per 1000 live births. ** Per 100,000 live births

International studies have estimated that 35%-56% of U5 deaths are attributable to undernutrition³, notably because of reduced resistance to infection. Furthermore, 83% of U5 deaths attributable to malnutrition –globally- are estimated to be directly or indirectly due to mild-moderate undernutrition while severe acute undernutrition accounts for only 10%⁴. These data suggest that, of the 327,000 children under age five who die each year in Afghanistan, at minimum 114,450 (35%) would have survived if they had been adequately nourished.

The majority of children under five years of age suffer from malnutrition. Rates of chronic malnutrition amongst children from 6 to 59 months range from 45% to 60%, while acute malnutrition rates range from 6 to 10% (MOPH, 2005), reaching up to 15% in some areas (see Table 2 for summary of available data). Recent trends suggest that the rates of acute malnutrition are increasing (HMIS, 2008; MOPH, 2008) as a result of the rising food prices, prolonged drought, and very harsh winter of 2007-2008, which have ravaged livestock and agricultural resources.

Micronutrient deficiencies are even more widespread. According to the National Micronutrient Survey carried out by MOPH in 2004, 48% of non pregnant women are iron deficient and 25% suffer from anaemia, while over 72% of children 6- 59 months are iron deficient and nearly 38% anaemic. Iodine deficiency disorders are also a major public health issue, in particular in mountainous provinces in the north and central highlands. The National Nutrition Survey found that 72% of children and 75% of women of reproductive age lack iodine. The prevalence of clinical cases of goiter is reported to be between 20% - 63% with the prevalence reaching up to 70% in certain areas⁵. During 2001/2, access to iodized salt was estimated to be less than 1% while coverage of household with iodized salt reached to 41% in 2005 and 53% in 2007 (NRVA, 2005 and 2007)⁶.

Other vitamin deficiencies include vitamin A and C. In some regions, 10 to 20% of women complain of night-blindness (ref). Vitamin C deficiency is also a common occurrence in

² Idem

³ 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.

⁴ See Pelletier et al (1995) reference in footnote 2.

⁵ Result Conference 2006, MoPH

⁶ The National Risk and Vulnerability Assessment, 2005

highly food insecure areas where diet diversity is very poor, as indicated by occasional scurvy epidemics. Up to 10% of the population was found to have scurvy in areas severely affected by drought in 2002 and 2003⁷. Finally, zinc deficiency is likely to affect around 50% of children under five years of age, according to international estimates demonstrating that zinc deficiency rates are generally similar to stunting rates.

Table 2. Data on undernutrition in Afghanistan⁸

	Children (6-59 mos.)	Women (15-49y)	Men (18-60y)	Households
Underweight (<-2 z-score, wt/age)	39%			
Chronic undernutrition (<-2 z-score, ht/age)	39.9 - 60%			
Acute undernutrition (<-2 z-score, wt/ht)	6-18% ^{7,8}			
Chronic energy deficiency (Body Mass Index < 18.5)		21%		
Anemia (hemoglobin < 11 g/dL)	38% (50% for 6-24m)	25% (non-pregnant)	7%	
Iron deficiency (Zn protoporphyrin) ⁹	72% (90% in U3s) ¹⁰	48% (non-pregnant)	18%	
Iodine deficiency (urinary I < 100µg/L)	72%	75%		
Zinc deficiency ¹¹	54%			
Vitamin A deficiency ¹² (Night blindness)		20%		
Vitamin C deficiency symptoms (scurvy) ¹³				Up to 10% in some regions

While there is limited reliable data on maternal undernutrition, due to the difficulty of estimating adult nutritional status, the high rates of micronutrient deficiencies (in particular iron and iodine) suggest that maternal undernutrition is highly prevalent. It is a major contributor of maternal mortality (notably through obstructed labour) and perpetuates an inter-generational cycle of undernutrition.

The immediate causes of undernutrition include chronic food insecurity, inadequate access to quality health services and improper feeding and caring practices. These are described in each corresponding section, below.

2.1.2. Household food insecurity

Widespread poverty and poor diet are a major cause of undernutrition in Afghanistan, in particular the highly prevalent micronutrient deficiencies. The 25 years of war and repeated droughts have heightened the concern for food insecurity and poverty in Afghanistan. The

⁷ Cheung et al (2003). An epidemic of scurvy in Afghanistan: assessment and response. Food and Nutrition Bulletin, 24(3): 247-255

⁸ See footnote 7. Data are derived mostly from the National Micronutrient Survey except where noted.

⁹ For children 6-59 months, cutoffs were used of zinc protoporphyrin > 61 µmol/mol heme; for non-pregnant women, cutoffs of zinc protoporphyrin > 70 µmol/mol heme were used.

¹⁰ UNICEF. (2003). Multiple Indicator Cluster Survey. Kabul: UNICEF.

¹¹ Zinc deficiency is estimated for populations as equal to the amount of chronic undernutrition in U5s (see Black et al (2008))

¹² Dufour, C. and A. Borrel. (2007). Towards a public nutrition response in Afghanistan: evolutions in nutritional assessment and response. In: Pain, A., Sutton, J. (Eds). Reconstructing Agriculture in Afghanistan. Warwickshire, UK: Practical Action, pp 93-118.

¹³ Cheung et al (2003). An epidemic of scurvy in Afghanistan: assessment and response. Food and Nutrition Bulletin, 24(3): 247-255.

drastic increase in food prices since 2007 (over 100% on some markets), the very harsh winter (2007-2008) that led to 10% livestock losses, and drought have also contributed to severely worsen an already alarming food security and economic situation. The growing insecurity in a number of regions is further affecting food security by reducing households' access to markets and goods, and limiting humanitarian agencies' to deliver assistance in most insecure areas.

According to National Risk and Vulnerability Assessment (NRVA) conducted in 2005, 44% of Afghan households perceive themselves as food insecure. The preliminary results of the NRVA 2007/2008 show a deterioration of the situation compared to 2005, with 35% of households not meeting their caloric needs, and 46% of households having very poor diet diversity and poor food consumption, compared to around 25% in 2005 (MRRD & CSO, 2008). According to information collected in 2007, 42% of the Afghan population lives below the poverty line. This means that about 12 million people in Afghanistan live with incomes of less than 45 cents per person per day.

Afghanistan is largely a rural country, and its food security is closely tied to its agricultural production. According to the NRVA 2007, two-thirds of rural households own or have access to land. Cereal production is essential to subsistence as it provided the staple food (in particular wheat), but even in good years, Afghanistan experiences a cereal deficit: though the estimated harvest in 2007 was the highest in the past decade, the cereal deficit was estimated at 526,000 tonnes (FAAHM, Agricultural Prospects Report, May 2007). Furthermore, livestock, fruit and vegetable production must increase to meet the population's dietary needs, as well as to increase income generation and marketing opportunities. For example, the use of home gardens for fruit and vegetable production could be increased, since currently only 14.6% of households engaged in agriculture own a garden plot (NRVA, 2007). Appropriate storage, processing and marketing of agricultural products are key to ensure community and household year-round consumption on the one hand, and income generation and supply of local markets on the other.

Food insecurity and poverty are also serious issues for urban populations, which are affected by high rates of unemployment, high costs of living (namely for rent and food), and poor access to basics services (e.g. water, electricity, etc.) (ACF, 2006). These households' greatest needs are for improved employment and income generation opportunities.

Nutrition education including guidance on how to diversify production and introduce balanced diets and practical skills in improving food conservation, preparation and hygiene, is extremely important to assist households in making better use of the local resources they have and identify the resources they should seek to mobilize to improve their family diet and health.

2.1.3. Feeding and caring practices in Afghanistan

Inadequate infant and young child feeding (IYCF) practices are also a major contributing factor to acute and chronic undernutrition. According to Therapeutic Feeding Unit monitoring data, 40% of admitted children are under 6 months, pointing to breastfeeding difficulties as a major cause of undernutrition. Nutritional survey results show that acute undernutrition rates are highest in the 6-29 months age group (ACF, 2000). Furthermore, a national nutrition assessment conducted in 2004¹⁴ showed that over one third of children were growth stunted by the age of 12 months. The prevalence of underweight and wasting in

¹⁴ MOPH, UNICEF, CDC and Tufts University. (2004). National Micronutrient Survey. Atlanta, GA: CDC

children increased after the first 6 months, and was highest in children 6-24 months of age. These trends highlight the determining effect of poor infant and young child feeding.

Formative research and field experience show that most caregivers do not follow appropriate IYCF, as demonstrated in Table 2. The data presented in Table 2 may actually over-estimate adequate practices. Exclusive breastfeeding is believed to be extremely rare, and it is very common for households to discard colostrum. The use of ritual pre-lacteal foods, such as ghee, herbs, or even dirt, is common and tea or watery soup are often given before 6 months, jeopardizing the healthy development of infants at youngest ages. Many mothers believe that breastmilk is *haram* (impure, dirty) when they become pregnant and/or ill, which leads them to wean their child at an inappropriate age. Many mothers also claim to have "insufficient breastmilk". This is often caused by early cessation of breastfeeding due to the beliefs described above, but is also associated with mothers' stress or mental health issues, related to the conflict or social pressures to which women are subject. Many caregivers, and even health staff, have grown to believe breastmilk insufficiency is 'normal', especially as awareness about appropriate breastfeeding techniques that can stimulate breastmilk production is low.

Table 2: Overview of survey results on IYCF practices in Afghanistan.

Source (Year)	Coverage	Breastfeeding				Complementary Feeding	
		Breastfeeding initiation	EBF among 0-6 mo.	% BF at 1 year	% BF at 2 years	Age of intro of CF	% fed at that age
AHS (2006)	National	37% in 1 st hour	70%	---	---	6-9 mos.	28%
HHS (2006)	National	N/A	40%	71%	--	6 mos.	27%
MICS (2003)	National	92.7% in 1 st day	N/A	91%	54%	6-9 mo.	28%
UNICEF (2003)	Herat	59.2% in 1 st hour; 82.2% use colostrum	19.4%	93%	34%	6-9 mo.	71%
UNICEF/CDC (2002)	Badghis	N/A	95%	96%	52%	6 mo	21%
UNICEF/MoPH (2003)	Parwan	N/A	12.5%	64%	63%	6-9 mo.	40%
SC/US (2002)	Jowzjan	~ 50% fed colostrum	0%			"most mothers had introduced foods or liquids at 4 mo."	

With regards to complementary feeding, formative research (MOPH, UNICEF, and Save the Children US 2003) and evidence gathered through Trials of Improved Practices (FAO and MAIL) show that caregivers often introduce complementary foods too early and / or too late. Most young children are fed from the family plate, rather than receiving specific dishes suited to their needs, and having a separate ration they can eat at their own pace. Furthermore, complementary foods are often inadequate, consisting essentially of watery soups that lack energy-dense, protein and micronutrient-rich foods. Feeds are not frequent enough, and quantities often fail to meet children's nutritional needs.

In a recent workshop organized by the Ministry of Public Health (with support from BASICS, USAID, FAO, WFP, UNICEF, WHO, and Save the Children US & UK) on the preparation of a National Strategic Plan for IYCF, participants for MOPH, other ministries, and NGOs, identified the following constraints as the main causes of inadequate IYCF:

- Low IYCF knowledge & skills
- Traditional beliefs / food taboos
- Lack of peer support
- Limited resources (time, food...)
- Poor mothers' nutrition and health status
- Early marriage and pregnancy
- Mothers' workload
- Low birth spacing
- Influence of commercial products (in particular Breastmilk Substitutes and commercial complementary feeding porridges)

Such constraints also affect family nutrition status and feeding practices. Poor diet diversity and poor food hygiene are an issue for all age groups. Maternal nutrition is of particular concern, especially as it locks families into an inter-generational cycle of undernutrition. Mother's consumption of healthy foods is also restricted by food taboos (in particular during pregnancy and lactation, poor knowledge of women's nutritional requirements, limited resources, limited decision-making power and mothers' tendency to focus on other family members' needs before their own. Mothers' decisions as to how to feed themselves and their children are often influenced by other family members, namely mothers in law, such that it is important to target messages to families as a whole.

Nutrition education and counselling are essential to help families improve their feeding skills and practices. Furthermore, family members, in particular women, need additional resources (e.g. food, time) and peer support to be able to implement behavioural changes. Integrating nutrition education in community development, income generation and education programmes, in particular targeted at women, is an effective way of supporting behaviour change, as women gain simultaneously gain skills, resources and confidence to make changes in their family's practices.

2.1.4. Health and hygiene

The most common causes of morbidity and mortality in Afghanistan include diarrhoea, acute respiratory infections, malaria, micronutrient deficiencies, measles, and neonatal tetanus¹⁵. Undernutrition is very commonly a consequence of these diseases as well as a contributing factor to disease outbreaks, as indicated by the fact that acute undernutrition patterns tend to mirror disease trends. Data from therapeutic and supplementary feeding centers, for example shows that acute undernutrition rates vary seasonally and are notably linked to diarrhoeal disease trends, as indicated by sharp increases in admission rates in the summer months (see Graph 2). Cases of acute undernutrition in winter months are very often associated with acute respiratory infections.



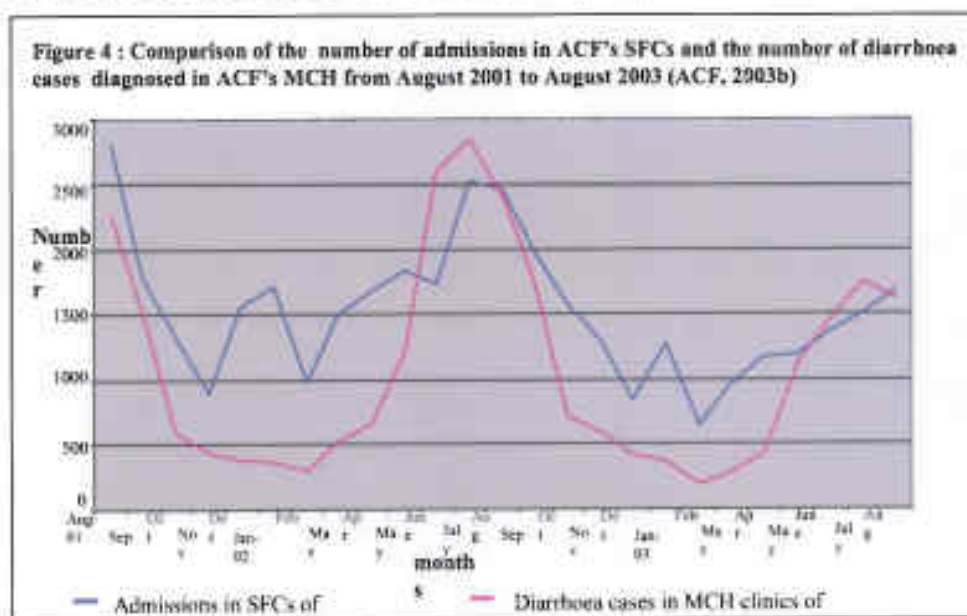
Figure 1: A kitchen in Bamyan Province

Poor hygiene, sanitation and limited potable water supply are major causes of infections. According to UNICEF (2006), only 22% of the population is using improved drinking water sources (17% in rural areas) and 30% of the population is using improved sanitation services. It is also common for families to share their living space with animals, and for

15 Best Estimates of Social Indicators for Children in Afghanistan, 1990-2005, compiled for Islamic Republic of Afghanistan, December 2005.

animal faeces to be present in the compound, where children crawl, walk and play. Many neighbourhoods have open latrine disposal that pour into canals in the streets.

Furthermore, though access to health services has greatly improved in recent years, with an estimated 9% of household having nearby access to primary health care services in 2000 and 65% in 2006 (ANDS, 2008), many households still do not make optimal use of these facilities, and the quality of care needs to be greatly improved.



Graph 2: Correlation between admission rates in Supplementary Feeding Centers and diarrhoea cases in ACF clinics (2001-2003)

2.1.5. Basic causes

The underlying causes of undernutrition are fuelled by broader socio-economic and political challenges in Afghanistan. These namely include the following:

Harsh living conditions and chronic poverty: though the socio-economic situation of Afghanistan was much better before the series of conflicts that have ravaged the country since 1979, Afghanistan has never experienced significant levels of economic and industrial development. The country is characterized by harsh climate and relief, which isolate many remote areas. Even before the war, the health and education systems had limited coverage beyond urban areas (the coverage of health services is actually higher today than it has ever been). Though Afghanistan used to be one of the world's lead exporter of dried fruits and nuts, and a producer of industrial crops such as cotton, the majority of farmers have always been subsistence farmers, barely able to meet their consumption needs due to limited arable land and water resources, prolonged winters, and recurrent droughts.

Effects of the ongoing conflict: the war has not only stalled any development efforts initiated in the second half of the 20th century, but also destroyed the country's physical, infrastructural, economic, and human resource capital. It has *exacerbated tension between ethnic and tribal groups* and contributed to the weakening of an already fragile social cohesion (though social networks, especially within clans and tribes, remain strong).

Population displacements, in particular the exile of educated elites to Western countries, have deprived the country of a crucial capital of knowledge, skills and expertise required to educate the younger generations. The war has also greatly contributed to the accelerated *degradation of the natural base*, as water management systems were destroyed, forests decimated by local populations for survival and illegal logging, and community-based natural resource management systems dismantled. The continued insecurity not only perpetuates these vicious cycles, it also limits the Government's and humanitarian and development agencies' access to areas requiring assistance.

Gender relations: Social and cultural constraints that weigh on women limit their capacity to provide adequate care and contribute optimally to household food security. While women play a crucial role in providing for their families, notably through their involvement in agriculture and animal husbandry, food processing and food preparation, they are limited by their restricted movement, limited access to education, and low decision-making power. Early marriage and repeated pregnancies at short intervals further limit women's ability to complete their education and gain the skills required to engage in income generation activities.

Limited education levels: education levels in Afghanistan are very low, as indicated by the very high illiteracy rates. With only 28% of adults estimated to be literate (UNICEF, 2007), illiteracy seriously constrains the population's capacity to learn new skills and practices, including health, nutrition and productive skills. While the coverage of literacy and primary education programmes is greatly increasing, the quality of teaching remains poor, and massive efforts in teacher training are required. Furthermore, access to and quality of higher education are still limited, thus affecting the availability of trained professionals required for development efforts. This said, the investments in education programmes, and design of education curricula present opportunities to integrate nutrition and food security trainings as part of education interventions.

Unemployment: Unemployment and underemployment are a major challenge to many households, and an important aspect of food insecurity. Young people living in rural areas of Afghanistan are probably the most severely affected by the lack of education and job opportunities. These youth are more likely integrate insurgent factions (who provide a minimum pay and occupation) and turn to criminal activities. Unemployment is therefore a major contributor to insecurity and political instability.

Population growth: With an annual growth rate of 4.5% between 1990 and 2007, Afghanistan has one of the fastest growing populations in the world. This presents a serious challenge to the country's development, as the growing numbers will put added pressure on already overburdened health and education systems and already depleted natural resources, while employment opportunities for the growing population of youth. These trends can potentially exacerbate many of the problems listed below.

All these challenges are inter-related and perpetuate each other in a vicious cycle of poverty and conflict. For example, continued food insecurity fuels undernutrition, which reduces people's learning and work capacity, which contributes to low education and unemployment, which fuel food insecurity and conflict. By tackling direct and underlying causes of undernutrition, and linking with other relevant development initiatives, the Joint Programme will contribute to transforming these vicious cycles into virtuous cycles of where improved health, nutrition and food security can serve to improve the population's economic opportunities and the country's political stability.

2.2. Nutrition and food security in Government and UN policies and strategies

2.2.1. The ANDS

The Government of Afghanistan's main strategic planning documents is the Afghan National Development Strategy (ANDS), which serves as a Poverty Reduction Strategy Paper, and which is structured in view of achieving the Millennium Development Goals. The ANDS has been elaborated through an extensive consultation process involving all development stakeholders: line ministries, UN agencies, donors, NGOs, provincial authorities and community leaders. It outlines the Government of Afghanistan's priorities until 2013. Nutrition and food security are addressed in the Health and Nutrition Sector Strategy and the Agriculture and Rural Development Sector Strategies of the ANDS.

The **mission of the Ministry of Public Health (MoPH)** is "to improve the health and nutritional status of the people of Afghanistan in an equitable and sustainable manner through quality Health Care Service Provision (HCSP) and the promotion of a healthy environment and living conditions along with living healthy life styles". The **goal of the Health and Nutrition Sector (HNS)** is "to work effectively with communities and development partners to improve the health and nutritional status of the people of Afghanistan, with a greater focus on women and children and under-served areas of the country."

The HNS strategy mainly describes the MoPH's priorities and the mechanisms for health service provision through sub-contracting arrangements to NGOs, who are responsible for implementing the Basic Package of Health Services (BPHS). The MoPH itself is responsible for delivering the Essential Package of Hospital Services (EPHS).

And the **long term vision of the Agriculture and Rural Development Sector Strategy** is "to ensure the social, economic and political well-being of rural communities, especially poor and vulnerable people, whilst stimulating the integration of rural communities within the national economy."

This said, the content of these sector strategies is relatively vague in terms of community-level interventions to directly address symptoms and causes of undernutrition and household food insecurity. Active lobbying was required to ensure nutrition and food security objectives were included in the ANDS, and political commitment and resource allocation for these issues remain limited, compared to their strategic importance for socio-economic development and political stability.

2.2.2. The Public Nutrition Policy and Strategy and Nutrition coordination

The main strategic document that has guided nutrition interventions since 2003 is the Public Nutrition Policy and Strategy elaborated by the Public Nutrition Department of the Ministry of Public Health for 2003-2006. The Public Nutrition Policy and Strategy (PNPS) promotes a public nutrition approach, addressing symptoms as well as direct and underlying causes of undernutrition, based on the conceptual framework of undernutrition. It lays the foundations for inter-ministerial partnerships. Efforts have been initiated in 2007 to update this strategy through an inter-ministerial consultation process, bringing together the Ministries of Public Health, Agriculture, Rural Development, Education, Women's Affairs, Religious Affairs, and Mining. The initiative has not been completed to date due to prioritization of other issues and lack of adequate human resources. The Public Nutrition

Department is in the process of mobilizing the resources required to finalise the updated policy and strategy by mid-2009. However, it will require further support to oversee its implementation and manage coordination, during the course of the Joint Programme.

Between 2002 and 2005, coordination for nutrition activities was handled by a Nutrition Task Force, which brought together 7 working groups on thematic areas (Food Security and Nutrition surveillance; micronutrients; infant and young child feeding; supplementary feeding; treatment of severe acute undernutrition; nutritional surveys; food security; ...). The Public Nutrition Department and working groups received technical and managerial support from Tufts University and UNICEF. Since 2005, however, limited technical support has limited the effectiveness of coordination efforts, and nutrition issues have been mainly dealt through the MOPH's Consultative Group on Health and Nutrition (which brings together MOPH departments, donors and NGO partners). Within this context, however, nutrition is addressed irregularly, and mainly focuses on health-facility based interventions.

Nutrition coordination efforts have been improved since the establishment of the Nutrition cluster, co-chaired by UNICEF and FAO. However, the cluster focuses mainly on emergency interventions, and community-based management of acute undernutrition implemented through BPHS NGOs in particular. Furthermore, as food security interventions are addressed through a separate cluster, the integration of health and food security interventions remains limited. MOPH is also in the process of establishing a task force on Community-based Management of Acute Malnutrition (with WFP and UNICEF support).

2.2.3. The National Agriculture Development Framework

Agricultural development and food security issues are primarily addressed through the Agriculture Master Plan, developed by the Ministry of Agriculture, Irrigation and Livestock (MAIL) in 2005, and the ANDS Agriculture and Rural Development (ARD) Sector Strategy. The MAIL has recently updated its programme structure to align it with the objectives of the ARD strategy, by developing the National Agriculture Development Framework, which consists of four framework programmes designed to achieve food security:

- Agriculture Production and Productivity (including staple crops, fruits and vegetables, livestock products and industrial crops)
- Natural Resource Management
- Economic Regeneration (includes quality control and food safety)
- Change Management, Public Sector Development and Programme Support Framework

While the agricultural sector has been neglected up till now in terms of donor funding and political commitment, donors and the Government have clearly indicated a willingness to support the new plan. This is partly in reaction to the food crisis of 2008. In response to encouragements by the High Level Task Force on the Global Food Crisis, FAO, UNICEF, WFP, WHO, UNAMA and the World Bank, under the leadership of the Resident Coordinator, agreed to support the establishment of an Agriculture Task Force jointly led by the RC and Afghan Government. Agencies recognize that the response needs to tackle different issues (agriculture, irrigation, social affairs, health...), and should thus involve all development partners. The Agriculture Task Force deals primarily with medium and long-term programmes, while the Food Security Cluster and Nutrition Cluster (respectively chaired by FAO/WFP and UNICEF/FAO), established in April 2008, have been facilitating integrated and

more effective action for the emergency response. The MAIL is now actively developing its implementation and coordination capacity to oversee agricultural development programmes, food security surveillance and emergency response.

However, continued advocacy efforts and technical assistance are required to ensure that food security is effectively mainstreamed in agricultural development efforts, and that interventions to ensure household food security (not just national food security) are supported. This notably entails ensuring sufficient projects are targeted at the most vulnerable –and often underserved– areas and households; that agricultural projects support diet diversification and income generation –not only cereal production; and that households gain the knowledge and skills required to recognize the required crops and animal products for a balanced diet and to prepare, preserve and utilize adequate food. The Joint Programme will therefore address these issues.

2.2.4. Other ministries involved in food security and nutrition

Other ministries involved in food security and nutrition include the Ministry of Rehabilitation and Rural Development (MRRD), the Ministry of Energy and Water (MEW), the Ministry of Women's Affairs (MOWA), the Ministry of Religious Affairs (MoRA), the Ministry of Commerce (MoC), the Ministry of Mines and Industry (MoMI) and the Ministry of Justice.

The MRRD is MAIL's main partner in addressing food insecurity and poverty reduction. It implements several National Priority Programmes on community and district level governance, as well as rural infrastructure. They include:

- The National Solidarity Programme (NSP), which has established around 22,000 Community Development Councils (CDC's) throughout the country, with support from "Facilitating Partners" (NGOs). CDC's implement local micro-development projects (mainly infrastructure) and are also the main conduit and coordination body for development interventions at village level.
- The National Rural Access Programme (NRAP): building secondary and tertiary roads
- The National Area-Based Development Programme (NABDP): support to district-level governance (institutionalisation of District Development Assemblies); rural infrastructure services; small-scale economic regeneration activities
- The Water Sanitation Irrigation Programme (WATSIP): which provides potable water with hygiene and health education (including in schools), as well as small-scale irrigation projects
- Microfinance Investment Support Facility for Afghanistan (MISFA), which is now a separate Government agency supporting microfinance institutions
- MRRD is also in the process of developing the Afghan Rural Enterprise Development Programme, aiming to support micro- and small-enterprises for rural income generation.
- Finally, MRRD has been responsible, together with the Central Statistics Office, for operating the National Surveillance System, in particular the National Risk and Vulnerability Assessment (a nationwide survey carried every two years).

The MEW is mainly responsible for large-scale irrigation projects and energy supply. The Ministries of Women's Affairs is supporting women's community groups (known as women's *shuras*⁶⁶), which are often a conduit for literacy, health and nutrition education, and income generation projects (with NGO support). The Ministry of Religious Affairs plays a key role in public awareness campaigns and community mobilization, notably through mullahs, mosques and respected religious leaders. The Ministry of Commerce and Ministry of Mines and Industry are MOPH's partners for the enforcement of the Code of Marketing of Breastmilk Substitutes, and the Universal Salt Iodization campaign (see below). Finally, the Ministry of Justice is involved in any legislation or regulations regarding food and nutrition.

The Ministry of Education, supported by UNESCO, UNICEF and Habitat, is also indirectly contributing to improved nutrition and food security through its efforts to increase school attendance and literacy and to improve the quality of teaching. Literacy is a cornerstone on which many skills are then built upon, such as productive and life skills. Several initiatives have are thus working to integrate nutrition and health education, as well as food production skills as part of school curricula (e.g. school gardens) and literacy classes. Two Joint Programmes support such work, namely the Health Schools Initiative and Functional Literacy Initiative.

2.2.5. The United Nations Development Assistance Framework and MDGs

A new UNDAF for 2010-2013 is in the process of being developed to clarify how the UN can use its comparative advantages to effectively support the Government in implementing the Afghan National Development Strategy. It is around structured around 3 pillars: "Governance, peace and Stability", "Sustainable livelihoods: Agriculture, food security and access to income" and "Basic Services delivery: health, education and water and sanitation". In addition to its interventions directly contributing to a reduction in undernutrition, this Joint Program directly contributes to the three UNDAF pillars. Through its impact on increased agricultural production and a diversification and generation of income it will contribute to the Sustainable Livelihood pillar. It will also contribute to the objectives of the Basic Services pillar, notably improving the quality of health and education services, in particular at community level through outreach activities. It will contribute to Governance efforts through improved accountability of public actors at central, provincial and community levels. The UNDAF outcomes and outputs to which the JP contributes are presented in Table 3, below.

Through its broad range of activities implemented at community level (see section 3), this Joint Program contributes to MDG 1 (poverty and hunger), MDG 2 (education), MDG 4 (child health), MDG 5 (maternal health), and MDG 8 (environment). Activities carried out at the central level (namely policy, advocacy and capacity-building) will contribute to institutionalising the achievement of MDGs as part of development processes in Afghanistan.

⁶⁶ "Shura" is the traditional term used to designate a community council, or an assembly

Table 3: UNDAF Outcomes and outputs to which the Joint Programme contributes

Priority Area	Outcome	Output
A. Good Governance, Peace & Stability	2. Government capacity to deliver services to the poor and vulnerable is enhanced	2.1 Institutions have strengthened capacity to develop and implement quality pro-poor service delivery and employment policies 2.2 Service delivery coordination is improved under the leadership of Governors and Provincial Development Committees 2.3 Quality disaggregated information is available at all levels for better decision-making
B. Sustainable Livelihoods: Agriculture, Food Security & Income Opportunities	1. Agricultural output and access to diversified food at the household level are increased	1.1 Farming community has increased access to necessary technology, inputs and infrastructure for agriculture and livestock production . 1.2 Households, especially among the poor and vulnerable, have better access to safe and nutritious food year-round
	2. Improved capacity to manage natural resources to support poverty reduction and dispute resolution, and to reduce vulnerability to natural disasters	<i>Indirect contribution to this output by encouraging communities to use efficient water and natural resource management as part of agricultural production activities</i>
	3. Opportunities for decent work and income are improved and diversified, especially for vulnerable groups	3.1 Skills development and education are better linked to access of vulnerable groups to income opportunities
C. Basic Social Services: Education, Health, Water and Sanitation	1. Afghans, particularly those who are under-served , have greater and more equitable access to quality basic services	1.1 All members of society, particularly the most vulnerable, have better access to basic services . 1.2 Educators and health workers , especially women, are better trained and more widely deployed
	2. More Afghans pursue education opportunities and healthy lifestyles	2.1 Individuals and families are better able to make informed decisions regarding their own education, health and well-being . 2.2 Communities are engaged in design, implementation and monitoring of learning opportunities and basic social services

2.2.6. Human Rights treaties

Afghanistan has also ratified a number of Human Rights treaties and conventions which mark its commitment to achieve the Right to Food. These include:

- the International Covenant on Economic, Social and Cultural Rights,
- the Convention on Elimination of All Forms of Discrimination Against Women
- the Convention on the Rights of the Child

These documents bound the State to international obligations on the Right to Food. This said, legal and accountability aspects of food and nutrition security frameworks and programming require strengthening. An upcoming FAO project plans to provide technical assistance to the Government of Afghanistan on the Right to Food; it can also support the Joint Programme team in ensuring that Right to Food issues are mainstreamed in the implementation of the Joint Programme and associated nutrition and food security interventions.

2.3. Current nutrition and food security interventions

Despite the challenges of working in a highly volatile situation, and in a country where climate and geography make access to certain areas extremely challenging, the Government of Afghanistan and its partners have achieved remarkable –though insufficient– progress in the implementation of key nutrition and food security interventions. UN agencies have contributed their respective expertise and experience to the variety of programmes addressing symptoms and underlying causes of undernutrition. These are described below.

2.3.1. Detection and treatment of undernutrition

The Public Nutrition Department of MOPH, together with support from UNICEF, WHO and WFP, has led several initiatives and achieved the following:

- **Nutrition surveillance:**

- Conducting a National Micronutrient Survey in 2004, with support from UNICEF, Tufts University, and the Center for Disease Control.
- Introduction of nutrition screening in health facilities and collection of anthropometric data as part of the Health Monitoring Information System (HMIS)
- Introduction of nutrition-related surveillance indicators in the National Surveillance System (bi-annual National Risk and Vulnerability Assessment and food security surveys)
- Pilot of Growth Monitoring and Promotion (GMP) activities in 6 provinces (through MOPH, with BASICS support) and use of the Positive Deviance / Hearth model by Save the Children US in selected provinces.
- A MICS survey is currently being planned for 2009; key nutrition indicators will be included in the data collection.

- **Management of acute undernutrition:**



- Establishment of 38 Therapeutic Feeding Units as part of provincial hospitals and selected district hospitals (with UNICEF and WHO support)
- Piloting of Community-based management of severe undernutrition, in partnership with BPHS NGOs, established in 9 provinces and to be upscaled in 3 other provinces (with UNICEF and WHO support)
- Establishment of Supplementary Feeding Centres as part of Community-based Management of Acute Undernutrition (pilot starting in the first half of 2009 – SFC's had previously been implemented in 2002/2003 but not as part of CMAM) (with WFP support)

Figure 2: A caregiver using relaxation techniques in a TFU

- **Micronutrient deficiency treatment and prevention:**

- Universal Salt Iodization (USI): establishment of 21 iodised salt factories, making Afghanistan self-sufficient in iodised salt; implementation of a nationwide sensitization campaign; and definition of regulatory frameworks and legislation on iodised salt, pending enactment by the Ministry of Justice (with UNICEF support).
- Supplementation: Iron/folic acid supplements given as part of ante-natal care and vitamin A supplements post-partum, through the Basic Package of Health Services and Essential Package of Hospital Services and through direct MOPH support in Kabul hospital (with UNICEF support); vitamin A supplementation as part of National Immunization Days.
- Preventive distributions of vitamin C tablets in scurvy-prone areas (remote)
- Flour fortification: introduction of flour fortification in 7 large-scale factories; pilot small-scale flour fortification (not successful) (with WFP and Micronutrient Initiative Support)

2.3.2. Food security interventions

The Ministry of Agriculture, Irrigation and Livestock has been implementing a range of agricultural development projects with support from various technical agencies including FAO and WFP.

- **Food Security surveillance:**
 - Collection of agricultural production data and agricultural commodity prices (FAO)
 - Food security assessments (WFP, FEWSNET - in collaboration with MRRD)
 - Collection of agro-meteorological data (USAID)
- **Staple production, productivity and availability:**
 - Improved wheat seed supply through the establishment of seed production enterprises (now diversifying into other types of seed) (FAO)
 - Plant protection and Integrated Pest Management (FAO)
 - Emergency seeds and tools distributions (FAO)
 - Emergency food aid distributions (WFP)
- **Household food security: income generation and diet diversification:**
 - Backyard poultry projects (for home consumption and income generation) (FAO)
 - Improved dairy production (for home consumption and income generation) through the establishment of 4 dairy cooperatives (FAO)
 - Bee-keeping (FAO)
 - Improved food community-level food storage (FAO)
 - Home-based food storage and processing (including development of training materials on home-based fruit and vegetable processing by FAO, and technical support to NGOs by FAO and UNIDO)
 - Establishment of school gardens (149 school gardens by 2009), through agriculture and nutrition trainings for teachers and students (FAO). This activity is implemented in collaboration with the Ministries of Education, Public Health and Youth, namely through the Healthy Schools Initiative and National Youth Programme (Joint UN Programmes);
 - Development of nutrition education materials and improved family and complementary feeding recipes (FAO, jointly with MAIL and MOPH), and integration of nutrition education in a range of community development projects (literacy, schools, agriculture, women's groups, etc.). (see below)



Figure 3: School Garden in Badakshan Province

- **Food safety and quality control**
 - Support to inter-ministerial coordination for food safety (FAO)
 - Support to the Afghan National Standards Authority (Ministry of Commerce) for quality control of various products, including foods (UNIDO)

- **Natural Resource Management** (FAO, UNEP, UNOPS):
 - Biodiversity conservation for improved nutrition and food security (notably focusing on wild foods and medicinal plants for income generation)
 - Forest conservation and reforestation
 - Community-based rangelands management

Other technical agencies are also working to improve animal health service provision (through USAID), public veterinary health (EU), perennial horticulture development (EU, USAID and WB), natural resource management, and commercial agriculture development. In addition to this, many NGOs are actively engaged in integrated agricultural development at community level, introducing improved agricultural and natural resource management techniques as part of broader development activities, namely the National Solidarity Programme.

The Ministry of Energy and Water (with FAO/WB support, and EU, ADB and USAID) also implements large-scale irrigation projects which have a key impact on food production and food security. The MRRD programmes listed in section 2.1.4 also make an essential contribution to food security and sustainable livelihoods.

2.3.3. Feeding and caring practices

Many children could be protected from undernutrition in Afghanistan if caregivers had improved knowledge and skills on adequate feeding and caring practices. The following activities have been undertaken in this field:

- **General nutrition education:**
 - Development of nutrition education materials: Nutrition Education for Afghan Families booklet and poster (MOPH and Tufts, reprinted with FAO); Afghan Family Nutrition Guide (MAIL/MOPH with FAO support)
 - Integration of nutrition education in the media (radio), in health facilities and in a broad range of community development projects (FAO)
 - Integration of nutrition and food security messages in literacy materials (UNICEF, FAO, WHO, Habitat)
 - Integration of nutrition education messages in schools through the Healthy Schools Initiative (UNICEF, WHO, FAO)
- **Breastfeeding promotion and counselling** (UNICEF and WHO):
 - Formative research on infant and young child feeding practices (MOPH, UNICEF and Save the Children)
 - Breastfeeding counselling: development of breastfeeding counselling tools and trainings of 80 breastfeeding master trainers and 3000 counsellors in health facilities; (MOPH with UNICEF and WHO support)
 - National Breastfeeding Communication Campaign initiated in 2008, and national launch planned in 2009 (MOPH with UNICEF support)
 - Introduction of re-lactation support as part of Therapeutic Feeding Units
 - Adoption of the Code on Breastmilk Substitutes and Code endorsed as a regulation under MOPH Laws and approved by the Ministry of Justice in 2008
 - Introduction of the Baby-Friendly Hospital Initiative (BFHI) in four hospitals
- **Complementary feeding** (FAO, UNICEF, WHO):
 - Formative research on complementary feeding practices through Trials of Improved Practices (FAO and MAIL)

- Development of improved family and complementary feeding recipes (MAIL/MOPH manual produced with FAO support: *Healthy Food, Happy Baby, Lively Family*)
- Introduction of improved cooking demonstrations in health, literacy and agricultural projects (FAO)

Greater recognition has been granted to Infant and Young Child Feeding Practices and the need to increase commitment and resources for IYCF, through a "National Consensus Building workshop on IYCF" organised by the Ministry of Public Health (with USAID/BASICS support), which led to the development of the *National Strategic Plan for IYCF*.

Other initiatives (non-UN) related to caring and feeding practices include the piloting of community-based GMP by USAID/BASICS, and the implementation of the Positive Deviance / Hearth model by Save the Children US (in selected provinces). Finally, a broad range of community development, and in particular women's empowerment, projects are indirectly or directly contributing to caregivers' capacity to provide adequate care to children.



Figure 4: Participatory cooking session in Badakshan province

2.3.4. Health and hygiene

The most important health interventions are the implementation of the Basic Package of Health Services, through facilities ranging from district-level Comprehensive Health Centres to Basic Health Posts (from which Community Health Supervisors and Community Health Workers operate), and of the Essential Package for Hospital Services (provincial and district hospitals). The BPHS includes primary health care and is implemented by NGO sub-contracted by the MOPH (supported with donor funding). The EPHS is under the responsibility of the MOPH, though some provincial hospitals receive NGO support.

The MOPH also has a number of specific programmes, such as the National Immunization Day for polio eradication (WHO) which includes vitamin A supplementation. It also has an extension Information Education and Communication programme, which includes health, hygiene and nutrition promotion (UNICEF and WHO). Health and hygiene education are also integrated in schools, literacy programmes and youth centres through several Joint UN Programmes, namely the Healthy Schools Initiative, the Functional Literacy Initiative and the National Youth Programme (as well as Habitat's Literacy and Community Empowerment Programme).

The Ministry of Rehabilitation and Rural Development's WATSIP (Water Sanitation and Irrigation Programme) also provides potable water supply and health and hygiene education. It receives technical support from UNICEF and funding from IOM.

3. Challenges to be addressed, lessons learnt, and joint programme strategies

3.1. Current challenges and problems to be addressed

The scale, effectiveness and impact of the interventions listed above have been limited by a number of challenges and constraints, which are presented below. These challenges are the main problems to be addressed by the Joint Programme.

3.1.1. Limited attention to nutrition in government policies and resource allocation

Political commitment and resources for addressing undernutrition and food insecurity have been limited to date, largely due to the wide range of challenges that need to be addressed by the Government of Afghanistan and its development partners. Issues such as counter-narcotics and political stability have tended to “crowd out” poverty-reduction related issues in the political agenda. Furthermore, the emphasis on achieving quick impacts and high visibility has restricted attention to development interventions focused on prevention and community mobilization. This is reflected in the limited availability of funds allocated to nutrition and household food security activities, which fail to meet the scale of local needs, in particular in the most vulnerable and underserved areas. The Soaring Food Price Crisis of 2008 has highlighted the importance of food insecurity and its implications for political stability, leading to increased political attention for food security. But there is a risk that this attention be short-lived, especially as the food prices have relatively decreased (around 15%), although these prices are still excessive compared to local purchasing power and no substantial improvement is expected in the near future.

Advocacy efforts therefore need to be strengthened. This notably requires improving the availability and quality of information on the nutrition and food security situation (in particular disaggregated by region, age, sex and possibly group affiliation), and documenting successful approaches and lessons learnt. The Joint Programme resources will not be used to improve nutrition and food security surveillance, as the UN country team can mobilise resources through other sources (namely the nutrition and food security clusters), but it will play an important role in documenting and disseminating lessons learnt and successful examples.

Furthermore, the Joint Programme will provide technical assistance to support policy-making and advocacy efforts, notably to enhance ownership of policy frameworks and national strategies amongst key stakeholders at central and provincial levels. It will also ensure effective linkages are made between health and agricultural policies and strategies. Shared ownership and common vision are essential to support joint action.

3.1.2. Limited coverage and outreach

The main weakness of food security and nutrition interventions to date is that their limited outreach in remote areas and at community-level. To date, most UN, Government and donor interventions have focused on regional centres and easily accessible provinces. Access difficulties are indeed associated with higher operational costs and difficulty of recruiting qualified staff willing to work in these areas. Unfortunately, remote provinces tend to be the most food insecure, as they have poor road and market access, limited irrigation and sub-subsistence agricultural production, and are cut-off from services by snow during

winter months. Few donors are investing in remote areas, except where their military forces are engaged. In this context, remote and food insecure areas that are not considered of strategic importance in military or political terms have been clearly underserved. However, the UN Country Team is now focusing its strategy to improve the delivery of assistance in the most vulnerable underserved areas. This Joint Programme will also target areas identified as priorities by the UNCT and seek synergies with other UNCT initiatives in these areas (see targeting in 3.3 below).

Nutrition interventions implemented through the health system are primarily implemented at the health facility level, with limited community outreach. This greatly reduces coverage, since physical access to health centres is difficult in many remote areas, and many households do not seek care in health facilities. For example, 3000 breastfeeding counsellors have been trained by MOPH (with UNICEF and WHO) since 2004, but many of these counsellors are doctors and nurses based in health facilities who have limited time to actually do breastfeeding counselling, and who are not available to provide assistance directly in communities, where it is most required. The MOPH is now advocating for the establishment of community support groups as part of the Baby Friendly Hospital Initiative and other health interventions. These groups could provide adequate nutrition counselling and support to caregivers in terms of skills, peer support, and access to resources. The first outcome of the Joint Programme is therefore designed to work with community-level groups and provide them with the support they need to make positive changes for nutrition and food security in their families and communities.

3.1.3. Limited coordination and integration of efforts

While there were active coordination mechanism in place to support public nutrition interventions between 2002 and 2005, under the leadership of the MOPH Public Nutrition Department (PND), reduced technical support and funding, and staff turnover (both in Government and UN agencies), has made it difficult for the PND to sustain the regularity and effectiveness of coordination systems. This problem is partially addressed since the establishment of the nutrition cluster. But the cluster is focusing mainly on emergency interventions, whereas the work priorities primarily lie with longer-term interventions, and the nutrition cluster is primarily composed of stakeholders from the health sector, since there is a separate food security cluster. Coordination efforts therefore need to be improved by supporting the integration of emergency and development interventions, and by enhancing linkages between the health and agricultural / rural development sectors. There are already good links with the education sector, namely through the Healthy Schools Initiative and literacy programmes, but these need to be sustained and further institutionalised. Finally, coordination mechanisms related to nutrition and food security tend to operate at the central level, but are weak at provincial level, where most operations take place, and where field staff have direct contact with communities and government departments. Provincial coordination can be reinforced, building on existing mechanisms such as the Provincial Development Committees, the Provincial Health Coordination Committee (PHCC) and Agriculture & Rural Development Working Group.

The limited coordination at central and provincial level is reflected in the lack of integration of activities at field level. For example, the MOPH (with UNICEF and WHO support) has an extensive training of trainers for breastfeeding counselling. MAIL (with FAO support) has developed training materials and runs trainings on improved family and complementary feeding recipes and cooking demonstrations. Despite a willingness to bring both activities together at provincial and community-level, through joint trainings and common targeting, since 2007, the integration has been extremely difficult due to the lack of formal coordination mechanisms, parallel planning, and different funding structures.

Some successes have been achieved at local level with selected NGOs. For example, FAO provided training to Aga Khan Foundation teams in Bamyan province on nutrition situation analysis and nutrition education. All AKF departments (health, education, rural development) then proceeded to integrate nutrition education as part of their activities and this led communities to design an integrated nutrition project¹⁷. Similarly, FAO and the Department of Agriculture in Badakshan provided agricultural training to a health NGO, Medair, operating in very remote areas where food insecurity was a major cause of undernutrition and disease. Medair then proceeded to establish clinic and school gardens for vegetable production. Or, several agricultural projects integrated nutrition and health education and cooking demonstrations in their activities. Such successes need to be up-scaled and the mechanisms for planning and implementation of integrated projects need to be institutionalised.

The Joint Programme is entirely designed to support improved coordination and integrated action at provincial and community level, as described in the sections on implementation strategy and coordination mechanisms, below.

3.1.4. Limited in-country expertise and capacity for nutrition and food security interventions

The effective planning and implementation of successful interventions to address nutrition and food insecurity requires strengthening of the skills of government and non-government staff, from central and provincial to community levels. A major constraint to the up-scaling of successful interventions and sustainability of nutrition and food security programmes is the limited availability of in-country expertise and capacity to implement nutrition and food security interventions. While there is a strong team of Afghan nationals working at the central and provincial levels in Government offices and NGOs, their number is still limited, and training is required to ensure others can take-over in the future.

A broad range of personnel working in various sectors, from health, agriculture, education, water management, and economics, require nutrition and food security-related knowledge and skills. However, the type of knowledge and skills they require depends on the tasks they need to accomplish and their level of qualifications. Furthermore, the sustainability of training is important. Rather than organizing parallel trainings, it is more effective and sustainable to integrate nutrition training modules in existing pre-service and in-service trainings in faculties (e.g. of agriculture, health, etc.) and government training programmes.

An extensive training needs assessment and institutional mapping of training institutions and programmes had been conducted in 2004 to inform the design of a public nutrition capacity-building programme, with leadership from the Public Nutrition Department (see annex 7). The programme was not implemented due to lack of funding, but the concept remains entirely relevant to address capacity-building requirements. It is therefore integrated here as part of outputs under outcome 2. A limited financial investment in this output will make a decisive and lasting contribution to nutrition and food security in Afghanistan, and will be the pillar for the sustainability and institutionalisation of activities undertaken through this Joint Programme.

¹⁷ See case study described in SCN Newsletter n°34, "Building National Nutrition Coordination from the Field Up: Lessons Learnt From the Afghan Reconstruction".

3.2. UNCT experience of Joint Programmes and lessons learnt

The UN Country Team in Afghanistan consists of a total of 31 agencies, including 22 UN agencies and other institutions such as the WB, the ADB and the IMF. The UN presence in Afghanistan is an integrated mission, led by UNAMA and supported by the Resident Coordination Office, embedded within UNAMA. The UNCT has extensive previous experience with joint programmes and has had for a long time the highest number of joint programmes in the world (7): the Greening Afghanistan Initiative (GAIN), the Healthy Schools Initiative (HSI), the Functional Literacy Initiative (FLI), Maternal Mortality Reduction, the Joint National Youth Program (JNYP), the MDG-F Integration of Sustainable Environmental Management and the MDG-F Peace Through Justice Programme. It also leads a number of joint programming efforts, including the Humanitarian Coordination Project, the Provincial Mapping of UN Activities Project, the Provincial Justice Coordination Mechanism, and the Food for Education Programme.

This programme builds on the experiences of the UNCT and lessons learnt from other joint programmes:

- It is essential to have a **coordinated, comprehensive and holistic approach** to working in a **common geographic area**, rather than a piecemeal approach. The Joint Programme is designed to ensure that a comprehensive range of complementary activities is implemented in the same areas, pooling together the respective expertise of the UN partners. This requires strong coordination at local level, which can be supported by joint trainings and the choice of common partners. At central level, joint advocacy, policy-making and capacity-building efforts can ensure a holistic approach is promoted and adopted. These are essential to ensure Joint Programming can be replicated.
- While the foundation for a Joint Programme is a common framework of objectives and outputs, this is not enough. **Joint implementation needs to be supported by implementation strategies, coordination and fund management mechanisms** designed to promote integration rather than parallel implementation. These should also ensure that transaction costs are reduced to a maximum.
- **Government leadership** in the Joint Programme is essential to ensure national ownership and sustainability. The Joint Programme is designed to support Government priorities and Government partners should be in a position to take over the activities of the Joint Programme after its completion.
- In many provinces, there is limited control by the central government over activities of government actors at the provincial and district level. Previous initiatives have **encouraged linkages between the centre, province and districts** by putting these actors in contact with each other during planning, training and assessments. This helps to reinforce the legitimacy of the central government, as it is seen as having successfully attracted support to the selected areas.
- Approaches that **encourage local stakeholders and communities to take ownership** are practical even at the lowest level and are more likely to be sustainable. The Joint Programme will promote bottom-up planning and ensure district-level activities are adapted to local needs and priorities.

- Although there are significant obstacles to working at district level, and UN agencies generally operate at central, regional or provincial levels, it is **feasible to work at the district level, especially if this work is implemented through Civil Society Organisations** (in particular national) and local structures. The Joint Programme will build partnerships with local level stakeholders and seek to demonstrate the feasibility of district-level interventions so as to attract further donor support to much needed district-level initiatives.
- **Careful selection of civil society partners** (e.g. CSO's) is essential. Working with CSOs, in particular national CSO's, requires a significant investment in capacity development and oversight, but they are able to engage with local government and community stakeholders in a way which internationals and UN agencies cannot. Due to a limited number of technically proficient CSOs in provinces and districts, it is important to consolidate the procurement of CSO services to avoid different UN agencies placing conflicting demands and timetables on the available CSOs. Furthermore, the UN agencies should provide technical assistance to the CSOs in project planning, monitoring and evaluation, as well as nutrition and food security skills.
- The **security situation** in Afghanistan remains very volatile, with a significant trend toward areas which were previous stable becoming more insecure. It is essential to **maintain a flexible approach** to programme activities and to work in close conjunction with the Government of Afghanistan, particularly in implementing and monitoring programme activities in insecure locations.

The Joint Programme on Nutrition and Food Security is designed to address the symptoms and underlying causes of undernutrition described in section 1, by building on the ongoing interventions. It will address the challenges that currently affect the effectiveness and impact of current initiatives, and will seek to apply the lessons learnt through existing food security and nutrition programmes and other Joint UN programmes. How it will do so is described in section 3 and 4, below.

3.3. Joint Programme Implementation Strategy

The **overall goal** of the Joint Programme is 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

The Joint Programme is structured around two outcomes:

- Outcome one focuses on the implementation of a comprehensive package of *community-level* nutrition and food security interventions and thus contributes directly to the reduction of undernutrition at the district level.
- Outcome two focuses on strengthening the *policy frameworks and institutional mechanisms* required to support integrated nutrition interventions (including nutrition advocacy, mainstreaming, information management and coordination), and thus, contributes to a reduction of undernutrition in a longer term. Outcome two lays the foundations for nutrition and food security activities to be up-scaled and sustained beyond the end of the programme.

Capacity-building is a cross-cutting aspect of all project components, from mobilization and training of community members (under outcome 1) to capacity-building of relevant government and non-governmental partners at central, provincial and district levels.

Each outcome is to be implemented through a distinct strategy, described below. The implementation mechanisms are designed to maximise the integration of Joint Programme activities at all levels, ensure national ownership (from communities to national authorities), and respond to local needs in a flexible manner.

3.3.1. Implementation strategy for outcome 1 (community nutrition and food security projects)

General implementation principles

The aim of activities and outputs described under outcome one is to implement an "integrated package" of nutrition and food security activities that address local symptoms and causes of undernutrition. These include nutrition education and counselling, management of acute undernutrition, improvement of nutrition services delivered through the health system, household and food security interventions (home gardens, poultry, food processing, improved agricultural techniques, etc.). (see full description of outputs and activities in the results framework)

The implementation strategy for Outcome One is designed to promote an **integrated, participatory approach**, whereby projects are **designed to meet local nutrition and food security needs and priorities**, by building on existing opportunities and filling any particular gaps. **Capacity-building** of stakeholders at all levels (community, CSOs, district and provincial government staff) will be an inherent component of all activities.

Flexibility during implementation will be essential to respect these principles. The Joint Programme partners have therefore agreed to the following mechanisms:

- Activities under outcome 1 (district and community-level) will be implemented through **common implementing partners**. These partners will mainly be Civil Society Organisations (CSO's; e.g. NGOs) with sufficient competence and management capacity to implement the projects.
- **Joint projects** between partners with complementary expertise (e.g. NGO working in health and another in agriculture) will be encouraged.
- A **joint "Nutrition and Food Security Support Fund"** will be established for district-level projects, with funds allocated according to local needs and priorities, in consultation with all JP partners. This fund includes approximately \$ 1,7 million (+ \$500,000 direct agency contributions in the form of trainings, equipment and supplies. Total over \$2,3 million direct local support)
- Each agency will provide the **relevant technical support** (namely trainings and equipment) to the CSO and relevant stakeholders in line with the requirements from the field.

The implementation strategy for outcome 1 is described in Graph 3, below, and the full implementation process in the following sections.

Graph 3: General implementation strategy for Outcome 1



Selection of project areas

Interventions under Outcome One will be targeted at 10 districts, in a maximum of 5 provinces. The **targeting criteria** for the selection of districts will include the following:

- High levels of food insecurity and undernutrition
- Limited availability of services and development interventions (underserved areas)
- Motivation of district officials and community leaders to address undernutrition and food insecurity
- Opportunities for linkages with other UNCT initiatives and Joint Programmes
- Opportunities for effective partnerships with local CSO's, NGOs, or other structures

The provinces will be selected by the National Steering Committee¹⁸, through consultations between the Joint Programme Management Committee members (UN and Government), and the UNCT with support from UNAMA). At provincial level, the districts will be selected through consultations with the Governor and Provincial Development Council, the Departments of Health, Agriculture (and potentially other relevant departments), the partner agencies, and UNAMA. The final selection of districts will be validated by the Steering Committee.

Implementation process

A "Nutrition and Food Security Support Fund" will be established and managed by the Joint Programme Management Committee at central level. Administrative support for the fund will be provided by the lead agency, FAO. At provincial level, the Provincial Coordination

¹⁸ The National Steering Committee is composed of the Resident Coordinator, the Heads of participating Agencies, the Deputy Ministers of MOPH and MAIL, and a representative of the Spanish Government – see section 5 for full details

Committee¹⁹ will be responsible for supervising the fund management in collaboration with relevant partners, under the guidance of the central-level TWG and the Joint Programme Support team. (See section 5 for the composition and roles of the committees and support team)

The following steps will be followed:

Baseline survey

1. A baseline survey and impact assessment will be conducted in the selected districts. This exercise will be outsourced to a competent technical agency (research institution, university, NGO with assessment expertise), through a competitive bidding process. The sub-contractor will be selected by the JP Management Committee and survey funded from the common Joint Programme budget line. The same partner will be used for the baseline and impact assessment, to ensure consistency and comparability of the results. The baseline survey should be conducted within the first 6 months of the Programme; it can be done during the project proposal preparation and selection process described below. (see workplan)

Proposal preparation and selection

2. Terms of reference / guidance for proposal preparation will be finalised by the TWG, in line with the objectives and principles of the Joint Programme. The TOR will recommend certain interventions, and require that an integrated set of activities be implemented to address the diverse causes of malnutrition. But they will allow for flexibility to adapt to local needs and priorities. They will also require non-government partners to specify how they will contribute to capacity-building of Government departments at provincial and district levels.
3. In each province, the TORs will be disseminated and a training workshop on participatory nutrition and food security project planning will be conducted to assist potential partners in the preparation of their proposals. The training will include methods for identifying and prioritizing communities' needs.

The projects can have a total duration of maximum 2 years, because it is advised that only one round of proposal selection be conducted in each province during the MDG-Fund Joint Programme duration.

The proposals should specify any anticipated training, technical assistance or specialised equipment requirements that should be supplied (in addition to funds) by the relevant UN agency and/or Government department.

4. Once NGOs or other institutions have developed their proposals, they will be reviewed, and the best ones selected by the Provincial Coordination Committee, with technical support from members of the Programme Management Committee and JPTAC. Selected proposals will be reviewed and improved as required, with technical guidance from the relevant UN partners, through the Provincial Coordination Committee and the TWG. The final selection of proposals will be approved by the Management Committee and National Steering Committee at central level.

¹⁹ The Provincial Management Committee is composed of provincial representatives of MOPH, MAIL and participating agencies. Once projects are selected, representatives of the implementing partners can participate – see section 5.

Project implementation and monitoring

5. Each relevant UN agency can provide technical assistance, trainings and equipment, to the implementing agencies in order to support the project implementation, as required by the project design.

It is expected that Government partners will participate in any trainings that are conducted, either as co-trainers, or initially as trainees, with a view of progressively becoming trainers. The trainings can be organised and funded by the respective partner agencies and/or through the joint training fund. Joint trainings combining the inputs of several agencies will be encouraged (e.g. IYCF training including UNICEF/WHO inputs for breastfeeding and FAO inputs for improved recipes).

6. Regular project monitoring will be carried out by the relevant provincial Government staff, such as the MOPH Provincial Nutrition Officer and/or the MAIL Home Economics Officer, with technical support from the relevant UN staff and central level government staff. The implementing agencies will regularly report their activities on a quarterly basis to the Provincial Coordination Committee, which will share the information with the Management Committee at central level.

Project evaluation and lesson learning

7. Towards the end of the projects, and maximum 6 months before the closure of the MDG-Fund Joint Programme funding, an impact survey will be carried out in the selected districts. The survey will include both information on the actual impacts, but also document the process of interventions so as to identify lessons learnt and propose recommendation for the replication and improvement of similar interventions.
8. Provincial lesson learning workshops will be held with representatives from all relevant Government departments, UN agencies, CSOs and communities that participated in the projects. The workshop will provide recommendations for next steps at provincial level and for future projects. The results will be reported to the central level closure workshop (see outcome 2)

Selection of partners

Priority will be given to national partners (e.g. local NGOs) to ensure national ownership and strengthen local technical and managerial capacities. However, the quality of partners will be essential for the success of the Programme, especially since the activities will be largely delegated and the presence of UN technical staff at provincial level will be limited. Therefore, should local partners lack sufficient capacity (technical and/or managerial) to implement effectively project activities, international NGOs will be considered as potential implementing partners. As far as possible, they will be encouraged to establish a partnership with local NGO's so as to establish a transfer of capacity (e.g. through a joint project). (Note: the majority of international NGOs are managed essentially by Afghan nationals at provincial and district levels).

3.3.2. Implementation strategy for outcome 2 (Policy and coordination support, institution and capacity-building)

Outputs to be achieved under outcome 2 include primarily:

- Policy advice and advocacy
- Coordination support
- Capacity-building and integration of nutrition and food security modules in existing pre- and in-service training programmes
- Resource mobilization

The specific activities to be implemented to achieve these outputs are described in section 4, results framework). At the beginning of the Joint Programme, the Joint Programme Technical Advisor and Coordinator will prepare a workplan for outcome 2, including propositions for an advocacy and communication strategy and improved coordination mechanisms. These will be reviewed and validated by the Programme Management Committee, and consequently implemented.

Implementation of outcome 2 will be primarily done at the central level, and responsibility for the direct implementation of Outcome 2 will lie primarily with the Joint Programme team composed of the (international) Joint Programme Technical Advisor and Coordinator (JPTAC) and two national coordinators, to be assigned by the Ministry of Public Health and the Ministry of Agriculture (one in each ministry). Technical support for the policy, advocacy and coordination, will also be provided by the technical focal points from each participating agency (see section 5 on coordination and management mechanisms for more details).

Note: these staff will also have responsibilities for the implementation of outcome 1, as indicated in their TOR (see annexes, in section 10).

In addition to the JPTAC and national coordinators, an international nutrition and food security curriculum development expert will be recruited for at least 18 months, and a national curriculum development officer for 36 months, over the duration of the Joint Programme, and will be responsible for the implementation of activities under output 2.3 (see results framework, in section 4).

All resources for activities under outcome 2 will be covered by pooled funds, managed by FAO (see Fund management section). The staff recruited under outcome 2 would be contracted by the management agent (FAO) but work on behalf of all Joint Programme partners. They will report to the Joint Programme Management Committee and National Steering Committee.

Resource mobilization

The JPTAC and PMC will assist the Government in mobilizing more resources for nutrition and food security activities, as stated under output 2.1. This will particularly include fund mobilization to expand the scope and coverage of the Joint Programme.

MDG-Fund resources will be used to implement integrated projects in 10 districts (in 3 to 5 provinces) for outcome 1. Additional resources will be sought from other donors, to increase contributions to the "Nutrition and Food Security Support Fund", in order to increase the coverage of interventions and/or the range of interventions implemented at community level (e.g. water and sanitation interventions). Furthermore, additional resources for emergency supplies and treatment interventions (e.g. RUF's and supplementary food), which tend to have a higher per capita cost than other preventive measures, will be sought from emergency funding. Emergency funding tends to be more readily available in Afghanistan than funding for preventive approaches and community mobilization work that are proposed in this Joint Programme. Additional resources may also be sought to mobilize additional technical assistance that may be required (see section 4.2).

The Joint Programme Technical Advisor and Coordinator will be responsible for initiating and coordinating resource mobilization activities, which should be done with support from the National Coordinators and agency technical focal points. Resource mobilization activities will include regular meeting with donors, invitation of donors to annual reviews and lesson sharing workshops, and preparation of Joint Programme fact sheets / brochures.

3.3.3. Sustainability

The implementation strategies for outcomes 1 and 2 contain a number of methods designed to promote sustainability. These include:

- **Working primarily with local partners at all levels to ensure maximum national ownership.** This has inspired the approach of implementing activities primarily through community groups, with mainly national implementing partners, with support from government staff. There has been a conscious decision to reduce the number of UN staff at central and provincial level, to strengthen the role of Government staff, (this also responds to a request from Government partners to do so).
- **Maximising the use of local resources,** while reducing the dependence on external products. This can be done by focusing efforts on community mobilization and skills and knowledge transfer. This will be a criteria when prioritizing the allocation of funds for community-level projects.
- **Integrating nutrition and food security in government policies and programmes** (in particular planning frameworks that exceed five years) will contribute to building political commitment and increasing resource allocation to nutrition and food security interventions in the present, but also in the longer-term. Furthermore, the majority of proposed activities are already included in Government strategies, in particular the BPHS and the National Agricultural Development Framework (in particular the Agriculture Production and Productivity Programme). The Joint Programme is thus designed to assist in the implementation of Government priorities and extending the coverage and quality of interventions. For instance, a new facility is in the process of being designed to promote the implementation of the ANDS Agriculture and Rural Development Strategy: CARD – the Comprehensive Agriculture and Rural Development facility. This facility will assist the Departments of Agriculture and Departments of Rural Development in identifying local priorities and funding projects to address them. The Joint Programme can link to this initiative by both providing technical assistance to those involved (e.g. on food security and nutrition project planning) and also supporting projects that address the needs identified by CARD teams²⁰.
- **Capacity-building** will be an integral part of all activities, whether it be through trainings for community members (in particular women), skills transfer to local CSOs and Government staff, and on-the-job mentoring. For example, government staff will participate as co-trainers in trainings organized by the Joint Programme, with a view of ensuring they can conduct such trainings without assistance, in the future. The Joint Programme will also work with and support government staff which are already in place, such as the MAIL and MRRD provincial trainers. In particular, output 2.3 is designed to institutionalize nutrition and food security as part of university and government training curricula, which should be used even beyond the life of the Joint Programme. This will ensure that future generations of civil servants and other workers enter their professional life with adequate awareness and skills to support nutrition and food security interventions.

²⁰ Note: the CARD facility will initially be implemented in 3 provinces. The JP can work with CARD if the targeted provinces are the same as the ones covered by the CARD pilot.

3.3.4. Cross-cutting issues

Gender

Women are the prime target group for improving child and maternal nutrition, and project activities will be primarily implemented with them, especially at community level. Still, full support by male community members is a pre-requisite to successful implementation, hence, the implementation will work with both, men's and women's institutions and household members (in particular community leaders and household heads), and trainings will be provided for men and women community members.

Environmental sustainability

The degradation of natural resources is a critical cause of food insecurity in Afghanistan, and environmental protection is a cross-cutting issue in the ANDS. Interventions addressing food production will also be designed to promote efficient water use and conservation techniques at the farm level. Furthermore, nutrition education programmes can link to existing environmental education initiatives, thus promoting concepts of healthy practices for families and the environment, and of sustainable livelihoods.

Fostering peace and conflict resolution, and poppy reduction

Persistent poverty and vulnerability, exposure to regular shocks (e.g. drought), and the perception that the Government of Afghanistan and the international community is failing to meet communities' development needs are key drivers of the continuing conflict in Afghanistan. These dynamics also contribute to food insecure households' relying on poppy production to meet their subsistence needs. By targeting underserved and food insecure areas, and implementing interventions that directly help households make more efficient use of their resources to feed themselves adequately, the Joint Programme should contribute to wider efforts for conflict resolution and reducing poppy production by contributing to alternative livelihoods. Furthermore, the targeting of interventions should be done in a way that limits tensions between certain communities and strengthens relationships in a given areas. This can notably be done through projects targeting groups of communities at a time (e.g. "Cluster Community Development Councils") and involving joint activities.

3.3.5. Risks and risk-mitigation measures

Security and political stability

The main risk affecting the programme is the unstable security situation in Afghanistan. Managing the volatile security is mainly done by maintaining flexibility in the programme design and implementation, notably with regards to the choice of target districts. Outcome 1 will be implemented primarily through community members and local partners, thus ensuring strong local ownership that can make activities more resilient to shifts in the political and security situation. Furthermore, the Joint Programme team will be primarily composed of government staff (national and provincial coordinators), who do not face the same restrictions on their movements as UN personnel do. Outcome 2 includes activities based primarily at the central level and in regional centres, which are therefore not so vulnerable to deteriorating security.

The Joint Programme may also be affected by changes in the political situation and Government composition. However, the Joint Programme will be well anchored in technical departments of MOPH and MAIL – which tend to be less affected by political changes than senior levels of Government. Furthermore, the Joint Programme will start after the presidential elections and associated changes in the Government.

Difficulty of recruiting /retaining qualified staff

Another related difficulty is related to the challenge of recruiting international staff willing to work in Afghanistan. However, capacity-building efforts in recent years have been such that many project activities (especially under outcome 1) can be achieved with limited international staff support. The UN agencies' and Government partners' national officers have demonstrated through the years their commitment to improving nutrition and food security, and have greatly strengthened their skills and experience since 2002. This notably includes the Provincial Nutrition Officers (MOPH), the Home Economics Officers (MAIL), and the MAIL and MRRD provincial trainers. The Joint Programme will continue to strengthen national personnel's skills and expertise through regular trainings and on-the-job training. Furthermore, the challenges that need to be addressed in this complex environment, and the accelerated learning associated with these challenges, often provide strong stimulation that encourage international staff to stay in Afghanistan, and return.

There is also a significant challenge in attracting and retaining qualified staff in Government civil service, due to the limited pay, and limited support which often affects staff motivation. Though it is against UNCT and Government policies to provide salary top-ups, the Joint Programme will aim to increase staff motivation through regular technical and logistical support, and by providing greater job satisfaction.

4. Results Framework

The **overall goal** of the Joint Programme is 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.

This goal will be achieved through two outcomes and related outputs, described below.

4.1. Outcome 1: Implementation of an integrated nutrition and food security package at community-level

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).*

The nutrition package consists of the following interventions, which compose the different outputs under outcome 1. Each of the interventions listed below is designed to address one or more underlying or direct causes of undernutrition. Their combination shall ensure that undernutrition is treated and / or prevented much more effectively than if they were implemented separately.

Important note: the exact of combination of interventions to be included in the district-level projects can only be determined locally, according to local needs and priorities (through situation analysis, livelihoods analysis, baseline surveys), as well as ongoing interventions. The objective is to ensure that complementary interventions are implemented, such that if a programme is already ongoing (e.g. CMAM) in an area, more resources will be allocated to other interventions that are not yet covered by existing projects (e.g. infant and young child feeding counselling through community support groups). Furthermore all the interventions listed below, or a locally determined combination of these interventions, will be implemented by the same partner(s) in a given district, as described in the implementation strategy. It is therefore not possible, at this stage, to specify exactly how much resources will be required for each output specifically. *The figures provided in Table 4 are only general estimates.*

Output 1.1: Participatory nutrition and food security assessments, project design, monitoring & evaluation conducted by government and implementing partner staff

The first step required for the correct implementation of outcome 1 is a transfer of skills to partners working at provincial and district levels on participatory nutrition and food security assessments, and participatory project design. This can be done through provincial level workshops with the personnel of government departments, NGOs and other local structures. This will be essential to guide partners in preparing the proposals they wish to submit to the Joint Nutrition and Food Security Support Fund, as well as ensure that these stakeholders can replicate and sustain such approaches in the future. At least one workshop will be held in each province where the project is operating.

Activities carried out under this output will be led by the Joint Programme team (JPTAC and national and provincial coordinators), with technical support from FAO. FAO has already produced manuals on "Participatory Nutrition and Food Security projects" in Dari and Pashto

in 2003 and has experience in conducting participatory "training cum planning" workshops on nutrition and food security project planning.

Output 1.2: Increased awareness and knowledge of healthy nutrition practices

Knowledge and awareness about nutrition, its impacts on health, and how to have a healthy nutrition status is limited in most communities. Building this awareness is the foundation for the implementation of other nutrition and food security activities, as it builds commitment from community leaders and motivation amongst family members.

The following education and awareness raising activities can be conducted at community-level:

- Sensitization about the importance of nutrition and food security amongst community leaders and elders. This can be done through the Community Development Councils and local shuras.
- Integration of nutrition education in various community-level projects including:
 - Literacy classes
 - Schools
 - Agricultural projects
 - Community mobilization and planning (e.g. through NSP)
 - Youth councils
- Use of local media (in particular local radios) to disseminate nutrition education messages and information on local nutrition and food security activities
- Other activities can be designed by local teams according to local opportunities and ideas (e.g. theatre, child-to-child learning activities, etc.)

Output 1.3 Improved nutrition infant and young child and family feeding practices through counselling and community support

Awareness raising is not sufficient to encourage families to change their nutrition practices and behaviours. Actual skills, counselling and peer support are required to enable caregivers to make the necessary changes. The following activities will be encouraged to achieve output 1.2:

- Establishment of 'Mother Support Groups' or 'Community support groups' through which effective counselling can be provided, as well as peer support. These groups can be established through existing groups, such as literacy circles, health "shuras", women's producer groups, etc. They can be a forum for sharing nutrition skills, but also implement food security interventions (see output 1.5, below)
- Participatory cooking sessions, including family and complementary feeding recipes. These can be integrated in literacy classes, agricultural projects, etc.
- Breastfeeding counselling, demonstrating to mothers correct breastfeeding positions and, when necessary, relactation techniques.
- Growth Monitoring and Promotion, including using the Positive Deviance / Hearth model (as implemented by Save the Children US in selected provinces)

Output 1.4 Effective of community-based management of acute undernutrition (CMAM)

Community-based management of acute undernutrition using Ready to Use Foods should be implemented, in particular in areas with high levels of acute undernutrition and severe food insecurity that are not already covered by existing programmes. Ensuring that all components of CMAM are implemented in an integrated and effective manner will be essential. Activities under CMAM include:

- Screening of children and referral of acutely malnourished children to the appropriate service
- Treatment of severe acute undernutrition through the use of Ready to Used Therapeutic foods, medical treatment (when required), and appropriate care
- Supplementary feeding for moderately malnourished children and follow-up of patients having recovered from severe acute undernutrition

Note: CMAM will not be implemented independently of other interventions, namely IYCF counselling and food security support that enable families to prevent the relapse and recurrence of undernutrition cases. Such integration will be mandatory if partners choose to include CMAM in the package of interventions.

Output 1.5 Improved quality of nutrition activities provided through health services

While key nutrition interventions are already included in the Basic Package of Health Services and Essential Package of Hospital Services, the quality of the nutrition support provided in health services needs to be improved. The Joint Programme can provide technical assistance and trainings, in particular to BPHS NGOs and provincial health staff, to ensure these interventions are properly implemented. They mainly include:

- micronutrient supplementation
- nutrition education in health facilities (which could be complemented to include cooking demonstrations and breastfeeding counselling, for example)
- facility-based treatment of severe acute undernutrition (Therapeutic Feeding Units). In particular, the introduction of relactation techniques needs to be strengthened.

These activities will always be part of the broader integrated package of interventions promoted through outcome 1, so as to demonstrate the effectiveness of establishing linkages with other community-based activities and encourage BPHS NGOs and provincial Departments of Public Health to develop such linkages even beyond the end of the Joint Programme.

Output 1.6 Increased household food production and income

A range of activities can be implemented to support household food production and income generation depending on local agro-ecological conditions and livelihoods. These include:

- home gardening, including promotion of gardening through school gardens and gardens in clinics
- backyard poultry projects
- improved dairy production
- bee-keeping
- food processing

Furthermore, agricultural production and productivity at the village and district, level can be improved through the introduction of improved agricultural techniques and technologies (including appropriate mechanisation where appropriate, improved storage facilities and food processing equipment). These techniques shall also aim to reduce households' workload, in particular for women, who are busy with labour intensive activities such as planting, weeding, harvesting, and winnowing. This should increase the time available for child and family care. Improved agriculture techniques and machinery will be introduced through farmer groups and associations, and handed over to communities to ensure community ownership and sustainability. Farmers will receive training in operation, repair, and maintenance of introduced machinery and equipment.

Machinery and equipment can also be introduced that enables households to engage in non-agriculture related income generation activities, such as carpentry, or other small-scale industry (to be identified depending on local opportunities).

Income generation activities will be associated to agricultural production activities, notably by ensuring that market assessments are conducted to evaluate the availability of surplus production and market demands for such surplus. Households will receive trainings in marketing skills and simple business development skills, including book-keeping. Market linkages will be developed, for example by encouraging producers to participate in trade fairs, developing partnerships with local traders, and grouping their sales to access larger markets. Implementing partners will be encouraged to link participating households to existing Business Development Services (BDS) providers, available through other development projects (e.g. AREDP).

The aim of these activities is to be linked to health and nutrition counselling activities so that the same households have the improved skills and knowledge, as well as adequate resources to improve their feeding practices.

Output 1.7 The nutritional status of children under 5 and women of reproductive age, and the household food security situation, are monitored in project sites

Documenting the impact of the projects implemented through the Joint Programme will be essential to advocate for the replication and upscale of such interventions in other districts and provinces. This will be done through a baseline survey and impact assessment in all the selected districts, through a common technical partner (c.f. section 3.3.1 above). Furthermore, implementing partners who choose to engage in CMAM activities and / of GMP activities suggested in outputs 1.3 and 1.2 will be asked to keep good records of the nutritional data so as to contribute to the impact assessment.

The survey may require international expertise for methodology preparation, field work supervision and data analysis, but will be implemented by and with Afghan teams, so as to strengthen local capacities in impact assessments.

Strengthening local capacities for monitoring and impact assessments will be an integral part of the baseline survey, impact assessment, and regular project monitoring. See section 7 for more details on monitoring activities.

Note on water and sanitation:

Poor hygiene and sanitation are a major contributing factor to undernutrition. A specific output relating to improved safe water supply and sanitation facilities is not included here, because such projects tend to require larger budgets than what the district-level budgets available through the Joint Programme. Furthermore, several other Government and UN Programmes (namely through MRRD's WATSIP, with UNICEF support) are already addressing these issues. Nevertheless, if local partners choose to include affordable water and sanitation facilities as part of their activities because they correspond to local priorities, they will be accepted. More importantly, partners will be encouraged to include hygiene education as part of their activities (link to outputs 1.1 and 1.2) and to establish linkages with existing water and sanitation programmes.

4.2. Outcome 2: Policy, Planning and Technical Support for Nutrition and Food Security Programmes

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

This objective will be achieved by realizing the following outputs, which have been identified together with the Joint Programme Government Partners as priority areas for technical assistance:

Output 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

While nutrition and food security issues are generally addressed in Government policies and strategies (c.f. section 2.2), continued advocacy efforts are required to ensure they do not "fall off the agenda" and that more resources are mobilized to actually achieved what is stated in Government strategies. Furthermore, linkages between health sector strategies on the one hand, and agriculture and rural development strategies on the other need to be further strengthened. This can be achieved through the following objectives:

- Critical review of existing policies and strategies to identify gaps and areas on which advocacy efforts should focus
- Mapping of ongoing interventions and resources allocated to nutrition and food security interventions in food insecure areas (starting in the selected provinces where outcome 1 is implemented)
- Participation in policy-making exercises and advocacy to ensure that nutrition and household food security issues are well addressed in relevant Government policies and programmes (in particular when the current ANDS, which ends in 2013, will start being revised)
- Ensure that adequate linkages and integration is made between Health and Nutrition sector Strategy and the Agriculture and Rural Development Sector Strategy, as well as with other sectors (e.g. education, women's affairs)
- Fund-raising (with Government partners) through regular contacts with donors and proposal preparation

Activities conducted under output 2.3 will also contribute to this output, by incorporating issues related to nutrition and household food security policies and programmes as part of relevant curricula.

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

The detailed coordination mechanisms to be established for the management of the Joint Programme at central and provincial level are described in section 5, below. These coordination mechanisms will also lay the foundations and/or strengthen coordination mechanisms that should be led by the Government partners and maintained independently of the Joint Programme, at central and provincial levels. For example, the Nutrition Task Force that had been established in 2003, and specific working groups (such as the infant and young child feeding working group) may be revived. But this should be done on the basis of an analysis of what coordination mechanisms would be most appropriate and how they would relate to existing structures. Activities to be undertaken for this output include:

- Review of existing coordination mechanisms related to health and nutrition, as well as agriculture and rural development
- Support to Government partners (mainly MOPH Public Nutrition Department and MAIL Home Economics / Household Food Security department) in facilitating / participating in relevant coordination mechanisms
- Strengthening provincial coordination mechanisms (according to existing provincial structures)
- Promote linkages between the nutrition cluster and food security cluster, and between these clusters (emergency) and relevant development interventions and coordination mechanisms.

Output 2.3 Training modules on nutrition and assessment and management of food insecurity are integrated into existing pre-service and in-service trainings for health, agricultural, education personnel (and other relevant sectors)

Extensive trainings on nutrition and food security are required to build up the expertise required to implement nutrition and food security programmes nationwide and in the medium and long-term. An effective and sustainable way building these skills is to integrate nutrition and food security training modules within the curricula of relevant in-service and pre-service trainings, including health, education, and agricultural staff. An assessment for developing this approach had been conducted in 2004, and a matrix had been prepared, listing all the staff which would need some nutrition training (doctors, nurses, midwives, agricultural extension workers, etc.), specifying for each what nutrition and food security topics they need to be trained on. Furthermore a database of training providers (pre-service and in-service) has been prepared, describing opportunities for integrating nutrition trainings in existing curricula.

The activities to be carried out would include:

- Updating the mapping of existing training programmes (in-service and pre-service) and identifying priority training programmes to collaborate with (in consultation with the PMC). The selection should be done according to priority training needs as well as opportunities for large coverage and sustainability.
- Detailed identification of key civil servants' training needs related to nutrition, on the basis of their Terms of Reference and existing skills. This can be done using the existing matrix as a reference (see annex 7).
- Development of adapted training modules, in collaboration with teaching staff from the partner institutions (in Dari and Pashto). This should include the piloting of modules before their finalization.
- Training of trainers and teachers from the partner institutions, to enable them to integrate the modules in their own curricula.

With regards to in-service trainings, several opportunities for linking to existing training programmes exist, such as the trainings currently provided by the Provincial Nutrition Officers, and those carried out through the joint MAIL/MRRD training teams at provincial level.

The implementation of this output would require the recruitment of an international expert specialized in training development on nutrition and food security programmes and strategies for at least 18 months, who would be assisted by a national officer. Partnerships should also be established with existing programmes aiming to strengthen the quality of teaching in universities and training institutes, such as Purdue University in the Kabul Faculty of Agriculture, the Afghan eQuality Alliances programme, etc.

This output will ensure that nutrition training is mainstreamed in national training programs and thus sustained in the future.

Other outputs to be addressed with other resources:

The concept note for the Joint Programme also included the following outputs:

- Improved reporting on achievements towards MDG1 and the Right to Food, by strengthening comprehensive nutrition and food security information collection, disaggregated by age, gender, region and group affiliation.
- Legislation regarding fortified foods and the Code on marketing of breastmilk substitutes is finalized, endorsed and enforcement mechanisms are defined.

The latter is no longer a priority under this Joint Programme, as the Code on Marketing of Breastmilk Substitutes has been legally endorsed since the concept note was written, and the legislation on iodised salt is in the process of being reviewed by the Ministry of Justice. Further legislation needs (esp. regarding fortified flour) are not yet clear, and resources for technical assistance could be mobilised through other sources.

As for the former, it has been decided to seek resources to achieve these outputs through other sources (e.g. the nutrition cluster, agencies' regular programmes and other projects), due to the necessity to reduce the Joint Programme budget. These resources will largely consist of international and national experts, who will be expected to work in collaboration with the Joint Programme partners and contribute to the overall goal of the Joint Programme.

Table 4: Results Framework

UNDAF Outcomes								
Sustainable livelihoods, agriculture, food security and income:								
1. Increase agricultural output and access to diversified food at the household level								
3. Improve, expand and diversify opportunities for decent work and income, especially for vulnerable groups								
Basic social services: Education, Health, Water and Sanitation								
3. Affirms, particularly those who are under-served, have greater and more equitable access to quality basic services								
2. More Afghan girls achieve appropriate and healthy lifestyles								
Joint Programme Outcome 1: Child malnutrition and household food insecurity are reduced by 2013 through the implementation of an integrated community nutrition and food security package in 10 districts (in 3 to 5 provinces)								
indicators and timelines to be engaged and guided from financial monitoring matrix								
AP Outputs	Participating UNO specific Outputs	Participating UNO independent priority	Implementing Partner	Indicator activities for each Output	Resource allocation and indicative time frame*			Total
					Y1	Y2	Y3	
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. Participatory village development planning conducted in 20% of the target area and plans are documented by 09/2010	Joint, led by FAO	UNDAF A2	Government staff (central, provincial and district).	Provincial trainings on participatory nutrition and food security assessments and project design	\$60,000			\$60,000
			Local structures, NGOs (namely BPIS NGOs).	Proposal preparation				\$8,976
				Provincial trainings on monitoring and evaluation		\$20,000		\$4,000
				On-the-job learning through monitoring visits		\$14,488		\$7,496
TOTAL OUTPUT 1.1					\$68,976	\$34,488	\$114,960	
1.2 Increased awareness and knowledge of healthy nutrition practices. 80% of caregivers are able to recall a minimum of 9 key nutrition education messages in project areas	Field partners trained on Nut I.e, esp. breastfeeding, micronutrients, health & hygiene	MDG 1 & 4, UNDAF C1 & C2	Local structures, NGOs, CSOs	Trainings on IYCF, micronutrients, health and hygiene	\$15,136	\$25,227	\$10,091	
UNDAF							\$5,543	

					IP%				
	TOTAL OUTPUT 1.3								
1.4 Effective of community-based management of acute malnutrition (CMAM) 80% of children suffering from acute malnutrition are treated in project areas*	Field partners trained on screening of malnutrition	0 HO	MDG 1, UNDAF C.1 & C2	HPHS NGOs (ONLY Y)	Trainings on screening for acute malnutrition (incl. Follow-up)	\$142,668	\$237,780	\$95,112	\$475,560
	Field partners trained on treatment and management of severe acute malnutrition	0 HO	MDG 1 & 4, UNDAF C.1 & C2		Trainings on management of acute malnutrition (incl. Follow-up)	\$5,475	\$9,125	\$3,650	\$18,250
	Supplies for management of severe acute malnutrition provided	0 HO	MDG 1 & 4, UNDAF C.1 & C2		Provision and delivery of severe acute malnutrition treatment supplies	\$10,950	\$18,250	\$7,300	\$36,500
	Field partners trained on supplementary feeding and management of moderate malnutrition & supplementary food is supplied	0 FFP	MDG 1 & 4, UNDAF C.1 & C2		Provision and delivery of supplementary food supplies (and associated training)	\$51,000	\$85,000	\$34,000	\$170,000
	CMAM implemented with strong community outreach and education by IP's	Joint (FAO lead)	PRRO Strategic Objectives 1 & 5, UNDAF C.1		Implementation of CMAM by partners (including community outreach)	\$41,903	\$69,839	\$27,936	\$139,772
	TOTAL OUTPUT 1.4					\$125,700	\$209,500	\$83,800	\$419,000
1.3 Improved quality of nutrition activities provided through health services 90% of health facilities implement nutrition activities according to MOPIH quality standards i.e. balance score card in project areas	Supplementation protocols implemented	0 HO	MDG 1 & 4, UNDAF C.1 & C2	HPHS NGOs and DMOPI	Supervision and technical support to ensure supplementation is effectively done	\$235,828	\$394,714	\$156,686	\$783,428
	Quality of treatment in Therapeutic Feeding Units increases	0 HO	MDG 1 & 4, UNDAF C.1 & C2		Supervision and on the job technical support to Therapeutic Feeding Units	\$15,136	\$25,227	\$10,091	\$50,453
						\$8,212	\$13,687	\$5,475	\$27,373

1.6 Increased household food production and income 20% increase in household income at least two new types of foods introduced in household based food production	Nutrition education conducted in health facilities and through CHWs	UNDP	MDG 1, UNDAF C1 & C2	Trainings in nutrition education for health staff and follow-up	\$15,136	\$25,227	\$110,091	\$80,933
	Participatory cooking sessions introduced in health facilities	FAO	NMTPF outcome 1, output 1.2	Trainings on participatory Cooking Sessions and complementary feeding for health staff (including follow-up)	\$13,944	\$23,240	\$9,296	\$46,400
	Nutrition outreach activities implemented through CHWs and Basic Health Promoters	Joint (FAO/WHO)	UNDAF C.1	Supervision and staff support to ensure nutrition component of BPHS is implemented (by BP)	\$46,440	\$77,400	\$30,060	\$154,000
	TOTAL OUTPUT 1.5				\$98,369	\$164,782	\$65,913	\$579,560
	Improved household food security and income through home gardens, poultry projects, and other agricultural activities	FAO	NMTPF outcome 1, outputs 1.1 and 1.2	Trainings on household food production (home gardens, poultry, etc.)	\$27,888	\$46,480	\$18,392	\$93,960
	Field partners trained on food processing skills at household and community level	FAO	NMTPF outcome 1, outputs 1.1 and 1.2	Trainings on household and village level food processing (including follow-up)	\$27,888	\$46,480	\$18,392	\$93,960
	Increased quality and safety of processed foods, including through the introduction of new technology	UNIDO	UNDAF B1 & B3	Introduction (trainings) of technology for small-scale industry (non-food)	\$40,275	\$67,125	\$26,850	\$114,250
	Appropriate agricultural technology (incl. storage) introduced at village level	UNIDO	UNDAF B1 & B3	Introduction (trainings) of improved agricultural technology (incl. Follow-up)	\$40,275	\$67,125	\$26,850	\$114,250
	Introduction of technology that can support local small-scale industry and micro-enterprises (non-food)	UNIDO	UNDAF B1 & B3	Trainings on technology for small-scale industry (incl. Follow-up)	\$40,275	\$67,125	\$26,850	\$114,250

	Improved marketing and simple business management skills (including book-keeping) introduced at village level	FAO	NMTPV Outcome 2, outputs 2.1 & 2.2		Trainings on simple business skills and marketing (including on market assessments and book-keeping)	\$13,944	\$23,240	\$9,296	\$40,480
	Community-based food security projects implemented integrating various food production and income generation activities	Joint (FAO lead)	UNDAF B.1, B.3		Follow-up to trainings / support to community members for applying trainings	\$125,700	\$290,500	\$83,800	\$479,000 ^g
	TOTAL OUTPUT 1.6					\$316,245	\$527,875	\$210,838	\$1,054,180
1.7 The nutritional status of children under 5 and women of reproductive age, and the household food security situation, are monitored in project sites. Baseline results available by 10/2010. Monitoring results on quarterly basis. Endline survey results & final eval. report available by 12/2013.	Field activities monitored	FAO		FAO staff	Monitoring of field activities	\$9,296	\$18,592	\$18,592	\$46,480
	Field activities monitored	FAO/CTT		UNHCR staff	Monitoring of field activities	\$10,991	\$20,182	\$20,182	\$60,657
	Field activities monitored	UNHCR		UNHCR staff	Monitoring of field activities	\$8,950	\$17,900	\$17,900	\$44,750
	Field activities monitored	WFP		WFP staff	Monitoring of field activities	\$3,650	\$7,300	\$7,300	\$18,750
	Baseline and impact survey conducted and results disseminated.	Joint, with FAO lead		Research institute or specialized NGO	Baseline survey & impact assessment (50% budget for each)	\$123,130	\$123,130		\$246,260 ^g
	TOTAL OUTPUT 1.7					\$155,117	\$63,974	\$187,104	\$400,195
Joint Commitment (FAO)	Programme Cost **					\$629,566	\$763,089	\$476,066	\$1,818,420
	Indirect Support Cost**					\$44,949	\$33,416	\$39,873	\$117,238 ^g
FAO	Programme Cost **					\$334,792	\$227,752	\$102,236	\$464,800 ^g
	Indirect Support Cost**					\$9,433	\$13,943	\$7,118	\$32,556 ^g
UNDAF	Programme Cost					\$130,300	\$133,000	\$105,033	\$368,333 ^g
	Indirect Support Cost					\$1,803	\$1,136	\$1,300	\$4,239 ^g
UNHCR	Programme Cost					\$129,773	\$219,273	\$196,410	\$445,456 ^g
	Indirect Support Cost					\$9,094	\$13,349	\$6,992	\$31,323 ^g
WFP	Programme Cost					\$41,993	\$69,820	\$27,916	\$139,629 ^g
	Indirect Support Cost					\$2,033	\$4,008	\$1,832	\$9,772 ^g
WFP	Programme Cost					\$52,023	\$100,423	\$40,710	\$192,956 ^g

Programme support cost					
Total	Programme Cost		83,708	56,560	12,930
	Indirect Support Cost		51,126,962	51,603,243	580,512
			578,887	512,227	56,666
					527,150

111 In cases of joint programmes using divided fund management modalities, the Managing Agent is responsible/accountable for achieving all shared joint programme outputs. However, those participating UN organisations that have specific direct interest in a given joint programme output, and may be associated with the implementation, for example in process and agreed technical inputs, will also be reflected in this column.

UNDAF Outcomes (same as for outcome 1, above)								
Joint Programme Outcome 2: The policy and strategic frameworks and institutional mechanisms required to support integrated nutrition and household food security interventions are established.								
- Food security and nutrition interventions implemented as part of Government programmes.								
- Household food security and nutrition coordination committees are functional at national and sub-national level.								
- Household food security and nutrition knowledge of key informants and staff has increased.								
3P Outputs	Participating UNO specific Outputs	Participating UN organizations (1)	Participating UNO corporate priority	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame*		
						V1	V2	Total
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 - Nutrition and food security noted as priorities in relevant policies - Linkages between Health & Nutrition and Agriculture & Rural Development are explicitly noted and are operational - Resources allocated to nutrition & household food security increase by 20% Baseline: little emphasis and lack of linkages		All agencies (with FAO as lead/managing agent)	UNDAF B.1 and C.1, C.2, NMTFF outcome 1, output 1.2	Government of Afghanistan (MOPI, MAIL and others)	Critical review of existing policies and strategies	\$42,196		\$42,196
					Mapping of ongoing interventions and resources	\$42,196	\$24,112	\$12,056
					Fund-raising		\$36,168	\$36,168
					Participation in policy-making exercises and advocacy	\$36,168	\$60,280	\$144,672
					TOTAL	\$120,560	\$120,560	\$361,680
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. Regular stakeholder meetings information sharing between key partners, and common decisions are taken and followed up regarding food security and nutrition at central and provincial levels Baseline: coordination mechanisms limited to cluster meetings		All agencies (with FAO as lead/managing agent)	UNDAF B.1 and C.1, C.2, NMTFF outcome 1, output 1.2	Government of Afghanistan (MOPI, MAIL and others)	Review of existing coordination mechanisms	\$10,945		\$10,945
					Support Government coordination mechanisms	\$12,835	\$36,483	\$105,801
					Strengthening provincial coordination mechanisms	\$52,835	\$36,483	\$105,801

5. Management and Coordination Arrangements

5.1. Main Programme partners

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 Home Economics Department (MAIL). The UN agencies participating in the Joint Programme are FAO, UNICEF, WHO, WFP and UNIDO. The technical focal points in these organisations are the nutrition experts and officers of UNICEF, WHO and WFP; the nutrition and household food security experts and officers of FAO; and the Head of UNIDO operations.

Other partnerships will be sought, during programme implementation. A number of NGOs are already working with FAO and WFP in food security as well as with UNICEF in the management of malnutrition. Partnerships with other ministries, in particular the Ministry of Education, the Ministry of Women's Affairs, Ministry of Rehabilitation and Rural Development, Ministry of Labour and Social Affairs, and the Ministry of Religious Affairs, International and national CSOs, in particular the BPHS (Basic Package of Healthy Services) implementing partners and National Solidarity Programme's facilitating partners, will also be essential partners for the Joint Programme, notably at the district level. A list of potential partners is provided at Annex 8. The final selection will be based on the areas and needs to address as well as on the capacity of the partners in that area. Linkages will also be made with other relevant Joint Programmes (namely the Healthy Schools Initiative, Functional Literacy Initiative, Joint National Youth Programme, Greening Afghanistan Initiative, MDG-Fund environment programme, and MDG-Fund on Peace and Justice).

5.2. Programme Management and Support team

UN partners have designated FAO as the managing agent of the jointly funded components. These include the resources required for the programme management, implementation of outcome 2, as well as the management of the Nutrition and Food Security Support Fund (see below). FAO Afghanistan has experience in implementing cross-sectoral nutrition and food security activities and promoting inter-ministerial and inter-agency coordination for nutrition. Furthermore, it has a strong operational team supporting program implementation, which is currently effectively managing a project portfolio of over \$70 million (delivery in 2008: \$30 million).

A Joint Programme Technical Advisor and Coordinator will be recruited by the Joint Programme Management Committee (through an FAO contract), with validation by the National Steering Committee. S/he will be responsible for the overall supervision and coordination of the whole programme and for representing all UN partners with the Government partners regarding Joint Programme activities. S/he will also closely coordinate in planning and implementation with the UNDAF coordination team. S/he will assist the Resident Coordinator in facilitating the National Steering Committee, facilitate the Programme Management Committee, and provide support to the Provincial Coordination Committees (see below). S/he will also provide regular on-the-job technical support to Government partners and work in collaboration with the UN agency technical focal points. S/he will have a key role in terms of monitoring and evaluation, knowledge management, communication, coordination, advocacy, communication, and resource mobilization. Finally, s/he will establish linkages with / participate in other relevant coordination mechanisms,

including other Joint Programmes, and in particular with the UNDAF partners and working groups. Continues close linkages with the UNDAF and national priorities have to be ensured. The full Terms of Reference (TOR) for the JPTAC are presented in Annex 3.

The JPTAC will be assisted in his/her tasks by two national focal points from the Government: one from the MOPH Public Nutrition Department, and one from the MAIL. They will be Government civil servants assigned full-time to the Programme by the two ministries, and their salaries will be covered by the Joint Programme budget. (Note: these are not salary supplements or incentives, but regular salaries). They will be responsible for assisting with Joint Programme coordination, management, reporting, and for providing technical support to provincial teams.

The JPTAC and National Coordinators will be assisted in the implementation of the Joint Programme by the technical staff (international and national) working for each UN agency on Joint Programme related activities. These include the staff budgeted on the Joint Programme (on each agency's budget line), but also staff recruited with other resources (e.g. regular programmes or other donor-supported projects).

The Joint Programme Technical Advisor and Coordinator will be collocated with the Government partners. S/he will most likely be hosted by MAIL, which currently has more office space than MOPH. This will also facilitate relations with the operations department of FAO regarding fund management. However, one national focal point from MOPH will be working in the MOPH Public Nutrition Department, and the MAIL focal point in MAIL. The JPTAC will be expected to spend equal amounts of time with each Ministry.

An administration officer and one driver will be recruited to provide transport to the Joint Programme support team. Travel to the provinces will be done either by plane and/or road. If by plane, collaboration with UN agencies that are present at provincial level (and/or local Government Departments) will be sought to ensure local transport is provided.

5.3. National Steering Committee, Programme Management Committee and Provincial Coordination Committees

At the central level, two committees will be established: the Joint Programme National Steering Committee (NSC), and the Programme Management Committee (PMC). At the Provincial level, coordination will be ensured through Provincial Coordination Committees (or PCC, for short).

The National Steering Committee is composed of the Deputy Minister of Public Health and the Deputy Minister of Agriculture, the Resident Coordinator, the Heads of Agencies of the five UN partners (FAO, UNICEF, WHO, WFP, UNIDO) and a representative from the Spanish Embassy to Afghanistan. It will be co-chaired by the Resident Coordinator and a Government Representative, with participation from a representative of the Spanish Government. The National Steering Committee will meet semi-annually. It will provide strategic guidance to the PMC and take key decisions regarding the Programme implementation, according to technical propositions made by the PMC. The NSC is the governance body ensuring accountability in the process, and ensuring that participating partners meet their accountabilities. The NSC is the body for final decision making, including plan adjustments, and conflict resolutions if required. The TOR and Rules of Procedure for the National Steering Committee are presented in Annex 1. The Joint Programme Technical Advisor and Coordinator will sit on the National Steering Committee to report directly to the NSC members, and assist the Resident Coordinator's Office (RCO) with the secretariat for the NSC.

The Programme Management Committee (PMC) will be responsible for the overall management and technical oversight of the Joint Programme. It will be chaired by the Joint Programme Technical Advisor and Coordinator. The PMC will be responsible for preparing the Joint Programme work plans, deciding fund allocation (namely on the use of the pooled funds – in particular the Nutrition and Food Security Support Fund), coordinating the organisation of trainings, organising joint field visits, overseeing the general implementation of the workplan, decide on workplan adjustment, and compiling reports for the NSC and MGD-Fund Secretariat. The PMC will also review and validate decisions or propositions made by the Provincial Coordination Committees. The PMC will mainly be composed of technical focal points, with the authority to decide upon technical issues and call and/or form technical working groups to resolve specific questions arising during implementation. (See TOR in Annex 1)

The Provincial Coordination Committees will be led by representatives from the Department of Public Health and/or Department of Agriculture. They should be composed of representatives from the DOPH, DAIL, the Governor's office, UNAMA (as a representative of the RCO) and present UN partner agencies, participating NGOs and CSOs. Chairing arrangements can be determined locally. Technical support to the provincial committees will be provided by the JPTAC, the national coordinators, and the members of the Management Committee. UNAMA field officers can also assist PCC with facilitation, organizing meetings and information sharing. The PCC will meet on a quarterly basis or more, depending on programme needs. At least one member of the central level Management Committee will attend each PCC meeting. The PCC will be responsible for identifying local partners, reviewing and pre-selecting project proposals, coordinating the technical assistance provided to partners (e.g. organising trainings at provincial level), organising monitoring visits, and compiling reports on activities in the province to the PMC.

The MDT F Office will rely on the UN Resident Coordinator (RC) to facilitate collaboration and cooperation between participating UN Organisations to ensure that the programme is on track and that promised results are being delivered.

The RCO would oversee the coordination among the different partners, ensure that links are being established and appropriate synergies are being achieved between participating agencies, with related sectors and programmes and that the programme links closely with the UNDAF as well as national priorities.

6. Fund Management Arrangements

6.1. Selected fund management arrangements

The Joint Programme partners have decided to **combine two fund management arrangements**:

1. **Pooled funding** for the implementation of common outputs and activities, which include:
 - o Overall Joint Programme management and coordination (which includes policy and advocacy work done by the JPTAC)
 - o The Nutrition and Food Security Support Fund (which includes components shared across four budget lines: implementing partner contracts, joint training, and supplies)
 - o The training development component, described under outcome 2 (output 2.3)

The total amount of funds to be pooled is: **\$3,167,842**.

The allocation of the pooled funds will be decided by the NSC and PMC, and administered by the Managing Agent, i.e. FAO, on behalf of all partner agencies. The budget breakdown for the pooled funds is indicated in the budget table under the heading "Joint Programme funds".

The majority of funds have been pooled to maximise integration and flexibility, so as to respond effectively to local needs and priorities at district level.

2. **Parallel funding** to the line agencies required for them to mobilize the necessary technical and management support required for the Joint Programme implementation. These include:
 - o Technical staff cost (who will play a key role in training)
 - o Direct training costs
 - o Equipment: including specialised equipment costs (to be procured directly by the agencies but used at district level by implementing partners), and small amounts for office equipment.
 - o Supplies: specialised supplies that are most easily procured directly by the UN agencies (e.g. RUTF's and micronutrient supplements by UNICEF, supplementary food and RUFs by WFP, seeds by FAO, etc.)
 - o Transport, travel, and administrative support costs

These funds will be received directly by the UN agencies from the Administrative Agent, the MDTF Office, and managed directly by the line agencies, but in accordance with the workplan and implementation priorities identified jointly by the PMC and NSC.

6.2. Contract Agreements with Implementing Partners

Contract agreements will be established with selected partners, identified through the process described in section 3.3.1, above. These contracts will be managed, on behalf of the Joint Programme partners, by the Managing Agent (FAO). FAO will establish contractual agreements with the implementing partners, in accordance with its regular legal procedures, and with the terms of reference decided by the PMC. According to disbursement rules in FAO, partners can receive a maximum of 30% of the funds upon initiation of the project;

40% upon reception of a satisfactory inception report or first progress report; and minimum 30% upon the reception of a satisfactory final report. Furthermore, FAO Afghanistan can approve locally up to a maximum of \$75,000 (beyond this amount, the clearance of headquarters is required).

In line with the budget availability, and equity in the use of project funds across districts, it is recommended that projects funded through the Joint Programme have a maximum budget of \$150,000 per partner. Projects can be for a duration of up to two years. However, when projects are above \$75,000 and/or last more than one year, the agreement between the implementing partner and PMC (through FAO) can be structured through two consecutive agreements (of a maximum of \$75,000 each). This process will facilitate and accelerate in-country clearance. It will also give an opportunity to assess the implementing partners performance after one year, and decide whether the next contract should be allocated or not.

It is recommended that there be only one round of calls for proposals and proposal selection in each province. Furthermore, it is preferable to have larger contracts with fewer partners, so as to limit the administrative work to be performed and associated transaction costs.

Money will be transferred to implementing partners through a bank transfer (more structures now have bank accounts), or by a check to be cashed by the partner.

6.3.Provision of Supplies and Equipment to Implementing Partners

Implementing partners can receive the equipment and supplies required to implement community-level projects through two mechanisms, depending on the types of supplies needed:

- For equipment and supplies that are best procured locally and need to be adapted to local circumstances, implementing partners can procure them directly, and thus include a budget line for equipment and supplies in the budget contained in the contractual agreement.
- For specialised equipment and supplies that need to respond to clear specifications and quality standards, that are best procured in large quantities and / or that are procured internationally, the relevant UN agency will provide the supplies directly to the implementing partner (e.g. UNICEF for RUTFs and medicine; WFP for supplementary food; FAO for agricultural equipment and supplies; UNIDO for agriculture or food processing machinery). Implementing partners should clearly specify their equipment and supply requirements (in addition to the funds) in their proposals.

UNICEF, WFP, FAO and UNIDO have all allocated some funds for equipment and supplies on their respective budgets. In order to give additional flexibility in the planning of supplies (it is difficult to estimate at this stage the type and quantity of supplies required given the Joint Programme's bottom-up approach), additional funds have been allocated to the pooled fund for supplies. Should a particular agency need more resources than it has budgeted to provide the supplies requested by partners, then it can request the PMC to transfer to them some of the joint supply funds. Furthermore, agencies will be greatly encouraged to seek other funding sources for large quantities of supplies (e.g. through the nutrition cluster).

7. Monitoring, Evaluation and Reporting

7.1. Monitoring and Evaluation

The indicators used to evaluate the effectiveness and impact of the Joint Programme are presented in the monitoring matrix (Table 5), below. The information will be collected through various methods.

Baseline survey and Impact assessment

The main source of information for the monitoring and evaluation of activities undertaken under outcome 1 will be the baseline survey and impact assessment conducted at the beginning and end of the Joint Programme in the selected districts. This survey will be outsourced to a common partner, a research institution, university or NGO with the necessary skills and expertise. However, this partner will be expected to involve the Joint Programme, Government, and potential implementing partner staff in the survey preparation, trainings of field teams, data collection, and analysis. Guidance for the preparation of the TOR for this work are presented in Annex 6.

Workshops for sharing survey results will be organized at provincial and central levels, after the baseline survey and after the impact assessment.

Monitoring data and regular field visits

In addition to the baseline and impact surveys, regular monitoring will occur throughout the project implementation.

For activities implemented under outcome 1, monitoring will be part of the work to be done by the implementing partners at district level. Monitoring will be harmonized across UN agencies and implementing partners through the use of common monitoring tools and frameworks, which will be prepared by the Joint Programme Management Committee. Trainings will be conducted at provincial level for implementing partners and government staff on how to carry out the monitoring using the harmonized approach and forms.

Partners will collect regular activity data (e.g. number of admissions and patients in CMAM; number of counselling sessions, etc.). In addition, joint field visits will be organised, including a UN technical staff member (either from the province or from Kabul) and government staff (provincial and/or central level staff). Provincial coordinators will be encouraged to monitor each project site at least once every 2 months. Village key informants as well as randomly selected households and their members, women in particular, will be visited and interviewed. In addition to quantitative monitoring, participatory techniques will be applied to monitor and assess beneficiaries perceptions on the changes achieved. Also, central level staff (UN and national coordinators) will regularly visit the project sites with the provincial staff (e.g. at least 1 visit in each district every 6 months).

Monitoring of activities carried out under outcome 2 (coordination, advocacy, curriculum development) will be done through activity reports submitted by the national and provincial coordinators and consultants. The JPTAC will be responsible for summarizing this information in the semi-annual reports (see reporting, below).

Mid-term review and evaluation: The MDG F Secretariat will conduct a mid term review. The joint programme team will be responsible for the design and implementation of an evaluation. It will be carried out by an independent consultant, at the end of the Joint

Programme (e.g. in November 2012), using the results of the impact assessment, monitoring data, the reports produced during the Joint Programme, and key stakeholder interviews. The evaluation will be based on quantitative as well as qualitative information. The latter will be collected through focus groups discussions held with key informants and community members, particularly women. The evaluation methodology will incorporate participatory tools to assess villagers perceptions on the progress and major achievements of the programme.

Table 5: Monitoring matrix

Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	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 3 to 5 provinces)	By 2013 rates of chronic malnutrition (H/A) reduced by 15%, underweight (W/A) by 20% and acute malnutrition (W/H) by 30%.	Baseline and evaluation report. HMIS data. MICS data (for comparison with national averages)	Pre-post assessment (providing baseline and endline data). Access to MICS database.	All agencies (FAO lead)	Security conditions allow for continued implementation at community level.
1.1. Community's needs are assessed in a participatory way and results are used to form the district-level project design and implementation plans.	Participatory village development planning is conducted in about 20% of the target area and plans are documented by 09/2010.	Community development plans, project proposals	Programme registration system	FAO	Security conditions do not deteriorate and limit field access
1.2. Awareness and knowledge of healthy nutrition practices increased	80% of caregivers are able to recall a minimum of 9 key nutrition education messages, in project areas*	Baseline and evaluation report, monitoring reports	Pre-post assessment, quarterly monitoring visits by Govt & UN staff	FAO, UNICEF, WHO	Security conditions do not deteriorate and limit field access
1.2 Infant and young child and family feeding practices improved	Exclusively breastfeeding until 6 months increased by 20%. Provision of adequate complementary foods in a timely manner increased by 20%. Dietary diversity increased by 20% in project areas	Baseline and evaluation report. MICS survey 2009 (to compare project sites with national averages).	Pre-post assessment, quarterly monitoring visits by Govt & UN staff. Access to MICS database.	FAO, UNICEF, WHO	Security does not prevent all field access
1.3 Community-based management of acute malnutrition is effective (CMAM)	80% of children suffering from acute malnutrition are treated, in project areas*	Baseline and evaluation report, monthly project reports reporting against global CMAM standards.	Pre-post assessment, quarterly monitoring visits by Govt & UN staff	UNICEF, WHO, WFP	Security does not prevent all field access
1.4 Quality of nutrition activities provided through health services improved	90% of health facilities implement nutrition activities according to MOH quality standards (c.f. balance score card) in project areas	Project monitoring results (or reporting system, quarterly)	Pre-post assessment, quarterly monitoring visits by Govt & UN staff	UNICEF, WHO	Security does not prevent all field access
1.5 Increased household food production and income	20% increase in household income. At least two new types of foods introduced in household based food production.	Baseline and evaluation report, monitoring reports	Pre-post assessment, quarterly monitoring visits by Govt & UN staff	FAO, UNIDO	Shocks (eg Drought) do not seriously affect project areas. Security does not prevent field access.
1.6 Nutritional status and household food security is assessed at baseline, monitored and evaluated.	Baseline results available by 10/2010. Monitoring results are submitted on a quarterly basis. Endline survey results & final eval. report available by 12/2013.	Baseline and endline survey, monitoring reports	Pre-post assessment, quarterly monitoring visits by Govt & UN staff	FAO (lead), UNICEF, WHO, WFP, UNIDO	Field access possible in project sites at beginning and end of project.

Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Means of verification	Collection methods	Responsibilities	Risks & assumptions
Outcome 2: Policies, strategic frameworks and institutional mechanisms supporting integrated nutrition & household food security interventions are established	<ul style="list-style-type: none"> Food security and nutrition interventions implemented as part of Government programmes. Household food security and nutrition coordination committees are functional at national and sub-national level. Household food security and nutrition knowledge of key informants and staff has increased. 	<ul style="list-style-type: none"> Government reports (to MOF and donors) Meeting minutes Knowledge test scores 	<ul style="list-style-type: none"> Information provided by Government focal points and officials (e.g. NSC members) Participation in meetings & Review of meeting minutes Training institutions test results 	All agencies (FAO lead through JPTAC)	Senior government officials and stakeholder representatives are supportive of nut. & FS coordination, at central and provincial level. Changes in senior officials does not affect policy-making processes negatively.
2.1 Nutrition and household food security are adequately addressed in Government policies and strategies and resources allocated increased	<ul style="list-style-type: none"> Nutrition and food security stated as priorities in relevant policies (e.g. preparation for ANDS revision) Linkages between Health and Nutrition and Agriculture and Rural Development are explicitly lined out and are operational. Resources (Gov't and donor) allocated to nutrition and household food security increase by 20%. <p>Baseline: little emphasis and lack of linkages.</p>	<ul style="list-style-type: none"> Government policies and strategy papers Reports on resource allocation Indicators for priorities as well as linkages to be defined at baseline. 	<ul style="list-style-type: none"> Review of policy documents and donor reports 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 provincial levels are established	<ul style="list-style-type: none"> Regular stakeholder meetings, information sharing between key partners, and common decisions are taken and followed up regarding food security and nutrition, at central and provincial levels <p>Baseline: coordination mechanisms limited to cluster meetings</p>	<ul style="list-style-type: none"> Meeting minutes JP semi-annual reports 	JPTAC and/or National coordinator participation in coordination meetings	All agencies (FAO lead, through JPTAC)	Senior government officials and stakeholder representatives are supportive of nut. & FS coordination, at central and provincial level
1.3 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)	<ul style="list-style-type: none"> Nut. & FS training modules integrated in at least 2 faculties' curricula (medicine and agriculture) and 2 in-service training prog. (MOPH and MAIL) <p>Baseline: limited nutrition and food security training in faculties and in-service trainings (precise baseline to be established at beginning of JP)</p>	<ul style="list-style-type: none"> JP reports Faculty curricula Content of in-service trainings Training modules Consultant reports 	<ul style="list-style-type: none"> Review of faculty curricula and in-service training programmes Review of training modules 	All agencies (FAO lead, through JPTAC)	Curricula revision processes and calendars ease the introduction of new modules. Heads of training institutions responsive to offers of collaboration.

7.2. Capitalisation: Lesson learning and sharing

Survey, monitoring and evaluation results will be regularly reviewed by the National Steering Committee and Programme Management Committee. They will also be shared and reviewed through lesson learning and sharing workshops at central and provincial levels, carried out at various stages of the Joint Programme. For example, the following series of workshops can be carried out:

- **End of year 1:**
 - workshops at provincial and central levels to share the results of the baseline survey
 - central-level annual review workshop with key Joint Programme key partners (including provincial representatives from Government and IP's), to review completed activities, risks and assumptions, and prepare the annual workplan for year 2.
- **End of year 2:**
 - If possible, lesson learning and sharing workshops regarding progress in the implementation of district-level projects at provincial level
 - Central-level annual review and lesson sharing workshop including review of district-level projects (outcome 1) and central-level activities (outcome 2), including provincial representatives from Government and IP's. This workshop will also include the review of risks and assumptions, and prepare the workplan for year 3.
- **End of year 3:**
 - Concluding workshop to share results from the impact assessment and independent evaluation, and to make recommendations for future programmes, with all Joint Programme partners.

7.3. Reporting

The Joint Programme Technical Advisor and Coordinator is responsible for compiling all reports to be submitted to the National Steering Committee, with assistance from the Joint Programme Management Committee. These reports notably include:

- The JP inception report
- Annual and quarterly reports
- Joint Programme final report

The quarterly and annual reports will include information provided by the Implementing Partners at district level and the UN agencies. The JP Team will provide the narrative and the participating agencies the financial updates. The IP's will have common reporting format regarding district-level projects, and the UN agencies will also have a common reporting format where they shall report any activity they have carried out (at district, provincial and central level).

The provincial coordinators will be responsible for compiling the IP reports at the provincial level. They will also provide a summary of activities carried out at provincial level (e.g. workshops and trainings held, monitoring visits, etc.). The technical focal points from each agency will be responsible for providing the PMC their activity reports. The national coordinators will assist the JPTAC in compiling all the IP reports and UN agency reports into the narrative report and the quarterly financial updates to be submitted to the NSC.

In addition to the regular activity reports, other reports to be submitted to the NSC and MDG-Fund Secretariat will include:

- consultants' reports (in particular the Curriculum Development Expert).
- Baseline survey report
- Impact assessment report
- JP evaluation report

The MDG Office is responsible for the annual consolidated Joint Programme Progress Report, which will consist of three parts:

AA Management Brief: consisting of an analysis of the certified financial report and the narrative report. The management brief will identify key management and administrative issues, if any, to be considered by the NSC.

Narrative Joint Programme progress Report. This report is produced through an integrated Joint Programme reporting arrangement. The report should be reviewed and endorsed by the PMC before it is submitted to the MDTF Office on 31. March of each year.

Financial progress report: Each participating agency will submit to the MDT F Office a financial report stating expenditures incurred by each programme during the reporting period. The deadline for this is 30 April.

8. Legal Context or Basis of Relationship

This section specifies what cooperation or assistance agreements form the legal basis for the relationships between the Government and each of the UN organizations participating in this joint programme.

This programme document shall be the instrument referred to as the project document in a) the Standard Technical Assistance Agreement, 1956 and b) Country Programme Action Plan (CPAP) 2006-2008 (as extended to 2009). The host-country implementing agency shall, for the purposes of the Standard Technical Assistance Agreement, refer to the Government co-operating agency described in the Agreement.

The Implementing Partners agree to undertake all reasonable efforts to ensure that none of the funds received pursuant to this Joint Programme are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by Participating UN organizations do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>. This provision must be included in all sub-contracts or sub-agreements entered into under this programme document.

9. Work plans and budgets

Nota Bene: The following factors must be considered when reading this table. The content of the table for outcome 1 must be interpreted as *rough estimations* of planned budget allocations by activity and agency, for the following reasons:

- Activities below are described by agency, but will be largely implemented through an integrated approach, for example through joint trainings.
- Activities are broken down by output, but the same partner(s) in a given district will be responsible for implementing the set of outputs listed under Outcome 1, through one contract per partner (not one per output).
- For some technical areas, more than one agency has the necessary expertise (eg. UNICEF and WHO on breastfeeding counselling and treatment of severe malnutrition) such that a sharing of tasks can be done by geographical area, depending on staff workload and other constraints.
- It is not known, at this stage, what the exact needs will be in the field, nor the priorities identified by communities, such that we cannot know exactly what percentage of the contracts, staff time and training budgets will be allocated to each output
- Budgets for activities such as trainings, monitoring and management included percentage of staff time, training costs, transport, and admin and support costs (some of them direct, such as the driver and admin officer of the JP)
- This workplan is established with the notion that the first year will be largely spent preparing for implementation of field activities (baseline survey, trainings on participatory planning, preparation and selection of proposals, initial technical trainings), such that the majority of district-level activities will be implemented in years 2 and 3 of the JP.

(The same considerations apply for the budget allocations presented in the results framework)

Joint Programme Outcome 1: Child malnutrition and household food insecurity are reduced by 2013 through the implementation of an integrated community nutrition and food security package in 10 districts (in 3 to 5 provinces).									
UN organization-specific Annual targets	UN Activities organized on	TIME FRAME				Implementing Partner	PLANNED BUDGET		
		Q1	Q2	Q3	Q4		Source of Funds	Budget Description	Amount
JP 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	Joint (FAO)	X	X			FAO	MDG-F	Personnel (JPTAC, HC, FAO staff) Training	\$55 181
			X	X		NGOs, local structures	MDG-F		
						PMC, PCC, NGOs, local structure	MDG-F	Personnel Travel	\$6 898
					X	Selected partners	MDG-F	Personnel, Admin support	\$6 898
JP Output 1.2. Increased awareness and knowledge of healthy nutrition practices	UNICEF				X	UNICEF & provincial coordinators	MDG-F	Staff, training, transport, admin & log support	\$15 136
					X	FAO & provincial coordinators	MDG-F	Staff, training, transport, admin & log support	\$13 944
					X	WHO & PC	MDG-F	Staff, training, transport, admin & log support	\$2 737
			X	X	X	Editing and printing company	MDG-F	Contracts for publication	\$31 800
					X	Selected district partners	MDG-F	Contracts	\$46 440

JP output 1.3 Improved nutrition infant and young child and family feeding practices through counselling and community support									
Field partners trained on improved complementary and family recipes and participatory cooking sessions Field partners trained on Breastfeeding counselling	FAO	Provincial trainings on participatory cooking sessions & improved recipes Provincial Trainings on breastfeeding counselling			X	FAO & PC	MDG-F	Staff, training, transport, admin & log support Staff, training, transport, admin & log support	\$27 888 \$10 950
Field partners trained on Growth Monitoring and Promotion	WHO	Provincial Trainings on GMP			X	WHO & PC	MDG-F	Staff, training, transport, admin & log support	\$10 950
Support groups established & Nutrition counselling implemented in communities	Joint (FAO management)	Establishment of community support groups			X	Selected district partners	MDG-F	Contracts	\$92 880
JP output 1.4 Effective of community-based management of acute malnutrition (CHAM)									
Field partners trained on screening of malnutrition	WHO	Provincial trainings on screening			X	WHO & PC	MDG-F	Staff, training, transport, admin & log support	\$5 475
Field partners trained on treatment and management of severe acute malnutrition	WHO	Provincial trainings on CSAM			X	WHO & PHO	MDG-F	Staff, training, transport, admin & log support	\$10 950
Supplies for management of severe acute malnutrition provided	UNICEF	CSAM Supply provision			X	UNICEF & PHO	MDG-F	Staff, training, transport, admin & log support	\$51 000
Partners trained on supplementary feeding and management of moderate malnutrition & supplementary food is supplied	WFP	Provincial SFP trainings SFP supply provision			X	WFP & PNO WFP & selected partners	MDG-F	Training, admin & log support Supplies, transport	\$6 000 \$35 903
CHAM implemented with strong community outreach and education by IP's	Joint (FAO management)	Participation of partner staff in trainings on CHAM. Pre-positioning of supplies			X	Selected partners (BPHS NGOs)	MDG-F	Contracts	\$125 700
JP output 1.5 Improved quality of nutrition activities provided through health services									
Supplementation protocols implemented	UNICEF	Trainings on supplementation protocol implementation Supplement supply			X	UNICEF for BPHS NGOs UNICEF for BPHS NGOs	MDG-F MOPH & UNICEF	Staff, training, transport, admin & log support Supplement supplies	\$15 136 TBD
Quality of treatment in Therapeutic Feeding Units increases	WHO	Provincial Trainings on treatment of severe acute malnutrition			X	WHO for EPHS partners	MDG-F	Staff, training, transport, admin & log support	\$8 212
Nutrition education conducted in health facilities and through CHWs	UNICEF	Provincial trainings on nutrition education			X	UNICEF for BPHS NGOs	MDG-F	Staff, training, transport, admin & log support	\$15 136

Field activities monitored	UNICEF	Field visits and monitoring data collection			X	UNICEF & PC	MDG-F	Staff, transport, travel, admin & log support	\$50 455
Field activities monitored	UNIDO	Field visits and monitoring data collection			X	UNIDO & PC	MDG-F	Staff, transport, travel, admin & log support	\$44 750
Field activities monitored	WHO	Field visits and monitoring data collection			X	WHO & PC	MDG-F	Staff, transport, travel, admin & log support	\$18 250
Baseline survey and impact assessment conducted in project areas	Joint, FAO management	Preparation & dissemination of TOR	X			JPTAC & NC	MDG-F	Staff (JTPAC) and PNC	\$91 460
		Selection of partner	X						
		Methodology preparation & training of teams		X		Contracted research agency		Contract	\$154 800
		Data collection		X					
		Data analysis & report		X					
		Results workshop			X				
Total Planned Budget for outcome 1, Year 1									
Joint Component									
7% Indirect support									
FAO		Total							\$44 049
UNICEF		7% Indirect support							\$673 315
UNIDO		Total							\$9 435
WFP		7% Indirect support							\$144 228
WHO		Total							\$9 681
		7% Indirect support							\$147 981
		Total							\$9 094
		7% Indirect support							\$138 859
		Total							\$2 933
		7% Indirect support							\$44 837
		Total							\$3 705
		7% Indirect support							\$56 630
		Total							

Joint Programme Outcome 2: The policy and strategic frameworks and institutional mechanisms required to support integrated nutrition and household food security interventions are established										
UN organization-specific Annual targets	UN organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET		
			Q1	Q2	Q3	Q4		Source of Funds	Amount	
9.1.1.										
JP Output 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										
This is a common output, with FAO as managing agent	FAO (MA)	Policy and strategy review	X	X			Gov't Afg. donors	MDG-F	Staff: percentage of JPTAC, National and Provincial coordinators time (for all activities)	\$77 600
		Mapping of ongoing interventions and resources allocated to nutrition and food security	X	X		X		MDG-F		
		Participation in policy-making exercises and advocacy	X	X	X	X		MDG-F	Support: translations, meeting and training costs, admin & logistics support (for all act)	
		Resource mobilization	X	X	X	X		MDG-F		
JP 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										
This is a common output, with FAO as managing agent	FAO (MA)	Review of existing coordination mechanisms	X				Gov't of Afg. donors, agencies participating in coordination	MDG-F	Staff: percentage of JPTAC, National and Provincial coordinators time (for all activities)	\$77 600
		Support to Government partners in facilitating / participating in relevant coordination mechanisms	X	X	X	X		MDG-F		
		Strengthen & support provincial coordination mechanisms	X	X	X	X		MDG-F	Support: meeting and training costs, admin & logistics support (for all activities)	
		Promote linkages between Nut & FS clusters, and between emergency and dev't coordination mechanisms	X	X	X	X		MDG-F		
JP output 2.3 Nutrition and food security training modules are integrated in existing pre-service and in-service trainings for health, agricultural, education personnel (and other relevant sectors)										
This is a common output, with FAO as managing agent	FAO (MA)	Update mapping of training programmes and identifying priority training programmes	X	X			Training institut. (in-service & pre-service)	MDG-F	Int'l nutrition curriculum dev't expert & national officer	\$92 000
		Identification of training needs	X	X	X	X		MDG-F	Training & transl. costs	
		Development of training modules			X	X		MDG-F	admin & log support	
Total Planned Budget Outcome 2, Year 1 (managed by FAO)										
Including 7% indirect support costs										
\$26 651										

Summary Budget

	Joint programme (FAO managed)	FAO	UNICEF	WFP	WHO	UNIDO	Total
Personnel	927 600	268 600	115 000	0	105 000	210 000	1 626 200
Contracts	1 600 000	20 000	0	0	0	0	1 620 000
Training	94 000	30 000	106 000	12 000	32 500	30 000	304 500
Transport	71 000	25 200	75 000	7 678	0	64 000	232 878
Supplies	100 000	47 000	100 000	120 000	0	0	367 000
Equipment	16 000	8 000	50 000	0	6 000	60 000	140 000
Travel	120 000	48 000	31 819	0	24 000	53 500	277 319
Miscellaneous	32 000	18 000	0	0	15 000	30 000	105 000
Sub-total	2 960 600	464 800	477 819	139 678	182 500	447 500	4 672 897
Agency support	207 242	32 536	33 447	9 777	12 775	31 325	327 103
TOTAL	3 167 842	497 336	511 266	149 456	195 275	478 825	\$5 000 000

Summary Budget applying the UNDG 2006 Criteria (same budget, different categories, in %)

	Joint programme (FAO Managed)	FAO	UNICEF	WFP	WHO	UNIDO	Total
1.1. Supply, commodity, equipment, transport	187,000	80,200	225,000	127,678	6,000	124,000	739,878
1.2. Personnel (staff, travel)	1,047,600	316,600	146,819	0	129,000	263,500	1,903,519
1.3. Training	94,000	30,000	106,000	12,000	32,500	30,000	304,500
1.4. Contracts	1,600,000	20,000	0	0	0	0	1,620,000
1.5. Other direct costs (Miscellaneous)	32,000	18,000	0	0	15,000	30,000	105,000
Sub-total	2,960,600	464,800	477,819	139,678	182,500	447,500	4,672,897
Agency support	207,242	32,536	33,447	9,777	12,775	31,325	327,103
TOTAL	3,167,842	497,336	511,266	149,456	195,275	478,825	5,000,000

Annexes

Annex 1: Draft TOR and Rules of Procedure for NSC and PMC

Draft Terms of Reference and Rules of Procedure for MDG-F National Steering Committee (NSC)

in Afghanistan for programmes funded by UNDP-Spain Millennium Development Goals Achievement Fund

For review and endorsement by the National Steering Committee

Part I: Terms of Reference

1. Introduction

The National Steering Committee in Afghanistan (the "NSC") is established to oversee and coordinate the operations of the Joint Programme on Nutrition and Household Food Security (the "Programme") in accordance with the Terms of Reference of the Fund.

2. Role of the NSC

The NSC will have overall responsibility for Programme activities. It will provide strategic guidance and oversight and approve the Programme Document including subsequent revisions and Annual Work Plans and Budgets. The NSC will be co-chaired by the UN Resident Representative and a Government Representative. To the extent possible, the NSC will use existing coordination mechanisms in Afghanistan to undertake the process of planning and stakeholder consultation that the programme operations will require.

3. Structure and Composition

- ✓ **Membership:** The members of the NSC will include:
 - A representative of the Government of Afghanistan, as Co-chairperson (Deputy Minister MAIL, Deputy Minister MoPH);
 - Heads of Agencies of the five UN partners (FAO, UNICEF, WHO, WFP, UNIDO);
 - United Nations Resident Coordinator (RC), as Co-chairperson;
 - A local representative from Government of Spain.
- ✓ **Frequency of meetings:** The NSC will normally meet semi-annually. Additional meetings based on the requirements of the Programme may be convened exceptionally. The meetings will be convened by the Chairperson. For emergency issues the NSC may conduct its business electronically.
- ✓ **Agenda:** The agenda and supporting documentation will be prepared and disseminated by the Resident Coordinator's office. NSC members may make requests for items to be included on the agenda.
- ✓ **Quorum:** A quorum of the NSC will consist of all the committee members.
- ✓ **Observers:** Non-governmental, civil society and other organisations may be invited to participate in NSC meetings as observers, based on the following two primary criteria: (a) Involvement of the organisation in projects financed or to be financed from the Programme; and (b) Impact of projects financed from the Programme on the activities of the organisation.

Decisions to invite observers or representatives of the relevant Participating UN Organisation will be made by the Co-chairs.

4. Responsibilities of the NSC

The primary responsibilities of the NSC will be to:

- Review and approve these Terms of Reference (TOR) and Rules of Procedure and amend them, as necessary, in consultation with the MDT F Office, the Administrative Agent²¹.
- Review and endorse the Programme Document and Annual Work Plan and Budget submitted by Participating UN Organisations; ensure their conformity with the requirements of the Fund and in particular decisions of the MDG-F Steering Committee; ensure the quality of programme documents to receive funding from the Fund.
- Discuss the Programme requirements and priorities concerning:
 - programme management, ensuring linkages to the UNDAF and national priority areas, as well as consistent and common approaches to project costing, cost recovery, implementation modalities, results-based reporting and impact assessment,
 - information management, including appropriate Fund and donor visibility.
- Ensure that appropriate consultative processes takes place with key stakeholders at the country level in order to avoid duplication or overlap between the Fund and other funding mechanisms.
- Approve the reporting mechanism for the programme.
- Review findings of the summary audit reports consolidated by the Administrative Agent; highlight lessons learned and periodically discuss follow-up by Participating UN Organisations on recommended actions with programme-wide impact.

5. Decisions

The NSC is the final decision making body, including decisions on plan adjustments. The NSC should make decisions by consensus. The decisions of the NSC will be duly recorded.

Prior to presenting a position on an issue to the NSC, the Participating UN Organisation will ensure that this is in line with their regulatory requirements. Any decision by the NSC which deviates from a previously endorsed position has to be referred back to the Participating UN Organisation for endorsement in order to be binding.

Decisions on programme documents, including revisions and Annual Workplans and Budgets will only be taken upon completion of a review by the Programme Management Committees (PMC).

6. Support to the NSC

The NSC will establish a support function, which reports to the Chairpersons of the NSC. The support function will facilitate the work of the NSC. The RC's office will provide the primary support to the NSC.

Under the direct supervision of the Chairpersons of the NSC, the NSC Support Office will be responsible for:

- Periodically reviewing the Rules of Procedure of the NSC, and in consultation with the Co-chairs, recommend changes or revisions to the NSC.
- Liaising with the PMC on programme review and analysis.
- Calling and organising meetings of the NSC.

²¹ Administrative agent refers to the MDTF Office in New York.

- Developing and circulating meeting agendas and minutes.
- Documenting, communicating and ensuring follow-up of the NSC's decisions particularly ensuring the submission – no later than one business day after the NSC meeting – of appropriately signed and complete documentation on approved programme related documents to the Administrative Agent (the UNDP Multi-Donor Trust Fund Office in New York).

8. Programme Management Committee

The NSC shall ensure that Programme Management Committee (PMC) is established to assume responsibility for the operational coordination of the Joint Programme. The PMC's membership will consist of relevant implementing parties such as the technical programme advisors of the participating UN organizations (FAO, UNIDO, UNICEF, WFP, WHO), Government representatives (MAIL and MoPH) and civil society representatives as appropriate. The civil society representatives will be identified during the programme inception phase. The NSC will oversee that the PMC:

- Appoints a Programme Manager or equivalent thereof;
- Manages programme resources to achieve the outcomes and output defined in the programme;
- Aligns MDG-F funded activities with the UN Strategic Framework or UNDAF approved strategic priorities;
- Establishes programme baselines to enable sound monitoring and evaluation;
- Establishes adequate reporting mechanisms in the programme;
- Integrates work plans, budgets, reports and other programme related documents; and ensures that budget overlaps or gaps are addressed;
- Provides technical and substantive leadership regarding the activities envisaged in the Annual Work Plan and provides technical advice to the NSC;
- Establishes a communication and public information plans;
- Makes recommendation on re-allocations and budget revisions to the NSC;
- Addresses emerging management and implementation problems; and
- Identifies emerging lessons learned.

The RC or his/her representative will chair. Experts can be invited as observers to the PMC meetings when needed. The PMC will normally meet quarterly.

9. Public Disclosure

The NSC will ensure that decisions regarding programme approvals, periodic reports on the progress of implementation of the programme and associated external evaluations are made available for public information. Such reports and documents may include: records of decisions, summary sheets of approved Joint Programmes, annual financial and progress reports, summary of internal and external programmatic evaluation reports.

The NSC will take all reasonable steps to ensure the accuracy of such documents and that confidential materials are not disclosed.

The Participating UN Organisations will also take reasonable steps to ensure the accuracy of their postings on their respective websites regarding their Programme operations and activities, in consultation with the NSC.

Part II: Rules of Procedure

1. Review of Strategy

The NSC will review the progress of the Programme to ensure coherence and collaboration with Programme and other national programmes, maintaining close collaboration with national authorities to ensure flexible adaptation of MDG-F funded activities.

2. Funding release

- Based on the approval of the NSC and the receipt of duly signed Submission Form and relevant Project Document, the Administrative Agent will transfer approved funds to the particular Participating UN Organisation(s), after ensuring consistency with programme document signed by the Participating UN organizations.
- The first instalment of funds will be transferred within three to four business days from receipt of documentation from the NSC. Instalments are annual and the first release will be made in accordance with the budget of year one.
- Subsequent instalments will be in accordance with Annual Work Plans approved by the NSC. The release of funds is subject to meeting a minimum expenditure threshold of 70% of the previous fund release to the Participating UN Agencies combined.
- If the 70% expenditure threshold is not met funds will not be released to any agency, regardless of the threshold being met by an individual Participating UN Organization.
- If the overall expenditure of the programme reaches 70% before the end of the twelve-month period, the participating agencies may upon endorsement by the NSC request the MDTF Office to release the next instalment ahead of schedule.

4. Reporting

- In line with the Memorandum of Understanding (MOU) between the MDT F Office and Participating UN Organisations, the latter will submit, on a quarterly basis, narrative reports and quarterly financial and as well as progress reports to the MDT F Office. The management agent is responsible for consolidated reporting to the NSC at the country and the Fund Steering Committee at the global level, respectively.
- The PMC will sign off on the Narrative Joint Programme Progress Report before it is submitted to the MDT F Office.
- The Office of the Resident Coordinator will ensure that the Consolidated Joint Programme Progress Reports are distributed to NSC members and other relevant parties.
- Decisions and comments by the NSC will be shared with all stakeholders in order to ensure the full coordination and coherence of MDG-F efforts.
- The MDTF Office will issue the development of the Management Brief for each programme, which contains analysis of the certified financial report and the narrative report and key management achievements and challenges as well as recommendations for improvements or corrective action as required. The assessment, takes into account latest policy direction from the Secretariat and Steering Committee; best practices observed throughout Fund activities; audit recommendations; MTR observations; and adherence to Rules and regulations. The Management Briefs will be written in English.
- At the Fund-wide level, the MDTF Office designs reporting systems and mechanisms to facilitate that fiduciary requirement can be met by the Participating UN Agencies. The MDTF office will provide the Consolidated Joint Programme Progress Report for each programme and other reports as appropriate to the Fund Steering Committee through the Secretariat.

- Narrative report and financial updates will be provided by the participating UN organisations. The reports would be provided at the outcome level. The update is designed to satisfy basic information requirements to serve as a high level management tool for the Fund, while still being easy for the Country Teams to comply with. The MDTF Office will design and role out an online system to capture the updates.
- Consolidated narrative reports should include a section on the activity of the NSC.
- Timeline for submission of reports is shown in the chart below.

Report Name	Coordinating Author / Consolidator	Approving Authority	Deadline (reporting period: 1 Jan - 31 Dec)	Required Language
Consolidated Joint Programme Progress Report (including AA Management Brief, JP Narrative Report and Financial Reports):	Joint Programme Technical Advisor and Coordinator (JPTAC)	National Steering Committee	31 May	English with summary in Dari
Narrative Joint Programme Progress Report	Participating UN Organizations jointly at Country Level (JP team)	PMC	31 March	English, with summary in Dari
Financial Progress Reports	Each participating UN Organizations	Financial Officer/ Controller	30 April	English

Annex 2: NSC members and Technical Focal Points

Ministry or UN agency	NSC representative	Technical Focal Point			Alternate Technical focal point		
		Name	Position	email	Name	Position	Email
MOPH	Deputy Minister Dr. Nadera	Dr. Zarmina	Director of Public Nutrition Department	Zs_health@yahoo.com	Dr. Shams		s_mqsm@yahoo.com
MAIL	Deputy Minister Kunduzi	Nazeera Rahman	Director of Home Economics Department	sbmays_n22@yahoo.com	Elyas Hashemi	Acting Head of MAIL Coordination Department	elyas.hashemi@mail.gov.af
FAO	Tekeste Tekie (FAO-Rep.)	Silvia Kaufmann	Food Security, Nutrition and Livelihoods expert	Silvia.Kaufmann@fao.org	Akbar Sharestani	Nutrition and Food Security officer	MohammadAkber.Shahristani@fao.org
UNICEF	Catherine Mbengue (Country Director)	Henry Mdebwe	Nutrition Advisor	Hmdebwe@unicef.org	Dr. Shah Mahmood Nasiri	Nutrition Officer	snasiri@unicef.org
WHO	Peter Graaf (Country Director)	Dr. Annie Begum	Medical officer, RH	beguma@afg.emro.who.int	Dr. Adela	National MCH officer	mubashera@afg.emro.int
WFP	Stefano Porretti (Country Director)	Anna-Leena Rasanen	Programme Officer, Nutrition	Anna-Leena.Rasanen@wfp.org	Stephane Meaux	Programme Officer	Stephane.Meaux@wfp.org
UNIDO	Fakhruddin Azizi (Head of operations)	Fakhruddin Azizi	Head of Operations	F.Azizi@unido.org			
UNAMA (RCO)	Robert Watkins Resident Coordinator	Johannes Chudoba	Head of RCO	chudoba@un.org	Fran Massanello	UNCT Coordination officer	massanello@un.org

Annex 3: TORs for Joint Programme Technical Advisor and Coordinator

Under the direct supervision of the FAO Representative in Afghanistan and the technical guidance of the LTU (AGNP), the Joint Programme Technical Advisor and Coordinator will support all partners of the Joint Programme, Government, UN and implementing partners. S/he will be contracted by the Managing Agent on behalf of all the UN agencies, and report directly to the National Steering Committee.

The JPTAC will be responsible for carrying out the following tasks, with support from the national coordinators and technical focal from each UN agency:

Management of the Joint Programme

1. Facilitate the preparation of joint workplans, in line with the Joint Programme Document results framework.
2. Supervise the implementation of the workplan, by liaising with the UN technical focal points, provincial coordinators, and IP representatives when required.
3. Ensure all relevant information regarding JP implementation and monitoring is collected by the relevant stakeholders (namely monitoring information as described in the "Monitoring and Reporting" Section of the Programme Document.).
4. Initiate and participate in the recruitment of international consultants and national staff working on the joint components of the Joint Programme (namely: curriculum development expert and officer; administration officer; evaluation consultant).
5. Supervise the work carried out by international and national consultants for the Joint Programme, and provide them with support as required.
6. Provide overall technical guidance for the Joint Programme, in consultation with technical focal points, and support technical focal points as and when required.
7. Coordinate with the Resident Coordinator's Office to organise semi-annual National Steering Committee meetings and quarterly Management Committee Meetings, plus additional meetings if required.
8. Prepare semi-annual reports and other documentation required to inform the NCS members of JP progress.
9. Support the national and provincial coordinators in organising provincial level coordination meetings.
10. Monitor the budget and prepare timely budget revisions if required. Prepare all budget monitoring information required to report to the NSC. Ensure all budget related documentation is kept up-to-date.
11. Any other tasks required for the smooth implementation of the JP.

Coordination, policy support and advocacy

12. Assist the Ministry of Public Health and Ministry of Agriculture Irrigation and Livestock representatives in participating in relevant policy-making and strategic planning exercises, related to nutrition and household food security, and advocating for the inclusion of clear nutrition and food security objectives and adequate strategies.

13. Assist the MOPH and MAIL representatives in establishing and facilitating effective and adapted coordination mechanisms required to support the implementation of Government strategies related to nutrition and household food security, at central and provincial levels. These should build upon and link with existing coordination mechanisms. (Note: these would be separate from JP NSC, PMC and PCC meetings related to the JP management, and should be sustained as long as they are required, even after the JP closure).
14. Ensure adequate linkages are made between the Health and Nutrition Sectors, and the Agriculture and Rural Development Sectors, in Government policies and strategies, and through coordination mechanisms. In particular, support linkages are made between the nutrition cluster and food security cluster.
15. Support linkages between coordination mechanisms related to emergency nutrition and household food security interventions (namely the clusters) and those dealing with regular development programmes, so as to ensure coherent strategies and links between relief and development.

Monitoring, evaluation and knowledge management

16. Oversee and provide technical assistance to the relevant staff (in particular the National Coordinators and Provincial Coordinators) on monitoring and evaluation. Ensure that reliable monitoring data is collected on a regular basis.
17. Supervise the implementation of the Baseline and Impact assessments, to ensure that the contracted agency respects the Terms of Reference.
18. Ensure that relevant Joint Programme information is disseminated to the adequate stakeholders and in the adequate for a.
19. Organise annual reviews and lesson learning and sharing workshops to disseminate and capitalize on lessons learnt during the Joint Programme implementation (at least once a year – c.f. section 7).

Resource mobilisation

20. Assist the MOPH and MAIL (and other ministries, if required) in mobilizing resources for nutrition and household food security through regular development programmes.
21. Together with MOPH and MAIL representatives, meet donor representatives so as to identify external sources of funding.
22. Support MOPH and MAIL representatives in preparing proposals and design projects to expand the Joint Programme activities (e.g. geographical coverage, timeframe, and range of activities).

Qualifications: Masters degree and at least 10 years professional experience, or PhD degree and at least 5 years professional experience in the field of public nutrition, household food security, and livelihoods. Strong facilitation and coordination skills. Experience in conducting participatory trainings and participatory project cycle management. Good writing skills. Previous work experience in Afghanistan is recommended. Fluency in English is required; knowledge of Dari and/or Pashto is an advantage. (Minimum P4 position)

Annex 4: TORs for Joint Programme National Coordinators

The Joint Programme National Coordinators are Government civil servants from the Ministry of Public Health and Ministry of Agriculture, Irrigation and Livestock, appointed to provide full-time technical and managerial support to the Joint Programme.

The National Coordinators will work as part of the Joint Programme team, in particular under the guidance and with the technical support of the International Joint Programme Technical Advisor and Coordinator.

Together with the JPTAC, the other National Coordinator, and representatives from the Joint Programme UN partners, each National Coordinators will:

1. Facilitate and support coordination between the Joint Programme partners at central and provincial levels, in particular by:
 - a. Organising regular Management Committee meetings at the central level (e.g. bi-monthly or according to need)
 - b. Preparing the relevant documentation for each meeting
 - c. Ensuring all partners are informed of meeting agendas, minutes and follow-up points and receive relevant documentation
 - d. Supporting the Provincial Coordinators (from DOPH and DAIL) in organising quarterly Provincial Coordination Committee meetings.
2. Liaise with all Joint Programme partners to ensure that workplans and action points are implemented.
3. Compile reports from implementing partners, provincial coordinators and UN partners so as to assist the JPTAC in preparing reports for the National Steering Committee and MDG-Achievement Fund Secretariat.
4. Conduct field monitoring visits at district level, in collaboration with the Provincial Coordinators and UN technical staff.
5. Provide regular technical support to the provincial staff and implementing partners.
6. Participate and assist in the organisation of trainings organised at central and provincial levels.
7. Any other tasks as required for the effective implementation of the Joint Programme.

Qualifications required:

- For MOPH staff: trained medical doctor, with knowledge and at least 2 years technical experience in the field of malnutrition, including the management of acute malnutrition (severe and moderate) and Micronutrient Deficiency Diseases.
- For MAIL staff: agronomist with knowledge and at least 2 years technical experience in household food security, home food production, food processing and income generation programmes.

Specifications to be included in the contract:

The National Coordinators will be Government civil servants, appointed by the Ministries to the Joint Programme team, full-time. Their salaries will be according to the Government civil service salary scale, but paid for by the Joint Programme. (Exact modalities to be determined).

The Government staff are expected to fulfill the above Terms of Reference. Should these not be fulfilled, the Joint Programme Management Committee can request from the relevant Ministry to appoint another focal point / coordinator. *Should this not be possible and more assistance to the JPTAC prove necessary (within the first year of the JP), the Joint Programme Management Committee will proceed to recruit a UN national officer.*

Annex 5: TORs for Joint Programme Provincial Coordinators (counterparts)

The Joint Programme Provincial Coordinators are Government civil servants from the Provincial Departments of Public Health and of Agriculture, Irrigation and Livestock, working in the provinces selected by the Joint Programme National steering Committee. These civil servants' work should be related to nutrition and food security. Specifically targeting staff such as the Public Nutrition Officer of the DOPH and the Home Economics Officer of the DAIL.

The Provincial Coordinators will contribute to the achievement of the Joint Programme objectives at provincial and district level through part-time activities. They will be supported in their work by the National Coordinators and UN technical staff at provincial level. UNAMA field officers can provide support them in facilitating coordination activities.

The Provincial Coordinators will be responsible for the following tasks:

8. Organisations of regular provincial coordination meetings (e.g. quarterly), with all Joint Programme partners at provincial level (Government, UN, NGOs, and community representatives if relevant), with support from the national coordinators.
9. Share information regarding the Joint Programme with all key partners (Government and non-government) at the provincial level, in particular with the Provincial Development Committee and Sector Working Groups (esp. the Provincial Health Coordination Committee). Specific tasks will include:
 - a. Dissemination of invitations to meetings, workshops and trainings
 - b. Calls for proposals and feedback from the proposal selection process
 - c. Updates on JP implementation
10. Participate in trainings organised for JP partners at provincial and district level, including as co-trainer or trainer when possible.
11. Collect monitoring reports from implementing partners working at district level
12. Conduct regular field monitoring visits (once every two months to each project site + quarterly visits with National coordinators and / or UN technical staff)

Qualifications required:

- For MOPH staff: trained medical doctor, with knowledge and at least 1 year technical experience in the field of malnutrition.
- For MAIL staff: agronomist with knowledge and at least 1 years technical experience in household food security, home food production, food processing and income generation programmes.

N.B.: as per Government regulations, the counterparts will not receive salary supplements but on-the-job support, trainings, logistical support (e.g. stationary and fuel), and DSAs for regular monitoring visits

Annex 6: Guidance for preparation of TOR for Baseline and Impact Survey

(To be developed by JPTC upon JP inception)

A baseline survey and impact assessment must be conducted in 10 districts targeted by the Joint Programme on Children, Nutrition and Food Security. These surveys are to be conducted by a qualified research institution with experience of nutrition and food security assessments.

The tasks to be performed by the research agency include the following:

- Prepare the survey methodology and survey tools in accordance with the outcomes and outputs of the Joint Programme (in particular Outcome 1), and the indicators provided in the JP Monitoring Matrix. The surveys should notably include indicators related to the following issues:
 - Anthropometric data to estimate nutritional status of children and mothers
 - Indicators of Micronutrient status???
 - Breastfeeding practices, including: breastfeeding initiation, exclusive breastfeeding before 6 months, duration of breastfeeding
 - Complementary feeding practices, including: age of introduction of complementary foods, types of complementary foods, preparation methods, and feeding methods
 - Beliefs related to food consumption (including food taboos)
 - Local food consumption patterns, including common recipes, meal frequency, preparation methods
 - Seasonal food availability patterns
 - Main sources of food and income
 - Road and market access
 - Vulnerability to shocks (e.g. climate related)
 - Availability of services for the management of acute malnutrition
 - Quality of nutrition activities in local health facilities
 - Description of local development interventions, in particular community mobilization, education, agriculture, income generation, emergency support, etc.

Note: the baseline survey team will be invited to provide recommendations for improving the indicators included in the monitoring matrix.

- Involve the Government coordinators at central and provincial level in the preparation of the survey methodology, so as to build local capacities for baseline surveys and impact assessments.
- Select the survey teams, recruiting as far as possible: local government staff and staff from potential implementing partners.
- Provide trainings to the survey teams, and government staff, and potential implementing partner staff
- Conduct the field work in 10 districts (according to sample methodology), involving provincial government staff in the supervision of survey teams and data collection.
- Analyse the survey results, involving Government staff (central and provincial staff) as far as possible
- Prepare a survey report with the main survey findings, by district and overall.
- Facilitate a workshop to discuss the survey results at central level, with provincial representatives.

Draft timeline

Activity	2010				2011				2012			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Baseline survey												
Bidding and selection of contractor	X											
Trainings, field work & data analysis		X	X									
Report and sharing of results				X								
Impact evaluation study												
Preparation & field work										X	X	
Data analysis & report preparation											X	X
Results sharing workshops at provincial and central level												X

Annex 7: Draft List of training modules and module allocation by staff (output 2.3)

CATEGORY	MODULE
Foundation Course	1. Overview of Public Nutrition and Introduction to Conceptual Model for Malnutrition
General Nutrition-theoretical	2. Role of nutrients in the body 3. Digestion and metabolism 4. Nutrient composition of foods- balanced diet 5. Nutrition through the life cycle (overview) 6. Types of malnutrition, including micronutrient deficiency diseases 7. Immediate causes of malnutrition- illness and inadequate intake and interaction 8. Underlying causes of malnutrition 9. Assessment of nutrition status – individual level 10. Assessment of nutrition status – community level 11. Clinical nutrition & chronic disease (overview)
Advanced Nutrition Topics- Public Nutrition	12. Public nutrition interventions - overview of community based 13. Public nutrition interventions - overview of hospital based, including referral systems, HMIS, and relevant guidelines from other areas 14. Infant and young child feeding practices - policies, partners, programs and guidelines 15. Food security and household feeding practices - policies, partners, programs and guidelines 16. Public health environment- including food hygiene and food safety policies, partners, programs and guidelines 17. IEC for public nutrition 18. Monitoring and evaluating public nutrition interventions
Advanced Nutrition Topics- Life Cycle	19. Optimal infant and young child feeding - policies, partners, programs and guidelines 20. IMCI/ GM&P - policies, partners, programs and guidelines 21. Child & adolescent malnutrition 22. Maternal nutrition - policies, partners, programs and guidelines 23. Nutrition and aging
Advanced Nutrition Topics- Clinical Nutrition	24. Clinical nutrition- eg nutrition post operative, diabetes, etc 25. Micronutrient Deficiency Diseases- prevention and treatment guidelines
Clinical sessions/ Practical Skills	26. Tools for assessment of nutrition status – individual level 27. Tools for assessment of nutrition status – community level (surveys) 28. Tools for assessment of nutrition status – community level (rapid assessments) 29. Pathophysiology and treatment of MDDs 30. Treatment of Severe malnutrition/ managing a TFU 31. Physiology of lactation and lactation counseling skills 32. Stock management- related to TFU and to facility cooking
Livelihoods and Nutrition	33. Poverty reduction and nutrition linkages 34. Concepts in coping, vulnerability and risk 35. Livelihoods analysis
Food Security and Nutrition	36. Food security and agriculture links 37. Food based approaches to nutrition 38. Food processing and preservation 39. Dietary diversity analysis 40. Market price analysis
Monitoring and Evaluation	41. Nutrition survey data analysis 42. Poverty reduction and nutrition linkages (M&E) 43. Food security and agriculture links (M&E) 44. HMIS systems

STAFF	Foundati on Course	General Nutrition- theoretical	Advanced Nutrition Topics- Public Nutrition	Advanced Nutrition Topics- Life Cycle	Advanced Nutrition Topics- Clinical Nutrition	Clinical sessions/ Practical skills	Livelihoods and Nutrition	Food Security and Nutrition	Monitoring and Evaluation
FACILITY BASED HEALTH STAFF									
Doctors	1	2,3,4,5,6,7,8,9,10	13,14,15,16,17	19,20,21,22,23	24,25	26,29,30,31	-	-	-
Doctor- Ob Gyn	1	2,4,5,6,7,8,9	13,14,15,16,17	19,22	24,25	26,29,31	-	-	-
Doctor- Surgeon	1	2,6,7,8	13	-	24,25	-	-	-	-
Nurses- Head nurse, Assistant nurse, Clinic nurse	1	2,3,4,5,6,7,8,9,10	13,14,15,16,17	19,20,21,22,23	24,25	26,29,30,31	-	-	-
Facility Midwives	1	2,3,4,5,6,7,8,9,10	12,13,14,15,16,17	19,20,21,22,23	24,25	26,29,31	-	-	-
Community Midwives	1	2,3,4,5,6,7,8,9,10	12,13,14,15,16,17	19,20,21,22,23	24,25	26,29,31	-	-	-
CHW supervisor	1	2,3,4,5,6,7,8,9,10	13,14,15,16,17	19,20,21,22,23	24,25	26,27,28,31	-	36,37,38	41
CHWs	1	2,3,4,5,6,7,8,9,10	12,13,14,15,16,17	19,20,21,22,23	24,25	26,31	-	36,37,38	-
Relevant hospital management staff (logistics, M&E, admin)	1	6,7,8	13,18	-	-	27,28,32	-	36	-
Facility cooks	1	2,3,4,5,6,7,8	13,16	-	-	32	-	-	-
Lab technicians	1	6,7,8,9	13,18	-	-	-	-	-	-
NON HEALTH STAFF									
Policy and planning officers - government program officers	1	5,6,7,8,10	12,13,14,15,16,17	19,20,21,22	-	27,28	33,34,35	36,37,38,39,40	41,42,43,44
Monitoring and evaluation officers - government and NSP oversight consultants	1	5,6,7,8,10	12,13,15	-	-	26,27,28	33,34,35	36,37,38,39,40	41,42,43,44
Agricultural extension workers	1	2,4,5,6,7,8,10	12,13,15,17	-	-	26,27,28	-	36,37,38,40	43
Home economics officers	1	2,4,5,6,7,8,10	12,13,14,15,16,17	19,21,22,23	-	26	-	36,37,38	43
Health educators from MOWA	1	2,4,5,6,7,8,10,11	12,13,14,15,16,17	19,20,21,22,23	-	26	-	36,37,38	-
Health educators from MRD RuWaiSan	1	2,4,5,6,7,8,10	12,13,16,17	19	-	26	-	36,37,38	-
Teachers	1	2,3,4,5,6,7,8,10,11	12,14,15,16,17	19,20,21,22,23	-	-	33	36,37,38	-

*Please note that the level of technical detail may be modified according to cadre of staff- eg. that doctors and CHWs may cover the same topics, but in different levels of detail according to specific activities in their work

Annex 8: List of NGOs and potential partners for the MDG F JP

The NGOs listed are working in the field of food security, nutrition and community development in Afghanistan. Those NGOs are potential partners to the MDG F JP, the final identification will depend on the selected target area, the needs identified, the partners regional capacities, and interest to support the implementation of the MDG F JP.

List of NGOs working in food security (including food processing, preservation, nutrition) and being a partner of FAO Food Security project

Organization	Field – Food Security	Focal person and Email	Mobile
Afghanaid	Food processing for better family nutrition also other areas and projects, food security (i.e. Badakhshan, Bamiyan.)	Gulru Dodkhudoeva hc@afghanaid.org.uk	0797104247
AKF	Food processing, market linkages, business development, labeling, marketing, certification, master training module in food processing. Badakhshan and also other areas.	Michaela Peach michaela.peach@akdn-afg.org Frank Millsopp frank.millsopp@akdn-afg.org	079 898 1280
CRS	Home based food production, integrated management of poultry and backyard gardening, food processing, Herat and Bamiyan	Dr. Kamal Bhattacharyya kamal@crsberat.org Clara Hagens clarahagens@gmail.com	0700416812
EAC	National NGO, women producer groups and food processing, mainly Kabul	Eng. Ishaq educationeac2002@gmail.com education_eac2002@yahoo.com	0700 276 794
Mission East	Food processing, community development, self help groups, skills training, water and sanitation, health, emergency relief. Takhor, Badakhshan	Namik Heydarov (CD) cd.afg@miseast.org	0799 844434
SCRC SO	gardens, green houses, food processing. National NGO, also working in cooperation with CRS	Akbar Danesh scrcso@yahoo.com	0799 472 483
Solidarités	Bamiyan, Sulphor drying, food processing, dried fruits.	Gaylord Robin -agro coordoagro@solaf.net Michel Pinel- admin coordoadm@solaf.net	0777-607732 0797 863 934

NGOs working in nutrition specifically (including management of malnutrition)

NGO	Field – Nutrition	Focal person	Email Mobile
ACF	Food Security, Nutrition Assessments	Anne Garella ACF - Head of Mission	hcm@af.missions-acf.org 799 566 128
CHA	Management of malnutrition	Dr. Nasir Sana (CD), Dr. Zahed CMAM Program Officer	797705352 health@cha-net.org
IbnSina	Management of malnutrition	Dr.Mirza Jan Dr.Fazel Rahman Hashir	799326896 700351253 mirzahafiz@ibnsina.org.af ibnsina_zahid@yahoo.com
Save the Children UK	Food Security, Livelihoods, Management of Malnutrition	Dr. Sayed Qubad, Hunger Reduction Coordinator	07074 55 15 9 scukbhlrc@gmail.com
Oxfam	Livelihoods, Food Security, Relief, Management of Malnutrition	Grace Ommer	0799 109 769 gommer@oxfam.org.uk

List of NGO working in the health sector and implementing the National Basic Package of Health Services under the MoPH

NGO	Representative and OIC	Mobile	E-mail
BDN	Dr.Wasiullah Yosufzai	0796584711, 0774322596	wasihasami@yahoo.com whasam.bdf@gmail.com
	Dr.Qudratullah Nasrat	0799-217125	qnasrat@gmail.com
AHDS	Dr Ajab Noor Samim	798297462	ajab.neon@yahoo.com
	Dr Mohammad Naim Rahimi	0700-300-417	naim@ahds.org
AMI	Dr.Syed Mohsin	(0)799799761	asadabad.med@amifrance.org
	Dr.Masood Ahmad Yawar	(0)700550194	kabul.hmis@amifrance.org
CHA	Dr. Nasir Sana	797705352	Health@cha-net.org
	Dr.Yusofzai	776432747	Health@cha-net.org
HN-TPO	Dr. M. Naseem	0700298910, 0799635186	nm_hosp_hn@yahoo.com
	DR. Majeed Sediqi	0700294627, 0799332096	hon hn tpo@yahoo.com
IbnSina	Dr.Mirza Jan	799326896	mirzahafiz@ibnsina.org.af
	Dr.Fazel Rahman Hashir	700351253	ibnsina_fazel@yahoo.com
IMC	Dr.Gul Asghar	700639061	dr.gul.imc@gmail.com
	Zach Zaneck	0093(0)798246230	zzaneck@imcworldwide.org
Merlin-CAF	Marinella Bebosi	0799 651622	opsco@merlin-afghanistan.org
	Cara Coolbaugh	0 799 143 648	caracoolbaugh@mac.com
MRCA	Dr.S.Ashrafuddin Aini	700299369	ashraf_aini@yahoo.com
	Dr.Karimulla Shahpar	774862148	karim_shahpar@yahoo.com
AADA	Dr. Abdurrahman Shahab	0799478615, 0786611325	arahman@aada.org.af
	Dr. Jammalluddin Jawaid	0700 068730	jjawaid@aada.org.af
ADRA	Vinod Nelson	+93(0)799328403	v.nelson@adra-af.org
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List of NGO working in community development in general and being implementers of the national solidarity programme under the MRRD

NGO Name	Province	Country Representative	Mobile E-mail
ACTED	Baghlan, Badakhshan, Faryab, Kunduz, Takhar)	Ziggy Garewal	0799 44 99 98 ziggy_garewal@acted.org
Action Aid	Jewzjan, Kabul	Gyan Bahadur Adhikari	079 904 3656 gh.adhikari@actionaid.org
ADA Afghan Development Association	Takhar , Uruzgan, Zabul	Engr. Sayed Hassan	0795 40 44 33 sayed.hassan@ada.org.af
Afghan Aid	Badakhshan, Ghor, Nuristan, Samangan	Farhana Faruqi Stocker	0799 310 498 ffstocker@afghanaid.org.uk
AKP (Agha Khan F)	Badakhshan, Baghlan, Bamyan, Parwan, Takhar	Chris Eaton	0799 211 121 Chris.Eaton@akdn-afg.org
ANCC Afghanistan National Re-Construction Coordination	Uruzgan	Abdul Qadeer Abid	0799 447390 ancc_af@yahoo.com ancc.af@gmail.com
AREP Afghanistan Rehabilitation and Education Program	Paktia	Eng. Amanullah Aman	0700 28 38 59 aman_amanullah@yahoo.com
BRAC	Nangarhar, Hilmand, Paktika, Badghis, Samangan, Takhar	Md. Fazlul Hoque	0700288300 fazlul1957@yahoo.com
Care International	Baghlan, Balkh, Ghazni, Paktia, Parwan, Wardak	Lex Kassenberg	799239511 or 0700285688 Kassenberg@care.org
CHA	Balkh, Faryab, Ghor and Hirat	Dr. Hamidullah Saljoqi	799623008 hamidsaljoqi@cha-net.org
Concern	Badakhshan, Takhar	Fiona McLysaght	0799 489 507 Fiona.McLysaght@concern.net or fionamcly@yahoo.ie
DACAAR	Badghis, Faryab, Ghazni, Hirat, Laghman, Paktia and Parwan	Dr. Arif Qaraeen	797011000 dir@dacaar.org
FG (Future)	Ghazni	Aziz, Hakimi	0799686618 aziz@future.org
FI (Flag International)	Ghazni , Badakhshan	Donagh Houlihan	0 796 499 525 dhoulhan@flaginternational.com
German Agro Action	Faryab, Jawzjan, Nangahar	Rudolf Strasser	0799 887 739 or 0707 650 631 Rudolf.Strasser@welthungerhilfe.de
GRSP	Baghlan, Kunduz	Mohammad Eschaq Zeerak	0799 320 584 mzeerak@gmail.com
IC	Herat - Chishti Sharif district	Mujib-ur Rahman	0798-261715 afghanistan@intercooperation.net and mujibrahman_73@hotmail.com
IRC	Hirat, Khost, Logar and Nangarhar	Mustafa Elkanzi	0700 283 930 MustafaAhmed.MohamedElkanzi@theIRC.org
MADERA	Ghor, Kunar, Laghman,	Pascal Arthaud	0798018616 / 0700205980

Mission d'Aide au Développement des Economies Rurales	Nuristan		countrydirector@madera-afgha.org
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PIN (People In Need)	Baghlan, Balkh, Nangarhar and Paktia	Michal Przedlacki (OIC)	0799398805 michal.przedlacki@peopleinneed.cz
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