

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



World Vision Afghanistan
Country Strategy
FY 15 - 17

Executive Summary

Children in Afghanistan face some of the worst conditions found anywhere in the world. World Vision Afghanistan (WVA) has proven to be effective in addressing the issues that threaten children's lives and well-being in this country. At the same time, we face a very challenging security environment. This strategy therefore focuses sharply on those sectorial interventions, programmatic approaches and geographical areas that will enable the best possible results for child survival and well-being, while also managing the associated risks at an acceptable level.

Our call and aspiration is that we are:

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

Responding to the urgent needs of children, our sectorial focus is:

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

FY15 – 17 Key objectives:

1. At least 300,000 children under five years old and 60,000 mothers of child bearing age will be better protected from illness, malnutrition and death through WVA MCHN programming.
2. At least 60,000 children under eleven years old will have improved access to enriched basic education and life skills development through WVA education programming.
3. At least 35,000 vulnerable families (70,000 adults, 175,000 children) will have improved means to increase household assets through WVA livelihoods programming.
4. At least two national or regional/provincial government policies or strategies will be changed, developed or influenced in support of improving child well-being in each program sector as a result of WVA's advocacy efforts.

Through these key objectives, we will directly address several of the World Vision Child Well-Being (CWB) Aspirations, including the four Partnership CWB targets as our priority:

- Increase in mothers and children who access essential health services
- Increase in children who are well-nourished (ages 0-5)
- Increase in children protected from infection and disease (ages 0-5)
- Increase in children who can read by age 11
- Increase in children's experience of well-being

The key objectives listed above will directly contribute to achieving our Goal:

Improved survival and well-being of Afghan girls and boys, building the foundations for a better future for them, their families, and their communities.

Target people groups: Vulnerable children and their families

Target Area: Western region: Herat, Badghis, and Ghor Provinces¹

¹ Although these three provinces will remain our primary focus, a feasibility/security assessment will be carried out to determine the possibility of moving into one additional province within the western region.

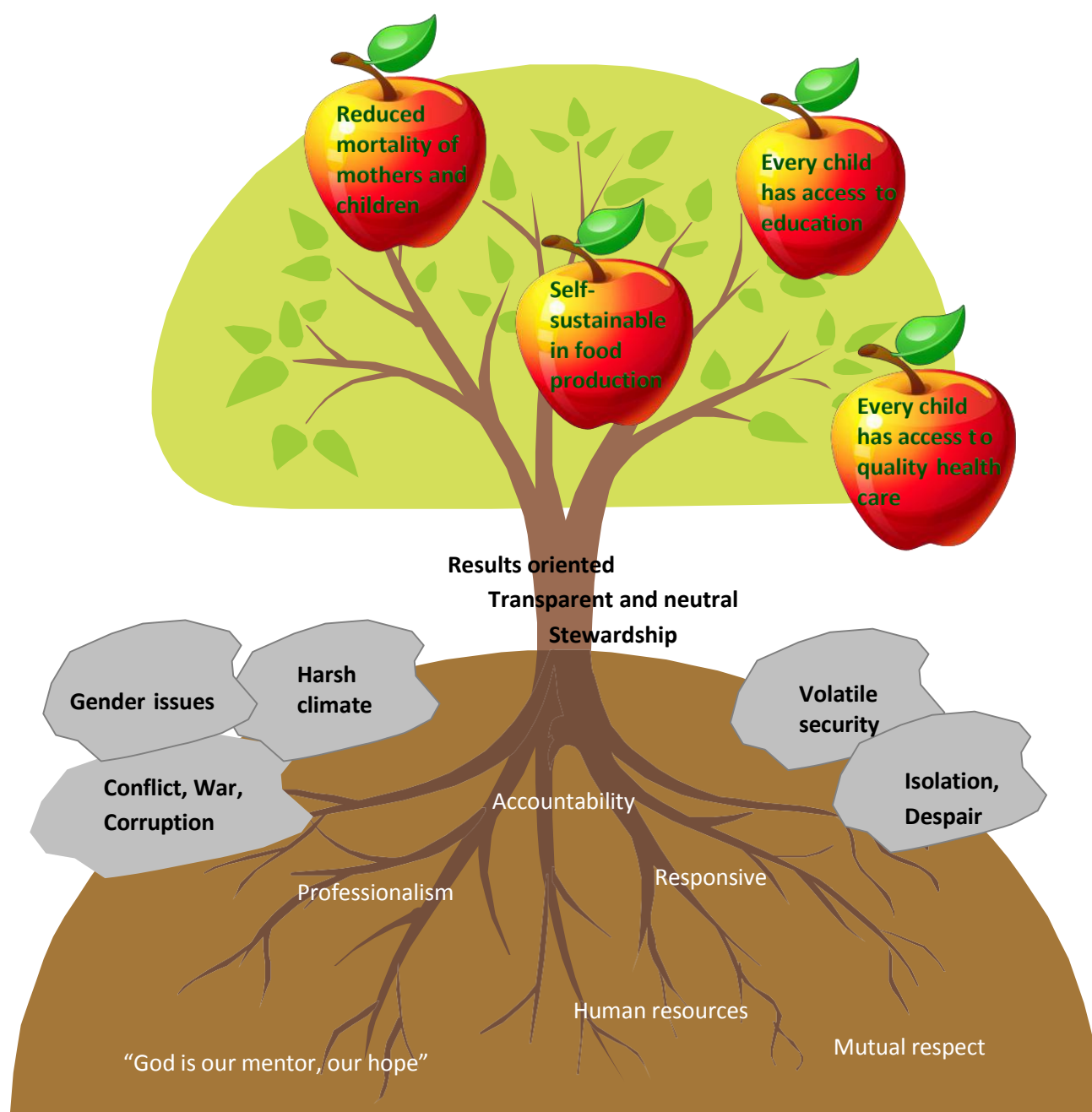
Strategic Plan

Children in Afghanistan face some of the worst conditions anywhere in the world. As a child-focused humanitarian organization inspired and guided by Christian values, World Vision (WV) is strongly motivated to address these needs. WVA has proven to be effective in addressing the issues that threaten children's lives and well-being. At the same time, we face a very challenging security environment. This strategy therefore focuses sharply on those sectorial interventions, programmatic approaches and geographical areas that will enable the best possible results for child survival and well-being, while also managing the associated risks at an acceptable level.

Our Call and Aspiration:

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

Taking inspiration from the “tree” image in the regional strategy, the WVA team expresses their vision in terms of the roots, trunk and fruits of a tree – and the hard rocks which must be broken through in our context in order to see sustainable change come about.



Future Programming

Afghanistan is a challenging operating environment and although NGOs are not a primary target for militants at present, it is difficult to predict how conditions may change as international forces continue to scale down over the coming year. Seeing so many preventable deaths of children and mothers, World Vision's mission impels us to continue and strengthen our proven interventions for a better future for the children of Afghanistan. However, this must not be at the expense of unacceptable risk to our organization and staff.

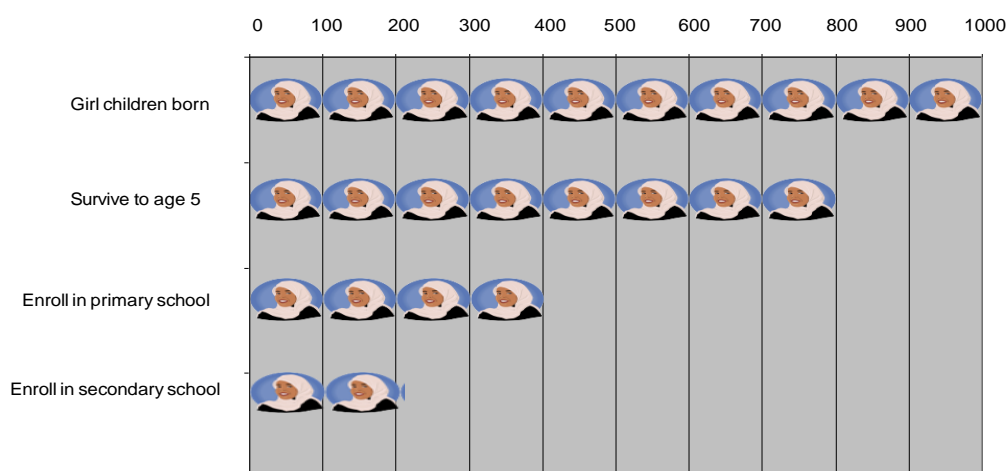
This strategy builds upon our already positive achievements in improving child well-being, as well as the strong organizational foundation that has been built up during the previous strategy period. World Vision in Afghanistan is now poised to grow, but to do so with wisdom and ever mindful attention to the security of its staff and its Do No Harm principles. This incremental growth will be guided by the following principles:

- **Pursue** innovative programming that has scale up potential.
- **Focus** on those sectors which most directly affect the well-being of the most vulnerable children and their families.
- **Build upon** proven effective programming that addresses the critical needs of children.
- **Give** concerted effort to grant acquisition, but also to grant management, compliance and accountability through systems and skills drawn from the region and Partnership best practice.
- **Commit to** rigorous application of evidence based practices and greater emphasis upon assessing sustainable program impact.
- **Stay** with the focus upon the Western Region and limited numbers of international staff, while also remaining open to expanding programming in the region into additional areas that do not present high risk.
- **Maintain** a low profile.
- **Continue** diversification of the funding portfolio, actively seeking the support of multiple donors and WV Support Offices (SOs), but doing so with a focus upon securing larger grants rather than numerous smaller ones.
- **Further strengthen** the capacity of national staff with increased emphasis on leadership development; and seek/nurture quality partners to collaborate with.
- **Expand** impact through strategic advocacy efforts.
- **Seek** ways to influence positive social change through a faith and development lens.
- **Keep nurturing** deep and trusting relationships with communities in focus areas and work in close partnership with them. This is crucial for reducing security risk.

Context

- **One child in every ten born in Afghanistan dies before reaching five years old. Four in every ten Afghan children are stunted. One in ten is severely under-weight. Less than one in two Afghan girls is enrolled in primary school.**
- **Each year 3,271 Afghan women die of pregnancy/birth related causes per 100,000 live births, compared to 11 women who die in the US.**
- **3.2 million Afghan children (50% of children aged 5-14) are in multi-dimensional poverty, experiencing, on average, five simultaneous deprivations out of eight.**
- **Only 30% of girls have access to education and only 8% of girls in Afghanistan are enrolled in secondary education.**

Being born an Afghan girl



For a child born in Afghanistan, the odds are against achieving life in all its fullness, especially if that child is a girl. WVA has proven programmes making a real difference to the lives of children against these tragic odds.

Landscape Analysis

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. According to OCHA, two of the five provinces in Afghanistan with the highest level of humanitarian need are Badghis and Ghor. WVA is one of the few NGOs active in these provinces.

The following information is primarily from recent UNDP, World Bank, OCHA, UNICEF reports, and the government of Afghanistan's National Risk and Vulnerability Assessment.²

Poverty/Livelihoods

- 3.2 million children (50% of children aged 5-14) are in multi-dimensional poverty, experiencing, on average, five simultaneous deprivations out of eight.
- 40-59% of the population lives on less than \$2 a day.
- Afghanistan ranks 164th out of 189 economies.
- 36% of the population is below the poverty line and more than 50% of the population is vulnerable to descending into poverty.
- 2.2 million people are very food insecure, while a further 8.0 million are food insecure.
- Only 12 percent of Afghanistan's 65 million hectares of land area is arable, and the actual cultivated area is substantially less, due to a lack of irrigation. Afghanistan imports between 30-60% of its cereals annually.

Health

- Life expectancy in Afghanistan for both men and women is 64 years at birth.
- Infant mortality is the highest in the region (74/1000 live births).
- Under five mortality is the highest in the region, and one of the highest in the world (102/1000 live births). One in five children born in Afghanistan will not survive to their 5th birthday. Major causes: 29% diarrhea and 26% pneumonia.
- Stunting affects 41% of children under five – also one of the highest in the world, and 9.5% are severely underweight.

² It must be noted that such nationally averaged statistics are skewed by far better services available in major population centers. Such services are non-existent, or at much lower quality and accessibility in rural/remote areas where WVA works.

- Less than one third of children aged 12-23 months are fully immunized.
- Maternal mortality is 327 per 100,000 mothers who have a live birth. Only 30% of deliveries are assisted by skilled birth attendants in the poorest quarter of the population.

Education

- Net primary school enrolment is 46% for girls, 74% for boys. An estimated four million children of primary school age do not attend classes. Even for students who attend classes, the level and quality of education remain low and achievement remains unsatisfactory, especially in the early grades.
- Only 30% of girls have access to education and only 8% of girls in Afghanistan are enrolled in secondary education.
- There is almost total absence of pre-school education opportunities for Afghan children. Only 3-5% of households have learning materials at home, and only around 50% have play things.
- In rural areas, 90% of women cannot read or write. The high level of illiteracy among rural adults remains an obstacle to children having improved access and retention in schools, and often causes misunderstandings about the value of education, especially for girls.
- Of the total 16,000 registered schools in the country, only about half of them have proper buildings while the rest operate in tents, houses and under trees. Of all the teachers, only 52% meet the minimum requirements of becoming a teacher.

Protection

- The number of civilians killed or injured in the first six months of 2013 rose by 23% compared to the same period in 2012; deaths and injuries to women and children increased by 38%. During the third quarter of 2013 an average of two children were killed and three sustained injuries each day due to conflict.
- In 2013, UNHCR reported 91,880 conflict-induced displaced families (590,184 individuals) countrywide. Of this figure, approximately 44 per cent were girls and boys.
- There are 750 thousand child laborers, and 13% of children aged 6-17 are involved in labour that is damaging for their health and development.
- 74% of children aged 2-14 experience violent discipline (psychological aggression or physical punishment).
- Afghanistan has a gender inequality index ranking of 147 out of 148 countries.
- An estimated one in three Afghan women experience physical, psychological or sexual violence. 92% of women believe men are justified in using physical violence against them for any reason whatsoever.
- The Afghan Independent Human Rights Commission (AIHRC) and UNIFEM estimate that 57% of girls are married before the legal age of 16. The AIHRC estimates that 60-80% of all marriages are forced.
- 379,000 women currently at the age of 20-24 (4 in 10) were child brides.

Security

In the past strategy period, WVA made great strides in developing its security systems and management capacity. Our Security Manager and team, with the assistance of security advisors in the MEER region have worked hard to ensure the safety of our staff and assets, to the point where we have one of the best security protocols and highest levels of assessment capability among all other INGOs in the country.

Afghanistan continues to suffer from a decades long violent armed conflict. Taking into consideration the probability of becoming “collateral damage,” due to the unpredictable asymmetric nature of armed confrontation and conflict-related violent criminal activities, WVA is compelled to avoid presence in Eastern, Central, and Southern Afghanistan. It therefore concentrates its humanitarian efforts in the more security permissive environment of the Western provinces (Herat, Ghor and

Badghis), where with appropriate intentional security management measures WVA may operate within an “Acceptable Risk” threshold.

The WVA Security Department continuously monitors WVA’s operational environment for changes in security conditions, and security risk management actions are taken as necessary in the event of any defined trigger points being reached.

WVA continues to follow the Community Acceptance approach as local communities play a vital security role within the WVA operating areas. Projects are designed based on viable needs assessment of the local communities. Local communities have active participation in WVA programs. Security Risk Assessments (SRA) are conducted to ensure that after implementation of necessary protection measures, WVA’s image and profile are adjusted to the operational environment.

WVA maintains good level of community acceptance while implementing child programming. However, in order not to attract insurgent and criminal group’s targeting through inappropriate profile management, WVA is compelled to avoid perceived or actual association with any side of the conflict and therefore maintains a “Low Profile” (outwards signs of foreign government affiliations, wealth, armed escorting, branding, mass distributions, etc.).

Regarding the post FY14 security situation, Afghanistan suffered due to its prolonged presidential election process that started in April 2014. Alleged “Electoral Fraud” led to the long continuation of that process, and Afghanistan only recently has a new President. This situation negatively affected the security, political and economic sectors of the country. With the intervention of the United States, the two candidates (Abdullah and Ghani) recently agreed to form a “national unity” government and a power sharing system. With a new president now in place, and the fact that the new government quickly signed the agreement to allow a limited presence of international military personnel in the country, there has been a growing optimism among most Afghans that a brighter future is upon the horizon. This is an encouraging development, but Afghanistan is a very complex environment in terms of security and political structure and no one really knows how the post FY14 situation will present itself.

Furthermore, different scenarios could occur in different parts of Afghanistan simultaneously. For example, WVA is operational in the western region which has benefited from increased stability as compared to other parts of the country. Thus our geographical position may act as a buffer against some of the negative scenarios that could occur in other parts of the country and buy WVA some time to determine how to respond to any changes.

Should the security situation deteriorate significantly it could lead to a number of organizational risks at a strategic level. These could result in the restriction of programming or closure of WVA offices due to the fact that parties involved in the conflict may not understand WVA as a neutral NGO and thus put us at risk.

However, what is important to remember is that Afghanistan has nearly 30 million people who have been devastated by 33 years of conflict, and they should not be abandoned. WVA’s commitment to vulnerable communities, and particularly the children of Afghanistan, will not waiver. Therefore, we will continue to implement our strategy taking into account results of our ongoing security assessments and mitigation, and advocate on behalf of the people of Afghanistan as long as we are able to work here.

Working Areas

Afghanistan has seven Administrative Regions and 34 provinces. WVA’s operational focus is upon the Western Region, of which Herat city is the capital. In FY15-17, WVA will continue to carry out programming in the three provinces of Herat, Badghis and Ghor where we are currently operational in 21 of the 33 administrative divisions / districts (see Attachment I). In nine of those districts WVA staff are directly involved, whereas in the other twelve districts implementation is carried out exclusively by our partners.

However, it is planned that during this strategy period WVA will carry out a feasibility/security assessment to determine potential expansion into additional districts within the three provinces where we currently work, and also within one additional province in the western region. It is

paramount to emphasize that any such expansion would only occur if it is determined safe to do so, and if technical and operational support from the National Office can be effectively maintained.

Statistics in Afghanistan are patchy, but available indicators show that two of the three current WVA target provinces, Badghis and Ghor, are among the poorest in Afghanistan, with children at extreme risk from the main threats to health and life: malnutrition, neonatal causes and infectious diseases. They are also provinces that continue to be less well served by other NGOs. In Herat province, outside the city of Herat, conditions are much the same.

The majority of communities in the western provinces where WVA operates are Dari-speaking (i.e. non-Pashtun). However, we do operate in Pashtun villages as well, and among the nomadic Kochi population. It is vital that WVA not only be seen as a politically neutral organization, but also that we do not favor certain ethnic groups above others.

WVA's national office is located in Herat city, the capital of the Western Region. In each province where we work there is a zonal office located in the provincial center. WVA also maintains a much needed liaison and logistical support office in Kabul, the capital city of Afghanistan. Among a variety of tasks, the office is responsible for supporting international travelers coming to the country, submitting and receiving documentation related to government entities, and arranging key meetings for national and zonal office staff, and for visitors.

International Aid and Donor Opportunities

In early 2014 The European Network of NGOs in Afghanistan (ENNA) published a report in which they provided a forecast of the post 2014 funding situation for I/NGOs:

“The availability of funding in Afghanistan will most likely decrease and international agencies will increasingly channel funding through UN agencies, the World Bank, or the Afghan Government. Spending through the various entities of the United Nations and the World Bank is the preferred option and justifiable in home countries where fewer questions will be asked by domestic politicians or the citizenry that might have become alerted to development projects having been funded directly by their government. Channeling funds through the Afghan Government will present new, and as yet unknown, challenges for I/NGOs and the donors alike. Less availability of funds in general is also likely to lead to more competition among NGOs with the likelihood of diminished coordination and collaboration among I/NGOs.

There is diminishing donor interest in Afghanistan and commitments by some international actors are not guaranteed. With the withdrawal of international military forces, donor aid (US funds especially) will continue to go to US private contractors, shrinking resources for NGOs. Over the past two or three years, looking at USAID Requests For Proposals (RFPs), reveals that very little is geared towards NGOs directly, though all such RFPs call for US contractors working with Afghan national firms and NGOs. Regardless, most of the funds from the United States are likely to be absorbed by international, for-profit development businesses.

Some donors have reduced or stopped providing development funds for insecure areas such as the south and the east of the country, partly because access has become more difficult due to a deterioration of security. There has been a shift toward the north and the west, mostly in Herat, as more secure areas. This approach worsens the already dire situation in some of the most neglected areas.”

It must be stated that this scenario does not imply a massive reduction in international aid to Afghanistan. As per World Bank statistics Afghanistan remains highly aid dependent, with international assistance having equaled an estimated 47% of GDP in 2012. So where will all this aid money be going post 2014? The largest amount earmarked for direct humanitarian assistance is given to the Afghanistan Reconstruction Trust Fund (ARTF) managed by the World Bank. Total contributions to the ARTF stand at US\$6.93 billion from 33 donors. The ARTF does not fund NGOs directly, but rather NGOs can compete to be contracted service providers on behalf of government ministries. Although theoretically this may provide an opportunity for WVA, the system is rife with challenges. The primary challenge faced in the western region as per our experience is

that the money given by donors to ministries in Kabul does not easily make its way to provinces in the west. One clear example of this is that in the past year the Ministry of Health's national budget was underspent by 40%, and yet we were approached by the Department of Public Health in Herat asking if we could assist them in paying their electricity hook-up bill for a new training center we had constructed for them with Japan Platform funding. The reason stated for their request? Lack of funding from the Ministry.

Where does the above forecast position WVA regarding potential funding sources in this new strategy period? We know there will be ongoing opportunities; we also know it will become more competitive to win grants. In the past strategy period the bulk of our funding came from the US, Australian, and Canadian governments. We do not envision much, if any, funding coming from the US government in the new strategy period. The primary reason is that it poses significant security concerns for us. Massive aid reductions carried out by the new government in Australia has already severely impacted us, resulting in the loss of a large project grant that WV Australia had assured us we would win. However, Canadian funding remains a strong potential source for us, especially related to MCHN programming in which we excel.

Regarding WV SOs that have been committed to supporting WVA in the past strategy period, we are encouraged to hear of their desire to continue doing so in FY15-17:

WV Canada: "Afghanistan remains a high priority non-sponsorship country for WVC, and we look forward to participating in the Strategy development process."

WV Japan: "We expect the relationship between WVAFG and WVJ maintains the same level of engagement as FY13-14"

WV Australia: "We will remain strongly engaged and plan to expand in the Middle East and the Central Asian countries of Afghanistan and Pakistan"

WV UK: "We would like to engage in a deeper partnership with Afghanistan, in addition to the existing priority NOs of Pakistan, Albania and Armenia"

Absent from the list above, one other SO that has committed ongoing support is WV Korea who has been actively involved in our early childhood education programming, emergency response, and now, our Herat Street Children's Center as well. WV New Zealand has recently reached out to us to explore ways in which they can get involved in our programming and discussions have taken place regarding a representative visiting us in the second quarter of FY15.

Our grant acquisition strategy for FY15-17 will include a continuation of our current effort to identify new donor opportunities, especially among European countries. We are already initiating contact with the EU, France, ECHO, and SIDA (Sweden). We will also further cultivate our relationship with the WV Asian SOs, with whom we feel a particular affinity. Already prepared concepts/proposals are being circulated among these donors and SOs in preparation to respond to RFPs coming in the next six months.

We have just completed the arduous registration process with OCHA and we hope opportunities will soon be opening up for us to partner with them in the western region. We have also been approached recently by UNFPA to respond to a call coming soon to partner with them in providing birth related support to women in remote areas of the western region.

More information regarding our approach to funding is found in the last section of this strategy document titled "Funding Model."

FY15-17 Country Strategy

Goal: Improved survival and well-being of Afghan girls and boys, building the foundations for a better future for them, their families, and their communities

Responding to the urgent needs of most vulnerable children, our focus is:

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

Key Objectives:

1. At least 300,000 children under five years old and 60,000 mothers of child bearing age will be better protected from illness, malnutrition and death through WVA MCHN programming.
2. At least 60,000 children under eleven years old will have improved access to enriched basic education and life skills development through WVA education programming.
3. At least 35,000 vulnerable families (70,000 adults, 175,000 children) will have improved means to increase household assets through WVA livelihoods programming.
4. At least two national or regional/provincial government policies or strategies will be changed, developed or influenced in support of improving child well-being in each program sector as a result of WVA's advocacy efforts.

Through the key objectives listed above, WVA will address the following World Vision CWB aspirations as our priority:

- Increase in mothers and children who access essential health services
- Increase in children who are well-nourished (ages 0-5)
- Increase in children protected from infection and disease (ages 0-5)
- Increase in children who can read by age 11
- Increase in children's experience of well-being

WVA has established excellent relations with the communities and government agencies in Herat, Ghor and Badghis provinces during the last 10 years. WVA has been able to address critical needs and impact the lives of thousands of children and their families in health, education and livelihoods. The quality of WVA's Afghan staff is key to its success and thanks to their commitment and loyalty WVA is perceived by communities as neutral, transparent and that it delivers as promised.

It is sometimes assumed that in fragile contexts a community-based approach is difficult or impossible, due to the short-term nature of most grant funding and the need always to be ready for temporary withdrawal due to security risks. However, WVA has shown that by maintaining a community focused mind-set, a grant-funded programme supplemented with some flexible private non-sponsorship funding can be shaped into a long-term, multi-sectorial presence. By involving community members, leaders and local organizations, actions can be sufficiently owned by and rooted in the community so as to be maintained even in WVA's absence.

WVA has signed MoUs with various national and provincial governmental ministries and departments, so that WVA's relations with the government are set on a solid legal footing that is clear and unambiguous. This is in contrast with many other INGOs who minimize such involvement due to the challenges in doing so. A key element of this strategy is to continue a modest presence in Kabul in order to build relationships with central government departments for policy influence, network more effectively with donors and other agencies, and pursue local grant funding opportunities.

WVA is intentionally working on integrating all its relief, rehabilitation and development activities within a single programme model in each zone. The typical WV ARP/AIP model is not considered realistic given the multi-grant nature of WVA's operations in each zone and lack of sponsorship core funding. This move toward a zonal program model has already begun. A draft program strategic and operational plan for Badghis province is near completion and costs for designated zonal personnel have been included in WVA's FY15 budget. After the model has been implemented there, the other two provinces will also follow suit within this strategy period, assuming sufficient core funds will be available to do so.

Health Programme Strategy:

WV's most distinctive role in Western Afghanistan is in the field of healthcare. World Vision is the leading organization for conducting ongoing trainings of Afghan midwives, who are critical players in helping to lower the rate of infant and maternal mortality within Afghanistan. Statistics from WV's

midwifery training project in Ghor show that 85% of government health centres in Ghor now have skilled midwives, all of whom are WVA graduates.

WVA also plays a leading role in mother-child health, and nutrition care in our three targeted provinces (Herat, Ghor and Badghis). WVA is also the leading NGO in western Afghanistan in serving the most vulnerable population in urban and semi urban areas (Street children, IDUs, people living with HIV/AIDS, and other high risk groups).

Leveraging these strengths and well-established relationships, and recognizing maternal and child health as one of the most urgent needs in Afghanistan, health will continue to be WVA's largest sector in this new strategy period.

Afghanistan has some of the highest maternal mortality and child stunting rates in the world. Because of this WVA interventions will focus on the following issues:

- Access to health and nutrition care for children and mothers
- Increased access to skilled birth attendants
- Improved family health knowledge and practices

This will be done in close collaboration with the Ministry of Public Health (MoPH), primarily through skills transfer and influencing health policies and practices, as well as direct community level interventions. WVA's efforts will complement and strengthen the Basic Package of Health Services (BPHS) which is the foundational framework of the Afghan health system and covers all levels of primary health care (PHC), including Community health Workers (CHW), health posts, basic health centres, and district hospitals. Much of the actual delivery of the BPHS is through NGOs, and where appropriate WVA will work with BPHS implementers as local partners.

The top three causes of under five mortality in Afghanistan are neonatal causes, pneumonia, and diarrhea, and these will be priorities in the health strategy. Neonatal mortality will be addressed through increased access to skilled birth attendants and refresher courses for midwives and nurses. Pneumonia and diarrhea will be addressed through improved health knowledge and practices, increased access to health services, and WASH activities, especially safe drinking water and construction of improved ventilated pit latrines. WASH will be an area of particular focus and expansion in the coming strategy period.

Malnutrition and poor health have lasting impacts on children, especially those that have heightened vulnerability brought on by a fragile context such as Afghanistan. To combat malnutrition at the community level WVA will focus on promotion of Infant and Young Child Feeding practices, Timed Targeted Counseling, and Community Growth Monitoring and Promotion (CGMP). At the health facility level WVA will expand the coverage of Baby Friendly Hospital Initiative (BFHI), Integrated Management of Acute Malnutrition (IMAM) and Growth Monitoring Promotion (GMP). Nutrition will also be addressed in close cooperation with the livelihoods sector, drawing on studies showing the effectiveness of food-based nutrition approaches as well as expanding integrated management of acute malnutrition.

In Afghanistan WVA has pioneered mHealth, using mobile phones to improve health education, report community health data, and enable emergency calls/referrals within remote areas. In the new strategy period WVA will build on our mHealth success and endeavor to scale it up to the national level through collaboration with the MoPH and other partners.

Education Programme Strategy:

World Vision currently runs two education projects: Youth Economic Livelihoods and Literacy, which delivers literacy and vocational training to young people in Badghis province, and Early Childhood Care and Development Spaces (ECCD), a school readiness program operating in both Badghis and Ghor provinces. The ECCD project also has a component in which the attendant caregivers learn how to keep their children healthy through health and hygiene trainings.

A recent evaluation of the ECCD project funded by Australia demonstrates not only the success of what has been done to date, but also the great potential this approach has for scale up. Much of WVA's education focus during this new strategy period will be to build on our experience with

ECCD and the best practices that have emerged from it. However, we will not restrict ourselves to the ECCD model alone.

Among the three program focus areas of health, education and livelihoods, education is where we want to invest heavily to create better balance between all three. It is also the area where we have the least amount of technical and program capacity. Because of this we have hired an expatriate child education specialist who will lead the program expansion effort, beginning with a full situation analysis in the first quarter of FY15 and the development of a long term strategy and technical approach by the end of the year. As mentioned above, the proven ECCD model will be a core element within the expansion, but other strategic opportunities also present themselves for improving child education, especially for girls. Accelerated learning is such an opportunity and we have some successful experience in doing that through our Herat Street Children Center.

The child education specialist at the Global Center has approached us to pilot the new Learning Roots model in Afghanistan and will be coming to visit us in November FY15 to advance that discussion. Go Baby Go (GBG) is another model we are planning to introduce, integrating psycho/social development with our health programming. Discussions are at the moment underway with both the MEER region and the Global center for piloting GBG in Afghanistan.

Livelihoods Programme Strategy:

WVA is currently implementing four projects that are specific to livelihoods in Badghis and Ghor, mainly focusing upon agriculture. Our largest multi-province health nutrition project also has a livelihoods component. These activities primarily consist of capacity building for farming households to increase and diversify agricultural production, but also include a focus on landless people and those with very limited crop production opportunities such as women headed households. Environmental conservation and natural resource management is also included as a strategic component.

The FY15-17 strategy will continue to build upon our current approaches, including:

- Interventions for conserving natural resources while increasing income
- Interventions for improving women's livelihoods
- Interventions to improve agricultural techniques and access to markets
- Interventions to improve nutrition through agriculture products

Key elements of the livelihoods strategy for the future are:

- All agriculture projects will consider sustainability issues (e.g. land conservation, natural resource management, and training of young farmers); this is important to address the extreme vulnerability of Afghanistan to climate change and environmental degradation.
- Community members will play a larger role in project design and monitoring, and take greater ownership in implementation.
- Agriculture projects will primarily use value-chain analysis to ensure that they holistically meet community needs (i.e. interventions will be designed for production to processing to marketing steps).
- Food-based nutrition approaches will be used in close cooperation with the health sector.

In urban areas, non-agricultural livelihoods interventions will be included, but the main focus will be upon agricultural production in rural areas.

Cross Cutting Themes

Protection for children and women

WVA is committed to both sensitization and accountability regarding child protection. During this strategy period all WVA staff will have received child protection training. The WV Channels of Hope (CoH) child protection module adapted for Islamic contexts will be implemented within the communities where WVA carries out programming. WVA will also partner with the government's

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Child Protection Action Network (CPAN) to pilot community based mechanisms for child protection, in particular the formation of community child protection committees. In addition, a system for reporting incidents related to child protection infringement will be adopted throughout WVA's operations.

As previously stated, an estimated one in three Afghan women experience physical, psychological or sexual violence. 92% of women believe men are justified in using physical violence against them for any reason whatsoever. In this new strategy period, WVA will collaborate with provincial Departments of Women's Affairs (DoWA) to reduce such incidents and address underlying beliefs and attitudes that lead to them. Related to domestic violence, delivering the WV Celebrating Families module will be a key element within our approach, as will be establishing a community based mechanism that connects at risk and victimized women with DoWA at the district level.

Faith and Development

Within the communities WVA serves, there are prevailing social power structures, cultural attitudes and behaviors that negatively impact children and other members of the society. This leads to their marginalization, vulnerability to harm, and exclusion from equitable civic engagement and access to benefits from various government and non-government development efforts. This is obvious in examples such as education for girls, early or forced marriage, the general plight of women, and prejudiced attitudes against certain minority and ethnic groups.

And yet within Islam, there are core values shared by World Vision that speak against such adverse structures, attitudes, behaviors, and promote their opposites. Community faith and civic leaders by and large are not aware of these values, but rather pass from generation to generation culture/tradition influenced dogma or religious text misinterpretations that are actually in conflict with their own faith.

The WV curricula and processes such as Celebrating Families (CF), CoH, and Community Change (CC) that have been developed for, or are appropriate to use in Islamic contexts, provide WVA a strategic opportunity to engage in this much needed social change and thereby increase the well-being of children and of other vulnerable people in this country. Over this strategy period WVA intends to roll out these WV tools across all our community based projects through the support of WV US's CC Reserve Fund and WV regional/global specialists.

Strengthening Civil Society

Working with and through partners is a strategic choice in alignment with global WV development practices, to promote sustainability and build social capital. Working with partners also contributes to mitigating security risk, enabling WVA to extend its impact into areas that are considered to be at a risk level unallowable for our staff as per WV's security protocols.

WVA has a long history of partnership at various levels. At the national and provincial level we have developed strong working relationships with the various government line agencies we interact with and with whom we have standing MOUs. These relationships enable our legal framework for operating in Afghanistan, but also to collaborate with government in project implementation. They provide us opportunity to engage in capacity development activities for government staff, and to advocate for policy and strategy changes/developments that are in the best interest of vulnerable Afghan children and their families. In this strategy period continued effort will be made to grow and nurture these relationships.

Over the years WVA has partnered with national NGOs who work in our target areas, but there have been constraints to doing so. The primary challenge is that there are a very limited number of national NGOs in the Western Region, especially in the remote rural communities in which we work. Among them is even a smaller number of such agencies we feel able to work with, either because many do not have technical or organizational capacity that would ease the minds of our donors and meet WV criteria, or else they have a reputation that would be of discredit to WVA in the eyes of the communities and others stakeholders we engage with. With this in mind, over this strategy period WVA will itself seek to nurture the creation and/or increase the capacity of a few

local NGO's by people in whom we have both trust and confidence, be they current or former WVA staff, or other individuals we have worked or had dealings with.

However, the primary partnership WVA will continue to heavily engage in over the coming years will be at the civil society level within the communities where we serve. This involves the informal traditional structures such as Shuras (village elders) and religious leaders, whom for many generations have governed Afghan village society. But, it will also involve more formal entities such as Community Development Councils (CDC) which is the national government's recognized structure for planning and implementing development efforts within the villages. School Management Committees is another such structure, as are Family Health Action Groups. WVA will engage these and other such community based civil society groups through capacity development, collaborative planning, and joint implementation. A key tool for doing this will be WV's Community Change Model and process. Such a community based approach represents in our minds the most sustainable investment we can make in civil society development, and therefore it will be a foundational element in all our community based programming.

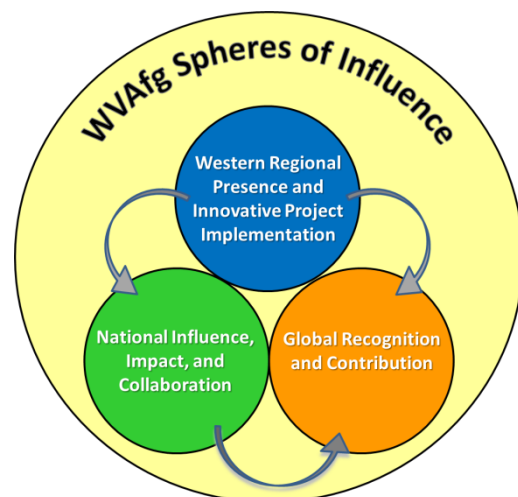
Advocacy

WVA's approach to Advocacy will seek to address two different areas: systems and structures within the country, and broader engagement, analysis and communication in cooperation with SOs and others to seek leverage points with governments and donors. In both cases, the goal is to influence policy change and strategy development in favor of the needs of children and their families.

Advocacy for changes within the country will occur in each of our program sectors: health, education, and livelihoods with the intention of achieving at least two systemic changes for improved child well-being in each sector within the coming three year period. Advocacy outside the country will primarily take place within the WV partnership with the intent of providing knowledge and information that can guide efforts to leverage support for WV's work in Afghanistan and for the country generally. However, our intent is also to contribute to the partnership from our own experience and the innovative models and approaches we can give evidence for.

This effort will be guided by what we consider to be our three key spheres of influence as illustrated in this diagram.

Each program sector will develop a three year strategy and first year action plan to engage in advocacy within each sphere. Our advocacy efforts will spring forth in a progressive manner from the innovative programming we carry out in our community working areas. Lessons learned, best practices, strategic issues identified, evidence based demonstration models which have scale up potential will provide the rationale behind what we advocate for at all levels identified in the diagram. This includes advocating for further collaboration within the WV partnership and among other agencies in Afghanistan: governmental and non-governmental.



This approach to Advocacy has already begun within our health program sector. In September 2014 a specialist from the MEER region came to work with our health staff to build upon and complete the work they have started to produce their three year strategic plan and first year action plan. For both the education and livelihoods sectors, a similar process will be followed in the coming year.

It is our firm belief that in this context the most effective advocacy of the kind we intend – that which is given birth through our programming, is best done by our senior practitioners themselves. In this strategy period we will develop and draw upon the technical capacity needed to support them and to give them a voice. Our liaison and representation function in Kabul will be a key support for this engagement. It will facilitate relationship building at national level with government, donors, and international agencies. Our communications officer will play a key role with the RO and SOs on identifying opportunities for international contribution and influence. Specialists in the MEER region will be called upon to provide needed technical assistance.

New Strategic Initiatives

Urban Programming

For almost 10 years, WVA has been working with vulnerable people in Herat city where our national office is located. This has been done through our STIs & HIV/AIDS Prevention and Education project (SHAPE) and our Street Children Center. In the SHAPE project, WVA has provided services to people who engage in high-risk activities, such as unsafe sex and using dirty needles, and has trained local authorities about STIs & HIV/AIDS while encouraging them to not discriminate against people who engage in high-risk activities or have HIV/AIDS. In its Street Children Center project, WVA has taught street children through an accelerated education curriculum, where they completed two grades in one year. The children have also received free healthcare, individual and group counseling, and a daily healthy meal. Both projects provided some training for income generating activities for adults and caregivers. From this involvement, WVA has seen first-hand the needs and challenges of people in extreme poverty and those who engage in high-risk activities in urban Herat.

Both these projects have been extended beyond 2014 through the generous support of WV Australia and WV Korea, thereby enabling us to continue working with vulnerable groups in Herat city during this new strategy period. In addition, at the time this new strategy is being finalized, we have applied to the EU for a large grant that presents us the opportunity to focus on returnee Afghan refugees from Iran and internally displaced people who settle in Herat.

In this new strategy period we would like to create a coherent and integrated urban program that addresses the health, psychological, educational, and economic needs of vulnerable people in the city. A situation and needs assessment for this will be conducted in 2015.

WVA envisions the program would contain:

1. Health services and health trainings to learn how to protect oneself from disease.
2. Education opportunities to help street children to enter school, remedial education for children struggling in their studies, and literacy & numeracy trainings for adults, especially women.
3. Counseling services for children and their caregivers in individual and group sessions. For children, activities would include life skills training and child friendly spaces where children have a safe and creative environment to interact and learn. For caregivers, counseling services would include Celebrating Families, a program that encourages families to forgive past wrongs and work together to create a stronger family.
4. Income generating activities and vocational trainings for young adults and caregivers to gain steady jobs.
5. Resilience building activities to help families cope with traumatic events.
6. Trainings with community and religious leaders, local authorities, and others on child protection, child rights, and non-discrimination toward vulnerable people.

WVA will pilot urban programming in Herat, but with the intent to build upon that experience and learning by later extending it to the provincial centers of Badghis and Ghor if it proves feasible and there is potential to do so.

HEA

Previously the main emphasis of HEA within WVA was upon disaster risk reduction (DRR), with occasional response to climate related emergencies within our working areas. Although DRR will continue to be a focus throughout our community based programming, as will building community and family resilience, current projections indicate that climate related emergencies will increase significantly in the coming years. Already there have been two emergencies in Badghis in the past six months. Our experience demonstrates that we need to better develop our response capability and invest in pre-positioning to enable us to act quickly in the event of Category I and II emergencies

within our operating areas. To achieve this, a specific HEA unit was recently created within our structure with a designated HEA Officer. In our FY15 budget a small (\$100,000) emergency rapid response fund was also established. Given security concerns and logistical capacity, WVA does not intend to directly respond to emergencies outside our program operating areas in the western region.

Natural Resource Development and Management

Although WVA emphasizes soil and water conservation in its livelihoods activities, during this strategy period a concerted effort will be made to focus more extensively upon issues related to natural resource development and management. A major need is to both develop and protect sources of clean drinking water, and also water for irrigation and livestock. Because vast areas in the provinces where we work have been deforested over the centuries, attention is needed to promote foliage regeneration and the planting of drought resistant trees. Improved animal grazing patterns that reduce over-grazing need to be established, as well as introducing more productive grasses and other fodder sources.

Organizational Choices

Inter-Agency Collaboration

WVA is currently involved in two grant funded consortiums with other INGOs in Afghanistan, one related to our MUNCH project and the other related to AACRS. In this strategy period we will seek to expand such collaboration. This intention is strategic for us on at least three levels:

- 1. It makes it possible to expand our impact and extend our reach beyond the Western region.** WVA has proven approaches and innovative methodologies that have potential on a national scale. One example is community based mHealth which we have pioneered in the Western region and as far as we have been able to assess, no one else in the country has the experience and technical capability to do what we have done. An initial discussion with other agencies in Kabul sparked much interest and openness to collaboration was expressed, especially by the Agha Khan Foundation.
- 2. It positions us with greater leverage to apply for larger grant awards.** Because we are not a large organization operating in Afghanistan, there are grants that become available that are beyond our capacity to manage and implement on our own. Collaboration with other like-minded organizations would make this possible. It is also true that various donors are encouraging or requiring that those applying for grants do so in collaboration with other agencies.
- 3. Greater opportunity for shared learning.** There are only a handful of INGOs operating in the western region. In Badghis province WVA is the only one. Collaborative partnerships with other INGOs in the country provide us opportunity to both share our knowledge and experience and thus have greater impact, but also to learn from others so that we can improve the quality of our work and offer additional assistance to our communities.

Evidence Based Quality and Accountability

Although WVA experiences the challenge of engaging the various design, monitoring and evaluation systems, expectations, and mandates of its multiple donors, adhering to WV LEAP standards will remain our standard operating procedure. WVA has just begun implementing Horizon 3 and has in place a designated national program officer for that purpose. This initiative demonstrates our commitment, not only to align with WV's intention for standardization, but to our determination to adopt evidence based practices for WVA's own program quality purposes. A particular element we will want to explore in FY15-17 is the Lives Saved Tool (LiST), a computer model that estimates the mortality and stillbirth impact of scaling up proven maternal and child health interventions.

Over the past year our approach to project evaluation has moved us toward a more balanced blend of quantitative and qualitative analysis and reporting. We have already gained much from focusing

not only on accomplishments, but also upon lessons learned that can be applied to future programming, and to potential scale up in particular. Related to this is our own felt need to invest more in evaluating program impact and sustainability, and not only output. Key to this is investing seriously in quality baseline assessments and careful indicator selection in project designs. In this strategy period we will devote more attention to this and seek technical assistance and tools that will enable us to provide evidence related to both end of project and post-project change.

Comprehensive Situation Analysis

Because WVA is a fully grant funded office with multiple grants that are sector specific, we have tended to be myopic and segmented in our approach to situation analysis, addressing only areas that are specific to certain projects. As we move further toward an integrated program approach over the next few years, we intend to do a comprehensive situation analysis within each of the three provinces, focusing in depth upon our three sectors of health, education, and livelihoods. At a more macro level we will also conduct national landscape analysis for each sector to ensure we are aware of and learning from both government and non-government initiatives in other parts of the country. This effort will greatly aid us as we carry out long term zonal planning, targeted grant acquisition, and better position us for winning larger grants and exploring collaboration with other agencies.

Staff Care

To the credit of WVA's P&C Senior Manager and team, much has been done in the past strategy period to develop and implement a host of HR policies, procedures and systems, as well as to influence significant improvement in life/work balance amongst our staff. In this new strategy period we will give strong attention to developing our capacity to provide additional staff care. Recently an officer position was created to lead this initiative, and a current P&C staff member was appointed to it. With the assistance of MEER region P&C specialists we will develop this person's capacity in the coming year, to not just manage care systems, but to also provide counseling to our national staff.

Another initiative we have taken is to create a position reporting to the National Director that includes a clear focus on representing issues and concerns related to our female staff throughout the organization. This person will also work in collaboration with P&C in developing a plan for enabling women to have more opportunities and a greater role in WVA, including at the leadership level.

Funding Projections and Model

The average annual income for the previous FY12-14 strategy period was USD 12.5 million per year. Projected income for FY15, as per current committed funding is also USD 12.5 million, although that will increase assuming new grants are won. Our target is to reach USD 15.5 million per year by the end of this new strategy period, representing 25% growth.

Afghanistan is not a suitable context for child sponsorship; therefore our funding will continue to be dependent upon donor project grants. During implementation of the FY12-14 strategy, the funding portfolio was significantly diversified and currently six WV SOs are involved. In the new strategy period, the target is to have a minimum of five SOs active in Afghanistan, with no more than 40% of total funding coming from a single one.

WVA will continue to actively pursue grants from donors whose aims in Afghanistan are compatible with our strategy and values. The EU is one such donor we intend to seek partnership with. We just submitted a concept note to the EU for a large grant focused upon Afghan refugees who return from Iran and Internally Displaced People (IDPs) who have settled in Herat. We will also soon have discussions with EU representatives in Kabul regarding several other project proposals that fit their priority sectors in order to pre-position ourselves for RFPs that will be released in the near future.

As mentioned previously, our GAM strategy will be biased toward larger grants, but smaller grants will be sought to enable us to initiate and innovative pilot approaches that can later position us for scale-up, and to also provide bridge funding where needed. To enable us to continue aggressively seeking new funding we will seek additional grant writing support from within the partnership in the coming months, and in FY15 we will recruit an additional expatriate GAM specialist.

At the end of 2014 WVA will complete what has been our current largest project – the USDA project. Even though over the past nine months there has been a strong effort to win new grants, our success in that has not been sufficient to maintain the level of funding we had over the past several years into FY15. As a result WVA will need significant bridging support from the Fragile Context States Fund (FCSF) to enable us to continue our momentum and position us to win more grants in the coming year. Our hope is that an additional mechanism to provide core funding to Fragile States like ours that are fully grant dependent will emerge within WV, but until that happens, the FCSF is the only source available to us.

Having said that, WVA is beginning to talk with several SOs to engage with us in developing creative and targeted fund raising campaigns specific to Afghanistan. We are currently working hard at developing communication tools that can aid such an effort. We are hoping these SOs will be willing to try this approach, which is something new for us. We are also working with the regional office finance department to revise grant budgets to make more costs allowable according to donor regulations, and thereby stepping further away from the old CAM rate strategy.

What has been presented in this document is not just a strategic plan. It is the heart-felt intention of all World Vision Afghanistan staff, national and expatriate, who have contributed to it, and without whom none of it would be possible to achieve. It is a vision, born out of our hope and passion to see a better future for this country's children. For their sake, may God who is merciful and compassionate grant us the grace, capacity, and courage to see it come to pass.

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Badghis province – Badghis is an isolated province located northeast of Herat. The province is particularly prone to droughts as 85% of agriculture land is rain-fed; droughts occur every couple of years. Accordingly, most of WVA’s projects are focused on food security and livelihoods. There is much less education in the province, especially girls’ education, because there are so few female teachers. Most families will only allow their daughters to be taught by female teachers. Further, the baseline for a USG-funded project revealed about 20% of parents believed women only need basic literacy for life. Therefore, female literacy rates hover in the low single digits. WVA addresses this primarily through literacy programming, teacher training, and early childhood education.

Ghor province – Ghor lies to the east of Herat. It is a mountainous province with winters of extreme cold and much snow, which blocks access to most of the province for about four months every year. Tensions between tribal groups and the resultant fighting make most of the province insecure. The isolation and climate means communities have little access to health, education, and markets. WVA implements a variety of projects in Ghor: an agriculture livelihoods project, a health and nutrition project, and a water infrastructure disaster risk reduction project.