

**BEST PRACTICES AND LESSONS
LEARNED**

Join Programme on Children, Nutrition and Food Security in Afghanistan



Healthy Children Healthy Afghanistan

Year (2010-2013)

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ACKNOWLEDGEMENT:

Joint UN team has learnt a lot in implementing MDG Programme on Children, Nutrition and Food Security. Coming together of different UN agencies through Joint MDG program on Children, Nutrition & Food security in 2009 was just a beginning to deliver as "ONE UN". Each UN agency is very effective in playing its role but getting them to work together as a team was the hard part of implementing JP. Tasks (outputs/responsibilities) were divided among various partners. We were fortunate to get government support in implementation and monitoring as JP resources were very limited. In spite of differences among agencies and personalities, JP partners cooperated and worked together with the conviction that the programme cannot be a success unless every partner delivers. Going forward on implementing JP was tough, with different kind of outside pressure, many bad delays/breaks along the way, but all of us kept focussed on the final goal -- to deliver on our outcomes/outputs. Delivering on outcome 1 (interventions to improve food security and nutrition) was easy as this meant doing what each agency does as routine. But delivering outcome 2 was challenging as outputs demonstrated an element of wishful thinking fuelled by idealism on part of those who developed and/or funded the JP as the national sector transformational processes cannot be predicted or dictated by external parties. JP partners agreed to move forward on out of box thinking if they wanted to have an impact for outcome 2 in the short term of the project: Food Based Dietary guidelines /Better Nutrition Better Learning being a good example.

The best practices are a result of team working together to succeed-delivering on JP's outcomes in 2.5 yrs instead of 3 years as originally planned. This report on Best Practice and Lessons learned in implementing the joint program is an attempt to capitalize upon these lessons to avoid making the same mistakes and, importantly, to do better in the future.

Dr.Nina Dodd

Joint Technical Advisor and Coordinator

On Behalf OF MDG Team In Afghanistan

MDG TEAM IN AFGHANISTAN

MDPH Stakeholders	MAH Stakeholders	MDG Team	Others
MDPH Drs. Najia Tareq - Deputy Minister for Health Care Services Provision Dr. Moshal, Mohammad Tausiq - Director General Preventive Medicine	MAH Mr. Ghani Ghoriel - Deputy Minister Technical. Mr. Salim Kandoo Deputy Minister Administration. Mr. Abdullah Ahmadzai, DG, Extension Agriculture Development.	MDG Secretariat Dr Nina Dodd Dr Akbar Shakristani Dr Mubebullah Latifi Dr Wassima Qarsoola	MOE Mr Abdul Zahir Gulistan
Public Nutrition Department Dr. Bashir Ahmad Hamid - Director	Home Economic Ms. Nazma Rahman, Home Economic Director, Ms. Khalida, Ms. Laloma, Ms. Khadija and Ms. Wahidah Extension Offices.	FAO Ms Mahnooba Abawi Mr Mohammad/Mahmood Taleb Ms Ahnisaizai Zahoon Ms Nazifa Narique	MOHE Dr Homa Khalid
	NRM Ms.Rahila and Ms. Humaira NRM Staffs		
	GENDER Ms. Adalah Yusufi MAH Gender Unit Head		
Mangocher Dr. Sheragha Sarfi – PNO –	Mangocher Mr. Mussaf Khan Mangocher Extension Manager; Mr. Haji Zarf and Mr. Shuaib District Extension Officers. Ms. Naserna and Mrs. Maya District Extension Officers.	UNICEF Dr. SM Moazzem Hossain Dr Elham Monsef Dr Shah Mahmood Nasiri	MOWA Ms Mojgan Mostafaei
Badakhshan Dr. Abdul Qadir Buran – PNO	Badakhshan Mr. Alem Alemi Badakhshan DAIL Director, Mr. Ishaq Huseinwad and Mr. Nadir Adil District Extension Officers. Ms. Madena and Ms. Sema Female District Extension Officers.	WHO Dr. Adela Mubasher Dr. M. Gavere Shams	MRSD Mr Naseer Popal
Dakundi Mr. Awazul Mohammadi – PNO	Dakundi Mr. Manish Mowahidi DAIL Director Dakundi, Mr. Jali Himmat Extension Manager, Mr. Tia Hussain Jawahiri and Mr. Sayed Abdallah District Extension Officers Ms. Sumalah and Ms. Masuma Female District Extension Officers	WFP Dr Carrie Morrison Dr Hafzullah Elham	IFs AARCC, AHAD / Afghanistan Humanitarian Assistance Organization, KNP, CARE int, BRAA/NPO/ Rural Rehabilitation Association for Afghanistan Mj/ Micronutrient Initiative, Afghan aid, Mission East, GWD, STEP MOVE, CWS, CAF, GI A, Agriculture Cooperatives, CDCs.
Bamyan Mr. Mohammad Hossain Akhlagi – PNO	Bamyan Mr. Tahir Mayee Bamyan DAIL Director, Mr. Mohammad Naseem and Mr. Ahmad Hussain Districts Extension Officers	UNIDO Dr A Abbasi	
Kabul Dr. Aslam Tokhay – PNO	Kabul Mr. Hashmat Enayat, Kabul DAIL Director, Ms Yala, Ms Hanifa, Ms Najiba and Mr. S. Murtaza Hashimi Extension Officers	IC Mr David Joy Ms Marjya Bayd/Isoma Mr F. Musaffory	

II. LIST OF ACRONYMS USED

ANDS	Afghanistan National Development Strategy
BCC	Behavior change communication
BPHS	Basic Package of Health Services
CDC	Community Development cooperatives
CHC	Community health Center
CHS	Community Health Supervisor
CHW	Community health Worker
CWS	Church World Service
DAIL	Department of Agriculture, Irrigation & Livestock
DDA	District Development Authority
DOHE	Department of Higher Education
DOPH	Department of Public Health
DOWA	Department of Women Affairs
ECCD	Early childhood care and development
FBDG	Food Based Dietary Guidelines
FGD	Focus group Discussion
ICSP	Integrated Child Survival program
IYCF	Infant young child feeding
IP	Implementing Partner
JP	Joint Program
MAIL	Ministry of Agriculture, Irrigation & Livestock
MDG	Millenium Development Goals
MMNP	Multiple Micro nutrient Poweers
MOE	Ministry of Education
MOPH	Ministry of public Health
MUAC	Mid upper arm circumference
NGO	Non government organization
PLW	Pregnant Lactating Women
TOT	Training of trainers
TCP	Technical Cooperation program
UN	United Nations
UNRC	United Nations Resident coordinator
WIIN	Women infant improved Nutrition
FAO	Food & Agriculture Organization
WHO	World Health Organization
UNICEF	United Nations Children's fund
UNIDO	United Nations Industrial Development Organization
WFP	World Food Program

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IV: EXECUTIVE SUMMARY

Afghanistan has the world's highest maternal mortality rate and the second-highest child mortality rate, with many deaths attributed to malnutrition. Some 30 per cent of Afghans are food insecure (consuming less than 2,100 kcal per day). With more than half of all children younger than 5 years suffering from stunting, chronic under nutrition is a big problem. Infant and young children feeding practices are typically poor, with maternal under nutrition a factor.

With funding through the MDG Trust Fund, Joint Programme on Children, Nutrition and Food Security in Afghanistan is a three-year multi-agency (joint UN and government) programme. JP operated in ten districts in five provinces (Badakhshan, Nangahar, Daikundi, Bamyan and Kabul), which were selected by their prevalence of food insecurity (more than 40 per cent) and underserved status. JP worked in partnership with various ministries (MAIL, MOPH, MRRD, MOE, MOHE, MOWA, MORA) with strong focus on management by national and subnational government counterparts and community structures. Community self-reliance was emphasized through need-based programmes and the strengthening of self-help capabilities of the rural and urban disadvantaged. JP supported the most vulnerable community members to achieve nutrition and food security for children and PLW.

Provincial and district coordination committees were established which have stimulated the "very high" harmonizing between ministries and other partners. Having provincial and district government staff manage activities and the monitoring functions, with reporting done vertically through ministry channels, helps ensure government proprietorship and capacity development as well as working around the challenge of access to areas for UN staff due to security restrictions.

The project team located itself in the Ministry of Agriculture, Irrigation and Livestock which allowed for regular and instant access without the formality common with UN and government meetings. The identification of opportunities and initiatives came from communities, local organizations or the local government stakeholders. JP consulted with local beneficiaries regarding their participation in the project. Each UN agency (JP partners) positioned a focal point for one province, which the mid-term review regarded as a positive way to assign ownership or accountability and improved monitoring of all joint project activities. JP emphasized self-reliance within communities through need-based interventions and strengthening the self-help capabilities of the rural and urban disadvantaged. JP Projects are locally-managed, demand-driven and carried out by villages with the support of "grassroots institutions", such as the Shuras/CDCs. As much as possible, interventions relied on building local capacity, to implement projects in order to help foster initiative and build technical and entrepreneurial experience. Provincial and district government staff managed many of the activities as well as the coordination and monitoring functions, with reporting done vertically through ministry channels. For example, provincial nutrition officers trained community health workers and, for the first time ever, female agricultural extension officers were appointed in districts to train women's groups on home gardens, nurseries, making compost, food processing, proper nutrition and business and marketing skills. The managing structure has helped ensure government

ownership and systems strengthening and has worked around the challenge of access to areas for UN staff due to security restrictions.

Involvement of MRRD and MOWA has helped to bridge the needed access to communities and to women's shuras (town hall meetings). To instil local harmonizing, provincial and district coordination committees were created, stimulating – though not initially – strong relationships between ministries and other partners. Civil society, NGO groups and cooperatives received funding for community nutrition and/or food security initiatives at the district level that they proposed. With 13 contracts awarded, there is a considerable integration of activities, with different elements of food security and nutrition support provided concurrently: mid-upper arm circumference measuring of children by community members is detecting severe or moderate acute malnutrition cases who are referred to a health facility and their household (or community) is singled out for help in planting a garden as a way to diversify the diet through increased vegetable intake; cooking demonstrations show how the new vegetables can be cooked; community access to training and equipment for food preservation (dehydrating, pickling, etc.); and women producer cooperatives, which were set up and invigorated with business and marketing skills training to help members gain influence and access what they need to work more efficiently as well as improve well-being in their households and communities. JP strengthened horizontal linkages with other agencies/institutions to promote more effective and efficient programming and therefore improved sustained outcomes.

That coordination and the deploying of civil society and government staff to manage activities are helping reinforce the project's sustainability. Though not part of the original project plan, the inclusion of nutrition education in the elementary school curriculum, regarded as a "substantive achievement" and pulled off in a relatively short amount of time, "is extremely positive and a good example of the project team thinking beyond the project document". The development of Food-Based Dietary Guidelines, which the MOPH requested, will help policymakers when designing nutrition-related programmes that assist households in seeking an adequate diet at all times. JP empowered community members so that they have the ability and confidence to act collectively to influence their quality of life.

This report has identified and captured best practices and lessons learned in implementing a joint programs evolved from a consultation process with government counterparts, IPs, community structures and beneficiaries that are most likely to achieve MDG of improving nutrition and food security in a given situation. Challenges faced in implementing the joint program are also captured

MDG Team in Afghanistan

1: INTRODUCTION

Afghanistan is one of the most dangerous places for a child to be born. Its mortality rate for children younger than 5 years is ranked second in the world. Twenty five per cent of children die before reaching their fifth birthday. More than half of all children are stunted. The immediate causes of under nutrition include chronic food insecurity, inadequate access to quality health services and improper feeding and caring practices. Even if a child is lucky enough to survive birth, he or she could only expect to live 44 years, while the life expectancy at birth of the world overall is 67.2 years for 2005–2010. Besides political instability, mountainous topography also makes it difficult for government and various development actors to provide basic services to children and families.

The Joint Programme on Nutrition and Food Security was designed to address the symptoms and underlying causes of under nutrition by supporting the 'Afghanistan National Development Strategy' (ANDS) the two sector strategies-Health and Nutrition Sector Strategy (HNSS) and the Agriculture and Rural Development Sector Strategy (ARDSS) for addressing malnutrition. It aims to contribute to the reduction of under nutrition through sustainable and multi-sectoral efforts at community, district, provincial and central levels. It 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 under nutrition. JP was planned to be implemented in 10 districts from 5 provinces, selected through a consultation process between the provincial Government and stakeholders, using the criteria of prevalence of food insecurity and underserved areas

Outcome 1 - Child under nutrition and household food insecurity are reduced through the implementation of an integrated community nutrition and food security package in selected districts

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

BASIC FACTS

Anticipated start /end date: 01 Jan. 2010- 31 Dec. 2012

Actual Implementation: Nov 2010 to June 2013

Total Budget: USD 500,000,000 (Parallel and Pooled)

Pooled funding (FAO) \$3,167,842

Parallel funding

FAO	\$497,336
UNICEF	\$511,266
UNIDO	\$478,825
WFP	\$149,456
WHO	\$195,275

UN Partners: FAO, UNICEF, WHO, WFP and UNIDO

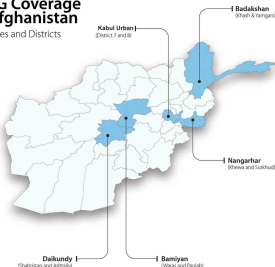
Government Partners: MOPH and MAIL

Administrative Agent: FAO Afghanistan

Managing Agent: FAO Afghanistan

MDG Coverage in Afghanistan

Provinces and Districts



THE NUMBERS

Beneficiaries targeted by the IBCG

119,399

Children under 2 covered

397,995

Children under 5 covered

130,824

Pregnant and Lactating
Women covered

1,989,974*

Number of indirect
beneficiaries reached

* Includes those covered by
the IBCG + population and the
ICP of the 5 districts

Gardening, Nutrition Education, and Food Processing Trainings

41,145

Total number of beneficiaries
of home gardens

19,220

Number of beneficiaries
(9757 male, 9463 female) who received
gardening and food processing techniques
and nutrition education

2,899

Number of gardens
established in 5 provinces

MDG FOCUS FOR AFGHANISTAN





Methodology Used – Human Interest Perspective

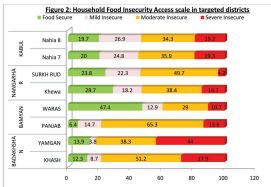
The methodology used in this best practice document to capture the human interest component is primarily aimed at getting in depth of understanding of challenges faced by people and communities, and to evaluate changes to their livelihoods.

The human focus caption “What They Say” examine the results, impact and outcomes of the support provided by the MDG-F Programme. These focused discussions with national and sub-national stakeholders are useful in deciding whether to scale up certain projects or interventions. Interview captions covered across this document will allow the sharing of field experiences by MDG experts in the future working in Afghanistan, and foster institutional learning from what the people at the grass-roots say. The Case Studies focus on the depth, and aims of activities to fully understand a particular end user’s experience. It gives a full picture of the end user’s experience of the project inputs, processes and results, providing a powerful way to demonstrate the benefits of the programme to outsiders. Human interest content covered in this document also will allow to illustrate the outcomes of the MDG Fund’s work. As a result, people can better understand the value of the initiatives supported by the Joint Programme, which translates into greater support in the future.

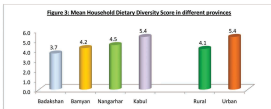
2: FOOD SECURITY AND NUTRITION SITUATION IN JP TARGETED AREAS

Food insecurity in Afghanistan is a complex and geographically extensive problem with multiple causes that affects the country's population. Poverty and inadequate access to food, especially in rural areas and mountainous regions, are key factors that restrict households from attaining food security. JP targeted provinces which were underserved and had high food insecurity but were accessible from point of security.

The household food insecurity access scale was used by JP to distinguish the food secure from the insecure households in the target areas (Figure 2). Highest food insecurity was seen in Badakhshan where 27.9-44.0 percent of households faced severe food insecurity. In Kabul city nearly 54 percent of the households were moderate/severe food insecure.



Dietary diversity as a household food insecurity indicator was used as measure of well being. It is defined as the number of individual foods or food groups consumed over a given period of time and is a good measure of household food access. On average, a 1 percent increase in dietary diversity is associated with a 1 percent increase in household per capita consumption, a 0.7 percent increase in household per capita caloric availability, a 0.5 percent increase in household per capita caloric availability from staples, and a 1.4 percent increase in household per capita caloric availability from non-staple. None of the urban/rural households targeted by JP reported high dietary diversity (≥ 6 food groups) Figure 3).

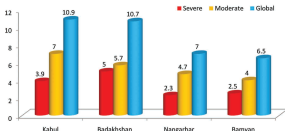


Medium dietary diversity 4 and 5 food groups was seen in most households in Bamyan, Nangarhar and Kabul whereas lowest dietary diversity was reported by households in Badakshan. There were urban/rural differentials in dietary diversity 5.35 in urban vs 4.14 in rural areas). This is because variety is often much greater in urban and peri-urban centers where food markets are vastly supplied and easily accessible

Nutrition Situation in JP targeted areas

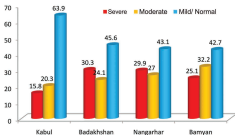
Most nutrition emergencies develop over time. If 10 % or more of children are classified as suffering from GAM (Global acute malnutrition) , there is generally considered to be a serious emergency. GAM in Badakshan and Kabul was more than 10 % which indicates a serious situation while both malnutrition situation in Bamyan and Nangarhar was poor

Figure 4: Prevalence of Acute Malnutrition in different provinces (% Surveyed)



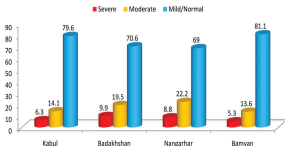
But many more children in JP targeted areas suffer from a 'silent emergency' – chronic malnutrition. More than 50 % of targeted children < 5 yrs in Badakshan and Bamyan suffered from moderate to severe stunting

Figure 5: Prevalence of chronic malnutrition in different provinces -% surveyed



The prevalence of underweight among under fives, is used as one of the two hunger related indicators for tracking progress towards MDG-1. Nearly 20-30 % of children in JP targeted areas were underweight.

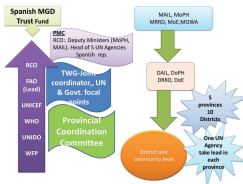
Figure 6: Prevalence of underweight in different provinces- % surveyed



JP interventions therefore focused on implementing solutions that directly improve nutrition-such as support for breastfeeding or ensuring access to essential vitamins and minerals-as well as efforts that have a broader influence on nutrition, such as empowering women or improving farming practices to increase accessibility of nutrient-rich crops.

3: BEST PRACTICES IN JP IMPLEMENTATION

JP IMPLEMENTATION



BEST PRACTICE 1: GOVERNMENT OWNERSHIP OF THE JP

The JP was designed and implemented with the strong focus on buy in and ownership of the program by involving key national and sub-national government counterparts (MAIL, MoPH, MoWA, MRRD and MOE) in the design, inception, implementation and monitoring phases of the programme's cycle. Setting up a Program Management Team at both national and sub-national level with representation from different sectors strengthened project ownership and stimulated collective action in addressing hunger and malnutrition issues. This enabled advocacy, local capacity building, improving quality of services / scaling up, institutionalism and facilitates sustainability.

"A very high degree of government ownership and engagement was witnessed during the evaluation mission, both at the national and sub-national level. The project team is well known to relevant government staff in all of the ministries visited, and many project activities are being prioritized, implemented and/or monitored by provincial or district based government staff" - Midterm Evaluation of JP, Sep 2011

The reflections of national counterparts' best describe the ownership, from the capital, through to provincial departments and district stakeholders.



Mr. Ghani Ghoriani.
Deputy Minister of Agriculture

MAIL's commitment to achieving MDG goals for Afghanistan was reflected when it accepted the MDG programme to improve household food security and nutrition in 2009. Food security is an important prerequisite for improving the nutrition and MDG programme has used an integrated comprehensive nutrition education and homestead food production approach which worked synergistically to increase household consumption of micronutrient rich foods. In coordination with Directorate of Extension and provincial departments of agriculture and extension, it has built their capacity to support communities to improve their knowledge and skills in food production, processing, preparation and consumption of a diversified and healthy diet. I am happy that the program focused on existing gaps: absence of district women extension officers to reach women who are the principle producers of food in subsistence agriculture and has demonstrated how agricultural projects can maximize the nutritional impact. With development of Food Based Dietary guidelines, Afghanistan will join the list of countries with its own culturally sensitive guidelines based on locally available foods which are the cornerstone of its policy and education activities under the Food for life priority program.



Dr. Abdullah Fahim
Deputy Minister of Public Health

"The shared goals we have with the MDG-F programme in attaining good health for children and mothers across the country are mutual. The support we received from the Joint Programme to combat childhood malnutrition and maternal health has positioned local knowledge that ensures continuity. These shared interests enable us to better reach communities with the development support made available through this partnership".

"Training and monitoring exercises conducted at the district level by personal from this ministry have resulted in knowledge transfer within individual communities – another indication to me, the long-term continuity of efforts initiated by the MDG Fund".



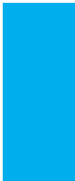
Mr. Qurban Ali Uruzghani
Governor, Daikundi Province

"Access to food in Daikundi province is defined by the capacity of farmers to cultivate diverse vegetables and fruits; and utilization of new technologies in the hands of households will greatly benefit families to meet their daily food requirements. Even though this province produces high value commodities like nuts and dried fruits, a large portion of harvested "cash crops" are destined for export".

BEST PRACTICE 2: SUPPORT FROM UN LEADERSHIP

The interest and conviction of UN representatives to reduce under nutrition and household food insecurity jointly was the basis for inter-agency collaboration in JP. Participation of 5 UN agencies with their operating policies and procedures, five government ministries and 11 implementing partners was an enormous challenge. Support of UNRC and his office, encouraged partner agencies participation and ensured that neither agencies' individual agendas nor personalities dominated the program. Heads of UN agencies as members of PMC ensured accountability of different agencies to deliver on their outcomes/outputs and ensure smooth partnership.

The unique identity of the project is very well developed. Project staff and government staff identify themselves as working with the MDG Programme – Mid term evaluation, 2011



BEST PRACTICE 3: APPROACH OF JOINT PROGRAM

The interventions of the JP were **need based** (as identified by stakeholders- community /government) and did not duplicate ongoing activities : Development of Nutrition Action Framework led by World Bank or Development of National Priority Program on Food Security led by MAIL. JP supported the ongoing interventions through technical inputs and financial support for stakeholder consultations. The process of development of Food based dietary guidelines was undertaken on request of MOPH.

People understand and eat foods and not nutrients. Dietary advice based on foods rather than nutrients is more likely to be followed, and therefore, more likely to lead to beneficial changes in food consumption patterns

JP engaged actors from a range of sectors (health, agriculture, rural development, education and women's affairs). This **multisectoral approach** with each sector working together towards a common purpose, lead to increased ownership and accountability. Nutrition Education, Cooking demonstrations, food processing, school gardens, community based IYCF support and agricultural support were all combined to provide an overall aim of preventing malnutrition among children and improving household food security .The multisectoral approach was combined with a **multi-level approach**: creating strong links between community, district and provincial levels through a cascading style of training and through the continued provision of support and supervision.

Kabul as JP target area was included on **request of MAIL** because of accelerating urbanization in Afghanistan. The influx of people to Kabul, in search of livelihoods is creating a need for specifically targeted programs for the survival of the migrant population which becomes vulnerable to malnutrition and food insecurity in the process of transformation from the land-based to cash economy.

In Kabul, the MDG Fund has supported training of women through the Kabul Department of Agriculture to build capacity of women living in the congested urban sprawl of Kabul to access knowledge and advisory support to establish micro-gardens. Utilization of open spaces in-and-around the family home are transformed into sites for families to access fresh vegetables for household consumption.



The JP interventions delivered results which provide base for the government to improve quality of service delivery/scale up/introduce a new strategy/ intervention. These first two factors were necessary to establish the initial buy in (BPHS evaluation for improving service delivery).

Basic Package of Health Services (BPHS) is the foundation for primary health care strategy in Afghanistan. Interviews with health facility staff and with key informants at the central as well as provincial level about the effectiveness of BPHS in addressing malnutrition in Afghanistan suggested that the majority of causes of malnutrition were out of the scope of health sector : household food insecurity, hygiene and poverty. From health facility point of view; factors which led to the high prevalence of malnutrition comprised of unavailability of services for the treatment of severe malnutrition, shortage of female staff, lack of confidence on the knowledge and competences of staff, long distance, and long waiting time.. The current TFUs are not according to the MoPH public nutrition guidelines. The ability of health facilities to supervise community based activities was limited. Only 35.1% of health facilities reported they supervised community based activities

Self-reliance was emphasized at the community level by developing need-based programs and strengthening the self-help capabilities of the rural and urban disadvantaged. It was also recognized that such an approach would lead to greater coverage of the target population. Micro level planning was undertaken by a team that included community leaders, nutrition and health professionals, middle level government officials, representatives from NGOs, and district/sub district head of various sectors.



The JP activities were formulated with long-term vision and flexibility (learning by doing) in implementation to allow the government time to internalize and 'Afghanise' the lessons and gradually institutionalize certain aspects of the JP activities (appointing women as **extension officers** at district level to reach women beneficiaries)



What they say:

Esaq Hoshmand, District extension officer

The people of Khash district not familiar with cultivation of different type of vegetable. They cultivated onion, tomato and potato which are in the daily cooking. Most of this households in this area do not use iodized salt. Creating nutrition awareness through cooking demonstration and agriculture training will help family to grow and use vegetable in their diets.

I am confident that MDG project will have good impact in the future. The reason is because this is a permanent interest of the female members of the family and will shows immediate result.



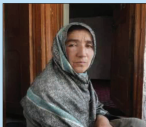
BEST PRACTICE 4: COMMUNITY INVOLVEMENT AND OWNERSHIP

The JP interventions were built on existing capacities to foster ownership and sustainability of activities: existing community structures (DDA (District Development Authority) ; CDC-Community Development council/Shuras). JP consulted with local beneficiaries regarding their participation in the project and the identification of opportunities and initiatives came from communities, local organizations or the local government stakeholders. All JP supported projects are locally-managed, demand-driven and carried out by villages with the support of "grassroots institutions", such as the Shuras/CDCs. Religious and community leaders were engaged to strategize ways to improve access to micronutrient-rich foods and maternal health services. Through the use of the Behaviour Change Communications (BCC), target communities were identified to participate in awareness and discussion sessions with influential leaders and elders. As much as possible, interventions relied on building local capacity, to implement projects in order to help foster initiative and build technical and entrepreneurial experience.

"Go to the people. Live among the people. Learn from them. Love them. Start with what they know; build on what they have. But of the best leaders, when their task is accomplished, their work is done, the people will remark, 'we have done it ourselves.'" -Confucius

Ms. Sidiqa, Head of the District Development Authority and Woman's Shura, Khash District and Mrs. Salra Head of CDC of Sarfola village:

In the past, food security and nutrition education activities conducted by NGOs without the consultative support or inclusion of shuras and DDAs. This meant that training and capacity building for beneficiary communities lasted only for the short-term; and continuity that could have been ensured by district level stakeholders, non-existent. The interaction between the MDG Fund and national and provincial counterparts, namely DAIL, DoWA and DoPH, working in partnership with shuras has resulted in training and knowledge reaching beneficiary communities more extensively. We are able to reach, discuss and instil knowledge to women, by our ability to directly relate to them. We represent their best-interests. This reflects to me as successful ownership at the district level. I believe this approach is not only sustainable, but also adaptable for shuras from other districts to follow.



BEST PRACTICE 5: REACHING RURAL WOMEN IN AFGHANISTAN THROUGH DISTRICT WOMEN EXTENSION OFFICERS

Women have less access to agricultural extension and training, less access to agricultural credit, and less access to irrigation and modern inputs. They are also less likely to be organized in farmers' organizations or agricultural interest groups that make their voice heard. They play a prominent role in the production of high-value commodities, such as fruits and vegetables, which are increasingly in demand, as incomes rise. The absence of recognition of the role of women in agriculture constitutes a serious problem, which can be described as a "perception bias". The perception of the roles that men and women play in agriculture is biased toward men, and as a consequence, **the perception that agricultural services are needed is biased toward men, too.** Hence, fewer efforts are made to reach women in agricultural service. In Afghanistan there are no women appointed as district extension officers which makes reaching extension services to rural women more challenging. On request of Directorate of Extension (MAIL) JP appointed Women as extension officers in its targeted districts to provide extension services to rural women.

Achieving gender equity is not only a goal in its own right, it is essential to use agriculture for development, and a precondition to meeting the first Millennium Development Goal of halving hunger and poverty in Afghanistan.



Experience in Yamgan, Badakhshan



Appointment of woman as district extension officer –Ms Sema was met with resistance due to negative cultural bias and some mullahs who are against women empowerment activities. After several meetings and discussions with DCC (district coordination Committee), DDA head of clusters, CDCs, community leader and district government gradually they changed their mind and allowed her to work. The director of Agriculture was satisfied with the work of women extension officer in the remotest area. Ms Sema made field visits to support

and monitor project implementation: setting up of home gardens, tunnel garden and nursery. She conducted training on home gardening, installation of plastic tunnel, installation of drip irrigation system, making compost, food processing, nutrition education (cooking Demonstration) and business and Marketing skills to women groups. She collected information from District and report relevant project information for weekly, monthly. The biggest challenge faced by her was lack of availability of transport at the district level.

PRACTICE 6: FOCUS ON MOST NUTRITIONALLY VULNERABLE

The prenatal period and the first two years of life represent the most critical period for a child's physical and cognitive development. Interventions which aim to prevent under nutrition can be much more effective than those that target children who are already undernourished. Sufficient priority was therefore given to interventions, which aim to improve the nutrition security of pregnant and lactating women and infants and children < 2 yrs.



JP supported the WIIN (Women's and Infants' Improved Nutrition) initiative which was implemented by implemented by CARE in Kabul . Over 800 pregnant women and 1000 lactating mothers received training at community-based nutrition centres in Kabul's District 7 and 8. WIIN interventions focused on preventive community-based nutrition practices and integrated a three-pronged approach:

counselling, distribution of health supplies, and growth monitoring. Nutrition education and counselling provided by trained community health workers, allow mothers to follow through learned concepts based on peer oriented perspectives of instruction. The monitoring data showed that 32.5% of women in a sample group of 348 were delivering supplementary feeding to their babies which increased to 84.7 % by the end of the project. Moreover, colostrum feeding increased to 99.4 % by end of project (from 81.9%. The women who participated in the project acknowledged better nutrition practices, as well as access to standard antenatal Care services and micronutrient supplies.. Just as encouraging were their testimonies that husbands and mothers-in-law have become more supportive by encouraging their visits to health facilities, initiating early breast feeding and timely complementary feeding .

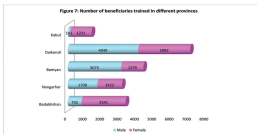
BEST PRACTICE 7: CAPACITY BUILDING OF PARTNERS FOR ACTION

In the context of the Millennium Development Goals (MDGs), human resources for food and nutrition security pose a new challenge for policy and decision-makers in Afghanistan. The capacity to design and implement successful food and nutrition security policies and programs in Afghanistan is weak from the national to the community level. Enhancing human resource capacity in Afghanistan is therefore the foundation for achieving the overall goal of food and nutrition security for all in Afghanistan. Unless adequate attention is paid to the quality and quantity of capacity at various levels, progress toward achieving food and nutrition security goals will remain elusive. JP ensured that capacity-building as a cross-cutting aspect of all its project components, from mobilization and training of community members to relevant government and non-governmental partners.



JP build technical, management and governance capacity of DAIL and DOPH as well as community and local government partners to help ensure program sustainability. The training plan was developed based on the specific activities to be implemented, approaches to be considered, and experience and skills of key partners and stakeholders at all levels of the implementation process.

With support of extension staff 19,220 beneficiaries in different provinces. Were trained. Efforts were made to build capacity of women beneficiaries through District level women extension officers. The trainings covered diverse topics from food production to business skills and support for the formation of women and smallholder producer groups. Trainings in nutrition education and cooking demonstrations were integrated with gardening and food processing training to make families understand their nutritional needs and the needs of their children.



**What they say:**

Mohammad Yatem from Sharhan center of Khash district:

In past we had no problems, because the land and water was enough for people of Khash district and everyone had enough food to eat. Now there is not enough income because of not enough water. The main problem of Khash is not enough water for family to cultivate vegetable or plant trees. When we cultivate wheat or plant the trees we pray to Allah for rain, if we have enough water and receive this kind of training in agriculture new technology, we will never have to ask any country to help us.

Training packages (seed propagation, cultivation, irrigation, harvesting and post-harvest handling) were conducted by staff – provincial/district personal with ToT capacity – from DAIL, DoWA, DoHE and Shuras. Conducted in three rounds, the training emphasized on instruction on small-scale production of micronutrient rich vegetables/fruits produce. The first round covered land preparation techniques and seed characteristics; the second, on growth-phase of gardens, in particular irrigation and pest control; and the third, on harvesting produce. The selected beneficiaries (primary recipients) received training based on ToT knowledge application aimed at fostering peer exchange that can be later applied according to community needs. This application of knowledge covers cultivation of vegetables and fruits in: **cluster/community gardens, and kitchen gardens.**



The introduction of seeds provided by FAO enabled the community cooperatives to locally grow fruits and vegetables for local consumption – greatly diversifying the nutritional intake. The knowledge gained has greatly enabled beneficiary communities to pool resources to establish locally owned start-ups for growing vegetables and fruits. Since the support is directed towards a non-commercial approaches to address food security and nutrition:

women are empowered to take the role in growing food for their families – as opposed to working on a large farm away from home; and the volume of harvested fruits and vegetables best suited for domestic consumption. The sustainable ownership of small-scale cultivation through strengthened training and knowledge transfer, serves as a best practice where communities take initiative from within.

Province	Type of Training Conducted										Total	
	Nutrition education		Food Processing		Business Marketing		Cooking Demonstration		Gardening		beneficiaries	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Badakhshan	141	680	70	475	60	57	86	614	435	715	792	2541
Nangarhar	567	508	0	15	0	0	252	292	861	607	1700	1422
Bamyan	898	395	0	0	0	0	884	386	1293	498	3075	1279
Dakond	112	4	763	0	560	0	0	1110	814	1815	853	4049
Kabul	37	269	0	220	0	0	49	332	55	410	141	1231
Total	278	261	70	1270	60	57	2381	2418	4859	3083	9757	9463
Grand total	5402		1340		117		4819		7542		19220	

What they say:

Faqr Mohammed, Zulm Abd village of Khash district, Badakhshan :

We are happy to receive training on agriculture and nutrition, because we don't know the new technique of agriculture or benefit of vegetable lack of facilities, equipments, materials, machines and knowledge. In fact, access to enough water is the big problem in Khash district we are requesting to have attention by MDG program. In order all the production which we produce we used for 6 months .in the rest of the month, we use tomato or sell other income to the market or our young boy should go for working to other places or loan from better of family.

**International training**

Extension officers need to have knowledge of a greater number of crops and their cultivation as well as need to support farmers in commercialization of their production. In-service training to extension workers was facilitated to strengthen the human resource capacity and reduce post harvest losses and add value and utility to agro-resources by sending 25 extension officers from 5 provinces to Central Food & Technology Research Institute in India for short term training courses

Table 2: International training to build national capacity in improving Food Security

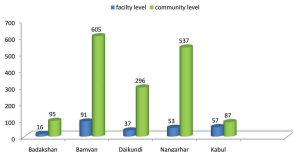
Course	Duration	# of participants
Essentials of packaging technology for distribution and marketing of food products	10 days	10
Holistic approach in processing of fruits and vegetables into value added products	10 days	10
Post harvest handling and storage of fresh fruits and vegetables for commercial trade	5 days	5



Training in Public health nutrition

JP partner WHO developed the Nutrition Intervention packages (Anthropometry, MAM, CIYFC,). This packages are used for conducting the trainings at the community and districts levels. The TOT on Community based Nutrition Intervention (Anthropometry, CIYFC, ICSP package) were conducted for CHSs and focal points from MDG implementing partners. The CHSs conducted the training at the community level for CHWs about 1000 health functionaries were trained on MUAC screening, Micronutrient and 100 health functionaries on CIYFC. Training on Management of Acute Malnutrition for relevant staff was conducted. A total of 1874 health functionaries were trained by JP. TOT was conducted for health staff at facility level (254 staff- doctors, midwives, nurses and health supervisors)) who in turn trained 1620 community level functionaries (male and female CHWs).

Figure 8: Number of health workers trained



BEST PRACTICE 8 : INTEGRATING NUTRITION EDUCATION WITH FOOD PRODUCTION ACTIVITIES

Food security is a prerequisite for good nutrition but does not ensure good nutrition status. In Afghanistan, malnutrition is seen in households which are food secure. Similarly malnutrition persist in communities where public health nutrition interventions are being implemented, suggesting the need for a more holistic and systematic approach.

JP ensured that Interventions in both nutrition and food security complemented each other. The impact of any one type of intervention was enhanced by investment in other intervention e.g. impact of food security interventions (setting up nurseries/green house, community gardens/school gardens/clinic gardens /household gardens and in food processing) was enhanced by integrating education for optimal infant young child feeding or cooking demonstrations.



Good nutrition depends on the quality and quantity of the food that is available. MAIF supported establishment of home gardens for improving food intake while using household labour intensively on small land surfaces within the home. It allowed women to grow fruits and vegetable while fulfilling their domestic and child care responsibilities. Home garden foods typically include roots and tubers, green leafy vegetables, and fruits, which are rich in vitamins and minerals.

What they say - Beneficiary: Abdul Quadir, Trained gardener, Faizabad, Badakhshan

I used to work as a security guard before I was introduced to the Women's Garden. I had no idea the types of vegetables and fruits that can be grown locally. The only time I used to see such variety was at the market during summer. And of course it was always too expensive for me to afford. After I received training on gardening, my understanding of how small gardens can feed a family with nutritious vegetables has changed. The vegetables we grow here are more diverse and fresh compared to what is available at the market. Vegetables like egg plants, lady fingers, pumpkins and celery are fairly new to this area, as compared to staples like tomatoes and onions. The taste preference was a challenge, we faced at first. After we received cooking demonstrations from the MDG programme to use these vegetables, I am able to provide advice to visiting families gardening tips, as well as recipes for cooking the vegetables they are interested in growing. The demand for seedlings from the greenhouse is high. Many families from outside Faizabad come here to purchase seedlings and seek advice in setting up kitchen gardens. We also see Shura members from neighbouring villages interested in establishing community gardens from seedlings and seeds. I too have a kitchen garden at home; and many from my village have followed to start their own gardens. The spread of interest to learn small-scale gardening from first time visits to this garden, is a clear sign to me the long term the impact this site will have in changing eating habits – for the better.

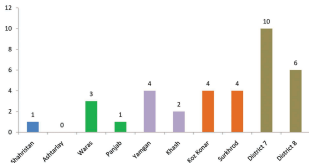


What they say:

Ms. Wajm Nurse Midwife and Ms. Shakelah Vaccinator of Clinic said: this training from MDG in nutrition education course was an opportunity for CDCs and Clinic staff of Khash district to improve their capacity in agriculture and nutrition, what to eat: balanced meals. Nutrient-rich meals, Specific needs during the pregnancy, Infants under 6 month, Young children above 6 month. In fact there was a chance for exchange of agriculture experiences among the Once the beneficiaries learn and adopt the skills they will continue to benefit from the project throughout their life time the improved practice of the targeted families and will take on new ideas, thus creating a ripple effect of development participants and they could update their knowledge's and information through this course.



Figure 9: Clinic gardens established by DAIL in different districts/provinces

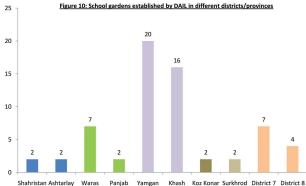


School Gardens

School gardens were used as a way to teach children about food and nutrition-related issues and importance of dietary diversification. Nutrition and food security lessons are passed on when school garden practices were replicated at home or in community gardens.



Figure 10: School gardens established by DAIL in different districts/provinces



BEST PRACTICE 9: ADDRESS SEASONALITY TO ENSURE FOOD AND NUTRITION SECURITY ALL YEAR ROUND

Processing vegetables and fruits minimizes post-harvest waste and improves marketability, thereby enabling women – primary beneficiaries of JP to be involved in handling food for their families and increasing food security at the household level. Households benefit from food processing and preservation by allowing harvested produce to be stored for long periods and additional income generated by sale of surplus food gives families access to a wider range of products and nutrients.



The establishment of 5 food processing and training centres in 5 provinces has enabled 3697 women from low income communities to learn preservation techniques and knowledge to market preserves locally. The women who operate the processing centre are able to hygienically handle dried/dehydrated products, pickles, tomato paste, jams, and semi processed fruits. Each month the women receive training from trainers selected by members of Women's Shuras, Women's Cooperatives and Women Producer Groups. The selected women receive a ToT (Trainer of Trainers) stipend from the MDG Fund as an incentive – preference is given to mothers with young children, especially those with children under 24 months. To effectively market their finished products, the centre nominates one woman to support trainees to package, brand and sell their products.

The support provided by the MDG Fund has paved the way for women to acquire training through peer-led instruction to preserve and process foods in a sustainable manner, not only to improve the health of children and mothers, but also to position women as important contributors to income.



The approach of incentive driven cooperatives, where women will support each other though through revolving funds, reflects as a best practice that fosters localized ownership. Monitoring visits and interviews conducted with direct beneficiaries reveal that nutrition education and food processing training have greatly improved dietary intake at the house-hold level, in particular an increased consumption of fruits and vegetables. This indicates the success of the JP to raise awareness to trigger behavioural change among

beneficiaries and has facilitated example-based peer learning at the community-level. The approach of incentive driven cooperatives, where women will support each other though through revolving funds, reflects as a best practice that fosters localized ownership.



Case study :Zio Gul daughter of Muhammad Salfdar from Dehpura village, Khash district

I have been born in a farmer family. I was raised till my young hood. In our village it was a tradition to espouse girls aged between 18 to 20 with religious interest. So, in a usual ceremony like this and between these ages, I left my family to my husband's house. I started a new life. My husband was the eldest person in the family unit. Before my arrival they were five people living in the family, but I give birth to five children, including me we are now eleven. My children are getting older and older and are a hand to the family. By now they are joining school one by one. My husband is also a farmer. He works in our one-and-half-Jerib-land. We do not have a good life. It is just making a living for a day. I always thought about whether it is possible to come out of poverty or not? I asked others too and never found a satisfactory answer.

One day when I was talking to my children, my husband interrupted and said there are two women have work to do with women in the village. They were in Serajiddin's house, so I had to take permission from my husband to go there. I was the first woman who welcomed them to the village, others came one after another. I don't remember the exact date, but I do know it was 1390. They first introduced themselves and then explained their work plan. They were from Afghan Aid Organization and their aim was to empower women and raise their basic knowledge of healthcare and good nutrition. In addition they also planned to teach us the how to process vegetable and fruits. Finally after a long discussion, it has been decided that we should be divided into various groups. Fortunately for me I was in the processing group. The training begun and the processing kits were distributed to us. At the same time the way of preparing tomato paste, pickle, jam and drying tomato and potato was taught practically and theoretically. After the training the groups started to actualize what they have learned.

As mentioned, I am one of the beneficiaries of the food process and immunity project for women and children in Khash district. After being trained in this area, I produced 27 jars of tomato paste, 18 jars of jam and 43 jars of pickle. From all these, I sold 4 jars of tomato paste in a ceremony for 200 Afghans in international Day of Women in Faizabad. Also I bartered 5 jars of sauce and 2 jars of tomato paste for wood. We consumed others in the family and I am continuing to process food so that I helped in the economy of my family. I am planning to make some jars of carrot jam in the winter, as there is a good demand

BEST PRACTICE 10 :EMPOWERING COMMUNITY TO IMPROVE NUTRITION

Food and nutrition education plays a vital role in promoting food security, as it is especially important for poor households to make the optimal use of local foods and to follow healthy eating patterns. Community centered approaches to improve the nutritional status of pregnant and lactating women and children under 12 months are key areas of support for long-term sustainability .The JP supported mobilization of community educators from the targeted communities to play a crucial role in improving nutrition nutritional status of pregnant and lactating women and their children under 12 months . This was done by building the capacity of nominated members of local women shuras to acts as community nutrition educators and provide visiting mothers with nutrition education and/or counselling on breast feeding, multiple micronutrient supplementation and complementary feeding. The use of local educators (neighbours, relatives and known community members) from within the target community, encouraged women to actively seek counselling from fellow women educators This also helped to move the focus from health facility to community based management of malnutrition.

Community based Assessment of Malnutrition

Community based MUAC screening was used to identify malnourished children and mothers for targeting nutrition and food security interventions. In close collaboration with UN partners and Provincial Nutrition Officers, training packages for Trainer of Trainers (ToT) were developed and tested. 64 selected health personnel (Community Health Supervisors, focal-points from BPHS implementers and cluster members) received ToT, which cascaded down to the community level to around 1000 CHWs. MUAC screening was repeated every 90 days to find out how the nutrition situation is changing within the target communities.



Screened
Children under five
6-24 months 94,870
25-59 months 101,258
Total 196,128
Women
Pregnant 39028
Lactating 41365
Total 101,252

Establishment of Early Childhood Care and Development Centres (ECCDCs):

In Nangarhar, two ECCD centers have been established in the districts of Surkhrod and Khewa. The Community Health Centers (CHCs) in Sultanpoor and Kuz Kunar operate the ECCD centre for three hours every day, six days a week, providing supplementary food and recreational space for toddlers. The centre is facilitated by a trained female health worker and is managed on a rotational basis by mothers with children under the age of 5 in collaboration with health facilities.



Health Shuras as Social Protectors – Kabul city (district 7 & 8)

Trained trainers from within community were used by JP to transfer knowledge on nutrition education and referral counselling. Community health educators, representatives from Health Shuras have successfully reached women with nutrition education by enabling consensus based outreach and counselling. Being in a position of credibly representing communities, Health Shuras reach segments of the community that would otherwise not be possible. They serve as community representatives that positively support local government and implementing partners to deliver training. They are positioned to directly engage beneficiaries as credible sources for sharing nutrition education and referral services.

The use of community structures : shuras, ensures greater reach of information shared with women who see these shuras as credible entities within their communities.



In Kabul's District 7 & 8, health Shuras have effectively addressed community ownership by providing training and referral services to mothers, by orienting their focus on behaviour change. Utilizing local clinical advisors from within target communities, women are empowered to seek counselling from fellow women educators who are neighbours, relatives and known persons from their communities; women have confidence on the advice/information they receive.

These concepts would otherwise be considered too sensitive for general discussion because of cultural sensitivity. The uniqueness of health Shuras is that they are represented by both men and women members; and consultative discussions are done in consultation with respected religious leaders/scholars.

The health shuras also provided women with the opportunity to pool funds to allow borrowing of money on a rotational basis for emergencies, thus allowing community ownership and cooperative support – a localized answer to social protection.

Training of Shura members on IYCF



Establishment of health education corner at HF's

Health education and awareness sessions on breast feeding, weaning, exclusive breast feeding, immunization, iodine, causes of malnutrition and hygiene were conducted in 8 health facilities in Khewa and Surkhrood districts. Skilled and professional female midwives were involved to conduct and facilitate the health education sessions in all targeted health facilities. The sessions have been attended by lactating and pregnant women and enhancing their knowledge, capacity, and competency in providing appropriate micronutrient food to their children under age of five to improve the nutrition status.



This activity was regularly conducted in the community under the supervision and monitoring of technical staff. Midwives were held responsible to deliver the messages to the lactating and pregnant women, so that they should know how to prepare the healthy food for malnourished children. As a total 2,871 participants have attended the health education session conducted during the project period.

The participants of the health education sessions have physically observed the impact of health education on their life. They said, the health Education brought significant changes in our life, for instance; prior to attend health sessions we didn't have much information like; How can we feed our children with balance diet? Why our children become sick very often? How the children are being infected by germs? When we should start weaning for our children? We were unaware of personal and environmental hygiene. But after attending conceptual health education, we learnt a lot about hygiene, weaning, nutritional status of the children, and contamination of germs.

Mother to Mother support Groups for promoting infant young child feeding (IYCF)

To strengthen systematic capacity building on IYCF at Household and community level, mother support groups were established in selected communities. In Bamyan, mother support groups were formed by the Rural Rehabilitation Association for Afghanistan (RRAA) and in Daikundi by MOVE, to promote breast feeding, maternal nutrition, iron supplementation and iodized salt consumption. These support groups also provide referral services to health facilities for women with maternal health and nutrition concerns



Some orientation sessions in the community were conducted to raise awareness on breast-feeding, complementary feeding and IYCF to gain support of community leaders and decision-makers such as chiefs, elders, teachers, public health nurses, religious leaders, members of local committees and district assemblies, and community-based volunteers.

Active representation from the community such as local community development/traditional Shuras, community midwives and Female CHWs attendants was strongly encouraged in the meeting. After the community was acquainted with the scope of the Program, the formation of Infant & Young Child Feeding Support Group was initiated. The community mother support group were care givers who support outreach activities of Female CHWs in promoting IYCF messages especially early initiation of breastfeeding (giving Colostrum) and exclusive breastfeeding and optimal complementary feeding and hygiene.

Through the establishment of IYCF support groups, 8594 pregnant and lactating women gained infant/young child feeding knowledge

BEST PRACTICE 11: USING FORMATIVE RESEARCH TO DESIGN INTERVENTIONS

JP promoted Multiple Micronutrients/sprinkles for improving micronutrient malnutrition in children after exploring knowledge, attitude, and practices about anemia and utilization of multiple micronutrients through Focus Group Discussions (FGD) with caregivers of children under two and key influencers; fathers and grandmothers, and In-depth interviews (IDIs) with caregivers, fathers, grandmothers, health workers of health facilities, and Community Health Workers (CHWs). The findings of FGDs were triangulated with the findings of in-depth interviews. The formative research suggested the following:



- Training of health providers is essential to cover the concepts of the young child anaemia, MMNPs as a key strategy to prevent anaemia in young children, and counselling techniques for MMNPs communication.
- Grandparents, fathers, and Mulla Imam are the key influencer to be targeted in MMNPs communication.
- To overcome the indirect consumers cost, a balanced distribution of MMNPs through the health facilities and health post would increase the coverage, utilization, and adherence to the course of MMNPs.
- Provision of MMNPs through mobile services is a key strategy to expand the coverage of MMNPs to hard to reach areas.
- Existing IEC material should be revised and new IEC material should be developed to ensure quality communication of MMNPs.
- Interpersonal and group counseling techniques of health providers should be enhanced to improve communication of appropriate dosing, compliance and benefits of MMNPs.

Community awareness about symptoms of anaemia in young children

Most of the caregivers of children under two and influencers across the study sites described a wide range of terms to describe anaemia in children:

Rang Parida -paleness of face

Rang Zard - yellow face

Zaief- weakness

Rangish Safid Migardad -color turn white

Naaram wa Kam Khoab- irritable and sleepless

Bie Rang - colorless

Laghar wa Zaief- thin and weak

A few of the participants mentioned paleness of nails, gums, and eyes as an indication of anaemia in children.

BEST PRACTICE 12: ESTABLISH LINKAGES AND SYNERGIES

JP recognized that the sustainability of existing activities lies in linkages of cooperation between national counterparts (MAIL and MoWA) and other partner institutions – shared resources founded on mutual interests and goals. Therefore conscious efforts were made to strengthen horizontal linkages with other agencies/institutions to promote more effective and efficient programming and therefore improved sustained outcomes. Building capacity of local CDCs, cooperatives and other community groups was done by establishing linkages with provincial extension and health officers who conducted TOT for capacity building and monitored project activities. JP linkage between districts governor and district extension officers helped to work together to address community needs while linkages with social mobilizers at sub national level helped JP in getting support from community groups

Linkage with the French Cooperation Centre:

The French Cooperation Centre has closely worked with relevant departments of MAIL since 2002, and has actively supported the delivery of vocational training for national (central and provincial) stakeholders and beneficiary communities. JP established horizontal linkages between the MDG-F programme, MAIL and the French Cooperation Centre to strengthen the effectiveness of its women-centred initiatives. The linkage with the centre has been instrumental in the start-up of women owned cooperatives and associations, including:

- Providing training assistance to women producer groups to marketing of their processed foods, especially honey and soya products;
- Support to beekeeping activities by organizing training and marketing information – 20 women received ToTs on beekeeping, honey harvesting and quality control; and
- To identify suppliers to source processing and packaging materials not available locally.



Cooperation with the Nutrition Education International:

JP's linkages with Nutrition Education International (NEI) helped to improve women's capacity to diversify dietary consumption, improve household access to food and generate incomes, activities reflective of partnered actions for greater reach. Through shared pool of resources to train women in Kabul's district 7 and 8, ownership by cooperatives support access to food and household incomes. A total of 30 women (15 from district 7 and 15 from district 8) received training to process and bake nutritious soya based foods. NEI supported the training exercise by contributing 300 kg of soya flour for women as a start-up incentive. NEI has also been instrumental in providing soya seeds to 50 women gardeners and supplementary training for 30 women in baking soya products in Faizabad, Badakshan province.



Linkage with BASICS/MSH

JP supported expansion of community based, high impact child survival interventions into 26 additional districts in Afghanistan which helped it to reach additional 276513 children < 5 yrs. This was made possible by JP's partnership with BASICS project, implemented by MSH with USAID funding. MSH covered the cost of ToT for child survival officers and provided the tools and training materials (through financial support of USAID) while JP covered the cost of monitoring and supervision by community child survival officers.



Linkage with other FAO Projects

MDG programme sought technical support from another FAO's project on poultry. The technical team of the FAO's poultry project helped JP by providing their training materials and conducted TOT for its backyard poultry project, trainers. They also accepted the overall responsibility of monitoring the quality of training to ensure that the training of JP beneficiaries was carried out according to the agreed principles and agreed technical subject. They also supported the local IP in procuring the inputs required for the implementation of the programme, especially of pullets, feed and vaccines and monitoring the project progress. The knowledge of management and marketing of poultry helped JP to increase the sustainability of its poultry development efforts.



Linkages with Schools for garden based nutrition learning

Nutrition is an essential building block for school children to succeed. Healthy, active, and well-nourished children are more likely to attend school and are more prepared and motivated to learn. While the primary responsibility of schools is to foster academic achievement, schools have an exceptional opportunity to guide children toward healthier lifestyles by creating healthy nutrition environment through school gardens. JP promoted nutrition education in schools by establishing linkages between MoE and MAIL, through the establishment of school gardens. The promotion of nutrition through school gardens was done in 34 schools (both urban and rural) across the country giving children the unique opportunity to gain hands-on learning experiences in gardening. This has helped to increase their knowledge on nutrition and encouraged them to adopt healthy dietary habits – at school and at home.

Children who plant and harvest their own fruits and vegetables are more likely to eat them. School children who participated in gardening not only eat more healthy foods, but also

BEST PRACTICE 13: PROMOTING LIVELIHOOD FOR LONG TERM IMPROVEMENT IN FOOD AND NUTRITION SECURITY

Target 2 of the 1st Millennium Development Goal is :“Eradicate extreme poverty and hunger”. Households and communities were empowered by several income generation schemes. Malnourished people are usually found within poor households. Sustainable livelihoods are essential to achieving food security, health and care. Malnutrition can be seen as the final outcome of unsustainable livelihoods

Bee Keeping

The JP has supported beekeeping as a unique initiative that aims to reduce poverty and improve food security by empowering women to generate incomes within their communities. This implementation was done in coordination with Implementing Partner, Green Way Organization (GWO) in Daikundi and DOWA in Badakshan with the support of DAIL, DRRD and local women's shuras. The women (primary beneficiaries) were selected by shura members based on family income and willingness to participate – women headed households are among the most vulnerable since they have very few opportunities to earn income outside the home. A total 200 beehives, empty hives and tools were provided for 200 women in Daikundi and 50 women in Badakshan along with training on honeybee management and ecological education on pollination – the importance of bees in crop pollination.

District Extension Officers provided on-site coaching and routine monitoring of their progress in maintaining the beehives and harvesting the honey. In order to manage the hives in the most efficient way, shura members nominated one woman from each village to work as the master beekeeper, along with specialized training in packaging and marketing honey. With the support of GWO and women's shuras, the women



worked together as a cooperative to market their honey at the main market in Nili, where high quality honey commands a good price – 25kg of pure honey retails for 50,000 Afghani (\$1000). The continuity of initiatives like beekeeping to empower women as income generators within rural communities is a best practice that addresses poverty and sustainable natural resource management.

Backyard Poultry Production also serves as an invaluable resource for communities living in urban areas. Raising poultry not only provides supplementary food, but generates income from the sale of eggs and chicks. In Kabul, 500 households – women selected from poor families – with malnourished children received support to establish micro-enterprises rearing chickens, through the MDG Fund's implementing partner KNF (Koh-i-Noor Foulad for Afghanistan) to train and monitor progress of implementation.



This support to poor communities to take charge of food insecurity and malnutrition has seen an increase in household consumption of eggs, and sales from poultry products are putting more fresh produce in their daily meals.

BEST PRACTICE 14: FOCUS ON NATIONAL PRIORITIES

MOPH and MAIL identified the need for national dietary guidelines—, responsible and sensible dietary messages to help Afghans choose an adequate and prudent diet to combat malnutrition. Because people understand and eat foods and not nutrients, dietary advice based on foods rather than nutrients will be more likely to be followed, and therefore, more likely to lead to beneficial changes in food consumption patterns, nutrient intakes and ultimately help improve the health and nutritional status of individuals and populations.

JP supported the national priority by helping the government to develop Food Based Dietary Guidelines (FBDG) by a transparent and integrated process of consensus in partnerships of all stakeholders, including policy makers, , nutrition and other health professionals, agriculturists, educationists, as well as representatives from the private sector such as the food and health industry and the media. JP also planned to link the FBDG to nutrition education, agriculture and food policies and ensure that FBDG will be part of an integrated strategy to improve food security, food safety, nutrition and health in Afghanistan.

Table 3: Implementing Essential Nutrition Actions that protect, promote and support the achievement priority nutrition behaviors

Province	District	DNA	Micronutrient	Maternal nutrition	Nutrition surveillance	Integrated FSN
Nangarhar	Khewa	x	x		x	
	Surkhod	x	x		x	
Bamiyan	Panjab	x	x		x	x
	Waras	x	x		x	x
Dakundi	Shahrstan	x	x	x	x	x
	Ashtarai	x	x	x	x	x
Badakhshan	Khash	x	x	x	x	x
	Yamgan	x	x		x	x
Kabul	Dis. 7	x		x	x	
	Dis. 8	x		x	x	

Scaling up of Integrated Child Survival Package (ICSP) , proven evidence based critical child health interventions that are part of BPHS into an integrated package: maternal and newborn care, young child nutrition and feeding, and Community-based Integrated Management of Childhood Illness (C-IMCI). ICSP uses an integrated community-based approach, which relies on increasing the community's ownership of child survival, through promoting close collaboration between community health shura's, Family Health Action Groups (FHAG) and Community Health Workers (CHWs). MDG is supporting the MOPH in expanding the ICSP to 26 additional new districts in 2012. This will result in ICSP implementation in 54 districts / nearly 15% of the total districts in Afghanistan. This initiative will reach a population of 1,382, 565 or 276,513 children < 5 yrs and 82954 Pregnant & Lactating Women

BEST PRACTICE 15: OUT OF BOX THINKING

BETTER NUTRITION BETTER LEARNING – TAGHAZI BEHTTER-AMOKHTAN BEHTTER:

JP supported Ministry of Education (Educational Curriculum Development) to introduce nutrition education in primary schools (grades 1-6) across the country. Nutrition education focusing on food habits and nutrition problems are integrated in the revised curricula for 1-6th grade students in consultation with the MoPH. This is supported by designing and validating appropriate teaching/ learning materials for primary school teachers and children, alongside training programs for teachers. The inclusion of nutrition education by topic and learning grade to the curriculum, learning will take place through teachers interacting with students to shape their eating habits. This introduction of nutrition as part of the curriculum will equip millions of school children across Afghanistan with lifelong healthy eating habits.



Establishing women producer cooperatives to improve food security

Small producers are key to economic growth. In addition, the establishment of women only cooperatives was seen as a valuable strategy by JP for women to develop their own businesses, based on their economic and social needs and realities. In groups, producers are more efficient and effective, they have stronger bargaining power, they're able to obtain a better quantity and quality of inputs, as well as to market a higher quantity and quality of outputs. As a cooperative, women were able to guarantee regularity and diversity in their production and minimize the time and the risks and the costs involved, both in producing and in accessing services.

JP facilitated formation of women producer cooperatives: poultry cooperative/bee keeping cooperative/ processed foods cooperatives by helping them to register with the ministry, teach them business skills in book keeping and marketing and linking them to markets. This helped the target women to gain influence and access to the things they need to work more effectively - and improve well-being in their households and communities.



Organizing is the key to empowerment. Empowering women farmers improves food security for all

Appointing Women extension officers at District level

Women participation is a challenge in Afghan context. JP activities were focused on women and women in a community/household can only be reached through a woman. The biggest challenge faced was lack of women extension workers at district level to support agricultural tasks performed by women/build their capacity in homestead food production.

MAIL agreed with the gap identified and it was agreed that JP will pilot the model of community outreach by appointing women extension workers. Recruitment and appointment was done by DAIL and after JP support is withdrawn, MAIL will regularize these appointments. Appointment of women extension workers facilitated integrating nutrition counseling through agricultural extension, particularly when women were counseled.



Development of Food Based Dietary Guidelines for Afghanistan (FBDG)

Three of the MDG goals are related directly to improving nutrition:

"Eradication of poverty and hunger."

"Achieve universal primary education."

"Reduce child mortality."

Improved nutrition education can help to reduce malnutrition and hunger. It can enhance nutritional knowledge, attitudes and behaviors, social and dietary customs, family/childcare and feeding practices, and household hygiene. Better nutrition can improve educational achievements and reduce child mortality. FBDG are a tool for countries to guide and encourage its entire people to have a nutritionally adequate diet at all times. FBDG are a translation of scientific knowledge on nutrients into specific dietary advice. They represent the recommended dietary allowances of nutrients in terms of diets that should be consumed by the population. Since people consume food, it is essential to advocate nutrition in terms of foods, rather than nutrients. Emphasis has, therefore, been shifted from a nutrient orientation to the food based approach for attaining optimal nutrition.



Resource Mobilization

MDG funds were not sufficient to fund activities planned because current activities were need based and not listed in approved JP document: Development of FBDG, livelihood interventions or community empowerment for nutrition screening. The joint coordinator mobilized additional funds from FAO – 40,000\$ from TELEFOOD grant and 393,000 from TCP.



4: CHALLENGES TO JP IMPLEMENTATION

Poverty

Poverty and Vulnerability remain widespread in Afghanistan. Poverty actually kills more Afghans than those who die as a direct result of the armed conflict either accidental, nor inevitable; it is both a cause and a consequence of a massive human rights deficit.

Physical Access

Accessibility was a major challenge in most of JP targeted areas : Badakshan, Bamiyan & Daikundi because of rugged-terrain, the dispersed population and remote settlements. The targeted districts are often cut off for months during the winter for six months thus increasing their vulnerability. The climate allows for only a single crop in these areas.

Quality of human resource

This was a major constraint. Current government establishments are marked by severe shortages in skilled workers, and so some of the technical work are being done by less-skilled workers, with potential ill effects on quality of services care especially with weak staff supervision. Unless adequate attention is paid to the quality and quantity of capacity at various levels, progress toward achieving nutrition goals will remain elusive

Lack of nutrition and food security courses in higher education

Improving food security / and nutrition outcomes is very dependent on human resources-people with sufficient knowledge and skills for performing their job. Yet there are no colleges/university which offer such courses. Many donors claim that tertiary education is not their purview, and that there is little assurance that professionals whose tertiary training was subsidized will remain in-country. Short-term training in food and nutrition security is only a band-aid, however; the next generation of policymakers, policy advisors, and policy researchers requires training on food and nutrition security at the university level. Although institutional (parameters (rules and regulations) and policymaking and program implementing organizations are important, enhanced human capacity through higher education is the strongest pillar for developing local organizations

Lack of supportive supervision

Supervisory support has been weak in certain key areas. Many staff, particularly those working in the periphery, are expected to work largely independently and often provide a wide range of services. For this reason, they need effective supervisory support for purposes of both quality assurance and motivation

Lack of Women trainers

Women in Afghanistan do not feel comfortable attending any training conducted by a man because it hurt their reputation. This is a challenge for JP since delivering interventions or long term sustainability of JP activities lies in capacity of women to deliver services to women. Identifying master trainers/educators from the beneficiaries/targeted community, building their capacity to cascade down the training and providing supportive supervision was priority for JP. This was made worse in March 2012, when President Hamid Karzai endorsed a "code of conduct" which was issued by the Ulema Council. Some of the rules state that "women should not travel without a male guardian and should not mingle with strange men in places such as schools, markets and offices." Karzai said that the rules were in line with Islamic law and that the code of conduct was written in consultation with Afghan women's groups

Need for refresher training

The need for refresher training of trainers was recognized repeatedly in all targeted areas, when performance gaps were identified. This will help the master trainers refine their instruction capacity and build on experiences learnt to better cascade down the training . They reported getting LOST in the TOT as they spend time during TOT trying to remember the activity being discussed rather than actually learning the essentials and subtleties of how to conduct it. Refresher training will also provide trainees with another chance to better understand the topic, knowledge and skills

Water shortage

In three of the JP targeted provinces, Badakshan, Bamiyan and Daikundi water shortages /drought conditions affect yield of crops .Water for irrigation is crucial to successful agricultural production, but Afghanistan suffers from water shortages because of soil degradation, deforestation, overgrazing, and erosion, often resulting in severe floods during seasonal rains . Summer is the most challenging season for planting and harvesting as rainfall cannot be expected and the level of groundwater drops Summer is the most challenging season for planting and harvesting as rainfall cannot be expected and the level of groundwater drops

Inadequate Marketing Infrastructure:

In all the JP targeted area (Kabul to a lesser extent) the problems of supply route blockage (poorly maintained road network, Mountain passes, pathway) , fears about security, inadequate market facilities (even lacking basic water, electricity, and sewage in many cases), access to health care , telecommunications and support services like market information systems, food safety regulations, grades and standards, and quality control were issues of concern for both stakeholders and beneficiaries. The prolonged isolation of entire villages from markets, health services and sources of livelihood were responsible for seasonal food in security and malnutrition.

Unrealistic Expectations

The main lesson which can be learned from this project is that national sector transformational processes cannot be predicted or dictated by external parties, no matter how close or long lasting the relationship with a Ministry. Policy and legal development can be assisted and supported through external assistance, which is conscious about the complexities and intricacies of the national situation. Such assistance must be conceived in longer term programmatic and partnership based terms, it can be supported by specific project inputs, but should preferably not exclusively rely on it.