



World Vision

Child Well-being Summary Report

World Vision International - Afghanistan

Financial Year 2014



*Committed to inspiring hope and creating a better future for
Afghan children, their families, and their communities*



World Vision Afghanistan

Strategic goal and sectors

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Acronyms

AACRS	Australian Afghanistan Community Resilience Scheme
ANDMA	Afghanistan National Disaster Management Authority
ANC	Ante natal care
BDN	Bakhtar Development Network
BFHI	Baby Friendly Health Initiative
BPHS	Basic Package of Health Services
CRSA	Child Rights Situation Analysis
CARE	Child Raising & Reproductive Education
CWBO	Child Well-Being Outcomes
CWBT	Child Well-Being Targets
CHW	Community health worker
DAIL	Department of Agriculture, Irrigation and Livelihood
DME	Design, Monitoring and Evaluation
DRRD	Department of Rural Rehabilitation and Development
ECCD	Early Childhood Care and Development
EFSA	Emergency Food Security Assessment
FGD	Focus group discussions
FHAG	Family Health Action Group
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
FY	Fiscal Year
HH	Household
IYCF	Infant and Young Child Feeding
IMCH&CP	Integrated Maternal Child Health and Child Protection
ORS	Oral Rehydration Solution
PD	Positive Deviance
PNC	Post natal care
MNC	Maternal and Neonatal Care
MĒ	Ministry of Education
MCHN	Maternal and Child Health and Nutrition
MoPH	Ministry of Public Health
NACP	National Aids Control Programme
NRVA	National Risk and Vulnerability Assessment
SAM	Severe Acute Malnutrition
SDC	School Development Councils
SHAPE 3	STI&HIV/AIDS Prevention Education
SIP	School Improvement Plan
TTC	Timed Targeted Counseling
TT	Tetanus Toxoid
WARMCHF	Western Afghanistan Regional Maternal and Child Health Forum
UN	United Nations
UNICEF	United Nation Children Fund
UNHCR	United Nations Commission on Human Rights
USD	United States Dollar
USDA	United Sates Department of Agriculture
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
WV	World Vision
WVAFG	World Vision Afghanistan

Introduction:

The overall World Vision Afghanistan (WVAFG) programming is guided by a national strategy containing three sectoral objectives: Maternal and child health and nutrition (MCHN); Education, with a primary emphasis upon early childhood; Livelihoods that enable families to feed and provide for their children's needs. Activities in these three sectors contribute to the following CWB Targets:

- Health programming, particularly MCHN, contributes to Target 2: “Children protected from disease and infection” and Target 3: “Children are well-nourished”.
- Education programming contributes to Target 4: “Children able to read by age 11”.
- Livelihood programming contributes to CWB target 1: “Children report increased well-being”.

WVAFG programming operates through grant funded projects in collaboration with WV Support offices. The WVAFG FY14 expenditure for direct programming was USD 7,383,273. A total of 315,953 children benefited directly from project interventions during the year. The main WV Support Offices involved in Afghanistan during 2014 were WV Canada, WV Australia, WV US, WV Japan, WV Taiwan, WV UK and WV Korea.

Summary of Findings:

This report links the FY12 – 14 National Strategy directly to Child Well Being indicators and targets.

Three Year Strategic Objective 1: At least 100,000 children and 30,000 mothers will be better protected from illness, malnutrition and death through WVAFG MCHN programming.

Following is a summary of our progress toward this objective in FY14:

Reach:

- Through its programming in FY14, WVAFG was able to reach more than 240,000 children which significantly exceed the three year 100,000 target in FY14 alone. The 34,194 women of reproductive age who were reached in FY14 was 14% over the three year 30,000 target. This increase is mainly due to implementation of the MUNCH project which has a significant coverage – 21 districts in all three provinces.

Result:

- Within the year there was significant progress as measured by relevant CWBTs described in the report below. Of particular note is the increase in people accessing STI/HIV services as result of improved awareness. Positive gains were observed in children cured from malnutrition in OTPs established by MUNCH and PD hearth sessions, and by treatment for diarrhea.

Innovation:

- The MCHN interventions included several innovations such as PD Hearth, mHealth, Timed Targeted Counseling training, and community led Family Health Action Groups (FHAG). These innovations are now being replicated across a broader working area through the MUNCH project. Two neonatal units have been established in provincial hospitals, one in Ghor and one in Badghis.

“1000 days” nutrition policy has been submitted to MoPH as a joint effort of the Western Afghanistan Regional Maternal and Child Health Forum and WVAFG.

Lessons Learns:

- The successes of the SHAPE project (resources, partnership, outreach system, etc.) can be used as evidence to support national level advocacy for most vulnerable at-risk groups to access essential services and further programming opportunities through the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) that supports the National Aids Control Programme (NACP).
- Community and religious leaders have a key role in influencing changes in attitudes and decreasing discrimination and stigma at the community level.

Three Year Strategic Objective 2: At least 100,000 children will have improved access to primary-level education through WVAFG education programming.

Following is a summary of our progress toward this objective in Fy14:

Reach:

- Through its programming in FY14, WVAFG was able to support approximately 75,873 children, which is a 76% achievement against our three year target of 100,000 children with improved access to primary level education.

Result:

- The most significant achievement was the level of school attendance, which increased by 56%. An increase in enrollment rate, particular of girls, was also observed compared to the previous year. A significant motivation factor for students, school staff and teachers was the monthly food ration provided to those with regular attendance, and the improved learning environment achieved through school improvement activities.
- The Street Children's Centre enabled 100% of its participants in the remedial learning program to start school and 96% of them were still attending school one year after graduation. Children's feedback suggests dramatic improvement in self-confidence, sense of hope, and a commitment to their ongoing education.
- An average of 95% of children who attended ECCD sessions scored high on school readiness indicators, thereby indicating the strategic relevance of this model in child education.



Innovation:

- Discussions with the Ministry of Education and provincial Departments of Education are promising in terms of scaling up the ECCD programme in WVAFG operational areas.
- The positive results of school development committees in improving school infrastructure and environment shows the importance this intervention has in improving education outcomes.

- The dramatic changes in the lives of deprived children supported by the Street Children's Centre and through the ECCD program are encouraging and motivating factors for intensifying this kind of programming in Herat city because of high need and relevance among street children, but also among the significant IDP and returnee/deportee refugee population.

Three Year Strategic Objective 3: At least 50,000 families will have improved livelihoods opportunities through WVA livelihoods programming.

Following is a summary of our progress toward this objective in FY14:

Through its programming in FY14, WVAFG was able to support 1,935 HH, which was a slight increase compared to the previous year and represents 4% of our three year strategic target. A new large project was launched in the second half of FY14 which will focus on improving livelihoods through increased agriculture production and diversity for 104 villages in Badghis province. This project will substantially increase our reach in this sector.

Reach:

- The most significant achievement was successful harvest and sales of honey through our beekeeping project which have improved household income and caregiver's ability to provide for their children. Other significant achievements include the successful introduction of vegetable production as demonstrated by harvest results, successful harvest of drought resistant varieties of wheat, and also pistachio cultivation. Youth were enabled to gain a vocation and reported some improvement in income, and life skills activities have increased their sense of their wellbeing and hope for future.

Innovation:

- Beekeeping is proving to be a good economic activity for females and beneficiaries state that the income enables them to meet costs of their children's education and health care, which also contributes to other CWB targets.

Lessons learned:

- Village Shuras and religious leaders prove to be key actors which positively influence women's involvement in income generating activities, and in spite of the very conservative context, they do recognize the contribution women can make to the household economy.

Introduction

This report is an analysis and reflection of WV Afghanistan's (WVAFG) FY14 programming contribution to child well-being as articulated in its FY12–14 National Strategy (NS). The national strategy contains three sectoral objectives:

- Objective 1: Maternal and child health and nutrition
- Objective 2: Education, with a primary emphasis upon early childhood
- Objective 3: Livelihoods that enable families to feed and provide for their children's needs

Afghanistan, classified as a Context 1 fragile state, with an estimated population of 27.5m, is ranked by the UN Human Development Index as one of the poorest countries in the world. In 2013, out of 187 countries listed, Afghanistan is placed at 169 toward the bottom of the scale. WVAFG programming has proven effective in addressing the issues that threaten children's lives and well-being. At the same time, WVAFG programming faces a very challenging security environment. The national strategy therefore focuses sharply on those sectoral interventions, programmatic approaches and geographical areas that will enable the best possible results for child survival and children's well-being while managing the security risks at an acceptable level.

The WVAFG FY12–14 NS developed in FY11 is the guiding framework for the analysis of WV's FY14 contribution toward CWB targets. As the following table demonstrates, the NS three strategic objectives are directly linked to four CWB targets and their associated indicators.

Strategic Objective	Indicators
<p>Objective 1</p> <p>At least 100,000 children and 30,000 mothers will be better protected from illness, malnutrition and death through WVA MCHN programming (CWBT 2: “Increase in children protected from infection and disease”; and CWBT 3: “Increase in children who are well-nourished”).</p>	<ul style="list-style-type: none"> • Increased mother and child survival through Increased access to ante natal care and assisted Births. • Children are well-nourished (0-5 years old). • Children are protected from infection, disease (0-5 years old).
<p>Objective 2</p> <p>At least 100,000 children will have improved access to primary-level education Through WVAFG education programming(CWBT 4: “Increase in children who can read by Age 11”).</p>	<ul style="list-style-type: none"> • Children currently enrolled and attending in a Structured learning institution
<p>Objective 3</p> <p>Objective 3-At least 50,000 families will have Improved livelihoods opportunities through WVA livelihoods programming (CWBT 1: “Children report an increased level of Well-being”)</p>	<ul style="list-style-type: none"> • HHs that are provided with better livelihood opportunities through WV AFG programming • HH have increased food security

Progress

There was good progress during FY14 in taking actions and making organizational changes to address recommendations suggested in the previous year's CWB report as demonstrated by the following:

Recommendation

PD Hearth targets only children who are already malnourished and henceforth is not suited for population-wide improvements in feeding outcomes. It is recommended that WVAFG study the feasibility of expanding use of the model in other locations in the country and the adaptations that will be required.

Actions taken in Fy14:

- PD Hearth is being implemented through the MUNCH project, a project with large coverage in three provinces and the model was adapted and reviewed prior to that project's implementation. As a result, PD Hearth within MUNCH includes substantial multiple interventions in terms of prevention and promotion of good nutrition practices.
- In addition IYCF, TTC, and growth monitoring delivered by family health action groups and community health workers have also been carried out. Livelihood interventions which promote good nutrition practices, distribution of micro nutrient powder for children under 3 are also taking place. IMAM and support of OTP is another component of the project that will be increased with additional funding to expand reach from 5 OTPs in FY14 to a total number of 12 OTPs in FY15 and beyond.

Recommendation

The mHealth intervention can be considered as a valuable add-on to HBLSS for improving MNC outcomes, particularly in the context of expanding mobile connectivity across the country.

Actions taken in Fy14:

mHealth is one component among the MUNCH project interventions. The Mobile Health modules for Integrated Management of Acute Malnutrition (IMAM) and Growth Monitoring Program were finalized and made ready for implementation in Fy15.



Recommendation

The positive gains regarding children's school readiness and school performance achieved through the ECCD project provide a strong rationale for WVAFG to have a strategic focus on pre-school education and to extend ECCD program in its operational areas to maximize achievements related to the education Strategic Objectives outlined in the WVAFG National Strategy.

Actions taken in Fy14:

- A new ECCD project funded by WV Korea started implementation. A Child Education Specialist with extensive ECD expertise was recruited and good progress has been made in developing a long term strategy and revising curriculum with support from Global Center and MEER specialists, and from external consultants.
- Discussions and engagement with the Ministry of Education has started as a part of the process to pre-position ourselves for scale-up in this program area.

Recommendation

More emphasis on girl's education to further increase their school enrollment.

Actions taken in Fy14:

Efforts made through the USDA 5 project interventions, school development initiatives, and campaigns to raise awareness and promote girl's education among community and religious leaders resulted in an increase in the girl's enrollment rate in targeted schools as compared to last year.

Recommendation

Scaling up of livelihood interventions that are focused on nutritional crops and continue to work with farmers groups in livelihood interventions.

Actions taken in Fy14:

Soya bean cultivation is included in the large AACRS project that started implementation in Badghis Province to scale up the successes previously demonstrated and to further promote nutritional crops. Producer groups are the main approach now being used to improve/diversify agricultural production and increase market linkages for targeted farmers.



Process:

The data for monitoring indicators of each project was collected semi-annually for each sector and associated CBW targets. Evaluation reports were reviewed to identify relevant data for the CWB Report.

Data source

A complete listing of data sources can be found in Annex 1.

This report draws on four sources: project baselines, annual monitoring reports for projects, evaluation reports of projects that have been evaluated during the FY14 fiscal year, and secondary data. The national office's measurement of progress toward CWBT is based on individual project contributions in terms of evidence by aggregating the monitoring data of each project to show the reach of achievements for WVAFG programming.

Case studies are taken from project evaluations as examples of how we work and positively impact the lives of children and communities we partner with.

The main method used to avoid double counting has been to categorize the monitoring data for each zone using a very strict selection process of data from each project, and then aggregating the data based on the singular type of benefits, different age groups, and target groups.

The figure used to estimate the overall number of direct beneficiaries that were impacted is the Afghanistan government's calculation of an average 7 people for each household. However, this total average number people per household has not been added to the total number of beneficiaries for each sector in order to avoid double counting.

Limitations on the reporting:

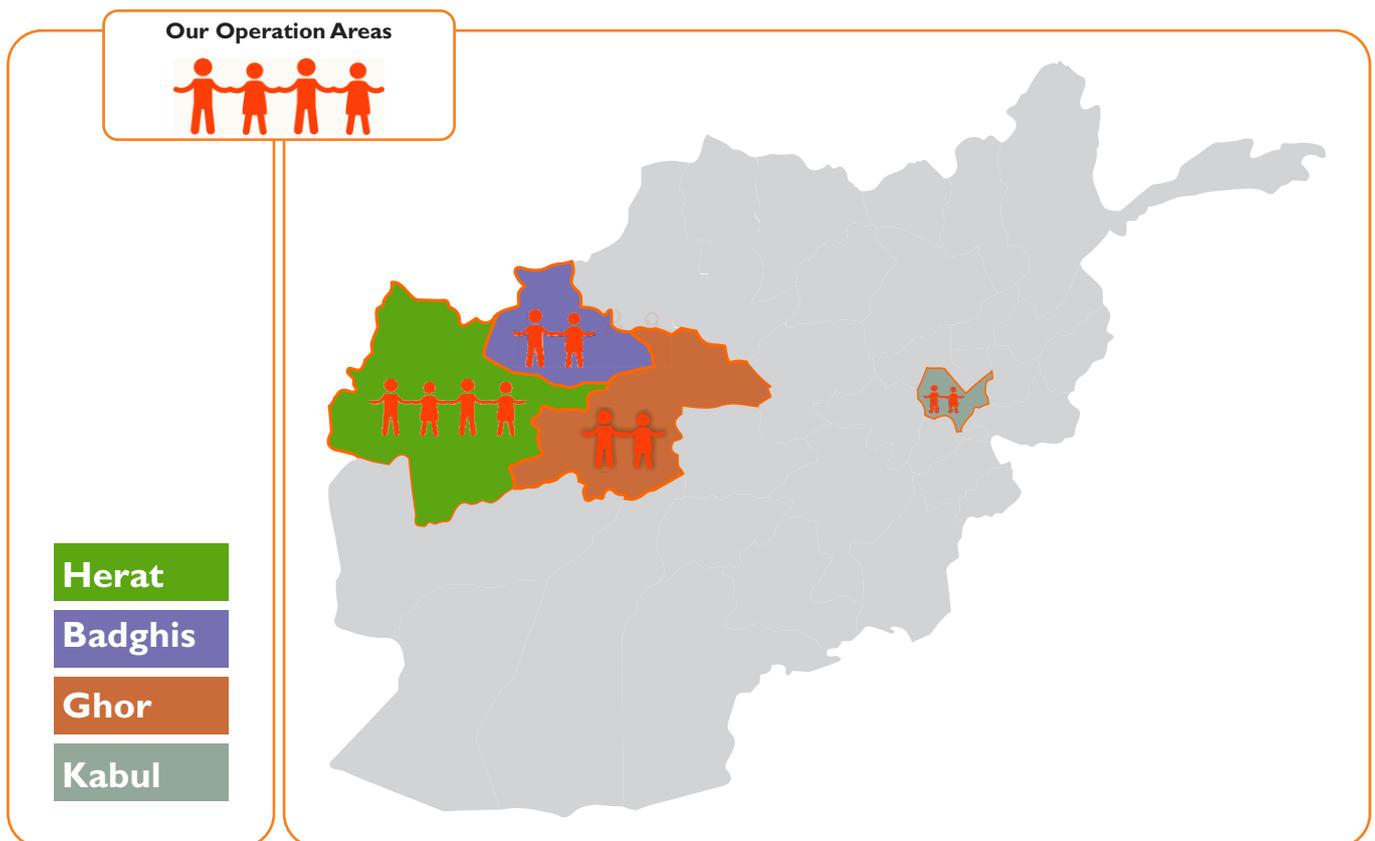
There are some limitations to the WVAFG CWB Report for FY14. Firstly, WVAFG is inevitably dependent to a significant degree on secondary data. Because of the ongoing security issues around the country making many of the areas inaccessible, the secondary data may not always be very accurate. The most recent available data has been referenced and included in the report. Secondly, in compiling this report WVAFG has used existing data from its projects and in some cases the disaggregation of data based on gender was not available, although there is a significant improvement compared to the previous year.



Context

Afghanistan has seven Administrative Regions and 34 provinces. World Vision's focus has been upon the Western Region with Herat city as its capital. WVAFG operates in three provinces: Herat, Badghis and Ghor, within 12 of the 33 administrative divisions / districts, plus the three provincial capitals. The FY12-14 National Strategy mandated a contraction of the WVAFG geographic reach which equated to a reduction of about 40% of the physical area of operations. That decision was taken due to both security and operations support challenges that were being faced at that time. In FY14 the security rating for WVAFG working areas was considered moderate. Pockets of insecurity do exist, particularly in Badghis and Ghor, but WVAFG does not have programming in those affected areas, or only works through local partners to mitigate risk. The risk ratings are frequently reassessed by WVAFG and WV corporate security, but they remained stable in FY14.

However, there were some important external factors occurring in FY14 that had some impact on WVAFG operations. During 2014 Afghanistan held presidential elections with a prolonged process of two rounds and several months delay in announcing the final result. This process significantly affected the overall security, political, and economic situation in the country through increased instability and frequency of armed opposition group (AOG) activities. Although WVAFG operational areas are commonly recognized as being relatively secure compared to other provinces, the situation did have some impact upon WVAFG project implementation by causing occasional delays in especially the more remote areas. In addition, although the seasonal flooding that occurred in April and May 2014 in the two provinces of Ghor and Badghis did not seriously disrupt operations, WVAFG did mobilize an emergency response for flood affected families within its operational area in Badghis that required additional resources and the temporary deployment of project staff away from their specific ongoing project activities.



FY14 Contribution toward National Strategy Objectives

I: Health Sector

Three Year Strategic Objective: At least 100,000 children and 30,000 mothers will be better protected from illness, malnutrition and death through WVAFG MCHN programming.

Enjoy good health

Are educated for life

Experience love of God and their neighbors

Are cared for, protected and participating neighbors

CWB Target 2: Increase in children protected from infection and disease

CWB Target 3: Increase in children who are well-nourished

Indicator:

Increased mother and child survival through increased access to ante natal care and assisted births

Children are protected from infection and disease

Children are well nourished



Logic chain of problems addressed:

Maternal and child health and nutrition is the core of WVAFG programming in Afghanistan where life expectancy is 60.9 years at birth. Under 5 mortality rate of 99/1000 live births (105 male and 95 female) is among the highest in world (ranked 18 from the top of the scale) and higher than the average rate of least developed countries.

The infant mortality rate is high as well with 71 children per 1000 live births. Stunting affects 59% of children under five - the highest in the world and 12% are severely underweight. Diarrhea causes 14% of death cases for under 5s - the second highest rate in world and the 20% of death cases caused by pneumonia are among the highest in world (ranked #5). 53% of under 5s receive Oral Rehydration Salts and for only 61% of ARI cases was medical care sought.

Maternal mortality rate (400/100,000 live births) is also among the highest in the world, ranked 27 from the top of the scale. Only 16.4% of pregnant women have at least 4 ANC visits and only 44.5% of pregnant

women are attended by a skilled birth attendant during delivery. A low percentage of population (45.5%) has access to improved drinking water sources and only 8.3% have access to improved sanitation facilities.

Fy14 Health Sector Inputs:

# of projects	9 projects: MUNCH, CARE, SHAPE 3, Street Children Centre, IMCH&CP, Improving Training Opportunities – Japan Platform, Child Health Now, Saving Vulnerable lives, Badghis Sustainable Livelihoods
USD spent	\$3,605,033 in FY14
# of NO based technical specialist staff	1
# of project based technical staff	6 at manager level
# of direct participants	279,614 direct participants 240,080 children 34,194 female of reproductive age 2,868 health workers (1,384 female and 1,484 male) 2,472 people (2,411 male and 61 female) most at risk of HIV/STIs infection An estimated 20,814 people directly benefited from WASH interventions
Key partners	<ul style="list-style-type: none"> • Ministry of Public Health (MoPH) • Provincial Department of Public Health • Provincial Nutrition Department • BPHS (Basic Package of Health Services) implementers • Western Afghanistan Regional Maternal and Child Health Forum • Regional WASH Network and Regional Nutrition Cluster • Department of Rural Rehabilitation and Development (DRRD) • UNICEF • Shura (village) councils • Community Family Health Action Groups (FHAG)



Major WV Afghanistan Contributions to the Health Sector in FY14:

Health Sector Achievements

- 107,872 children 6- 23 months were provided with micronutrient powder for home food fortification.
- 7,791 children received health and nutrition services.
- 124, 000 school children reached in 39 schools during National Immunization Day campaign conducted jointly with UNICEF and DoE (received deworming tablets and health information).
- 851 children attended and completed PD hearth sessions and 806 children (436 female and 371 male) resulting in 94.7% of those children attaining minimum weight levels.
- 493 children received care in 5 Outpatient Therapeutic Programs (OTPs) established by the MUNCH project in Herat and the cure rate was 63.6%. 5 OTPs and one Therapeutic Feeding Unit (TFU) is supported through RTUF and non-food supplies for treatment of Severe Acute Malnutrition (SAM).
- A total of 28,029 females of reproductive age accessed health and nutrition services and information on maternal and child health and nutrition issues. This number includes (but not limited to):
 - 1,010 pregnant women received antenatal care, 518 women received postnatal care through project interventions, and 238 pregnant women were attended by a skilled birth attendant.
 - 851 women attended and completed PD hearth sessions and 4000 women with children under 5 were supported for chicken rearing and vegetable growing to promote good nutrition practices for children.
 - 637 women with children under 5 received health and nutrition information in weekly sessions organized in ECCD spaces.
 - 1,154 pregnant women were offered and accepted counseling and testing for Human Immunodeficiency Virus (HIV) and received their test results.
 - 2,472 (2,411 male and 61 female) most at risk people of getting infected with HIV and Sexually transmitted Infections (STIs) received prevention, harm reduction, and treatment services on STIs and HIV including:
 - 144 (131 male and 13 female) people living with HIV supported with treatment for opportunistic infections in the Anti-Retro Viral (ARV) Therapy Center, 1,779 male truck drivers received STI and HIV services in the truck clinic; 549 drug users (501 male and 48 female) received services in the Drop In Center (DIC), including 81 male drug users who completed the detoxification programme.
 - A total of 2,868 health workers (1,384 female and 1,484 male) were trained on health and nutrition issues, of which 2,598 are Community Health Workers (CHWs) and 270 are health facility staff.
 - 1,252 health workers (595 female, 657 male) were trained in Timed Targeted Counseling (TTC) and administration of community birth registers. 991 are CHWs and 261 are health facility staff.
 - 1,623 health workers were trained on Infant and Young Child Feeding (IYCF) practices, of which 1,599 are CHWs and 24 are health facility staff.
 - 362 Family Health Action Groups (FHAG) consisting of 3,938 female volunteers were established to promote health and nutrition best practices for women and children under 5. 1,756 trained FHAG volunteers provided information to women in targeted communities.
- Mobile Health modules for Integrated Management of Acute Malnutrition (IMAM) and Growth Monitoring Program (GMP) were developed and revised, and an implementation plan was finalized.
- The Child Health Now (CHN) project contributed to the development and submission of the “1000 days” nutrition policy to MoPH as a joint effort with the Western Afghanistan Regional Maternal and Child Health Forum.
- Two neonatal units were established in provincial hospitals (one in Ghor and one in Badghis) with the contribution of the CHN project in providing best practices evidence of the Herat neonatal unit previously established by WVAFG.
- Baby Friendly Health Initiative (BFHI) services were implemented in 20 health facilities in Herat.
- A new building funded by Japan Platform was constructed to serve as a training center for the Institution of Health Sciences in Herat where 108 laboratory, nurse, and pharmacy students are attending classes.
- 100% of caregivers (compared to 50% in the baseline) report having used ORS to treat 51% of children suffering from diarrhea (IMCH&CP end-of-project survey).
- 20,100 people (2,525 HH) have access to improved sources of drinking water, and 6,888 people (882 HH and three schools) have access to improved sanitation facilities as result of WASH interventions.
- 195 WASH groups were established and trained; 83 WASH groups have undertaken initiatives in addressing hygiene and sanitation issues and promoting best practices in 83 villages.

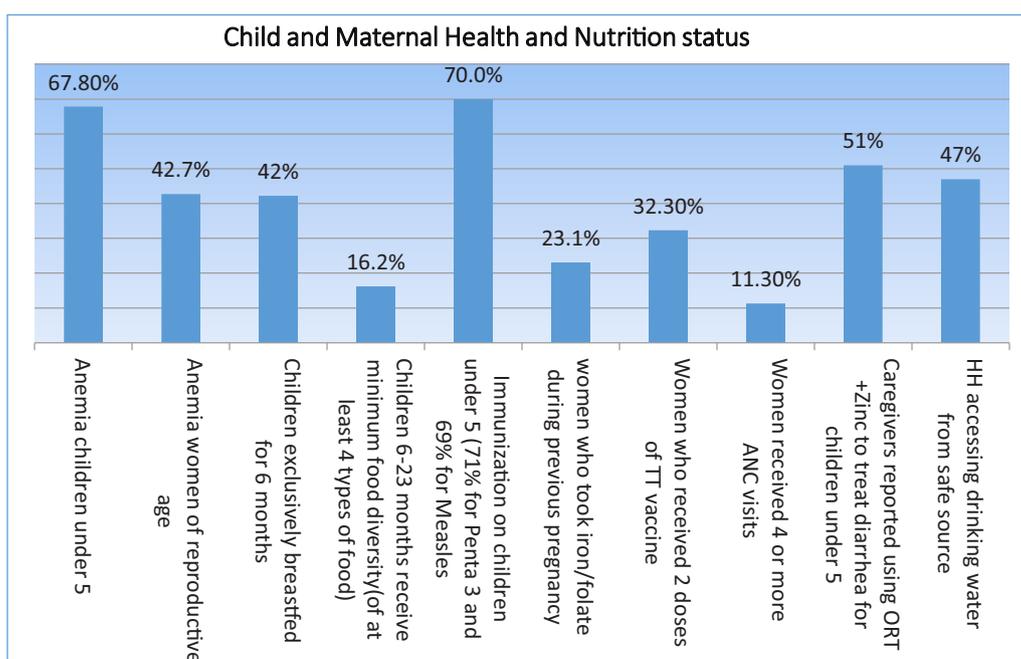
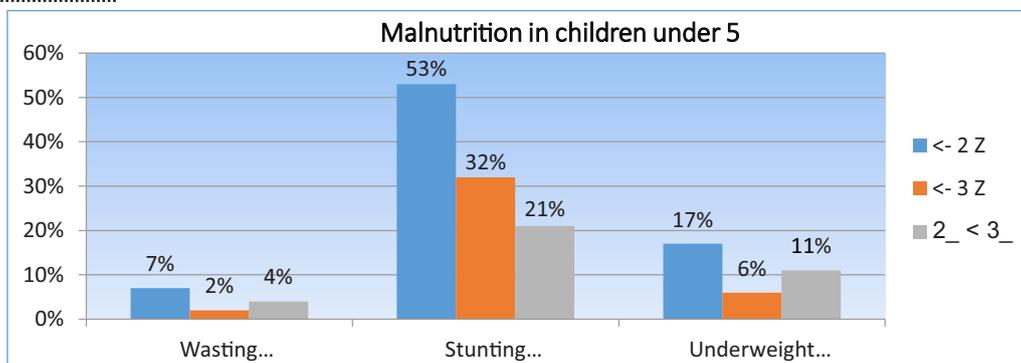
Indicative Example 1 - Baseline Study for the MUNCH Project:

The baseline study was conducted in 21 districts in the three provinces of Ghor, Badghis and Herat. A stratified cluster sampling method determined 67 clusters (villages) in each Province and villages were selected using Population Proportional to Size sampling.

The sample size for the survey was calculated considering the estimate prevalence/coverage, desired precision, design effect of 2, household response rate of 90%, individual response rate for anthropometry 80%, individual response rate for Key practices coverage (KPC) survey 90%, and children per household based on reasonable median figure between national averages of two children aged 0-59 months per household.

To ascertain provincial prevalence for acute malnutrition among children 6-59 months with precision level of 2.5%, considering 80% individual response rate and 90% household response rate a total of 1736 children were required per province (5208 children in three provinces) in order to capture the required indicator. In practice 5352 children aged 6-59 months underwent anthropometric measurements in the total of 2387 households. Mid Upper Arm Circumference (MUAC) was measured for 1,383 women of reproductive age to identify their nutrition status and 3,615 households were surveyed with a key nutrition practices coverage questionnaire.

Analysis





Baseline findings confirmed the relevance of health and nutrition interventions designed by the project. Malnutrition and anemia are serious causes for concern as demonstrated by high levels of malnutrition in children under 5, particularly chronic malnutrition.

Anemia is high in children with more than two thirds of children anemic to some degree, and 42.7% of non-pregnant mothers of children aged below five years have some level of anemia. Low levels of nutrition practices were noted for children under 5, especially in minimum diet diversity. 16.2% of children were receiving minimum food diversity and less than half of children were exclusively breastfed for six months.

Poor antenatal care practices such as TT vaccination for women (32.3% received 2 doses of TT); use of iron during pregnancy (23.1%); and low frequency of antenatal visits are some important factors to be addressed by the project. Immunization of children did not demonstrate as being as critical as other areas, with 70% children on average having been immunized for Penta 3 and Measles.

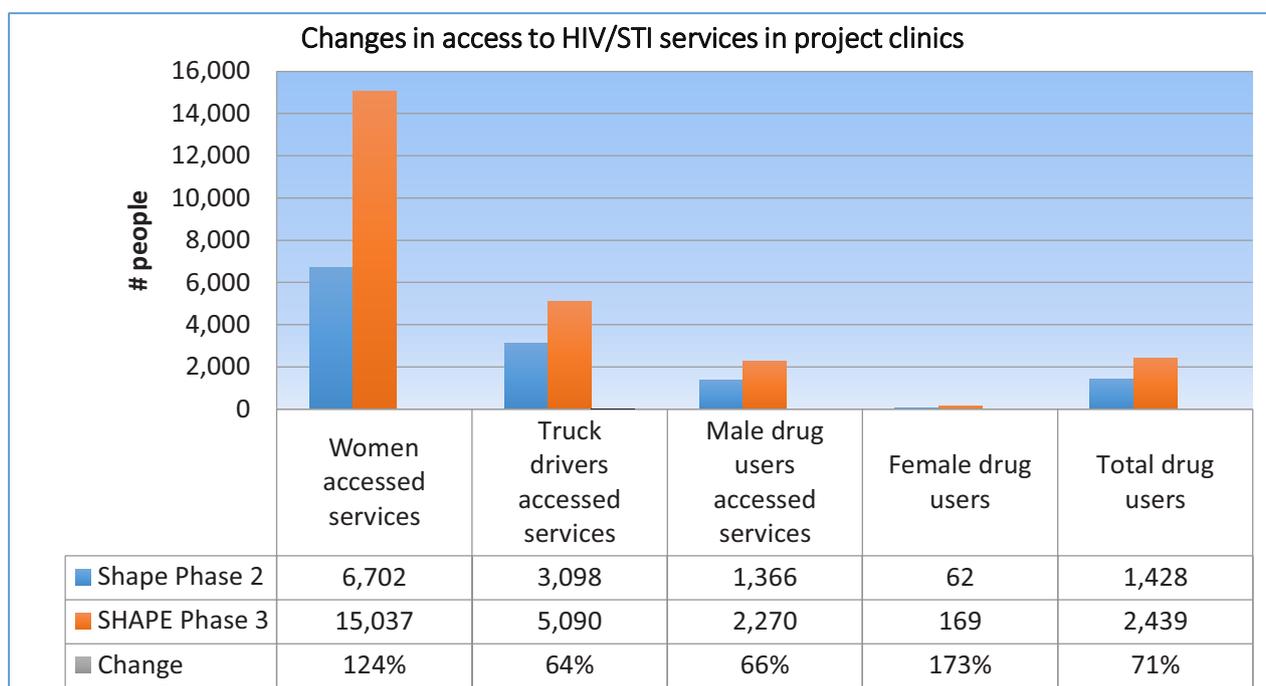
However, immunization coverage could be improved because of its crucial importance for children's health. Low practice levels for correct diarrhea treatment, which is a major cause for child death, and access to safe drinking water are found as well from the study.

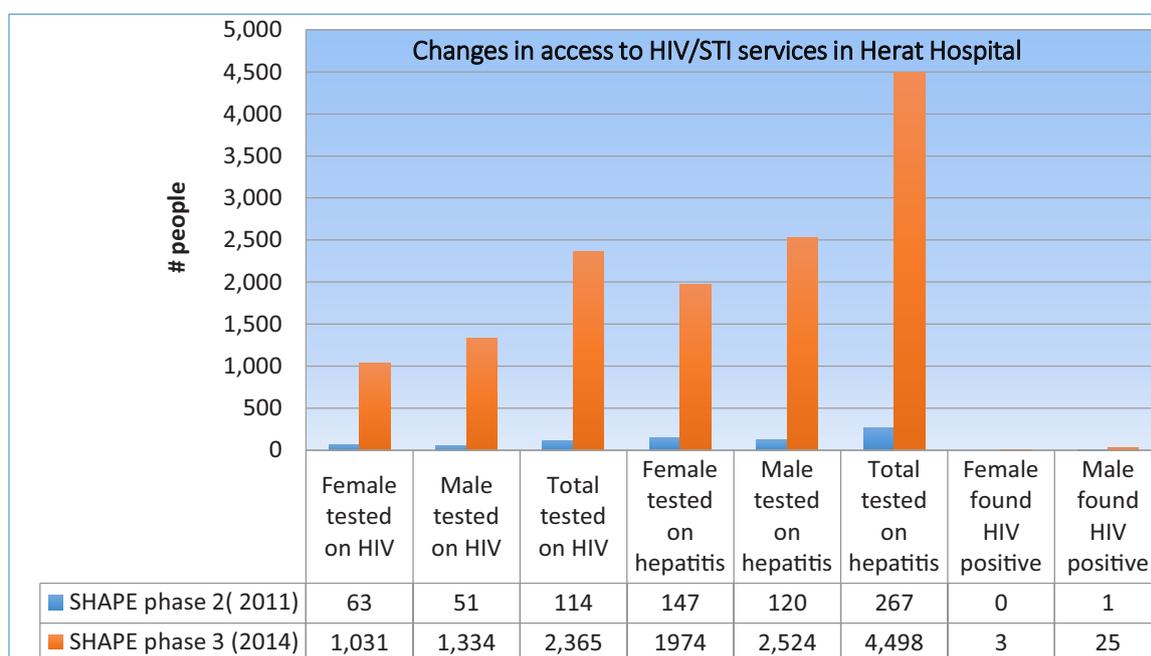
Indicative Example 2 – Evidence of Progress from the STI/HIV/AIDS Prevention and Education3 Project Evaluation:

Information gathered during the evaluation process consists of both quantitative and qualitative data. Purposive sampling method was used to get qualitative feedback from over 120 respondents through focus group discussions or key informant interviews.

Quantitative data was collected through document review of project center records and those of the STI/HIV clinic in Herat Hospital. An important consideration for this analysis is that the project monitoring and evaluation system was designed to track the number of people accessing services STI and HIV services with the assumption that increased awareness will result in increased number of people asking for services.

Analysis





Project impact is observed in both individual and systemic level changes in public health systems and protocols for providing STI/HIV services. The most significant changes are regarding access to STIs and HIV services through greater awareness of protective and preventive behaviors resulting in a 101% increase in the total number of people who accessed services in project clinics. The most significant increase was the number of women who received STI and HIV services through the influence of health training sessions provided to them by WVAFG's CARE project staff at the SHAPE women's center.

Significant increase is also observed in the number of people accessing STI/HIV services in the clinic of Herat Regional Hospital supported by the SHAPE project. The number of people accessing services was significantly lower in the first year and increased gradually over following years. One reason might be because this was the transitioning year when the STI/HIV clinic operated by WVAFG was handed over to the public hospital and the data might not have been recorded properly during this phase.

There is an improvement of individuals' perceptions about HIV and the people living with the disease that has helped to reduce the level of stigma particularly among religious and community leaders. This is an important achievement considering the conservative context and the amount of influence these people have in shaping perceptions among Afghan community members. Little change was observed in the rehabilitation component for drug users. Internal challenges in delivering the vocational training component for drug users who completed the detox programme have affected this outcome. There are some important external factors that contributed to improving protective and prevention practices related to STIs and HIV in Herat Province.

The National AIDS Control Program (NACP) established by the Ministry of Public Health (MoPH) since 2003 is implementing its HIV& AIDS National Strategic Framework for 2011–2015 in Herat and it plays a key role in coordination and management. The main donors of the NACP are Global Fund, World Bank, USAID, and UNDOC. OSD, the local implementer for Strengthening Provincial HIV Program is operating the VCCT services at the Herat clinic, and other local organizations funded by NACP are implementing harm reduction activities.

Sustainability of project interventions/achievements:

Evaluation findings indicate a significant contribution of the SHAPE project's three phases towards the sustainability of this effort in Herat city at both the institutional and individual levels. The STI and HIV clinic and blood bank handed over to government remains operational and effective.

Increasing numbers of people accessing STIs and HIV services suggests that people's awareness is improved. The SHAPE project also helped improve the capacity of local NGOs by sharing its expertise and experiences in HIV programming.

Teachers who were trained pressed the need for an additional intentional focus on educating youth as being critical to prevention at an early stage. The lack of CD 4 cell count equipment is a current issue affecting the services provided by the ARV center and health staff is waiting for NACP to replace it.

There were no significant efforts in advocating at the national level to include operational costs in the MoPH budget in order to transition the DIC, truck drivers and women's centers to government control. Still, there are some good opportunities for sustainability for the project in the future such as the NACP Strategy and the mechanism that manages HIV programming funded by Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and support from other donors.

Key Learning

- The successes of the SHAPE project (resources, partnership, outreach system, etc.) can be used as evidence to support national level advocacy regarding most at-risk groups gaining access to services and further programming opportunities through the GFATM managed by NACP and coordinated through a Country Coordination Mechanism.
- HIV/STI programming is highly relevant in Herat considering its particular geographic position of bordering Iran and hosting returnees, many of whom are drug addicts. Stakeholders' feedback and socio-demographic data from project centres and the Herat ARV center records show that the highest prevalence of HIV is found among drug users, who are mainly returnees or internal displaced people (IDPs).
- Community and religious leaders have a key role in influencing changes in attitudes and decreasing discrimination and stigma at the community level.

Recommendations

- During this transition year, focus on advocacy engagement and discussions at the national level to ensure the transition of SHAPE clinics to the provincial government in alignment with NACP should take place.
- Consideration should be given to pursuing funding opportunities to continue STI/HIV programming with groups at risk, especially drug users in other Herat districts.
- In future designs there should be a focus on improving the lives and integration of people with HIV and drug users with a clear technical approach, sufficient financial resources, and expertise for the provision of vocation training.
- In awareness interventions consideration should be given to a more intentional focus on educating youth in HIV prevention at an early stage. Developing a peer education system might be a good approach to maximize prevention and education results.
- Future designs should continue to involve community and religious leaders in awareness interventions for HIV and STIs.

2: Education Sector

Three Year Strategic Objective: At least 100,000 children will have improved access to primary-level education through WVAFG education programming.

Enjoy good health

Are educated for life

Experience love of God and their neighbors

Are cared for, protected and participating neighbors

CWB Target 4: Increase in children who can read

Indicator: Children currently enrolled and attending in a structured learning institution

Indicator:

Children enrollment and attendance in a structured learning institution is increased



Logic chain of problems addressed:

Due to decades of war and civil conflict, children in Afghanistan face significant challenges for accessing education, with particularly low levels of literacy among girls due to limited school access. Net primary school attendance is 46% for girls and 63% for boys (no data for net enrollment rate); only 21% of girls and 43% of boys are attending secondary school. The main issues that affect education are lack of or poor infrastructure, limited facilities and education supplies, poor classroom dynamics due to insufficient number of teachers and low capacities in teaching.

Also, the lack of female teachers in WVAFG working area represents a significant challenge for girls to continue secondary education. The national adult literacy rate is very low, with 31.4% of adults literate. Women are the most affected group, with 17% literate female versus 45.4% male. However, the situation is far worse in the remote provinces where WVAFG operates with 5% of women literate in Badghis and 5.1% in Ghor. The national youth literacy rate (15- 24 years) is 47%, but again there are far fewer young females who are literate as compared to young males (32.1% females vs. 61.9% male).

FY 14 Education Sector Inputs:

# of projects	5 projects: USDA 5, Street Children Center, YELL, ECCD and WFP school food distribution project
USD spent	\$2,822,517 in FY14
# of NO based technical specialist staff	1
# of project based technical staff	2 at manager level
# of direct participants	75,873 children (33,635 girls and 42,238) 310 children in orphanage 2855 school staff (2500 teachers and 355 headmasters) 40 Department of Education (DoE) staff
Key partners	Ministry of Education (MoE) Provincial Departments of Education Shura (village) councils and religious leaders School Development Committees (SDCs)



Major WVAFG Contributions to the Education Sector in Fy14:

Health Sector Achievements

- 75,036 children (33,219 girls and 41,817 boys) of grade 1- 4 were enrolled in a structured learning institution, which is an increase of 20% compared to the previous year.
- 72% of boys and 72% of girls are attending schools targeted by the USDA 5 project and 92.5% of children from batch 1 and 2 of the Street Children project are now attending school.
- 79,134 students of grade 1- 9 received food rations. This includes 30,465 boys and 26,095 girls in grades 1- 4 and 310 children of 2 orphanages who received rations through the USDA 5 project; and 22,264 children who received food rations from the WFP school feeding project. 100% of HH receiving rations reported to have used the food for their own consumption.
- 3,391 teachers and 1,020 school support staff received food rations through USDA 5.
- 56,582 children received school kits and reading materials (included in structured learning data).
- 173 (100%) targeted schools received adequate school supplies and learning materials from USDA 5.
- 2,500 teachers received subject based training (math) and were trained in positive discipline techniques. 355 headmasters and 80 DoE staff were trained in school management, supervision and monitoring.
- 173 School Development Committees were trained and implemented a total of 208 school improvement initiatives in targeted schools.
- 637 children (316 girls and 321 boys) of age 5 years old completed the ECCD program with 95.5% of the children scoring high on school readiness indicators.
- 837 children (416 girls and 421 boys) attended peer-based learning activities and 787 female caregivers were trained in child rights and protection issues.
- 800 illiterate youth (725 female and 75 male) successfully completed literacy classes in Badghis province and 100% of them gained literacy as demonstrated by the FLAT test :
- 71.8% (575 out of 800) of youth) were able to read fluently a paragraph of Grade 2 text (522 female or 72 % of females, and 53 male or 70.6% of males);
- 22.1% (177 out of 800) were able to read a short story or a Grade 3 text (164 female or 22.6% of females and 13 male or 17.3% of males);
- 6 % youth (48 out of 800) are functionally literate (39 female or 5.4% of females and 9 male or 12% of males) that means were able to read and comprehend a story.
- 800 youth (725 female and 75 male) were trained in life skills and a comparison of pre and post test results shows 121% increase in the life skills total score which represents 61% of maximum score obtained from the youth (males got 59% of total score, females got 61% of maximum score).
- 50 young women attended a training programme to qualify as literacy teachers WVAFG target areas in Badghis province.

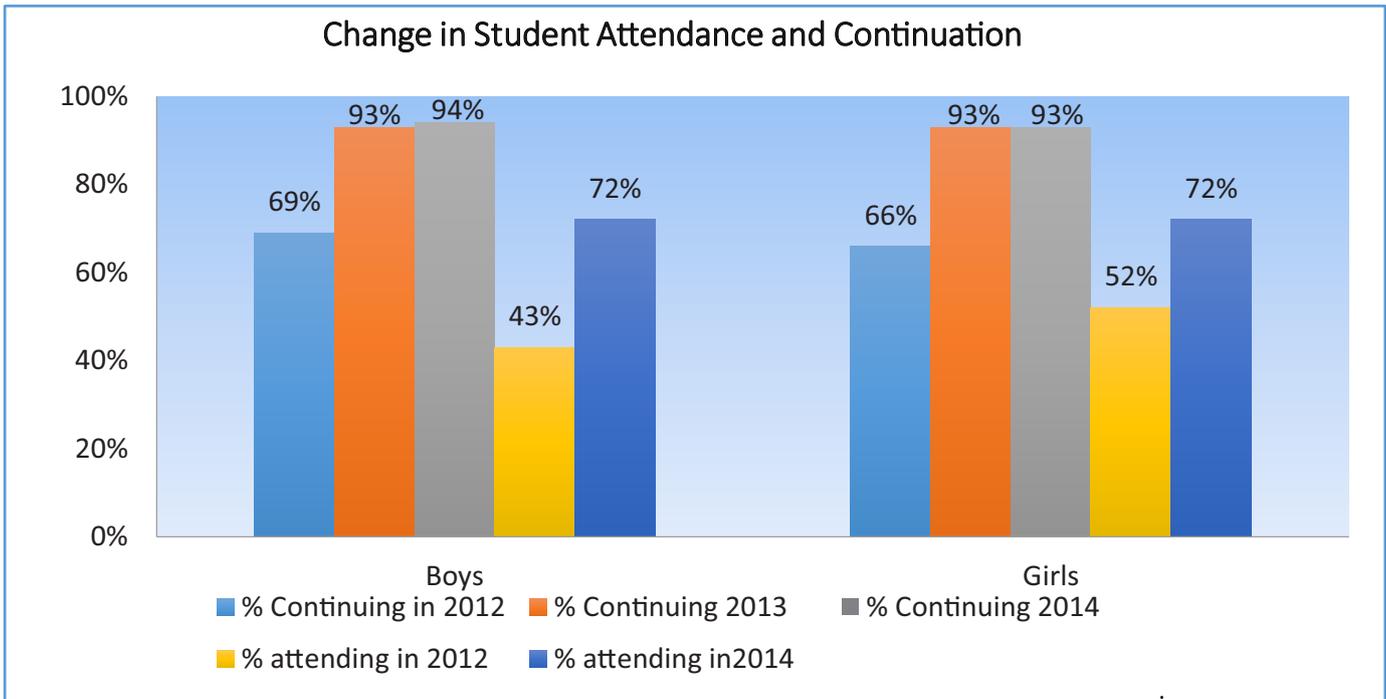
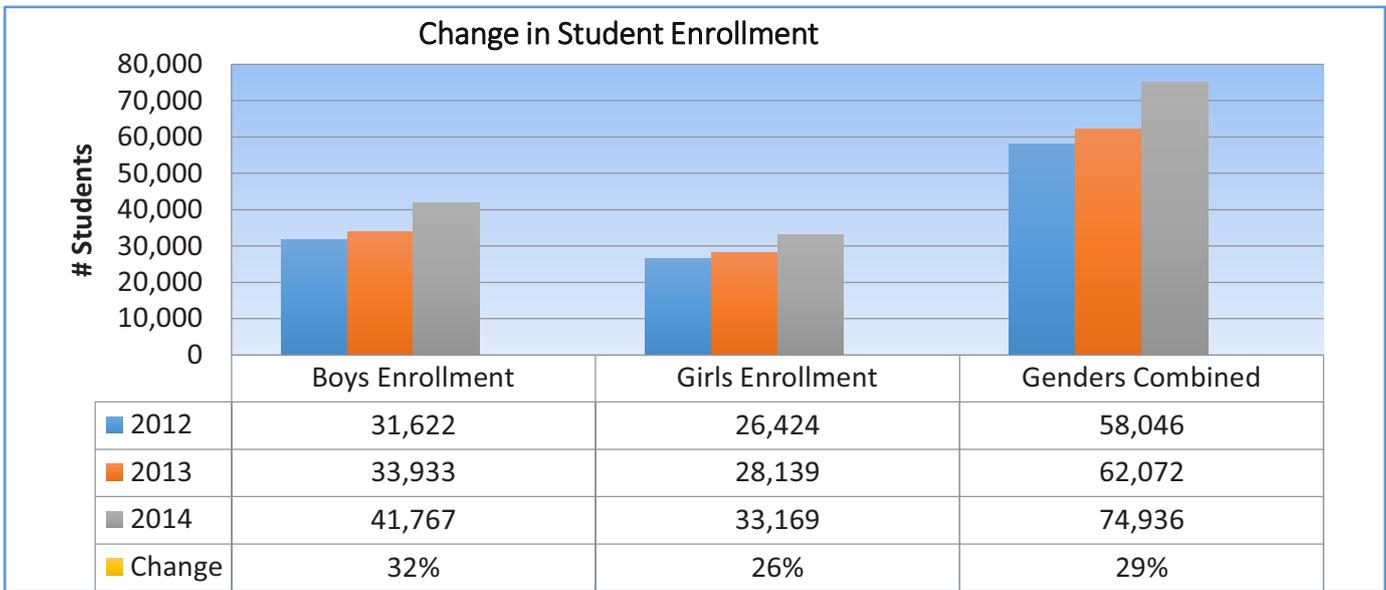
1. Functional literacy is defined by WV as a score of 5 and more on the FLAT test (out of 6). Targeted youth are illiterate when they start the program in YELL project and for this reason the project has revised the standard indicator to be able to record gains in the literacy even if participants are not able to achieve full functional literacy (5+) after 9 months of literacy training.

Indicative Example 3 - Evidence of Progress from the USDA 5 End of Project Evaluation:

Information gathered during the evaluation process consisted of both quantitative and qualitative information. Of the total 354 recipient schools a representative sampling of 116 were chosen using Probability Proportional to Size (a confidence interval of 7.4, and a confidence level of 95%) during the baseline, and the same schools were accessed for the midterm and final evaluations.

Thirteen schools were removed from the final evaluation because of high levels of insecurity that made the schools unsafe to visit. Quantitative surveys and qualitative methods were used to get beneficiaries' feedback and opinions. Project monitoring records and databases were reviewed to get additional information.

Analysis:



Evaluation results show that the most significant change has been in school attendance with a 56.5% increase compared to the baseline, followed by a 38.5% increase in the continuation rate, and a 29% increase in school enrollment. It is encouraging to see that student enrollment and particularly girl enrollment has improved compared to midterm figures, evidence of increased project efforts to promote girl's education.

Project interventions of food and school supplies distribution to improve learning environment, teacher training, parent mobilization in implementing school development initiatives all have contributed to this positive trend. There was an increase of 20% in parental involvement with 70% of parental focus-groups surveyed reporting direct activities to promote education against 58% reported in the baseline survey. The evaluation shows that 93% of children attending ECCD sessions scored high on school readiness indicators. One significant challenge for the program was negotiating modifications to both the program services and budget with USDA which delayed implementation. As a result a no-cost extension period was needed to complete program activities.

	Baseline	Midterm	Final Evaluation	Final Target
Literacy/Numeracy % of schools with printed materials to support literacy and numeracy instruction	32% of Schools (37/116) had adequate supply of new MoE books. No schools had literacy/numeracy posters.	66% of Schools (76/116) had literacy/numeracy posters or adequate MoE books for students.	80% of Schools (82/103) had literacy/numeracy posters and adequate MoE books.	100%
Teacher Training % of teachers in target schools receiving training	66% of Teachers (77/116) attended teacher training in the past three years.	41% of teachers (125/305) surveyed reported prior in-service training.	81% of teachers (2500/3105) received training.	50%
Teacher Quality % of teachers in target schools who demonstrate a threshold # of quality teaching techniques	Assessed by CoAR, and M&E DoE officials before and after teacher training.	Pre-Teacher Training Results: 2500 teachers score an average of 33% on pre-test of methodology, math, science, and positive discipline.	Post-Teacher Training Results: 100% of 2500 teachers score above 70% on post training test and observations. nd positive discipline.	15%
Children Reports % of children that report positive changes in discipline methods and teaching skills among teachers.	NA. This is a new variable added to the midterm and wasn't evaluated at baseline.	Discipline Methods: mostly nice (82%), sometimes nice and sometimes mean (14%), mostly mean (3%), or didn't know (1%). Teacher's Skills: got better (46%), stayed the same (46%), got worse (5%), didn't know (3%).	CoAR Final Findings: Discipline Methods: 309/365(85%) reported non-violent teaching styles. Teaching Skills: 364/365 (99%) students satisfied with teaching style.	NA (no targets provided)

Sustainability of project interventions/achievements:

The approach applied to improve school infrastructure and learning environment through involvement of School Development Committees helped parents and committee staff to develop their self-reliance and skills so as to have a positive impact on their schools in the future.

These infrastructure improvements were one of the most sustainable components of the Food for Education (FFE) program, as the improvements made to schools should last for years to come. The educational impact of just having an established structure such as a place to display posters, store books or secure school supplies will also last for years to come. WVAFG was able to acquire additional funds to continue 3 ECCD centers in each province from another international donor.

This is a promising occurrence for the sustainability of the ECCD centers, as it allows a few to continue until a scale up project is in place. However, without the financial resources to provide snacks, learning materials, or pay for a teacher's salary, these ECCD centers are not currently able to sustain themselves on their own.

The communities where these centers are located are too impoverished for mothers to contribute toward paying for a teacher's salary or for basic supplies. There is need to advocate with the Ministry of Education to include such pre-schools in their budget.



Key Learning

- One important lesson for Afghanistan is that uncertainty, instability, and insecurity should be expected and mitigation measures planned in order to implement services.
- WVAFG's long standing good relationships with government and local elders has been instrumental to the program's overall success.
- The ECCD centers were a very successful and strongly supported program component because they had dramatic program effects in pre-school readiness and mother's maternal health care knowledge, and were very well administered. It was also relatively one of the most affordable aspects of the program.

Recommendations

- Increased preparatory time needs to be scheduled before grant start dates.
- There needs to be opportunities to update and review grant specifics before finalization.
- There should be a continuation and expansion of ECCD Centers in World Vision Afghanistan programming, but at the same time advocacy is needed to encourage the main streaming of pre-school education into the national education budget.

3: Livelihoods Sector

Three Year Strategic Objective: At least 50,000 families will have improved livelihood opportunities through WVAFG livelihoods programming.



CWB Target 1: Children report an increased level of wellbeing

Indicator:

Households are provided with better livelihood opportunities through WV programming.

Food security is improved for the targeted households.



Logic chain of problems addressed:

According to the 2014 UN Human Development report 36% of the population is below the poverty line and more than 50% of the population is vulnerable to descending into poverty. 73.6% of the working poor earn less than 2 USD a day. Food insecurity is a major issue with an estimated 7.6 million people (30.1% of the population) food insecure, of which 2.2 million (8.5 percent) are very severely food-insecure and 2.4 million (9.5 percent) are severely food-insecure. Agriculture is the main source of income of close to one-third of households and 40% of the labor force is employed in the sector.

Out of 652 thousand square kilometers of total land area, only an estimated 12 percent is arable and only 37.9% of households own irrigated land. Less than one in five (19%) of the working-age females are currently active in the labor market, against 80 percent of males. The situation is even worse for female headed households where women have the main responsibility of providing for family needs.

FY14 Livelihoods Sectors

# of projects	4 projects: Badghis Sustainable Livelihoods, Youth Economic Livelihood and Literacy, Beekeeping in Badghis and Ghortex project.
USD spent	\$955,722 in FY14
# of NO based technical specialist staff	No technical specialist staff at the national office level
# of project based technical staff	2 at manager level
# of direct participants	14,645 people
Key partners	<ul style="list-style-type: none"> • Ministry of Agriculture, Irrigation and Livelihood (MAIL) • Provincial Department of Agriculture, Irrigation and Livelihood(DAIL) • Badghis and Ghor Agriculture High Schools • Shura (village) councils and religious leaders • Community Producer Groups • Afghanistan National Disaster Management Authority (ANDMA) • Department of Rural Rehabilitation and Development (DRRD)



Indicative Example 4 - Evidence of Progress from the Beekeeping Project Midterm Evaluation:

Information gathered during the evaluation process consisted of both quantitative and qualitative data. Purposive sampling method was used to get qualitative feedback from over 90 respondents through focus group discussions or key informant interviews. Quantitative data was collected through a household survey with all (80) beekeepers targeted in the first cycle, and project monitoring data on honey harvest and sales was reviewed.

Analysis:

Midterm evaluation findings indicate a positive contribution of the project to improving livelihoods through income earned from beekeeping for vulnerable groups such as women, people with disability, and poor families. Figures reported by beneficiaries of the first cycle, when comparing the baseline to this year's result show an 87% increase in average annual household income. The baseline income was 40,658 Afghanis (702 USD) as compared to 76,125 Afghanis (1,314 USD) in 2014.

To mitigate the bias coming from the sensitivity of a question asking actual figures of income, beekeepers were asked to estimate the extent of increase. All beneficiaries reported that beekeeping has contributed to increasing household income with two main patterns: 47.5% reported that household income has increased significantly, and 52.5% reported that income has somewhat increased.



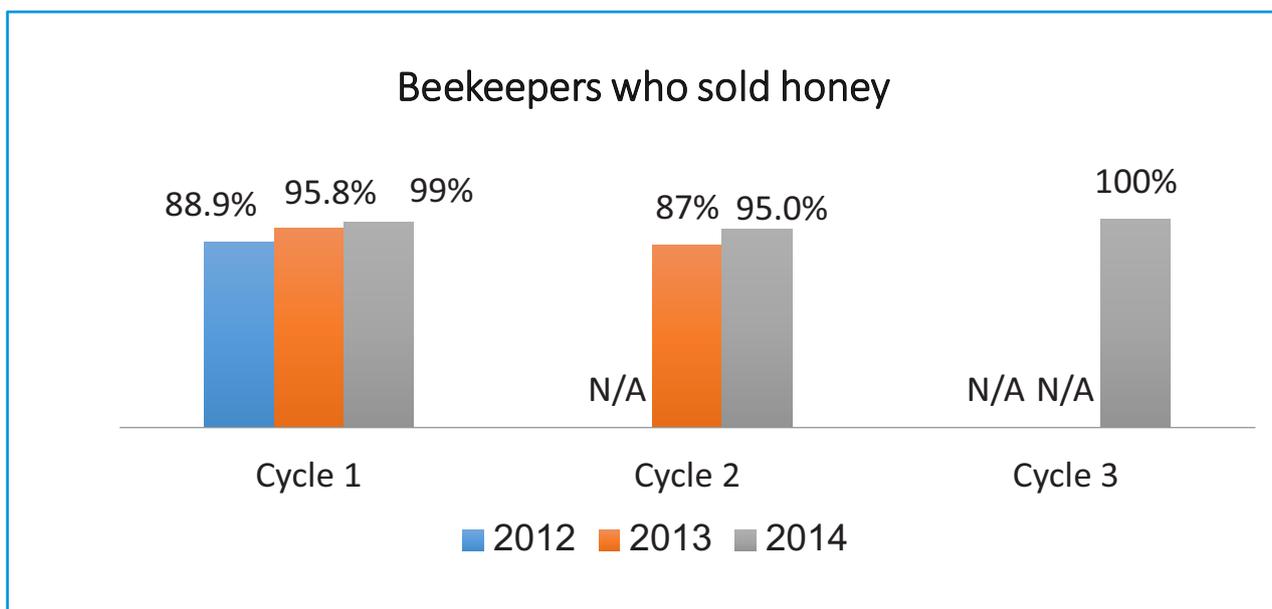
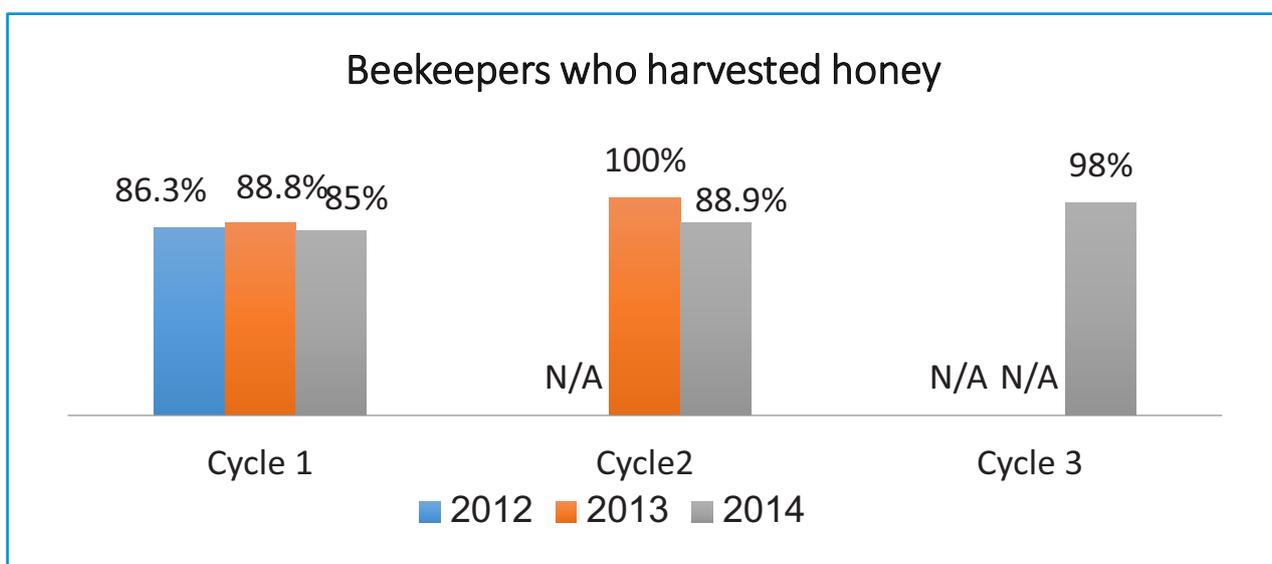
Major WVAFG Contributions to the Livelihoods Sector in FY14:

Livelihoods sector achievements

- 1,935 HH were provided with better livelihood opportunities through vegetable cultivation, beekeeping, growing improved wheat seeds, pistachio, and vocational training.
- 1035 (165 female and 870 male) poor people gained access to improved agricultural technologies through training and support from livelihoods interventions.
- 400 male farmers were supported to cultivate drought resistant crops; 300 with wheat improved seeds and 150 with pistachio cultivation in Badghis Province. 100% (300 out of 300) of farmers who were provided with improved wheat seed harvested an average of 221.2 kg of wheat.
- 480 farmers (420 male and 60 female) were supported to improve agriculture production through vegetable cultivation in Ghor Province. 96.9% (465 out of 480) farmers harvested vegetables and 54.6% (254 out of 465) of farmers who had a harvest sold vegetables in the market.
- 105 women were supported to successfully engage in beekeeping as an income generating activity in Badghis Province. 84.7% (89 out of 105) of beekeepers harvested an average of 22.5 kg of honey and 97.8% (87 out of 89) of beekeepers sold honey in market.
- 47.5% of women beekeepers reported that household income had increased significantly and 52.5% said that income has increased somewhat as result of beekeeping activity.
- 63.6% of beekeepers reported they were now able to cover all school costs for all school aged children in the household without external assistance, and 97.5% were able to cover on their own the health costs when children were sick.
- 800 youth (725 female and 75male) were supported to learn a new vocation and improved marketing skills in Badghis Province and 100% of them completed vocational classes.
- 68% youth (71% of females and 44% of males) of the first batch reported that their income had increased by maybe 5-10%, and 13% of youth (7% of females and 54% of males) reported that their income had increased by maybe 50% or more.
- There was an 88.5% increase in the self-reported ladder of life total score in the post-test as compared to the pre-test, which represents a very significant indication of increased well-being as perceived by these young Afghans.
- 88 male students of the Agriculture High School in Badghis and Ghor Provinces were supported with learning events for improved agriculture practices promoted by WVAFG projects; 48 were trained in beekeeping and 40 in improved vegetable cultivation techniques.
- 1700 farmers are now using irrigation water for agriculture activities due to irrigation infrastructure rehabilitation interventions.
- 60 members (30 male and 30 female) of three disaster risk reduction committees learned disaster preparedness to protect themselves and lessen the impact of disasters in three villages of Badghis Province.

Positive changes in the quality of life for children were reported as a result of income earned from beekeeping, with main changes observed in child school attendance and child health. 86.9% of school aged children (93.1% of boys and 80.6% of girls) in targeted households have attended school with all education costs covered this past academic year. 63.6% of caregivers who are beekeepers reported they covered all school costs for all school aged children in their household with their own means, and 97.5% were also able to cover all health costs when their children were sick.

Honey harvest and marketing has progressed well with 86.4% of first and second cycle beekeepers harvesting an average of 19 kg of honey in 2014 – a significant increase when compared to the initial harvest for both cycles' of beneficiaries. Beekeepers of the first and second cycle estimated to have earned an average income of 11,648 Afghanis (201 USD) from honey selling in 2014 which represents 15.3% of the total household annual income reported.



An improved sense of confidence and ownership among women beekeepers and men's perceptions of them are observed as important achievements considering the very conservative context. 81.3% of beekeepers stated that women have more control of HH expenditures and can decide how the HH income is spent. The project has also facilitated the establishment of an apiary section in DAIL and helped to improve the technical capacities for one Apiary Specialist who is currently active in providing technical advice for beekeepers in the province.



Less progress is observed in the process of establishing a formal association for beekeepers and the assistance provided from DAIL to the Agriculture High School. The main approach has been to mobilize beekeepers into informal groups which have served mostly as a space for sharing knowledge, issues, and expertise.

DAIL has recently started the negotiation process with MAIL for establishing two formal associations and an official request has been sent out to Kabul. The main support for the Agriculture High School is provided by the project through the inclusion of beekeeping topics in student's curriculum and practical lessons for students by involving them in beneficiaries' beehives, but there no examples of support being given by DAIL.

Drought, flooding, and the use of pesticides in agriculture activities remain as potential factors

which have a negative impact for the beekeeping activity, especially given that drought is a recurring phenomena in Badghis. Project efforts to mitigate these factors include training beekeepers about disaster risk reduction measures and checking that beehives are located in appropriate places in case of flooding.

Sustain ability of project interventions/achievements:

Project contributions toward sustainability of beekeeping activities are observed at both individual and institutional levels. The midterm review harvest and sales results show that most beneficiaries have continued beekeeping and have a strong motivation to do so because of high profits and low inputs. Beekeepers reported good abilities in independently managing their beekeeping activities. The primary concern that remains is the lack of medicines in the local market for treatment of pests and diseases. So far the project has been providing the drugs to them.

DAIL capacities have increased and currently one Apiary Specialist is providing beekeeping extension services and has been very active in monitoring beehives over the past three years. The main achievement in regards to the establishment of a formal beekeeping association has been the startup of discussions between DAIL in Badghis and MAIL in Kabul regarding the registration process.



Key Learning

- Drought, flooding and the use of pesticides in agriculture activities by farmers remain some potential factors that can have negative impact for the beekeeping activity, in particular the droughts that are a recurring phenomenon in Badghis.
- Village Shura and religious leaders prove to be key actors which positively influence women involvement in income generating activities.
- Keeping strict selection criteria for villages is crucial to beekeeping activities. Remote villages with harsh climate are not suitable.
- Beekeeper informal groups represent a good mechanism in terms of finding resources and inputs required for beekeeping activities.

Recommendations

- Efforts should be intensified toward preparedness and mitigation measures for flooding and drought situations. A good approach is to train beekeepers in preparedness and mitigation measures and keep strict criteria for village selection to maximize the results of beekeeping.
- There is further need to work closely with DAIL to intensify inclusion of environmentally safe techniques in the agriculture activities to mitigate the risks of pesticides and other harmful substances for beekeeping.
- There should be a facilitation/advocacy process for assuring assistance from DAIL to the Agriculture High School. DAIL has current capacities such as a qualified apiary specialist who can provide refresher training for teachers; they also have beehives available that can be used for learning purposes for students. WVAFG is in the position of being a facilitator for this process considering the project's contribution in building DAIL capacities in beekeeping and its good relationship with the department.
- WVAFG should consider ways for facilitating the procurement of drugs for treatment of diseases directly by the beekeepers. As this is the third year of implementation and beekeepers are well established in the market, the project should guide beekeepers groups to identify suppliers in Herat or negotiate with honey shopkeepers in Qala Naw to procure the drugs locally rather than WVAFG continuing to provide the drugs to them.
- The good work with village Shuras and religious leaders in promoting women's involvement in income generating activities should continue.

Disaster Management

WVAFG's national strategy focuses upon carrying out HEA/ Disaster risk reduction (DRR) activities within our own program operational areas, rather than mobilizing for response when emergencies occur in other parts of the country. This is due to the imperative of needing to understand local security issues and appropriate mitigation actions, as well as to ensure strong levels of community trust and engagement. WVAFG's approach therefore is to integrate DRR and emergency response into each of our zonal programs, rather than having a separate operational structure for HEA.

In FY14 a focal point unit was established in the national office to further develop our per-positioning capacity for early response, strengthen technical capacity at the zonal level, develop a system for continuous monitoring of early warning indicators, and to coordinate interaction with HEA related functions within World Vision and with other external entities. In addition, WVAFG made the decision to incorporate within its FY15 national office budget a \$100,000 emergency response fund to enable WVAFG to act quickly while also seeking additional funding if needed.



During FY14 WVAFG's main achievements in HEA/DRR were as follows:

1- A total of 1700 affected families were supported in April 2014 in an emergency flooding situation in Qala Naw, Badghis province which destroyed a number of homes, swept away livestock and household items, and severely damaged water and agricultural land protection infrastructure. Interventions consisted of providing 800 families with access to safe drinking water through provision of a water tanker with 380,000 liters, and the rehabilitation of 28 destroyed wells.

900 HH were assisted through the rehabilitation and cleaning of 45 km of affected irrigation canals, three springs, and one kariz (water source) which irrigates an estimated 1,500 hectares of land. WVAFG advocated with MoPH to send doctors to the affected area to treat those who were injured, including seven children. 120 community volunteers from 12 most affected villages were trained in DRR and around 700 people participated in DRR simulation events which were led by a trained volunteer and WVAFG staff.

2- The Badghis Sustainable Livelihood project established and supported DRR committees in three villages of Qala Naw to create DRR operational plans and to lead the disaster preparedness efforts in their communities. Three teams comprised of 75 members each (50 men and 25 women) were trained in first aid and each member was provided with a first aid kit to serve an estimated 1700 families in case of future disasters. 300 families were protected from flash floods and soil erosion through construction of protection walls.

3- The Saving Vulnerable Lives Project completed the construction of 115 meters of protection walls in two villages in Chaghcharan District of Ghor Province.

4- The Australian Afghanistan Community Resilience Scheme (AACRS) project started implementation of disaster risk reduction activities for 104 villages in Badghis province.

Key learning and recommendation:

Because the Afghan government does not have the capacity to respond quickly to emergency situations, and because of the challenges of raising funds for rapid response within World Vision itself, WVAFG should have its own designated fund within its national budget to be able to respond quickly enough to save lives. WVAFG should continue to strengthen its HEA system in order to be well positioned to respond to emergencies when they occur. Because Zonal program staff does not have sufficient knowledge or expertise to respond correctly to natural disasters, there should be a particular focus upon staff capacity development in the near future.



Most Vulnerable Children



Vulnerability represents the core foundation of WVAFG programming and at-risk children and those children who are in poor families are considered to be the primary beneficiaries. WVAFG is very intentional in targeting families of vulnerable children through its health, education and livelihoods programming.

In a country like Afghanistan that is plagued with ongoing conflict, has very limited health and education services, and is entrenched in traditions such as early child marriage and devaluation of girls and women generally, most children in WVAFG working areas are vulnerable as defined by WVAFG and therefore no specific MVC statistical mapping has been conducted. However, an analysis of programmatic interventions suggests these main categories as being the most vulnerable children:

- Orphans from ongoing internal conflict,
- Those children born to families with parents/caregivers who are disabled or drug addicted;
- Children of families with little or no land living in rural areas;
- Children in female headed households;
- Those children who are unable or unprepared to attend school, and who are unable to receive proper health care;
- Girls who do not have access to education and are at risk of getting married at an early age.

An analysis of project achievements for FY14 provides information for these specific categories of the most vulnerable of children who have been direct beneficiaries of WVAFG projects

As a result we can conclude that in FY14 3,818 of the most vulnerable children have benefitted from project interventions, more specifically:

- 1,318 street children were supported by the Street Children Project, of which 100 (50 boys and 50 girls) completed a year-long course of basic remedial education and were enrolled in school. 1,218 children received nutrition, health and psychological support. 286 caregivers of children enrolled in the rehabilitation program were supported with vocation related activities to improve their abilities to earn income for their families.
- 1,344 malnourished children benefited from the MUNCH project nutrition interventions, with 851 children having completed PD hearth sessions and 493 children having received treatment in Outpatient Treatment Programs (OTPs) supported by the project. 94.7% (436 female and 371 male) of children who attended PD hearth sessions achieved minimum weight, and 63.6% of children were successfully cured through OTP services.
- 445 children whose caregivers are drug addicts or impoverished received health and nutrition services in the kindergarten operated in the SHAPE project center.
- 410 children received health care of which 72 underweight children (out of 2444 screened through MUAC) were referred to health facilities for treatment, and 329 children among internally displaced people (IDP) received health treatment through WVAFG's Care project in Herat city.
- 310 children in two orphanages (Ghor and Badghis) received food rations through the USDA 5 project.



Indicative Example 5 - Evidence of Progress from the Street Children End of Project Evaluation

WVAFG's Street Children project is a prime example of a specialized intervention among the most vulnerable children. The project targets children who are working on the street and most of them fit one or more of the vulnerability criteria mentioned above.

Information gathered during the evaluation consists mainly of qualitative data and some quantitative data collected during the monitoring phase. Purposive sampling method was used to get qualitative feedback from over 180 respondents through focus group discussions or key informant interviews. The lack of baseline quantitative information for some indicators did not allow comparison to measure the extent of change over time.

Analysis

Quote from a mother: "When I visit my mother and the neighbors, I proudly tell them that my daughter has changed from being a junk collector to being a well-educated girl."

Quote from a teacher: "Changing children was like the distance of the earth from the sky. These children didn't know anything about hygiene and were not motivated to go to school, but now they are far from being dirty, and they keep clean and think about a successful future."

Quote from a father: "I am surprised of the great changes for children that happened in one year. It is unbelievable for me that my son who didn't know anything before attending this center now behaves well. He really respects us and sometimes even gives advice and right ideas."

Quote from a father: "Children are prevented from external dangers, social abuse and deviation, and are now going towards the right path."

Impact of the Street Children Project is observed mainly in individual level changes, but little change has taken place at the systemic level. The most significant change is observed within the dimensions of education, behavior, and hygiene status. The transformation process of children has been quite dramatic considering the deprivation and marginalized situation they were in before starting the program.

Children who received remedial education are now integrated into public school and are highly committed to their education, which is reflected in regular school attendance (96% attending public school one year after graduation). Children cited education as the best thing that happened to them.

A few children are doing the same street work as before, but they are not stopping their school attendance. Positive changes are observed in self-esteem, self-perception and sense of worth because of the good education they received at the centre. Their better hygiene status has improved their interaction with and acceptance by their peers and adults, especially teachers.

The Positive changes are observed in self-esteem, self-perception and sense of worth because of the good education they received at the centre. Their better hygiene status has improved their interaction with and acceptance by their peers and adults, especially teachers.

The positive changes in family income have contributed to improving beneficiaries' attitude towards their future, seen in particular by caregivers' determination to now support their children's ongoing education. Especially among female caregivers there is a strong sense of pride, happiness and self-recognition by seeing their children transformed from being scavengers, beggars, and laborers on the street to becoming well-educated individuals that deserve respect.

Quote from a girl: “Because I learned good things in this school, all teachers in my school are satisfied with me, and they tell me that I am an intelligent girl. First my father did not allow me to go and told me I had to collect garbage and these people are pagans and you shouldn’t listen to them”. But I did go, and now he is really happy because I threw badness away.”

Rowzuddin, 13 years old: “Before I came to the center, I collected garbage. After entering to school, I started studying, and now I am in 3th grade, in 2nd position. I appreciate my teachers that helped me to go to school and now I understand the way of living. I like to be a servant for my country, and I hope my citizens live peacefully.”

Zarif, 13 years old: “Before I came to the center, I used to collect garbage. My hands and feet were dirty, and I was illiterate. But, now I go to school, and I am in 3th grade, in 1st position. I learned to be clean. I work in the mornings and afternoon I go to school. My teachers are satisfied with me. I want to be a doctor in the future and serve my country.”

Quote from a girl: “Before I was dirty, but now I'm a clean girl. I did not know how to read and write, but now I can read and write.”

There are variations in the findings about the economic status of families, with two contrasting patterns emerging from the evaluation: one category are caregivers who are earning sufficient income and feel quite confident in their abilities to continue; and another category of caregivers who are still struggling to provide for their family's needs. There is a third category of caregivers who positioned themselves in between this range. They reported positive changes in economic status; however they are still uncertain for future employment and marketing opportunities. The two key influencing factors appear to be the degree of caregivers' positioning in the market for selling products or for gaining employment; and secondly, the type of support that was given to them by the project. The most positive changes are observed among caregivers supported in the first and second year of implementation because they have had more time to exercise their vocation and are well established in the market. Caregivers still struggling were among those who had recently finished the vocational training and those caregivers who were not trained, but were simply given supplies or equipment.

The least successful outcome of the project tended to cluster around the dimension of advocacy initiatives. There were only a few reported cases of joint advocacy initiatives to improve child protection in Herat city. The project's referral system worked mainly for health cases, but there were challenges in addressing child protection cases such as early marriage and also cases of abuse. The main internal factor that contributed to this lack of success was limited project expertise in implementing advocacy approaches. The main external factors appeared to a lack of sufficient coordination and support among agencies that are members of the Child Protection Action Network (CPAN), and the low capacity of responsible government structures and community based protection mechanisms.

Sustainability of project interventions/achievements:



The main contributions toward sustainability are observed in individual capacities rather than institutional capacities. The project has improved the abilities of caregivers to earn income to sustain their children's education and wellbeing into the future. However, there are still some variations in regards to caregivers' confidence and ability to continue without additional external support, especially for those caregivers who received vocational training/support in the last year of the project, and the ones who were simply given equipment. At the same time it is worth mentioning that the project's contribution to improving the attitude and hope for the future among deeply marginalized caregivers has resulted in a stronger determination to support their children's ongoing education, which is very important to the sustainability of child development.

WVAFG decided to directly implement the Street Children project based on assessment results which showed the low capacity of local stakeholders to initiate such an effort themselves. Evaluation findings confirm that even though capacity building of local stakeholders was one of the intended project outcomes, there were not sufficient attempts to do so. The project did make a significant contribution through training community and religious leaders in child protection and through referral of child protection cases to CPAN. However there was no significant evidence of project contribution to improving the capacity of local NGOs and local government institutions to provide services for street children.

In spite of the strong success of the remedial education component of the project and the resulting high enrollment rate of those children into local schools, there is strong concern regarding the sustainability of those children's education and social skills development because of the low quality of the public school learning environment. For how long will the joy and excitement about learning which these children experienced through the project last?

Key Learning

- There is still a huge need for support for children working in the street when considering how widespread this phenomenon is in Herat city.
- The holistic approach of the street children project, with multiple dimensions of interventions (health, education, economic and psycho-social functioning) proves to be very relevant and effective in bringing positive changes for such most vulnerable children and their care givers. In particular, the income generation component is a critical factor for the sustainability of child education.
- The quality of education and teachers' attitudes and behavior in the public schools is key to sustaining the positive results gained from the project's education programme.

Recommendations

- Given the need, WVAFG should consider future programmatic interventions for children working in the street, and using the same multidimensional approach.
- There should be a clear follow-up approach with specific activities in place to support caregivers after completion of a project cycle, especially for any such income generation component. There should also be a strong technical approach for an income generation component, including caregivers' participation in decision making regarding their vocation, and a specific focus on developing their marketing skills and market linkages for them.
- It is critical that in any future projects of this nature, there should be included a training and capacity building component for public school teachers in classes into which such children are enrolled.
- There should be a more concrete effort to make improvements at the systemic level, especially through an advocacy approach. Important consideration should be given to having internal technical expertise within WVAFG for such advocacy approaches. Attention should also be given to supporting local organizations and government institutions to improve their capacities in addressing child protection issues and the particular needs of street children



Program Accountability

WVAFG is making progress in applying the minimal standards suggested by the Programme Accountability Framework and is increasing its capacity levels in terms of ensuring accountability. In terms of program operations the most critical factor in this regard is for WVAFG to establish trust among community stakeholders and to ensure community acceptance for its projects. Evaluation findings suggest that WVAFG is overall being successful in applying this principle in such a complex and insecure context. WVAFG's approach in ensuring accountability includes the following key elements:

- Project designs are based upon situation analysis and consultation with key local actors. This is often very challenging because of limited time for designing projects for a national office that depends entirely on the ebb and flow of grant acquisition opportunities. However, the long established relationships with key community representatives and local government structures does allow for quick and flexible consultations with them. Village Shuras, as the most representative community leadership group are consulted and involved in the design process and commit to partnership through memorandums of understanding. Community capacities are commonly assessed during project design and the start-up phase. Government institutions are also consulted during the design phase and their cooperation is secured through formal memorandums of understanding.
- Communities are mainly informed about project intervention details and targets during the startup phase through community gatherings and ongoing meetings with community leaders. WVAFG gives careful attention to using and explaining transparent and documented village and beneficiary selection criteria that help to guide the joint selection approach that WVAFG uses with community representatives. New projects are now including significantly more attention on the inclusion of most vulnerable groups in in the beneficiary selection process. To address concerns that the emphasis on inclusion not be perceived as being something that communities are being pressured to do by WVAFG, World Vision's Community Change model has been chosen as the approach to use for influencing deeper levels of social change needed to shift the values and perceptions that are barriers to true and sustainable inclusion of more vulnerable people. There is also an increased effort to have a more frequent community feedback process through conducting focus group discussions, meetings and participatory monitoring during project implementation. As a result, the amount of feedback being provided especially by women and children has increased.
- Regarding encouraging communities to share complaints, the main mechanism used so far has been through meetings that Zone Managers have with key community representatives. M&E officers in each project have frequent contact with community members and they report back to project staff and to the Zone Manager any concerns they have heard expressed. There have been some external methods used to collect complaints such as setting up complaint boxes managed by third party desk officers especially during food distributions, and using visual aid materials to inform beneficiaries about the complaints procedure. Post food distribution monitoring surveys with third party data collectors have also been used to capture community complaints and concerns, and results are documented in a summary report.
- In terms of accountability to the Government of Afghanistan, all projects have a formal MOU with a related ministry or department and periodic reports are provided to them. Every six months a very comprehensive program-wide report with detailed financial expenditure information is submitted to the Ministry of Economy.

Conclusions

CWB Target 1

Children report increased well-being: The level of direct child input to the report, even though still limited has increased this year through data collection methods during mid and end-of-project. Specific feedback from children and youth was obtained while preparing reports for the Street Children project, YELL and the USDA 5. Although it is not possible to aggregate the data because of the singular approach of each project, feedback indicates that vulnerable children and youth are very positive about their experience. Youth reported significantly increased levels of wellbeing measured by ladder of life indicators as compared to baseline data.

CWB Target 2

Children are protected from infection and disease: Evaluation results show that MNCH interventions are making a very positive difference in community health understanding and practices, and increased demand for services, including preventive and curative behavior for those affected by STI/HIV. Promising results have been achieved through the establishment of community based health groups which are promoting positive maternal and child health practices. Successful results are observed through health advocacy efforts, the establishment of two neonatal units, and the submission of the new “1000 days” nutrition policy to MoPH. All such efforts have attributed to the good positioning of WVAFG in the regional and national health and nutrition network alongside other health stakeholders.

CWB Target 3

Children are well nourished: The PD Hearth approach is substantially complemented by multiple interventions for reducing malnutrition. The IMAM Programme and other nutrition interventions implemented by the MUNCH project have reached a significantly higher number of children under 5 and women of reproductive age as compared to the previous year. Positive results in the number of children cured from malnutrition are observed in OTPs supported by WVAFG, and in PD hearth sessions. The increased harvest and sales of nutritious food products through project interventions have not only improved food security and nutritional intake, but have increased caregivers' abilities to provide better for their children as a result of income earned.

CWB Target 4

Increase in children that can read by age of 11: The most significant contribution is from the USDA 5 project with a 56.5% increase in attendance. The enrollment rate has also increased when compared with the previous year, especially for girls. School Development Committees have succeeded in creating a more positive friendly environment for children in 173 schools. Most of children (96%) supported from Street Children Centre are attending government schools and very committed to continue their education. Also, the ECCD education activities have been found to be beneficial to school readiness and have strong community acceptance and support.

Key learning regarding the CWB reporting process itself:

The vast majority of WVAFG funding comes from individual project grants, so the main approach to CWB reporting is to aggregate monitoring data across all projects and to provide indicative impact evidence from singular projects. This makes data compilation and analysis a fairly straightforward process because in any given year almost all projects are likely have some kind of mid-term or end-of-project evaluation reporting. Since the introduction of CWBTs, WVAFG has incorporated relevant CWB monitoring and impact indicators into all project designs and so the process described above also provides data on specific CWBO indicators to report against.

It is not always possible to have the most accurate and recent secondary data in the kind of extreme fragile context that is true of Afghanistan, so there is always space for questioning the validity of some information. However, there have been improvements in terms of WVAFG's capacity to gather higher quality primary source data through its project monitoring and documentation system and the ability make multi-year comparisons as a result of project baselines that are conducted during each project cycle.

Overall, the CWB reporting exercise is extremely beneficial for our National Office and adds direct value to our efforts to make life better for especially the most vulnerable children in Afghanistan, and to provide them some hope that their future can be brighter than their past.



Sources of information used for writing this report

Project Evaluations	Other Internal Documents	
<p>Fy14</p> <ul style="list-style-type: none"> • USDA5 project end evaluation • SHAPE 3 project Street children • project end evaluation • Beekeeping project midterm evaluation 	<ul style="list-style-type: none"> • FY 14 Annual Project Reports and monitoring databases • WVA National Strategy 2012-14 • MUNCH project baseline Strategy 	<ul style="list-style-type: none"> • UN Human Development report, Human Development Index 2013 • WHO Health Statistic Report 2014; • UNICEF State of the World’s Children Report 2014; data is for 2012 • Afghanistan National Nutrition Survey 2013 report • NRVA Report 2011-2012



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