

Child Well-being Summary Report

World Vision International - Afghanistan



FY13

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Acronyms

ANDMA	Afghanistan National Disaster Management Authority
ANC	Ante natal care
BDN	Bakhtar Development Network
BHAMC	Better Health for Afghan Mothers and Children
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
FY	Fiscal Year
HBLSS	Home Basic Life Saving Skills
HH	Household
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
MOE	Ministry of Education
MCHN	Maternal and Child Health and Nutrition
MoPH	Ministry of Public Health
NRVA	National Risk and Vulnerability Assessment
SDC	School Development Councils
SHAPE 3	STI&HIV/AIDS Prevention Education
SIP	School Improvement Plan
TTC	Timed Targeted Counseling
TT	Tetanus Toxoid
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

Executive Summary

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, and Livelihoods. 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”.

WVA programming operates through grant funded projects in collaboration with WV Support offices. The WVAFG FY13 expenditure on programming was \$ 13,579,416. A total of 194, 260 children benefited directly from project interventions during the year.

The main WV Support Offices involved in Afghanistan in 2013 are WV Australia, WV Canada, WV Japan, WV Korea, WV Taiwan, WV UK and WV US. In addition, WVAFG implemented two midwifery education projects managed by the Afghanistan government’s the Ministry of Public Health (MoPH), and funded by USAID.

Summary of Findings:

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

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 in FY13:

Reach:

- Through its programming in FY13, WVAFG was able to reach more than 129,000 children, exceed the 100,000 target by approximately 30%. The 28,252 mothers reached was slightly below the 30,000 target.

Results:

- Within the year there has been significant progress as measured by relevant CWBTs described in the report below. Of particular note is an increase in assisted births, use of ante and post natal care, immunization rates and treatment for diarrhea and malnutrition.

Innovation:

- The MCHN interventions include several innovations such as zinc treatment for diarrhea that has now become national policy, PD Hearth and mHealth, training and deployment of midwives, and community – led health groups. These are worth replicating across a broader area and throughout Afghanistan if implementation partners can be identified.

Lessons:

- PD Hearth is not the most appropriate approach to bring about population-wide changes in feeding practices. We are not able to have extensive coverage due to the intensive and time-consuming nature of the approach, as well as it being recuperative by design, reaching only children already malnourished.
- This is the first year we are doing the CWB Report, and any anomalies between baseline and monitoring data make us cautious about the accuracy of data measuring progress to date.

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 in FY13:

Reach:

- Through its programming in FY13, WVAFG was able to support approximately 65,000 students, a 65% achievement against our target of 100,000 children with improved access to primary level education.

Results:

- The most significant achievement was level of attendance, which increased by 50% and was only 6% below official enrolment levels. A significant motivation for students, staff and teachers was the monthly food ration provided to those with regular attendance.
- The ECCD project demonstrated that children who went through the programme were significantly more prepared for school than those who did not. 80% of children ranked by primary school teachers as top five students in their classes have attended ECCD spaces.
- The Street Children's Centre, (SCC) covered below in the "Most Vulnerable Children" section, has enabled 100% of participants to start school.

Innovation:

- The ECCD is not a government – approved approach, but demonstrates that preparation can provide children a faster start in the formal education system.
- The SCC is an invaluable resource for caregivers and children to turn their lives around.

Lessons:

- Students in Afghanistan are held back by the poor education system, as evidenced by the excellent results in ECCD and the Street Children's Centre.
- In Ghor and Badghis, the success in using school rations to encourage attendance indicates that poor household economy may pose long term risks to keeping children in school.

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

Following is a summary of our progress in FY13:

Reach:

- Through its programming in FY13, WVAFG was able to support 1,055 HH (2%)¹ of our target to reach at least 50,000 HH with improved livelihoods.

Results:

- The most significant achievement was successful introduction of soybeans, beekeeping and youth – focused livelihood and life skills activities in Badghis province. These enable small land holders and the marginalized to enhance their household economies and integrate better to the larger local economy. In FY14 many of these activities will be rolled into two large livelihood / resiliency proposals being prepared for donors targeting both Badghis and Ghor provinces.

Innovation:

- Soybeans are a new crop in Badghis, and communities have enthusiastically embraced production. In addition to improving soil fertility, the soybeans improve local household diet and are also very marketable.
- Beekeeping has proven to be a good economic activity for females, and beneficiaries state that the income enables them to meet costs of education and health, which contribute to achievement of other CWB targets.

Lessons:

- Rolling out new approaches, techniques and agriculture products is successful when farmers see the value. This has also been achieved previously with pistachios and other crops.

¹ The MYAP Project implemented in Ghor Province reached 3,397 households, but was closed at the end of FY12 so statistics are not included in this report

- When new ideas are introduced, it helps locals broaden their thinking and willingness to change.
- There are questions about the latest statistic that over 80% of targeted farmers report having enough food for the year. This result came from the Soybean end – of – project survey. One reason may be that in 2011 the area faced severe drought and agriculture production was very low. Other reasons might be that the question posed may not have elicited accurate responses, or the HH that raised soybeans were at the upper end of the economic scale. Soybeans were planted on irrigated land, which would normally be controlled by better off groups.

Introduction

This report is an analysis and reflection of WV Afghanistan's (WVAFG) contribution to child well-being as articulated by the FY12 – 14 National Strategy (NS) and implemented through programming interventions and investments. The overall WVAFG programming is guided by a national strategy containing 3 sectoral objectives:

- Objective 1: Maternal and child health and nutrition
- Objective 2: Education
- Objective 3: Livelihoods enabling families to feed their children

The WVAFG FY 12 – 14 NS developed in FY11 is the guiding framework for an analysis of WV's contributions. The NS contains three main objectives and of these four CWB target indicators are included within the overall NS Objectives. Children in Afghanistan face some of the worst conditions anywhere in the world, with the under five mortality second only to Chad.² Maternal mortality is similarly amongst the global highest. WVAFG programming has proven effective in addressing the issues which threaten children's life and well-being. At the same time, WVAFG programming faces a very challenging security environment. The strategy therefore focuses sharply on those sectoral interventions, programmatic approaches and geographical areas which will enable the best possible results for child survival and children's well-being while managing the risks at an acceptable level. As a result, the majority of WVAFG programming indicators would fall under the CWB Target #2 and #3. The following table summarizes WVAFG NS and the accompanying indicators.

Strategic Objective	Indicators
Objective 1 – 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"; CWBT 3: "Increase in children who are well-nourished")	<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)
Objective 2 – 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")	<ul style="list-style-type: none">• Children currently enrolled and attending in a structured learning institution
Objective 3 – At least 50,000 families will have improved livelihoods opportunities through WVA livelihoods programming (CWBT 1: "Children report an increased level of wellbeing")	<ul style="list-style-type: none">• HHs that are provided with better livelihood opportunities through WVAFG programming• HH have increased food security

Methodology

Process: The data for monitoring indicators of each project was collected semi-annually for each sector and CBW target. The evaluation reports were reviewed to identify the relevant data for the CWB Report.

Data sources: A complete listing of data sources can be found in Annex I. This report draws on four sources: project baselines, annual monitoring reports for projects, evaluation reports of projects that have been evaluated during this fiscal year, and secondary data. The national office's measurement of progress on 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

² UNICEF the state of the World children 2011 (the data is from 2009)

WVAFG programming. The 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.

Limitations on the report: There several limitations to the WVAFG CWB Report for FY13. First, WVAFG is inevitably dependent to a significant extent on secondary data. Because of the ongoing security issues around the country making many of the areas inaccessible, the secondary data may not be very accurate. Also, this problem has become more pronounced in recent years. Much of the secondary data used is from 2009, as more recent secondary data is either not available or considered less accurate.

Second, most of the data used to prepare this report was at least partially collected prior to this fiscal year. With the multiplicity of consultants, WVAFG staff turnover and lack of M&E capacity two years back, a consistent level of M&E quality control could not be maintained over the life of projects. Therefore, the accuracy of some data used in report writing has not been independently verified, but the trends are indicative of improvements in almost all aspects of child well – being.

The most questionable finding is the statistic that over 80% of targeted farmers report having enough food for the year. This result came from the Soybean end – of – project survey. One reason may be that in 2011 the area faced severe drought and agriculture production was very low. Other reasons might be that the question posed may not have elicited accurate responses, or the HH that raised soybeans were at the upper end of the economic scale. Soybeans were planted on irrigated land, which would normally be controlled by better off groups.

In compiling this report, WVAFG has used existing data from projects. In many cases the disaggregation of data based on gender was not collected as part of the projects.

Context ³

Afghanistan has seven Administrative Regions and 34 provinces. World Vision focus is the Western Region. Herat town is the capital of the Western Region. World Vision will operate in three provinces Herat and Badghis and Ghor, in 12 of the 33 administrative divisions / districts, plus the three provincial capitals. The FY12 - 14 Strategy consolidates a contraction of WV's geographic reach by 3 districts (from 15 to 10 after FY12 plus the 3 towns) which equates to a reduction of about 40% of the current physical area of operations.

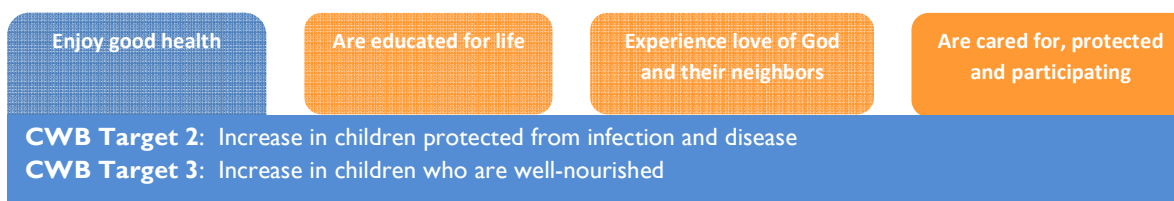
Statistics in Afghanistan are patchy, but available indicators show that the three WV target provinces, particularly Ghor, are among the poorest in Afghanistan, with children at extreme risk from the main threats to health and life, neonatal causes and infectious diseases. They are also areas that have and continue to be less well served by international NGOs.

Western Afghanistan is not the main focus of counter insurgency actions, which are concentrated in the South and East of Afghanistan, where there is the highest level of activity by AOGs, including the Taliban. The majority communities in the western provinces where WV operates are Dari-speaking (i.e. non-Pashtun). It should be noted that the Taliban is predominantly Pashtun, and has a much stronger influence in Pashtun-majority areas. Because of the lower level of AOG activity and the lower likelihood of the Taliban gaining control in these areas, the risk rating for Western Afghanistan is moderate (as rated by WV corporate security). This is frequently reassessed by WV corporate security in cooperation with local security advisors. Pockets of insecurity do exist, particularly in Badghis and Ghor, and WV does not have programming in those affected areas, or only works through partners to mitigate risk.

³ This section is excerpted directly from the FY12 – 14 Strategy.

Strategy Objective I: Health Sector

At least 100,000 children and 30,000 mothers will be better protected from illness, malnutrition and death through WVAFG MCHN programming



Indicators:

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, which is classified as a Context I fragile state. Afghanistan is ranked by the United Nations (UN) Human Development Index among the poorest countries in the world. Infant mortality is among the highest in the world (134/1000 live births) and under five mortality is the highest in the region, and second highest in the world (199/1000 live births)⁴. One in five children born in Afghanistan will not survive to their 5th birthday, with 29% of deaths attributed to diarrhea and 26% to pneumonia⁵. Stunting affects 59% of children under five - the highest in the world - and 12% are severely underweight⁶. Every 30 minutes an Afghan woman dies during child birth. Maternal mortality is 1,400 per 100,000 mothers who have a live birth⁷. The overall proportion of women delivering with a skilled birth attendant is very low at 24%. A large percentage of households (73%) still lack access to safe drinking water, and 95% lack access to improved sanitation⁸.

Inputs:

# projects	10 projects (Community Midwifery Education - Herat, Community Midwifery Education - Ghor, Midwifery Extension - Herat, CARE, WASH, BHAMC, SHAPE 3, Support to Child Survival, IMCH&CP, Improving Training Opportunities – Herat IHS training centre construction)
USD Spent	\$2,609,527 in FY13
# Technical Staff National	1
# of technical staff (project based)	6 (manager level)
# Direct Participants	129,388 children 28,252 mothers An estimated 33,978 people directly benefited from WASH interventions
Key Partners	<ul style="list-style-type: none"> Ministry of Public Health (MoPH) Provincial Department of Public Health

⁴ UNICEF State of the World's Children report (data of 2009)

⁵ WHO HEALTH STATISTICS 2008

⁶ WHO HEALTH STATISTICS 2008

⁷ WHO HEALTH STATISTICS 2008

⁸ NRVA 2007/2008 - National Risk and Vulnerability Assessment

	<ul style="list-style-type: none"> • BPHS (Basic Package of Health Services) implementers • Regional WASH Network • Regional Nutrition Network • Department of Rural Rehabilitation and Development⁹ (DRRD) • World Food Programme (WFP) • UNICEF • Shura (village) councils
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Major WV Afghanistan contributions:

Health Sector Contributions

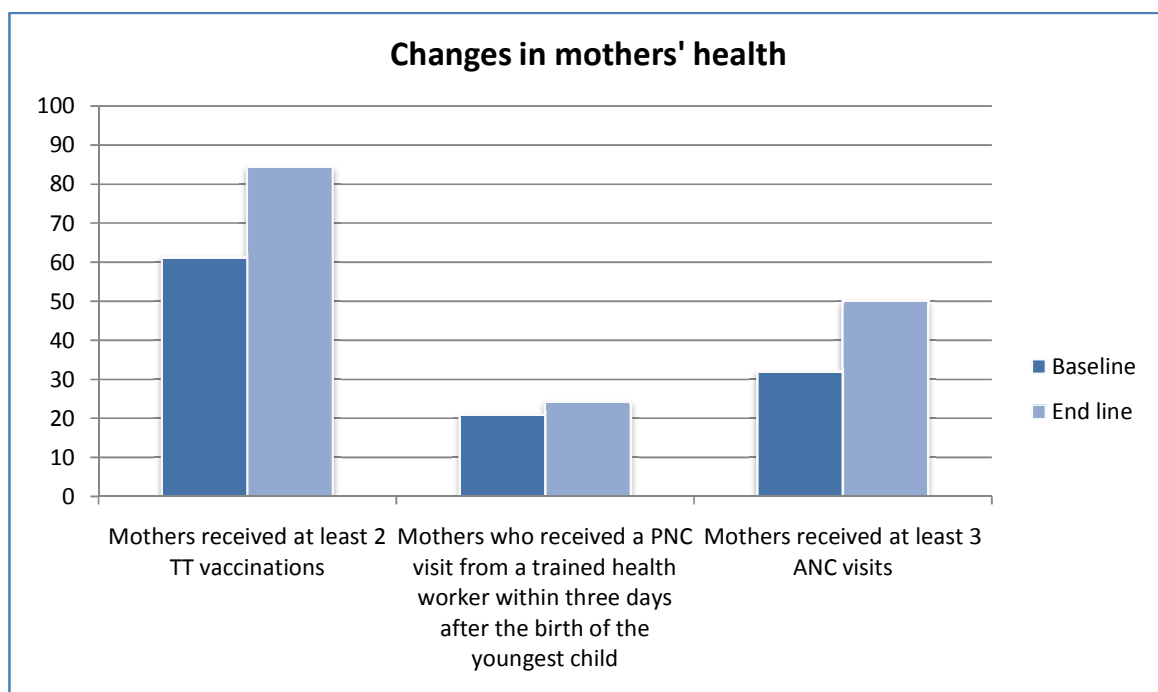
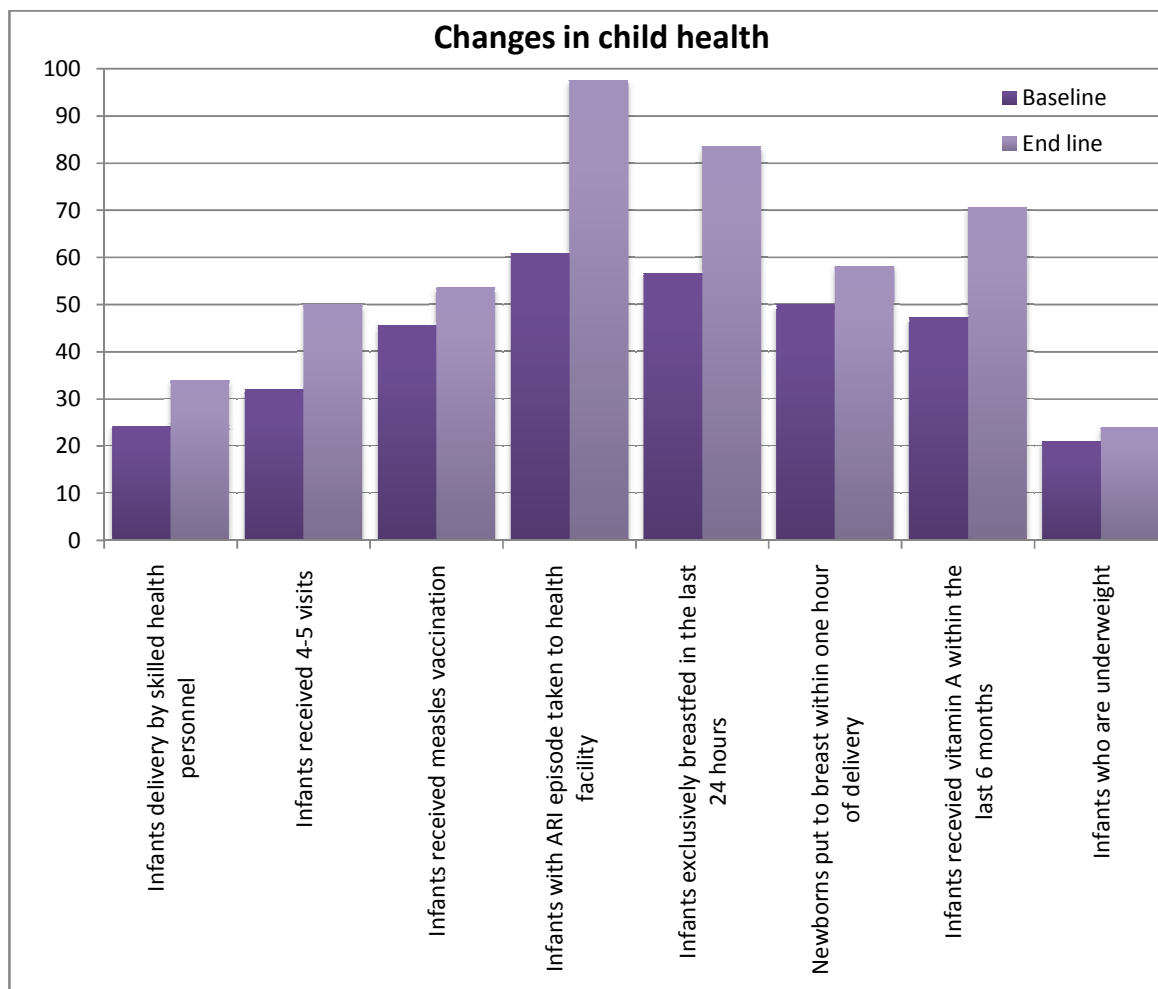
- 24,672 mothers were attended by a skilled birth attendant in project areas
- 1,684 pregnant mothers received antenatal care through project interventions
- 423 mother received postnatal care through project interventions
- 128,393 children were immunized during National Immunization Day Campaigns in project areas
- 995 children directly benefited from nutrition interventions through PD Hearth and Growth Monitoring
- 874 pregnant women accepted counseling and testing for HIV
- 53 young women qualified as midwives through Community Midwife Education Project and returned to their areas to serve as midwives
- 1,457 trained Community Health Workers and key community members participated in awareness training about health issues at community level
- 169 health workers were trained in Timed Targeted Counseling (TTC) approach
- 360 community groups, consisting of 196 Family Health Action Groups (FHAG) and 164 Water, Sanitation and Hygiene (WASH) groups worked on health issues at community level
- 59% of caregivers (compared to 42% in the baseline) report having used ORS to treat children suffering from diarrhea (WASH end – of project survey)
- 24,598¹⁰ people (3,514 HH) have access to improved sources of drinking water as result of WASH interventions
- 9,830 people (1,340 HH) have access to improved sanitation facilities as result of WASH interventions
- 5,796 people were supported with food items through a winter emergency response in Ghor Province in cooperation with WFP
- 600 mothers received health and nutrition information sessions on a weekly basis in ECCD spaces
- A new training centre is being constructed to provide learning opportunities for nurses and midwives in Herat Province

Evidence of Progress:

Better Health for Afghan Mothers and Children (BHAMC) Project Evaluation:

⁹ Responsible for water sources interventions

¹⁰ Based on the government accepted average of seven individuals per household



Analysis:

The main progress for CWBT 2 “Children protected from disease and injury” is the increased access to ante natal and neonatal care, and the assisted births for pregnant mothers in the project areas. The percentage of births assisted by skilled attendants has increased 37% over the baseline, and there is also a 37% increase in mothers that have received TT2 vaccination before the birth of their youngest child. The proportion of mothers having had a post natal checkup also improved and there is an increase of measles vaccination coverage in children 0-23 months of age. BHAMC project was the first in the country to pilot zinc in management of diarrhea, which has since become national policy. Training of Community Health Workers (CHW) and ensuring supplies for treatment has led to significant improvements in prompt and appropriate care seeking for pneumonia. The Home Based Life Saving skills (HBLSS) approach contributed to positive results because it fits well with the local context of cohesive communities functioning under strong leadership. The local Shura Councils mobilized Family Health Action Groups to ensure proper actions were taken to improve Maternal and Neonatal Care (MNC). Cooperation with Bakhtar Development Network (BDN), the Basic Package Health Services (BPHS) implementer in the targeted areas, helped to bring about changes to MNC service delivery. WVAFG Community Midwifery Project ensured a steady supply of midwives to facilities in target districts and training of CHWs in HBLSS increased the number of referrals for Antenatal Care (ANC) and Post Natal Care (PNC). The addition of the mobile phone application (mHealth) to ongoing HBLSS interventions led to further increases in utilization of MNC services. The WVAFG construction of a training center to support continued training for midwives and nurses in Herat Province is a very important contribution in sustaining the progress achieved in terms of qualified health care for mothers and children. Construction was completed in December 2013, after the end of FY13, and work was finished on time and within budget.

The main progress related to CWB Target 3 “Children are well nourished” is observed in improvement of breastfeeding practices, with a 47% increase in exclusive breastfeeding compared to the baseline and 16% increase in the initiation of breastfeeding within the hour of birth. However there is no change in overall improved nutrition status. One main reason is that, within WVAFG work, the PD Hearth model is the primary means for communicating messages related to complementary feeding practices. However, we are not able to have extensive coverage due to the intensive and time-consuming nature of the approach, as well as it being recuperative by design, reaching only children already malnourished. PD Hearth is not the most appropriate approach to bring about population-wide changes in feeding practices.

Key Learning	Recommendations
<ul style="list-style-type: none">- HBLSS is an effective approach to mobilize communities around MNC services as well as addressing long-held gender norms and restrictions.- It should also be noted that, as a recuperative approach, PD Hearth targets only children who are already malnourished and is hence not suited for population-wide improvements in feeding outcomes.- WASH project added to complement BHAMC project interventions proved to be useful in improving WASH practices in the targeted districts	<ul style="list-style-type: none">- Scale up of the HBLSS approach in WV programming- PD Hearth is a community-based sustainable model for addressing moderate malnutrition. 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.- 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.- It is recommended that WV continues to engage DOPH, provincial hospital and the local NGOs that implements BPHS to carry on HBLSS activities at the health post level.

Strategy Objective 2: Education Sector

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

CWB Target 4: Increase in children who can read

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

Indicators:

Children enrollment and attendance in a structured learning institution is increased

Logic chain of problems addressed:

WVAFG education interventions have been addressing crucial needs in the target areas. Due to decades of war and civil conflict, children in Afghanistan face significant challenges for access to education, with particularly low levels of literacy among girls due to school access. Net primary school enrolment is 46% for girls and 74% for boys, while the net primary school attendance is 40% for girls and 66% for boys. Only 15% of girls and 38% of boys are enrolled in secondary school¹¹. The main issues that affect education are lack of school physical infrastructure, poor and limited infrastructure and facilities in the schools, poor classroom dynamics due to an insufficient number of teachers and low capacities in teaching. Also, the lack of female teachers in the WVAFG target area represents a significant challenge for girls to continue secondary education. Adult literacy is also very low, with an estimated 26% of the total adult population considered literate. Women are again the most affected group, with 12% of women being literate versus 39% of men¹². The situation is far worse in the remote provinces where WVAFG operates its education programming, as only 4% of women are literate in Badghis and 7% in Ghor¹³.

Inputs:

# projects	4 (USDA 5, Street Children Center, ECCD, Maslakh Initiative)
USD Spent	\$9,593,154 in FY13
# Technical Staff National	No technical staff
# Technical Staff for projects	2
# Direct Participants	64,872 children 3,150 teachers 823 school support staff 261 school management committee members
Key Partners	Ministry of Education (MoE) Provincial Departments of Education Shura (village) councils School Development Councils (SDCs)

Major WVAFG contributions:

Education sector interventions

¹¹ UNICEF 2009

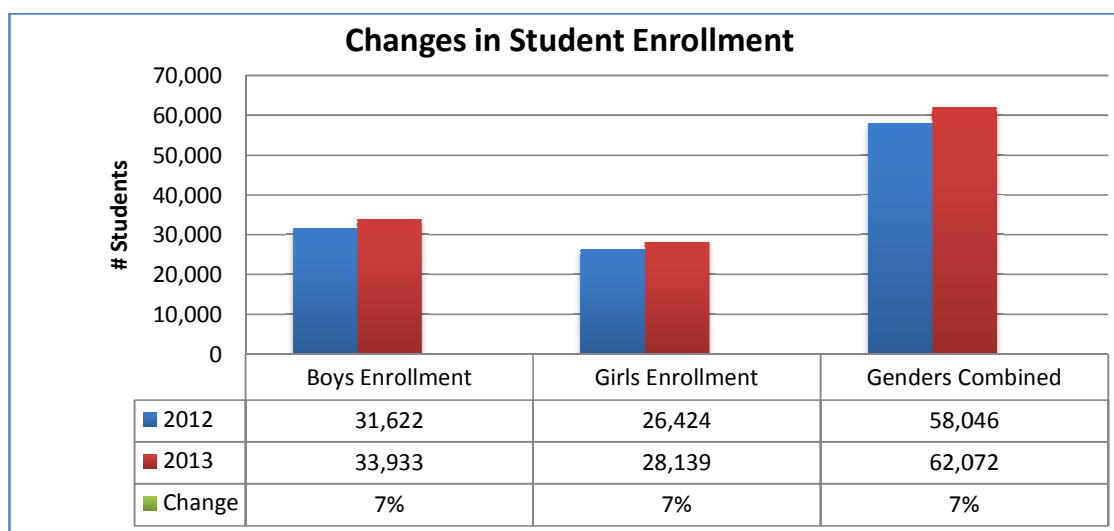
¹² NRVA 2007/2008

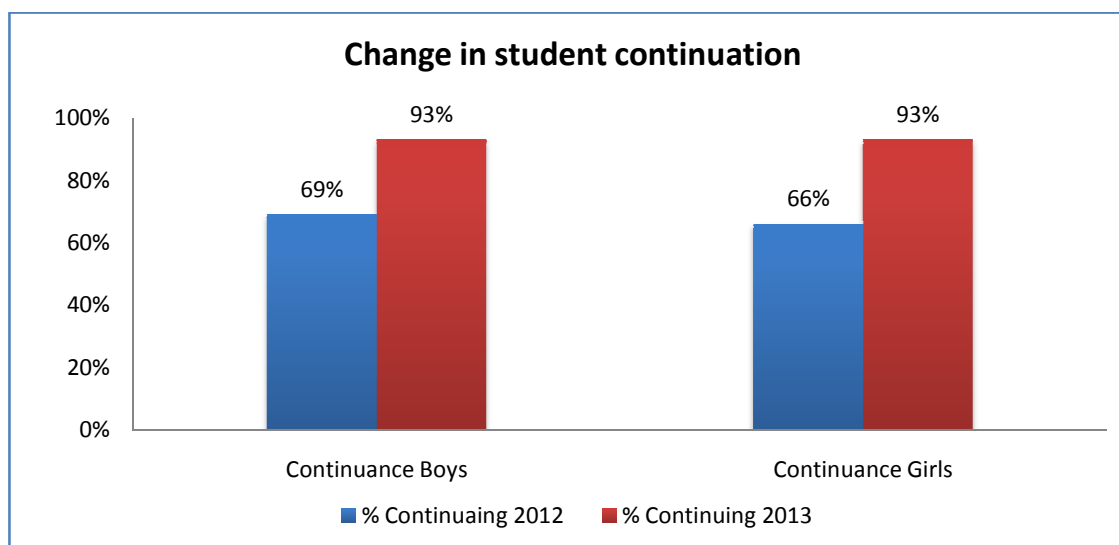
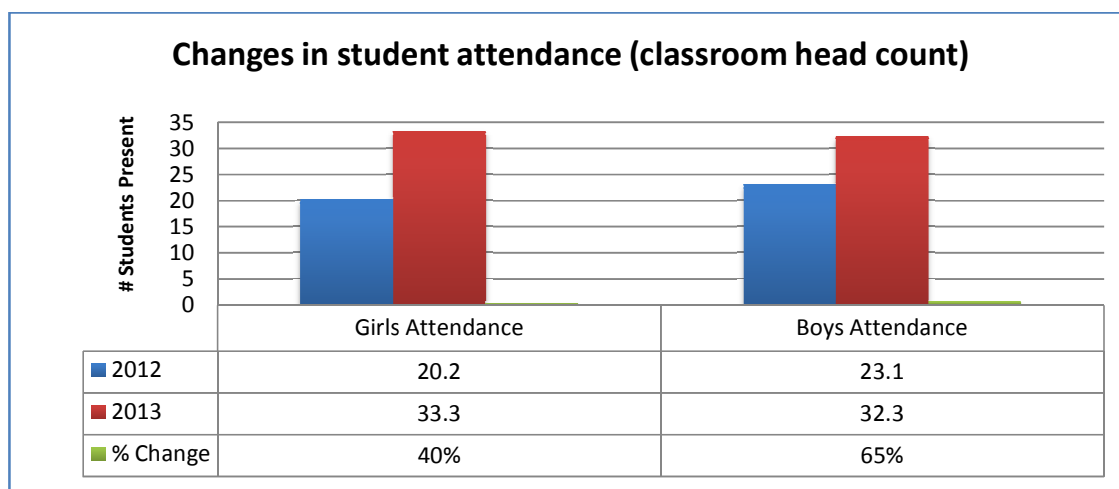
¹³ NRVA 2007/2008

- 62,172 children (28,189 girls and 33,983 boys) enrolled in a structured learning institution through education project interventions
- 58,222 students (32,233 boys and 25,989 girls) in grades 1-4 received quarterly food rations through the USDA 5 project (*they are also included in the structured learning data*)
- 2,980 teachers and 823 school support staff received quarterly food rations through USDA 5
- 56,582 children received school kits and reading materials (*included in structured learning data*)
- 115 targeted schools received adequate school supplies
- 177 teachers were trained in child protection and positive discipline techniques (IMCH&CP and Street Children Centre Projects only)
- 261 school management committees (SMC) with parental participation were trained to develop School Improvement Plans (SIP)
- 261 trained SMCs developed SIPs
- 92 trained SMCs are implementing SIP activities by the end of FY13.
- 600 children completed ECCD program
- 200 children attended peer-based learning activities
- 2,000 children are learning in an improved physical environment as a result of 16 rooms upgraded in the primary school for Maslakh Internal Displaced People location
- 400 youth (350 young women and 50 young men) successfully completed literacy classes in Badghis province
- 50 young women are attending a training programme to qualify as literacy teachers in Badghis province targeted areas

Evidence of Progress:

USDA 5 Project Midterm Evaluation





Analysis:

Midterm evaluation results show that the most significant progress has been in school attendance and continuation rates. There is a 54% increase on the attendance rate in mid-term compared to the baseline and 24 % increase in student continuation rate. Project interventions of food distribution, school supplies distribution and messages on school importance have contributed to this positive trend. The mid-term results show a slight change as the enrolment rate increased 7 % compared to the baseline. It was also encouraging to see that there is no difference between girls' enrollment rate relative to boys, evidence of communities' demonstrated commitment to education of girls. Teacher Training and School Improvement Plans, the main interventions aimed at improving the quality of education, are ongoing at the end of FY13 so no results can be reported at this time.

ECCD Project Evaluation

Objectives	Indicators	End of project values
Improved pre-school opportunities for children and enhanced well-being for their care-givers in Badghis	Comparison between average midyear/annual school test scores for ECCD and non ECCD graduates	Round 1 ECCD graduates average score= 94 / 100 Non ECCD grad average score =71 / 100 Round 2 ECCD grad average score = 98 / 100

province		Non ECCD grad average score= 81 / 100
Enhanced capability of pre-school children to be fully engaged at school at age 6	80% of children attending ECCD spaces demonstrate key behavior and educational understanding at age-appropriate targets	All evaluation target groups provide evidence of behavior change in children and increased school readiness

The most significant changes brought by the ECCD Project are observed improved school readiness among the children, greater motivation for the learning process, better school results and improved child behaviors and attitudes. Children that attended ECCD spaces adapted better to the school learning process after joining school compared to other children. Project interventions have contributed significantly to children getting good school results; 80% of children ranked by primary school teachers as top five students in their classes have attended WVAFG ECCD spaces. The project also achieved good success in improving children's' social behaviors, increasing self-confidence, and taking better care of personal hygiene.

Key Learning	Recommendations
<ul style="list-style-type: none"> - ECCD program contributes significantly to a greater motivation for school and increased school readiness 	<ul style="list-style-type: none"> - 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. - More emphasis on girls education to further increase their school enrollment

Strategy Objective 3: Livelihoods

At least 50,000 families will have improved livelihood opportunities through WVAFG livelihood programming.

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CWB Target 1: Children report an increased level of wellbeing

Indicators:

Households are provided with better livelihood opportunities through WV programming

Food security is improved for the targeted households

Logic chain of problems addressed:

Afghanistan's population is predominantly rural, with 80% living in the rural areas (74 percent rural and 6 percent nomads) and depends mainly on their own production to satisfy their food needs¹⁴. WVAFG livelihood programming is focused in Badghis, one of the most disadvantaged and poorest provinces in the Western Region of Afghanistan. According to the Afghan Human Development Report, Badghis is Afghanistan's third poorest province where approximately 42% of the population lives below the poverty line and on less than 2,100 calories a day¹⁵. Agriculture, including crops, livestock and wage labor, constitutes 80% of livelihood (in kind and income) for households. On average 13% of households in the province have access to irrigated land, and 85% of households have access to rain-fed land, though they do not necessarily own it and may need to rent.¹⁶ The drought in 2011 affected the yields by causing significant food insecurity; 99% of households surveyed in Badghis indicated they were affected by drought. An 82% reduction on crop yields was reported and 94% of the population was affected by food insecurity according to an EFSA report¹⁷. The situation is even worse for female headed households where women have the main responsibility for providing for family needs.

Inputs:

# projects	4 (Badghis Sustainable Livelihoods, Youth Economic Livelihood and Literacy, Promoting Soybeans, Beekeeping)
USD Spent	\$1,376,735 in FY13
# Technical Staff National	No technical staff
# Technical Staff in the projects	2
# Direct Participants	7,705 people

¹⁴ WFP Food Security Atlas for Afghanistan

¹⁵ Afghanistan Human Development Report 2011 (using data compiled by the Ministry of Rural Reconstruction and Development and the Central Statistics Office)

¹⁶ WFP Food Security Atlas for Afghanistan (using data from Provincial Development Plan, Badghis Provincial Profile" prepared by the Ministry of Rural Rehabilitation and Development (MRRD)2007

¹⁷WFP EFSA report 2011 (Emergency Food Security Assessment)

Key Partners	Provincial Department of Agriculture, Irrigation and Livelihood(DAIL) Badghis Agriculture High School Shura (village) councils Afghanistan National Disaster Management Authority (ANDMA) Department of Rural Rehabilitation and Development (DRRD)
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Major WVAFG contributions:

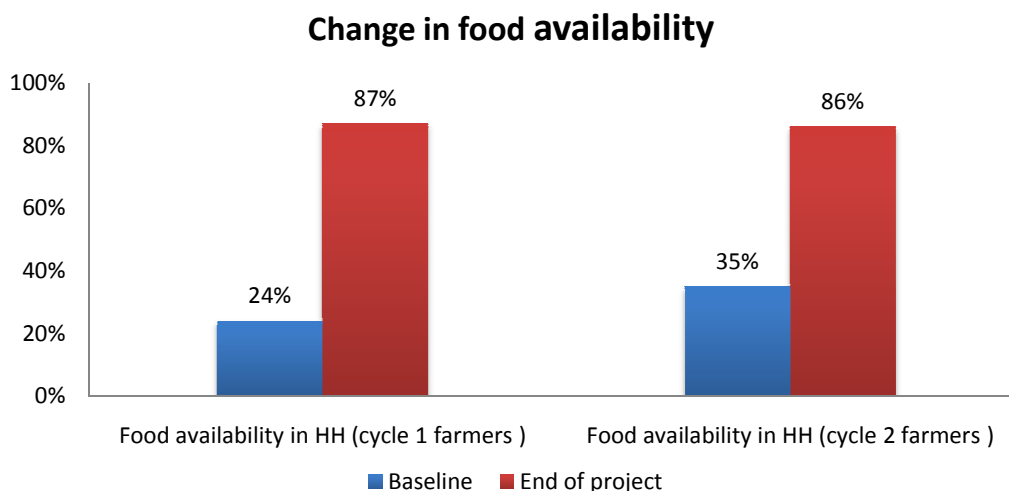
Livelihoods sector interventions

- 1,055 HH were provided with better livelihood opportunities through soybean cultivation, beekeeping, growing drought resistant seeds and learning a new vocation
- 655 (55 women and 600 men) people gained access to agricultural technologies through livelihoods project interventions
- 200 farmers were supported to cultivate the high nutritional crop of soybean, 98% of farmers successfully harvested soybeans and 62% of targeted farmers reported to have sold soybeans
- 320 children received soybean products for consumption (160 considered malnourished)
- 400 farmers were supported to cultivate drought resistant crops such as pistachios trees, cumin, lentils and sesame
- 55 women were supported for a successful beekeeping activity, with 87% of targeted women beekeepers reported to have sold honey and 67% of women beekeepers stated that they were now able to pay for their children's health and education costs without seeking external assistance
- 400 youth (350 young women and 50 young men) were supported to learn a new vocation
- Beekeeping activity was successfully introduced into Badghis Agriculture Vocational High School curriculum and 48 students were trained in beekeeping
- 60 communities learned disaster preparedness to protect and lessen the impact of disasters that are a constant threat in the isolated villages
- 350 households are using irrigation water for agriculture activities due to irrigation infrastructure rehabilitation interventions

Evidence of Progress:

Soybean Project Evaluation

Analysis:



The most significant change observed in beneficiaries' lives has been the improved food security in households using three dimensions: availability, access and use. There is a significant change on increasing food availability; more families reported having sufficient food to feed family members in the past 12 months. Communities recognize that soybean products have a positive impact in improving children nutritional status and preventing malnutrition. They state this as the prime motivation for using soybean products to a large extent in their families. Evaluation data indicates soybean products have become a regular part of the family diet, especially for children, pregnant and lactating mothers; 97% of targeted farmer HHs report consuming soybean products HHs consume soybean products an average of 4 days in a week

Key Learning	Recommendations
<ul style="list-style-type: none"> - Farmer groups proved to be a successful mechanism in terms of providing support and facilitate learning for the soybean cultivation process - Improved nutritional status of families has been the main motivation for continuing the cultivation of high nutritional crops such as soybean 	<ul style="list-style-type: none"> - Scaling up of livelihood interventions that are focused on nutritional crops - Continue to work with farmers groups in livelihood interventions

Most Vulnerable Children

Vulnerability represents the core foundation of WVAFG programming, and children in poor families are considered the primary beneficiaries. WVAFG is intentional in targeting families of vulnerable children through its health, education and livelihood programming. Although we have not disaggregated data, WVAFG's programming focus targets more vulnerable children because of economic status, parental understanding (or lack thereof) and gender. In a country like Afghanistan, plague with ongoing conflict, very limited health and education services, a tradition of early child marriage, most children are vulnerable as defined by WV and therefore no specific MVC mapping has been conducted.

The Street Children Centre project is the prime example of a specialized intervention among the most vulnerable. The project targets children that are working on the street, and most fit one or more of the following characteristics:

- orphans from the period of internal conflict
- those 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 unable to attend education and receive proper health care
- girls that do not have access to education and are at risk of getting married at an early age.

Children who work or live on the street represent one of the groups of children considered most vulnerable or at risk in Afghanistan. War Child reports that 60% of families rely on children to work for household income, at times to support the parents' drug addiction¹⁸. An assessment conducted in Herat and Badghis by WVAFG in 2012 show that children working on the street are exposed to high risks. They reported often feeling unsafe while out on the streets due to physical violence by

¹⁸ Child Rights Situation Analysis (CRSA) in Afghanistan 2011

community and employers, fear of abduction, and fear of being coerced to carry items such as illegal drugs. Children as young as seven years old start working on the streets, and most children report having experienced violence, abuse and/or injustice¹⁹.

The Support for Street Children project implemented by WVAFG in Herat provides an intensive enabling environment while supporting their parents in vocational training and demonstrating to others effective transition options for street children and families. During 2012-2013, 100 street children (50 boys and 50 girls) completed a year-long course of basic education, nutrition, health service and psychological support, and are currently attending education in public schools. During FY13 - 14 a third batch of 100 children (50 girls and 50 boys) are currently participating in the centre's support activities and should transition to government schools by April 2014. Assisting 133 parents of street children through vocational support was another critical intervention of the project. This addresses one of the root causes of children working on the street, because of their family's poor economic situation. The vocational training and provision of materials for vocations such as carpet weaving, tailoring, bicycle /motor bicycle repairing and other small businesses are helping families have a more stable means of livelihood. The Street Children's Centre project has also been focussing on educating school stakeholders, government departments, and religious leaders in communities about issues regarding street children in order to build support through a systemic and holistic approach. 41 teachers and principals of government schools participated in a two-day training on "Child Protection, Child Rights and Street Children Issues" and 91 Mullahs (religious leaders) attended five day training on "Child Protection, Problems for Street Children and Responsibilities of Religious Leaders". 51 leaders of five districts in Herat city and 172 parents of children working in the street also were trained on Child Protection.

Conclusions

Target 1: Children report increased well-being: The level of direct child input to the report findings is limited by data collection methods during mid – term and end – of – project reviews. Specific feedback from children was obtained while preparing reports for ECCD, SCC, Maslakh and the USDA 5. Though not aggregated, feedback indicates that children who did provide feedback are very positive about their experience. Children who are still alive because of our health and livelihood interventions would likely echo their appreciation.

Target 2: Children are protected from infection and disease: The result show that MNCH interventions are making a positive difference in community understanding and practices, with increased demand for services, particularly preventive. This also raises the bar for government contracted service providers that WVAFG partners with.

Target 3: Children are well nourished: Although the results are positive, PD Hearth is too labour intensive and not well suited to address broad nutrition issues within the general community. However, WVAFG is now starting implementation of a large nutrition programme in all three target provinces. Working with and through local partners, WVAFG expects to embed positive approaches and practices with our host communities, local partners, and all levels of government.

Target 4: Increase in children that can read by age of 11: The results speak for themselves. In USDA 5, though enrolment increase by 7%, the number of students that regularly attended class jumped by approximately 50%, and 93% of boy and girl students continued on to the next class.

¹⁹ WVA Child protection mapping assessment report 2012

Also the ECCD, SCC and Maslakh education activities have created a much more positive learning environment, which enables WVAFG to make progress on this target.

Key Learning on CWBO process: The vast majority of WVAFG funding comes from grants, and all programming activities are projectised. This makes data compilation and analysis a fairly straightforward process, because in any year almost all projects would likely have some kind of mid – term monitoring report or an end – of – project evaluation. This makes compiling the CWB Report easier as no additional data collection is required.

Since the introduction of CWBTs, WVAFG has incorporated selected, relevant CWB indicators in all project proposals, so the process described above also provides data on specific indicators to report against.

Compiling overall data does bring into question some of the statistics that would not necessarily be as well scrutinized if project – related data were not aggregated. For example, data on changes in school attendance, impact of soybeans on household food security, etc., can be questioned. This in turn will push WVAFG to have increased rigor in our DM&E approaches and processes.

Overall, doing the CWB report has been extremely beneficial. Despite issues around approaches, processes and survey findings, WVAFG is on the right track both programmatically and in strengthening our capacity for data collection, analysis and reporting. This in turn will result in both better reporting and strengthening the quality of our programming to positively impact the lives of children in the areas where we work.

Key Recommendation for the CWBO Report process: In preparing this CWB Report, WVAFG discussed a number of potential improvements. However, making any suggestions or recommendations for improving the CWBO reporting process would undoubtedly result in more requirements thereby increasing the complexity and workload of already overworked staff. Consequently, no recommendations are offered at this time, other than to keep the same system and process for three years so staff can learn how to do this more efficiently and effectively. Changing things next year will only increase the difficulty.

Annex

Sources of information used for writing this report

Project Evaluations	Other Internal Documents	External Resources
FY13 <ul style="list-style-type: none"> ▪ Child survival project ▪ Soybean project evaluation ▪ ECCD evaluation ▪ USDA midterm evaluation 	<ul style="list-style-type: none"> ▪ FY 13 Annual Project Reports ▪ WVA National Strategy ▪ WVA Child protection mapping Assessment Report 	<ul style="list-style-type: none"> ▪ UNICEF State of the World's Children report (2009 data) ▪ WHO 2008 ▪ NRVA 2007/2008 - National Risk and Vulnerability Assessment ▪ Afghanistan Human Development Report 2011, p. 232 (using data compiled by the Ministry of Rural Reconstruction and Development and the Central Statistics Office) ▪ WFP Food Security Atlas for Afghanistan (using data from Provincial Development Plan, Badghis Provincial Profile", prepared by the Ministry of Rural Rehabilitation and Development (MRRD)2007 ▪ Afghanistan Human Development Report 2011 (using data compiled by the Ministry of Rural Reconstruction and Development and the Central Statistics Office) ▪ WFP EFSA report 2011 (Emergency Food security Assessment) ▪ Child Rights Situation Analysis (CRSA) in Afghanistan 2011