



World Vision Afghanistan

**USAID Title II Multi-Year Assistance Program
Health and Livelihoods Initiative in Ghor**



END OF PROJECT EVALUATION REPORT

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ACRONYMS

| | |
|-----------|--|
| Afs | Afghanis (Afghanistan currency) |
| AIDS | Acquired Immuno Deficiency Syndrome |
| ANC | Ante Natal Care |
| ANMA | Afghan National Disaster Management Authority |
| ARI | Acute Respiratory Infection |
| CGM | Community Growth Monitoring |
| CMAM | Community Management of Acute Malnutrition |
| ET | Evaluation Team |
| FANTA | Food and Nutrition Technical Assistance |
| FAO | Food and Agriculture Organization |
| FE | Final Evaluation |
| FFP | Food for Peace |
| FGD | Focus Group Discussion |
| FHH | Family Health House |
| HEALING | Health and Livelihood Initiative in Ghor |
| HBLSS | Home Based Life Saving Skills |
| HDDS | Household Dietary Diversity Score |
| HH | Household |
| HIV | Human Immuno Deficiency Virus |
| IRCA | Integrated Resiliency Continuum Approach |
| LOA | Life of Activity |
| MAIL | Ministry of Agriculture, Irrigation and Livelihood |
| MBL | Master Beneficiary List |
| MCHN | Maternal Child Health and Nutrition |
| MIHFP | Months of Inadequate Household Food Provisioning |
| MOPH | Ministry of Public Health |
| MRRD | Ministry of Rural Rehabilitation and Development |
| MUAC | Mid Upper Arm Circumference |
| MYAP | Multi Year Assistance Program |
| NGO | Non-Governmental Organization |
| PD Hearth | Positive Deviant Hearth |
| PLW | Pregnant and Lactating Women |
| PNC | Post Natal Care |
| SOW | Scope of Work |
| SPSS | Statistical Package for Social Sciences |
| STARS | Skills Training and Rehabilitation Society |
| TB | Tuberculosis |
| TFC | Therapeutic Feeding Center |
| USAID | United States Agency for International Development |
| USD | United States Dollars |
| WHO | World Health Organization |
| WFP | World Food Program |
| WVA | World Vision Afghanistan |

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SECTION 1: EXECUTIVE SUMMARY

In July 2011, World Vision Afghanistan (hereinafter WVA) and Nara Ghazarian (hereinafter the Consultant) signed a Vendor Agreement, for the purpose of conducting Final Evaluation (FE) of the Multi Year Assistance Program (MYAP).

This Final Evaluation (FE) Report follows the “Deliverables” under the Statement of Work (SOW, see *Attachment A*). It is structured to respond to the four main areas requested in the SOW: the MYAP Design, Implementation, Sustainability and Impact.

1.1. KEY FINDINGS of this Evaluation are as follows:

Appropriateness - The MYAP interventions were appropriate to meet the desired objectives: the program was a timely intervention in Ghor province, given the magnitude of need and challenges of well-being of the target population - Children Under 5, and pregnant and lactating women (PLWs). It promoted **food availability, access and utilization** (at a lesser extent) for thousands of beneficiary families through food distributions, new agricultural practices, health activities, coupled with knowledge, skills and new practices. MYAP combined direct food aid as temporary means to ensure food availability, with a variety of interventions to improve households’ access to food (gardens, wheat fields, tree planting) and utilization.

Integrated approach - The MYAP was designed to have a synergistic impact on a household (HH), to receive services from both Livelihood and Health components across target districts (except for food aid designed for Chagcharan only). This approach implied building linkages between various activities of Livelihood and Health in all target Districts, working with the same beneficiary population for a larger impact. The integrated approach worked in Chagcharan which constitutes 65% of the Program area. Given the coverage and achieved results, this approach was appropriate. The successes and shortfalls of this approach are discussed in later sections of the Report. However, this approach did not work across all target Districts due to multiple challenges in Ghor progress. Beneficiaries in four Districts did not receive this synergic effect, nor were linkages established between the two sectors.

Overall impact: At SOI level, the livelihood capacities of the target population have been moderately enhanced compared to the Baseline. There is an increase at *IR level* indicators:

- increased months of adequate food provisioning
- increased household income
- increased per capita food production
- increased household assets.

These indicators, however, fall short of the Life of Activity (LoA) targets. Nevertheless, these are positive changes that promoted food availability and access for the target population. Given that the Livelihood program was only implemented for two years in one District (Chagcharan), the year 2011 faced serious drought, and there were significant environmental,⁴

management constraints, the MYAP made positive shifts towards food security. Under the circumstances, this may be all that could realistically have been possible to achieve during a 3-year period.

* An important lesson learned under SO1 was to better combine and establish linkages between the activities aimed at increasing food access (increasing number of crops grown, vegetable gardens, etc.) and interventions that address utilization in order to gain improved nutrition: Secondly structured education and awareness for target beneficiaries on nutritional value of crops and food group proved useful. Demonstration fields and associated practical skills learning are important but not sufficient for ensuring food access and utilization.

At SO2 level, the human capabilities have been protected and enhanced compared to the Baseline and the LoA targets. The successes of the SO2 include Midwife outreach program, Home Based Life Saving Skills (HBLSS), Pilot Family Health Houses (FHH), benefiting all target Districts. Progress has been made at the IR level Impact indicators as follows:

- Decreased stunting and underweight
- Decreased prevalence in diarrhea
- Increased percentage of deliveries attended by skillful health personnel

For SO1 and SO2 programs, the national Ministries of Irrigation and Land (MAIL), and the Ministry of Public Health (MOPH) were supportive and willing to adopt components from Livelihood and Health. Within the SO2, the MYAP had productive partnership with a local partner Skills Training and Rehabilitation Society (STARS).

Sustainability – are the MYAP objectives and activities sustainable? There are different dimensions to sustainability and therefore, difficult to give a straightforward answer to this question. The MYAP laid an important foundation for community driven initiatives to continue upon completion of the MYAP (Midwife program, FHH, agricultural practices, etc.).

- ✓ Improvement of HH capacities to address food access constraints is critical for the sustainability of interventions. The SO1/Livelihood activities provided new practices that are key for not only food security and income, but also sustainability (introducing certified wheat, vegetable gardening). Due to late start up, the Livelihood component had only two years, with no expatriate management in the second year, and less chance for sustainability.
- ✓ The SO2/Health activities set some successful community based outreach programs and practices (Community Health Promoters (CHPs), Midwife school, Mother father groups, FHH that worked well, raised communities awareness for utilization of health facilities. These programs have good potential for sustainability: they are community based and supported by local Shuras. The MOPH is interested in continuing or taking advantage of these structures.

* Lessons learned: include a “capacity building” component within the MYAP for three main parties: a) government counterparts (MAIL, MOPH); b) local partner STARS; and c) WVA local staff, to take over program components; have capacity in problem analysis, designing programs that address food access constraints; leaving a cadre of trained partners and human resources, critical for sustainability.

* Secure a local implementing partner for the Livelihood program, as in-country resource, and key in sustaining and/or expanding livelihood programs.

* In the Afghanistan context, to sustain new technologies, meeting ambitious LoA targets, promoting behavior change, etc., a longer term (3-5 years) Program is needed.

Implementation – the MYAP faced serious internal and external implementation challenges: late start up, losing an entire growing season for SO1, lack or shortage of expatriate staff and management, shortage of local staff and large turn over, and capacity issues with local staff throughout the program. Coupled with security, remoteness and other external factors, this caused a redesign of the program, an uneven breakdown of benefits across the target Districts, dissatisfaction of the population from four Districts and government counterparts. On a positive note, the Health program made remarkable progress over the last year of the MYAP. The Livelihood component too, made progress towards outcomes, with less achievement towards the Impact indicators. **Free food aid** had an important role in promoting food security for the target population. Yet, it is a temporary fix and over long periods of time is not efficient. For a longer period of time, it is recommended to plan community contribution for the food aid.

* Lessons learned: the environmental, security, geography and other challenges were not duly assessed and thought through at the onset of the Program. Such complex programs and environments necessitate a feasibility study, to properly assess risks, set realistic LoA targets and ensure timely implementation.

* Free food aid can have unwanted effects and not provide incentives for vulnerable households to work hard and address food insecurity by themselves.

* For the MYAP context, it is a MUST to have expatriate management and a field-based expatriate Manager for SO1 for consistent presence, technical know-how, and work with government counterparts.

Design shortfalls – The MYAP Design failed in few aspects:

- ✓ The *Exit strategy* was weak: it did not have specific deliverables, or clear plans for the Afghanistan government to take over certain components of the MYAP;
- ✓ “Because vulnerability to food insecurity is such a prominent characteristic of the environments within which food insecure households live, food security programs addressing food access should explicitly address the concept of *vulnerability* in program design¹.” The MYAP Design and activities focused on increasing the levels of food availability, access and utilization, undermining ***vulnerability and risks***. For future

¹ USAID, FANTA, “Food Access Indicator Review”, July 2003

programming, more emphasis should be put on addressing food insecurity through reducing vulnerability and risk, and increasing coping capacities of the beneficiaries, communities and government representatives. Capacity building and structured trainings would be integral part of this approach.

- ✓ The MYAP Design did not have selection criteria for beneficiaries based on vulnerability, leading to dissatisfaction and perception of social injustice. It is important to incorporate the vulnerability in food security programs, along with proper monitoring mechanisms.
- ✓ Some LoA targets for the Impact indicators are overly ambitious (stunting and underweight for Children Under 5; increased diversity of crops, etc.) for a 3-year program within the Afghanistan context. However, at outcome level, the actual number of beneficiaries for Food aid and Community growth screening exceeded the Annual targets set by the MYAP (details are provided under Section 4).

Awareness: The analysis of collected data indicates that there is relatively low increase in awareness on some health areas (7-9% for HIV and TB; 8.5% for danger signs for pregnancy). The awareness on “improved child feeding practices”, “complementary feeding of children” look better. It should be noted that effective education at large scale started in late 2010 when WVA had sufficiently trained numbers of CHPs and adequate supportive supervision in place. The CHPs had little time to disseminate the information on a very new area before the Evaluation (confirmed by MYAP Health Manager during the interview). The STARS started the trainings effectively only in January 2011. Another factor is extremely low literacy rates of population, women particularly: this coupled with conservatism and traditions create an environment where it is extremely difficult to bring about a quick increase in awareness. Due to late start up of the MYAP, more emphasis was put on food security and health. On the same note, topics such as danger signs in pregnancy were covered in more detail and more effectively taught through Home Based Life Saving Skills).

SECTION 2: INTRODUCTION

Poverty and food insecurity is widespread in Afghanistan after decades of war. According to the Afghanistan Central Statistics Office data for 2008, approximately 7.3 million people (31 percent of the total estimated population) is food insecure with another 5.4 million (23 percent) vulnerable to food insecurity. It is in this context that the United States Agency for International Development (USAID), office of Food for Peace (hereinafter FFP), and WVA signed a Cooperative Agreement in July 2008 to implement the 3-year Title II MYAP, “Health and Livelihood Initiative in Ghor” (HEALING) Program for period: October 2008 - August 2011. In March 2011, at the request of WVA, USAID approved a cost-extension (total amount USD \$3.6 million) for the period August 2011 to November 15, 2011. In November 2011, USAID approved a 10-month no-cost extension of the MYAP, for period November 2011 to September 2012.

HEALING is guided by three underlying themes: household (HH) resiliency, community

empowerment and prevention. This strategy aims to address acute and short term vulnerability while seeking long term action to protect and enhance the food insecure groups. It has two main components, Health and Livelihood, aimed to reduce food insecurity for approximately 130,000 direct and indirect beneficiaries per year (presumably the same households), including Children Under 5 and Pregnant and Lactating Women (PLW). The MYAP also had annual targets specifically for Food distribution and Community Growth Monitoring programs for each beneficiary group. WVA implemented the SO2 Health Program across five most vulnerable districts in Ghor province, including: Chaghcharan, Charsada, Dawlatyar, Dawlina, and Lal-or-Sarjantal (Lal); and SO1 Livelihood in Chaghcharan. The program was implemented in partnership with the local Non Government Organization (NGO), the Skills Training and Rehabilitation Society (STARS).

The USAID FFP Information Bulletin (Monitoring and Evaluation Responsibilities of the FFP Awardees section, July 30, 2009) requires that a Baseline Study be conducted for the MYAP, to generate impact indicators and other information that will help the food aid program refine its implementation approaches; include a Quantitative HH survey with complementary Qualitative methods; complete within the first year of food aid program.



Map of Ghor Province: red highlights show target Districts of MYAP.

The same Bulletin also states, that “Final Evaluations are required for all MYAPs and must explain the degree of progress made since the baseline study was completed, substantiated with quantitative data from a population-based household survey.”

A baseline survey was conducted in July 2009, which collected data that measured all core impact and outcome indicators through which the program will measure its performance. The FE field work was conducted in October 2011. The SOW instructed that the FE use the same method of evaluation and sampling size, as utilized during the Baseline Study in July 2009. The FE was planned for July 2011, however, due to technical complications (Afghan visa, Ramadan, etc.), the Consultant embarked to Afghanistan, Chaghcharan in early October 2011.

The Report findings are based on the work in Chaghcharan; review of the MYAP-related reports; key informant interviews; analysis of Quantitative HH data, and Qualitative Focus Group Discussions generated from five target Districts in Ghor.

SECTION 3: DISCUSSION OF IMPACT INDICATORS

This section discusses the Impact indicators of the MYAP, the LoA targets, achieved results along with reflections and recommended approaches².

3.1. KEY RESULTS ON IMPACT INDICATORS include the following:

Progress has been made in achieving the MYAP goal to reduce food insecurity in target populations with varying degree of success: both at SO and IR level, in Livelihood and Health, there is positive change compared to the Baseline in the majority of Impact indicators.

At SO1 level, the livelihood capacities of the target population have been moderately enhanced compared to the Baseline. Livelihood program introduced improved certified wheat seed and demonstration fields, as one of the common approaches to enhancing productivity and food security; and promoted improved cultural practices in vegetable gardening and tree planting. There is an increase at *IR level* indicators (except for the HDDS):

- increased months of adequate food provisioning
- increased HH income
- increased per capita food production
- increased HH assets.

These are positive changes that promote *food availability and access*, as key preconditions for food security for the target population. Considering that the SO1 was implemented mostly in Chagcharan, for two years only, this is a good progress³.

At SO and IR level, most Livelihood indicators fall short of the LoA targets (except for household income): this can be due to various factors, including late start, program redesign, lack of expatriate specialist for SO1, staffing and capacity issues, etc. The decrease in HDDS, the low levels of diversity of crops and shortfalls of indicators against the LoA targets, indicate that utilization is low. This confirms that, the improved access and ability to obtain food (availability) is not always directly linked to utilization. Improving household access to food is important and necessary, but not sufficient for improving overall food security. A more holistic approach (addressing basic infrastructure, Food for Work programs, etc.) would provide better basis for sustainability.

At SO2 level, the human capabilities have been protected and enhanced compared to the Baseline and to the LoA targets. This is supported by progress made at the IR level Impact indicators:

- Decreased stunting and underweight

² During the field work in Chagcharan, the Consultant was advised to focus on the Impact indicators in the Final Evaluation report.

³ The FE did not intend to evaluate Program impact in certain geographic areas, like Chagcharan where the integrated approach was carried out. The SOW requested to evaluate the impact of the entire program.

- Decreased prevalence in diarrhea
- Increased percentage of deliveries attended by skillful health personnel

Some of the critical deliverables and achievements include the following: on average, 21,500 Children Under 5 screened annually (vs. 16,800 LoA target); 19,100 PLW screened annually (vs.

5,800 LoA target); calorie rich food aid (Vitamin A, protein, calories) reached to 12,000 Children Under 5 annually (vs. 9,380); and 11,000 PLW (vs. 4,500).

The MYAP FE did not request comparison or control groups, and when reviewing the changes (positive or negative), it is important to view those changes in a larger context, vis-a-vis other programs in the area, illustrated in the Table below. Not all changes can be attributed to the MYAP alone: the Table illustrates just a few organizations active in Ghor in the areas of livelihood, health, rural infrastructure, education, etc.

Afghan Aid Programs in Ghor

National Solidarity Program: establishing and raising capacities of village councils.

Education program: building schools, raising capacities of teachers, conducting hygiene education.

Potable water (WASH) program: distribution of hygiene kits, organizing water users committees, rehabilitation of water systems and hygiene facilities.

Food Security – distribution of certified wheat seed varieties; supporting women to grow gardens, providing extension services; water resistant fodder seeds; Rural Enterprise development; Disaster Risk Reduction. Institutional capacity building.

CHA is the first Afghan local NGO, started its operations in late 90s: works in 15-17 provinces in Ghor in Health area, has 478 staff. It is running a total of 52 health facility centers in Ghor; working with 480 Community Health Worker couples/CHW (425 female, 415 male) in Ghor. Their main function is to provide advice and basic health education (family planning, water sanitation, trainings on how to deliver healthy babies, hygiene) to community; they also have basic supplies and medicine and can carry basic treatment as needed; they refer sick to health facilities. Each CHW couple serves one village.

Catholic Relief Services/CRS has been implementing several multi-year, multi-million dollar programs in Ghor (funded by USAID). CRS has been implementing a USAID-funded Hygiene project, on water shed management in 5 Districts in Ghor: Lal, Chagcharan, Dawlatyar, Dolaina, Tulak and Shahrak. The program had renovation component and repaired water systems, reservoirs, water sheds. CRS is finishing a food program, supported by the Emergency Program Office of Foreign Disaster Assistance. Under this program, food was distributed in villages, targeting most needy families in Lal.

3.2. Strategic Objective 1/LIVELIHOOD Impact Indicators

- ✓ Months of Adequate Household Food Provisioning (MAHFP) increased from seven months at the Baseline to nine months at the end of the MYAP (Attachment B: Table 7B). This is an important improvement but falls short of the LoA target of eleven months. Given that the livelihood program was only implemented for two years and that there were significant environmental constraints on agricultural production, this may be all that could reasonably and realistically have been achieved.
- ✓ There is progress in food production compared to the Baseline (Figure 17B): the calculated per capita food production is 130 kg in the end of the MYAP, which is equivalent to 71% (or 11% more compared to the Baseline), of the annual per capita food requirements.
- ✓ Households rely on agricultural related activities for income: the achieved result for mean monthly HH income exceeds the LoA target (Table 5B, Figure 3B): US\$ 170 versus

US\$129. There are several considerations regarding this increase:

- Increased percentage of farmers growing more than one type of crops (Figure 14B); increased number of HHs and farmers applying new agricultural technique (Table 7B, Figure 19B); farmers growing more trees and establishing wheat fields and vegetable gardens.
- The food aid can also supplement income.
- This can be influenced by inflation and changes in food market prices from 2009 to 2011; these factors are sensitive to changes and usually outside the control of programs, such as the MYAP. Information on food prices is an important factor to evaluate changes in HH income. Market price information was not collected during the FE; neither was it collected during the Baseline⁴.
- Some of the complications associated with data collection from target beneficiaries is that they may inflate the numbers if they perceive they will receive more assistance as a result⁵.
- A single-point snapshot of income at one time of year may not be sufficient measure for the overall HH income (versus income for the given year), or the HH food security status, as income can face seasonal fluctuations in income related to crop cycles from one year to another.
- Reasons for this increase cannot be all necessarily attributed to the MYAP: for example, engaging in non-agricultural activities that generate income; or sale of livestock or other assets due to drought in 2011. HHs' asset can serve as important source for income to secure food for consumption. This indicator could also be influenced by other Livelihood programs in the area.
- The quality of diet in terms of diversity and nutritional value is still low. Household Dietary Diversity Score (HDDS) in the final evaluation is 4 (Figure 11A/B) compared to the LoA target of 7. The percentage of growing more than one crop has increased compared to Baseline: yet, low and a limiting factor for a more nutrient rich diet. This can be due to several factors:
 - Seasonal implications: summer of 2009 was good agricultural year and more bounty, compared to lean autumn in 2011 caused by drought.
 - Extremely low levels of literacy particularly among women (less than 3% in Ghor) is a serious obstacle in understanding and following the value of nutrient rich diet.
 - "Changes in income will not necessarily lead to changes in nutritional status unless conditions that affect food utilization, such as health, are adequate⁶."
- The capacity of HHs and ability to produce or access food is not always translated into actual dietary intake or consumption. That is to say, a HH can have enough resources to buy a sufficient quantity and quality of food, but chooses not to acquire or consume different food groups.
- Possibilities for bias reporting on behalf of the surveyed HHs, if they perceive that remaining needs would help continue the MYAP.

⁴ Analysis of these factors was not required by the SOW; it was not included in the Questionnaire.

⁵ The Consultant spent only one month in the field: upon completion of the field work in Chagcharan, the data collection was still in process, followed by another month of data capture (performed by local enumerators and data enterers). The Consultant analyzed all data as provided to her.

⁶ USAID, FANTA, "Food Access Indicator Review", July 2003

Recommended approaches:

- Design a longer term improved Livelihood programs for larger impact. Agricultural programs that introduce new practices and culture of vegetable gardening, wheat fields, new growing practices in a challenging environment like Afghanistan, need longer period for implementation.
- Considerable time and efforts are needed to establish and sustain links with the private sector, seed and other supply companies to support certified wheat development, establishment of green houses, increasing number of crops grown, etc.⁷

- ✓ An important factor promoting higher HDDS is diversity of food groups: the impact indicator “increased diversity of crops” made progress - 6% compared to 1% in the Baseline (Figure 14B). Needless to say, that growing more than one crop does lead to better nutrition, provided that the HHs chose to consume the crops and acquire better nutrition. “Adequate food availability at the aggregate level is a necessary condition, but insufficient to achieve adequate food access at the household level which, in turn, is itself necessary but not sufficient for adequate food consumption at the household or individual level” (Bonnard 2001). This progress, however, is far from the LoA target of 40%: within the Afghanistan context, the external and internal challenges, this target seems unrealistic and hard to reach during a 3-year program.

Recommended approach:

- Plan sufficient time at the Design stage, to thoroughly assess all factors and set realistic targets vis-à-vis the extremely challenging environment.
- Design and implement early sensitization and education activities within programs aimed to increase food access (dietary diversity, increasing number of crops grown, etc.), in order to address utilization. This would entail training beneficiary population on nutritional value of crops and other food groups. Within the Title II MYAP programs, it is critical to reduce vulnerability to food insecurity by decreasing exposure to risks and shocks. It is equally important to increase the beneficiaries’ skills and abilities to manage risks and its consequences. Education and skills learning should be integral part of such program.
- Strengthen the linkages between various interventions necessary for increasing food access and utilization.

- ✓ HH asset holding was determined during the survey: a range of HH assets data were collected (including productive; land, livestock, tools, and household appliances). The mean household asset value for all the HH in the end of the MYAP (Figure 4B) was slightly higher - \$21,754, compared to \$20,637 in the Baseline.

When analyzing quantitative data, the conclusions should not be drawn only on “dry” figures: these indicators should be interpreted holistically, in a larger context to have an appreciation of

⁷ Advising on how the MYAP staff can increase the number of crops is beyond the objectives of the Evaluation: it is a technical issue and WVA is in best position to elaborate on this.

all factors affecting project results and gains. The USAID Food Aid and Food Security Policy Paper, published in 1995, identified factors that affect the food security of households and individuals, including “chronic poverty, rapid population growth, declining per capita food output, poor infrastructure, ecological constraints, limited access to land, inappropriate policies, disease, poor water and sanitation, inadequate nutritional knowledge, and civil war and ethnic conflicts.”

3.3. Strategic Objective 2/HEALTH Impact indicators

- ✓ The SO2 progress just in the last year demonstrated that with appropriate and culturally sensitive approaches, village level outreach activities, efficient use of local resources and family structures, tangible results can be generated despite the tough and challenging environment. Community level sensitization, trainings and practical services promoted behavior change, reflected in practical gains: increased attendance to Antenatal care (ANC) and Postnatal care (PNC) services, increased screening at community level, and increased deliveries with the attendance of professional health personnel. These gains would have been better had the program started as planned.
- ✓ The data analysis shows an important positive shift in percentage of women giving birth through a qualified health worker (Figure 30). Within the extremely traditional environment in rural settings in Ghor, this is a critical mind shift and behavior change, resulting from successful community outreach program.
- ✓ FFP impact indicators of Malnutrition and Underweight for children Under 5 are still high, despite the progress made compared to the Baseline: the proportion of stunted and underweight children is 44% and 23% respectively (Figure 26B). Research on Title II programs from other countries shows that the annual decrease in stunting and underweight is low (2-3%). There are few considerations on this:
 - The LoA targets for these indicators were not realistic
 - Data capture oversight⁸, leading to the stated results
 - Successful community outreach program resulting in social and behavioral change regarding child feeding practices
 - Improved health care practices: ANC/PNC visits, screening, etc.
 - Increased number of complementary foods, more diversified diet
 - Increased food security (income, per capita food production, etc.)
 - Monthly distribution of calorie-rich food to the same HHs
 - Decreased prevalence of diarrhea
 - Other factors and programs in Ghor, implemented by different organizations
- ✓ In disease prevalence, a decreased rates of diarrhea among children Under 5 is reported in the FE (Figure 29B), slightly exceeding the LoA target. This could be attributed to seasonal factors: in summer (when the Baseline was conducted) diarrhea is more prevalent compared to late autumn.

⁸ The SPSS data capture format did not include the age of the surveyed children.

Other reasons include increased use of health services, high rates of growth screening for Children Under 5; improved diet through monthly food aid; improved sanitation promoted by the MYAP and other programs in the areas of water infrastructure improvement.

- ✓ The Acute Respiratory Infection (ARI) rates do not meet the LoA target. The Key informant interviews indicate that ARI occurrence in mid to late fall is common in Ghor, due to weather change and inability of many rural families to properly heat their places. This could be a result of an outbreak of infection during the time of the data collection.

Table 1: Summary of the MYAP Impact Indicators

| Table 1: The MYAP Impact Indicators GOAL: Reduced Food insecurity in target populations | Baseline | LOA Target | Achieved | Discrepancies compared to the LoA targets |
|--|-----------------|-------------------|-----------------|--|
| SO 1. LIVELIHOOD - Livelihood Capacities Protected & Enhanced | | | | |
| Months of Adequate Household Food Provisioning (MAHFP) | 7 | 11 | 9 | -2 |
| Household Dietary Diversity Score (HDDS) | 5 | 7 | 4 | -3 |
| IR 1.1 Increased household income | | | | |
| Increase average in the value of household assets | \$20,637 | \$24,820 | \$21,754 | -3,066 |
| change in per capita food production | 112 kgs | 134 kgs | 131 kgs | -3 kg |
| Increase in household income | \$129 | \$137 | \$170 | + 33 |
| IR 1.2 Increased resilience of farm systems | | | | |
| % of farmers with increased diversity of crops at farm level | 1% * | BL+40% | 6% | -34 |
| SO 2/HEALTH. Human Capabilities protected and Enhanced | | | | |
| IR 2.1 Malnutrition in children under 5 reduced (particularly 0-24 months) | | | | |
| % of underweight children 0-59 months by age group | 41% | 25% | 23% | +2 |
| % of stunting children 6-59 months by age group | 62% | 45% | 44% | +1 |
| IR 2.2 Nutrition and Health Practices of Pregnant and Lactating Women Improved | | | | |
| % Diarrhea prevalence in children under 5 (within the last 2 weeks) | 0.24 | 0.20 | 0.16 | +0.4 |
| % ARI prevalence in children under 5 (within the last 2 weeks) | 0.16 | 0.10 | 0.25 | -0.15 |
| % of deliveries attended by skilled personnel | 0.16 | 0.25 | 0.37 | +0.12 |

*The MYAP Indicators Table has “3%” for this indicator; the Baseline Report states that less than 1% of the surveyed HHs grow 3 or more types of crops. It is assumed that this is a typo and it should be “1%”, consistent with the Baseline report.

SECTION 4: KEY AREAS OF FOCUS FOR THE EVALUATION

Section 4 discusses the four themes of the MYAP: Impacts, Sustainability, Implementation and Design, reflected in the SOW, followed by brief recommended approaches.

4.1. IMPACTS

- **Determine the overall impacts of the program on the communities in light of the SO1/Livelihood and O2/Health**

The key objective of the Title II program and USAID/FFP's 2006-2010 Strategic Plan is the reduction of food insecurity of vulnerable populations. The concept of food security was therefore central to the MYAP⁹. Chagcharan benefited from all MYAP components (Health, Livelihood and food distribution), the other four from SO2/Health program. As discussed in Section 1, most Impact indicators made progress compared to the Baseline. Within the SO1 programs, productive and practical partnership was developed with the MAIL: they engaged in wheat and vegetable garden components and interested in sustaining them. Regretfully, for SO1 component, the actual activity period was shorter than planned and totally missed a full growing season.

Despite the security challenges faced, the delayed start up, and the redesign, the Health program has more than reached its targets for the project within the last 18 months. It demonstrated an excellent use of local human resources, by setting Community Health Promoters (CHP), Mother Father groups, FHHs and PD Hearth, all of which helped screen thousands of Children Under 5, PLW, identify those with severe and moderately malnourished and provide counseling or treatment.

The SO and IR level Impact indicators for Health also made progress compared to the Baseline and the LoA targets.

Both SOs had serious role to play vis-à-vis the livelihood, food security, economic and health challenges faced in Ghor.



Picture: Beneficiary family children: Chagcharan

There is no doubt that agriculture is essential in promoting livelihoods in Afghanistan. In this regard, the MYAP introduced new technologies, demonstrated the merits of gardens and wheat farms for not only subsistence but also as source for income and food security.

⁹ Designing Title II Multi-Year Assistance Programs (MYAPs) A Resource Manual for CRS Country Programs

Focus Group: "80% of people faced shortage of food, but during the MYAP 60-70% of food needs were met by food aid. In the past 12 months MYAP food aid has helped us a lot with the food necessities of the families, before the MYAP we had a lot of problems meeting our food needs."

When PLWs and children Under 5 are undernourished, their productivity and ability to cope decreases given the lasting effects of malnutrition. Data analysis indicates that the MYAP food aid helped the vulnerable mitigate and better cope with the impact of shocks like food insecurity at individual, household and community level. Internal migration of people from district to district is one of the coping mechanisms for local population to shocks and recurring droughts. Several key informants from MRRD and MAIL stated that there were no reported cases of migration during the MYAP, "due to food aid program."

FGD: "When in food shortage, we borrow from neighbors and relatives, or do casual agriculture labor and if none of them were available, we would migrate to neighboring provinces."

WVA field reports also highlighted cases where families sent their children to school due to food distribution which relieved household costs. The same sources indicated that there were many cases of families selling their food rations, indicating that the provided food mitigated their food insecurity needs, plus helped them address other needs (health, social, etc.).

This issue of coping strategies should be viewed in a larger context of the country - poor economy, the complexity of village social order, elderly, security and many issues villages face affect people's ability to cope with shocks, like recurrent droughts. This mitigation can be viewed as an immediate or short term impact or coping strategy which undermines the long term livelihood security in a country or province which is being affected by repeated droughts.

The positive changes or short term coping mechanisms may not be lasting; yet, they are critical in addressing pressing needs of vulnerable populations in food security and health. Last, expecting long term and lasting changes from a 3-year program, within the Afghanistan context, may not be realistic. A 3-year program alone, with relatively modest budget for the Afghanistan context, cannot drastically influence HH and community's coping abilities in a fragile country like Afghanistan but is useful for laying the foundations for a more long term focused intervention.

Key Informant Interview: "Family planning or birth spacing messages were in conflict with free food distribution. In rural areas, women would get pregnant because of expected free food ration."

The quote above can be a indication that thorough assessment of cultural context and its implications should be factored into project design; and that free food distribution is not appropriate as a development program in the long run. On a positive note, both SO1 and SO2 secured good level of support and buy-in of the key Ministries (of MAIL and MOPH) and their provincial departments throughout the project. MOPH seems to be interested in continuing, taking over or building up critical components of the MYAP, such as CHP couples and Midwife training. There is good reason to believe that this interest will formalize and turn into practical efforts and activities by MOPH and MAIL beyond the MYAP completion.

➤ **Key interventions that resulted in significant behavioral change as well as effectiveness in achieving program objectives, intermediate results, targets**

Despite the initial delays and program challenges, the MYAP became an effective program in improving health awareness and skills in communities, and started to bring about changes in cultural practices and attitudes which denied women and children access to health care when they needed it most. The program had full support from MAIL and MOPH, including their buy-in and support at the implementation level. The following key interventions resulted in behavioral change and were effective in achieving the MYAP objectives supported by positive results in SO and IR levels. Whether or not this will be sustained is not straight forward for all programs or components.

Community Health Promotion – the Program set and prepared CHP couples that eventually provided greater coverage than if only government CHW couples were engaged. Each CHP couple covered adjacent villages, organizing health promotion sessions, as demonstrated in the Graph above. *Table 2* illustrates some of the highlights of community health promotion, with the number of CHPs established, participants of awareness sessions and growth monitoring for malnutrition. The MYAP did not have set targets for the number of CHPs or outreach for awareness session. However, as illustrated in the Table, the number of Children Under 5 screened in summer 2011, outgrows the LoA annual target.

Table 2: Community Health promotion

| July-August 2011 | CHP couples | Participants | Growth screening for Children Under 5 |
|------------------|-------------|--------------|--|
| WV | 92 | 27,759 | 12,345 |
| STARS | 192 | 68,656 | 5,100 |
| Total: | 284 | 96,415 | 17,448 (vs. LoA annual target of 16,800) |

To maximize access to health care in the remote areas, WVA designed an **Outreach Midwife Program**, with each trainee midwife, travelling with their moharam, culturally appropriate male companion, by motorbike, providing outreach clinics to at least 3 villages. To encourage community ownership, WVA negotiated with local Shuras to provide each trainee midwife and her “moharam” an accommodation, and villages with outreach clinics a room to operate a clinic from. Outcomes in behavioral change include:

- A noted increase with Hospital activities
- Increased uptake of ANC, PNC
- Improved complementary feeding (Figure 25c)
- Increased deliveries attended by skilled personnel (Figure 30)
- Strengthened referral system for malnutrition – increased uptake of care on Therapeutic Feeding Center by 79%

The design of outreach midwives providing integrated care in the community is currently of interest to MOPH which is particularly interested in these couples providing outreach immunization in areas currently without access to immunization services.

Community Growth Monitoring – this program was effective in meeting the MYAP targets.

Table 3: Community Growth Screening for Malnutrition

| Direct beneficiaries | Year 1: 2009 | Year 2: 2010 | | Year 3: 2011 July-Aug | | Total: annual * | MYAP LoA Annual Target population ** |
|----------------------|--------------|--------------|-------|-----------------------|-------|---|--------------------------------------|
| | | WV/CC | STARS | WV/CC | STARS | | |
| Under 5 Screened | | 20,280 | 5,400 | 12,345 | 5,103 | Year 2010: 25,680 Year 2011: 17,448 Ave: 21,564 | 16,800 |
| Severe; Moderate | | 98 1,358 | | 222 2,745 | 649 | | |
| PLW screened | | 16,511 | | 12,805 | 8,918 | Year 2010: 16,511 Year 2011: 21,723 Ave: 19,117 | 5,800 |
| Poorly nourished | | 4,388 | | 3,872 | | | |

* Screening and Food aid programs included more or less the same target groups annually. The thorough analysis of actual number of beneficiaries lead to conclude that the original LoA targets should NOT be the sum of annual targets; rather an average or highest number for a given year, to reflect more accurate numbers without double counting of the beneficiaries. The LoA target, therefore, reflects the highest annual target (as set in the MYAP proposal). Likewise, to avoid double counting for the Actual beneficiaries, the average number is taken as “total: annual.”

** The last column represents the MYAP overall target population (annually) for Children Under 5; and PLW. The MYAP did not have target population per District: the numbers in the Table cover beneficiaries from all target Districts.

As illustrated in *Table 3*, for both target groups, the number of beneficiaries screened annually goes beyond original annual targets. It is due to few factors: a) the original annual targets were not thoroughly assessed and thus underestimated; b) the redesign of the MYAP in June 2010 assumed changes in target numbers, however, nothing has been documented and therefore, this Report is using the MYAP original targets for screening and food aid programs; and c) the sensitization and community outreach activities boosted the beneficiaries’ motivation and need for screening.

Table 3 also indicates numbers for both target groups identified as malnourished. For example, the number for severely malnourished children grows from year 2010 to 2011: this is an indicator that the Community outreach program was successful in raising awareness and identifying malnourished children in 2011. The number of malnourished children may have been more in 2010, however, not identified and recorded.

Food Distribution Program

The Food distribution was an integral part of the MYAP that helped thousands of beneficiary HHs meet their food security needs and improve their nutrition (distributed in Chagcharan only as planned). *Table 4* demonstrates the progress made towards MYAP annual targets.

Table 4: Food aid beneficiaries

| Direct Beneficiaries | Year 1: 2009 | Year 2: 2010 | Year 3: Spt. 2011 | Actual: Average (annual) | MYAP LoA Annual Target population |
|---------------------------------|--------------|--------------|-------------------|---|------------------------------------|
| 6-23 m (monthly direct rations) | 3,815 | 16,880 | 17,077 | Ave:12,590 | 9,380 annual |
| Malnourished children Under 5* | 0 | 576 | 310 | | 3,854 annual |
| PLWs | 3,893 | 15,456 | 15,551 | Ave:11,633 | 4,547 annual |
| TOTAL | 7,708 | 32,912 | 32,938 | 24,519 direct (average) or 122,595 indirect beneficiaries | 17,781 (direct or 88,905 indirect) |

* The Table 4 shows high numbers of beneficiaries (6-23 m; PLWs) assisted annually through food distribution, compared to the LoA Annual targets. It however, shows a very small portion for malnourished Children Under 5. The analysis of all available data shows that the majority of the malnourished Children Under 5 fell in 6-23m age range and thus were already included under the First category (6-23 m). This group existed, but WVA was not able to identify them. That is why the “Actual annual” for “Malnourished Under 5” is not indicated in the Table.

FGD: All Focus groups in CC consistently confirmed that “the food distribution has been very helpful as from one side it helped a lot with the nutrition of mothers and children and in the other hand it has been very helpful to the economy of the families. Before the MYAP our accessibility to food was very low, during the MYAP the food ration has met our food needs for the most part, we hope that the program continues in the future too.”

➤ **Extent to which the program benefited women and men, and whether women received a fair proportion of the benefits in relation to men**

Key Informant Interview: “There are ways to get around the challenge of working with women. In Islamic countries it is not easy to include women, but there are ways and we are managing.”

Women have been engaged and positively affected by the MYAP: Food distribution to PLWs enabled them to receive a fair proportion of benefits as direct beneficiaries. SO2/Health program involved both men and women – this is vital in a culture where women must seek permission from men prior to accessing health care and men control any key decision in the lives of the HH. One of the benefits of having couples engaged in CHPs and Mother/Father groups was that it served as an effective tool in raising capacities of women and men; and provided fair proportion of benefits to women in relation to men. In this regard, the local conservative traditions contributed to this fact and helped engage both men and women. It was also beneficial for both with regard to basic capacity building, knowledge transfer and skills. At the community level, this implies having capable local resources, including men and women,

who can extend much needed health services to children and HHs. When considering the extremely low level of literacy of women in Ghor, their inclusion in trainings and capacity building is a real achievement. Women thus received fair proportion of the benefits in relation to men in the MYAP: female involvement was secured through the engagement of their “moharams” – that was a fairly creative and efficient use of the local conservative context and human resources.

Key Informant Interview: “Women were also affected by the MYAP in a positive way: they don’t have education and their religion is such that they think all kids are from God and God will provide food. Now they know the importance of hygiene, health implications of having many children, value of nutrition and proper food for their children. Now they know about birth spacing and the value of education.”

➤ **Existence or occurrence of any unexpected or unintended impacts (positive and/or negative) of the program that should be documented**

Positive

- ✓ Providing commodities/food rations enabled some poor families to send their children to school as their household costs were relieved by food aid;
- ✓ Several Key informants (MRRD, MAIL) stated that the food distribution stopped migration of HHs to other Districts, which is common in the Afghanistan context as a coping mechanism against recurrent droughts and declining economy;

Key Informant Interview: “Many villages in Ghor are really struggling economically and being very poor, many emigrate to other provinces in search for food (or programs, providing food). The MYAP stopped that and in the last couple of years we do not have registered cases of internal displacement. The MYAP helped many really poor families feed their children and survive.”

- ✓ Not part of original design but incorporated into the MYAP, the program introduced HBLSS, to be implemented in late 2011. The HBLSS, piloted in Herat with under the USAID funded Child Survival Program, has proved effective and successful and the MYAP has shown it can be effectively scaled up to reach communities.

The HBLSS and the PD Hearth programs were positively accepted by MOPH: this was discussed in a “Child Health Now workshop” in Herat in October 19/20, 2011. The MOPH national and Herat representatives expressed their satisfaction and expressed willingness to advocate them at the national level to be incorporated into Afghanistan national policy.

- ✓ The MYAP demonstrated that it is possible to work effectively in an insecure areas through building the capacity of local partners and village level human resources and leaving health and livelihood programs at the community level with good potential for sustainability.

Negative

- ✓ Blanket food aid causes dependency on food: farmers have low motivation to produce more, they lose motivation and enthusiasm, they no longer strive to increase production; women get

pregnant purposely to be eligible for food aid, while communities often resist working for food, or contributing labor as part of community based projects. This consideration is based on consistent statements coming from not only individual key informants, but also local and international organizations (such as CRS, Afghan Aid, etc.) that are active in Ghor and openly shared their feedback. It is difficult to bring measurable evidence for this, however, the Evaluation looked into the qualitative data analysis as well, including feedback generated via ten focus groups, key informants and own considerations.

- ✓ Beneficiary targeting – this issue raised lots of resistance among target population who were used to blanket food distributions for all members of a village. It is alleged that this resistance resulted in many forced pregnancies in order to access food and also some women were reported to have registered twice for a double portion. On the other hand, because all children 6-23 months, only malnourished children 24-59 months and all PLWs were eligible, without however, differentiating more vulnerable among those groups, it raised dissatisfaction by HHs who were vulnerable yet did not fall under target groups (widows, elderly, orphans, disabled)¹⁰. The targeting triggered conflict in communities and turned into an unexpected negative impact. This situation necessitated repeated efforts and time for WVA staff to work with communities, revisit the beneficiary master beneficiary list, and make door to door verifications. They also spent considerable time explaining the approaches behind targeting in order to break resistance and acquire support from target communities.

➤ External factors that positively or negatively influenced the program

Several key factors such as fluid security, remoteness, accessibility and related issues necessitated a redesign. Based on a decision made by WVA, the Livelihood component was implemented in Chaghcaran (65%), without expanding to the other four districts. The other four Districts benefited from health activities.

These challenges also indicated that a feasibility study and risks assessment at the onset of the Program would have been helpful: however such activity was not envisioned in the MYAP proposal, and these challenges influenced the program with regard to timeliness, quality and coverage. Other external factors also influenced the pace of the program i.e. serious staffing issues, challenges in recruitment of qualified local staff and expatriate staff willing to commit long term presence for the program.

The Afghanistan culture, the overall conservative environment posed certain constraints. To address this constraint and prevent its negative influence on the program, WVA applied a family approach of reaching women by including men in activities: CHP couples, Mother/father groups were comprised of men and women. As discussed above, this approach worked effectively in rural Ghor, empowered women and enhanced their role in their communities and families.

¹⁰ This was discussed during the MYAP re-design workshop in July 2010.

4.2. SUSTAINABILITY OF INTERVENTIONS

➤ Level of success of the MYAP approaches, practices and activities towards accomplishment of the two SOs.

Health component made remarkable progress within the past year of the program. The activities at the village level proved to be effective. To illustrate, establishment of CHP couples, who then established and trained Mother/Father groups, reached out to 681 villages for the accomplishment of SO2/Health. Through this approach, critical health messages were delivered to thousands, taking into account, the extremely low literacy level among women: as confirmed in the Baseline Survey, “literacy rates among adults is very low with only 21.6% males indicating they can read and write and only 3.5% females can read and write.”

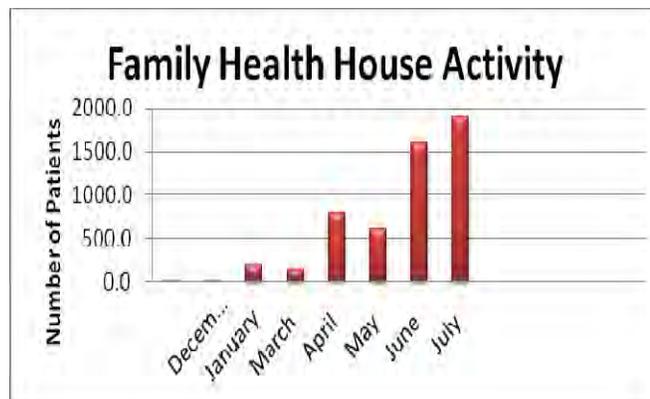
This effort enabled significant increases in Community Growth Monitoring (CMG) program, as critical components of SO2 in identifying malnutrition of beneficiaries and providing adequate treatment and/or counseling.

Over the past year the WVA Health teams have seen an improvement in levels of nutrition: it is likely that the major contribution to this has been through changes in health practices and attitude change towards the need for CGM.



Malnourished child referred to Chagcharan hospital in January 2011

The development of outreach midwives teams and establishing a Midwife training program is another good example of successful approach, designed and aimed to bridge the gaps in service provision by health services and maximizing access to health care in remote areas. Trained midwives provided outreach ANC, PNC and planning to provide outreach vaccination (during the extension period of November 2011 to September 2012) through 36 Family Health Houses (FHH) across Chagcharan.



WVA designed a system of outreach, a FHH, to maximize access to health care in remote areas, with each trainee midwife, travelling with their moharam, providing outreach clinics to at least 3 adjacent villages. To encourage community ownership, WVA negotiated with

local Shura to provide each trainee midwife and her moharam accommodation, and villages with outreach clinics a room to operate a clinic from. Sites of FHH were chosen in conjunction with MOPH Ghor according to current needs, and access to health care.

With this model 11 midwives were able to provide access through 40 clinics across Chagcharan and expand access to services from 47% (or roughly 140 villages) to 86% covering 292 villages. WVA recruited each woman with her moharam, and trained the moharam in CHP supervision and provision of outreach vaccination. The FHHs have proved to be very popular and utilization rates have increased each month. They have very good rates of follow up for ANC with 70% returning for a 3rd ANC visit. They have been particularly successful in providing PNC: postnatal care figures are almost negligible in Ghor Province within the government system.

The FHH outreach teams had provided 1,216 PNC visits by August 2011. These outreach teams, have overcome 2 key barriers, with a female health provider, and through visiting mothers at home with their newborns. The significance of this is even greater when taking into account that almost all of these visits have been to newborns in their first week of life, the period of time when they are most vulnerable and likely to die, making a significant impact on their care.

Due to outreach activities, a noted increase is registered with hospital activities, illustrated in the Table 5:

Table 5: Hospital Activity Data

| | No of Deliveries | ANC | PNC |
|---------------------|------------------|------|------|
| Apr 2008 – Mar 2009 | 499 | 1076 | 109 |
| Apr 2009 – Mar 2010 | 602 | 1585 | 262 |
| Apr 2010 – Mar 2011 | 918 | 2266 | 9624 |

This approach also laid the foundations for community based structures and provided some capacity to continue after the MYAP close out and CHPs phasing out. Last but not least, the MOPH seems interested in adopting the Midwife approach. Efforts are being made to formalize this support.

FGD: "I remember that during one year 3 women from our village lost their lives during delivery, but now we know the reason why they died. We did not understand the danger signs of pregnancy. For the past year we have not had any deaths, and the reason for this change is that the mothers are now eating four or five times a day during pregnancy, do not do heavy work during their pregnancy, and now go several times before delivery to clinics for a checkup."

Under SO1/Livelihood, in FY 2010, more than 1,200 poor farmers from five Ghor districts were supported with agricultural inputs (such as seeds, tools and technical assistance). This intervention trained those farmers in agronomy and crop management to increase HH incomes by improving production and expanding market opportunities.

FGD: "We learned about land leveling, irrigation methods, using animal fertilizer or manure during the MYAP, previously we were utilizing chemical fertilizers which were not as effective." "The kids learned the cultivation of the vegetables, and also women in houses learned about it." "Irrigation methods, weed, control, land preparation are the new technologies we learned and we definitely would continue on using them in the future." "The households who utilized certified seed and new technologies have had better harvest comparing to the last year."

Farming is the primary source of livelihood in Ghor and as such, new practices and knowledge are key to support the establishment of a culture and tradition of gardening. Once farmers see the economic benefits of gardens, tree nurseries and wheat farms, they are likely to utilize these mechanisms. In remote areas sustaining gardens could be challenging given the scarce resources farmers have; however the MAIL is likely to maintain gardens, wheat farms and nurseries established on their land.

➤ **Extent to which program implementation was cost-effective and efficient**

Total cash budget of the MYAP is USD 11.5 million dollars for 3 years. The WVA Negotiated Indirect Cost Rate Agreement rate was 27%. With this amount, roughly 130,000 target beneficiaries, including children Under 5 and PLWs were annually assisted through food distribution; thousands of children and PLWs were screened for nutrition; 1,200 farmers were assisted through establishment of wheat farms, 40 nurseries and 1,303 gardens established; etc. Given the complexity of the program in the Afghanistan context, this is cost-effective activity.

Key Informant Interview: "Food aid - other districts did not benefit from this component and that made people think they are being discriminated."

➤ **Extent to which core local groups and institutions participated in the program and the extent to which capacity was developed to undertake tasks efficiently**

WVA partnered with the local NGO STARS which implemented SO2 activities in four target districts. Their limited capacity has been an issue particularly at the beginning period, causing delays in timely submission of financial reports and respective payments, affecting quality of their financial management. The MYAP design did not include capacity building for the local or provincial government or its partner STARS: however, training was provided to STARS in financial management, program management, M&E. Training and capacity building for the government was outside the scope of this program. This is a programmatic approach that WVA adopted during the time of the MYAP design and submission to the donor: it is difficult for the Consultant to reflect as to why capacity building was not part of the MYAP. This said, the MYAP planned and provided training the MAIL representatives on technical aspects of SO1 activities (gardening, wheat farms, etc.). Programmatically, however, STARS undertook tasks timely particularly during the second year of the project; they took their role and involvement seriously. Throughout the implementation they worked closely and consulted with village Shuras and provincial level MOPH representatives. STARS made a valuable contribution towards reaching

the MYAP goals: due to their efforts, for example, remarkable progress was made in community outreach and screening activities. To illustrate its success, the number of beneficiaries rose from 600 in 2010 to 68,656 in July 2011 under Community Outreach component; 192 CHPs were trained by the STARS. Technically, this organization still needs considerable capacity building in the areas of financial management, monitoring & evaluation and reporting.

Regarding core local groups at village level (CHP couples, Mother/Father groups), their capacities were enhanced through trainings and practical work: they acquired new knowledge, practical skills, educational materials and thus were empowered in serving their communities.

At the community level, field supervisors and WVA senior doctors met with community Shuras, CHP couples and Mother/father groups on a regular basis to ensure good communication and generate feedback from the field. Regular contact and meetings took place with MOPH and the provincial hospital. WVA Health team has taken an active role in working with the MOPH on their 5-year plan. Finally, WVA Health team has engaged MOPH in Kabul to ensure good coordination and cooperation with them.

➤ **The extent to which program activities were environmentally safe and appropriate**

Environmentally, the MYAP activities were safe and appropriate for the target communities and beneficiaries: for example, SO1/Livelihood activities on wheat demonstration farms, establishing gardens or tree nurseries were accompanied and supplemented with respective trainings, including safety measures.

It is worth mentioning that with regard to wider environment where WVA was operating, the program staff (WVA and STARS) faced challenges and life threatening situations - reported cases of looting and misuse of food commodities of which the donor was aware of; six WVA staff members kidnapped in 2010 and only due to local connections released. It is remarkable that WVA successfully managed such cases and safeguarded the security of its staff and continued program activities.

➤ **Ascertain the likelihood of sustainability of program benefits beyond program life**

One of the important prerequisites for sustainability is knowledge and capacity building at the local level, so beneficiaries and target communities are in a position to sustain project gains. In this context, the MYAP achieved some important results:

- It trained 284 CHP couples, who then established and trained over 3,000 Mother/Father groups as local or community resources to continue providing health promotion and CGM. Mother/Father leaders sustainability remains questionable; however, they have acquired new skills to be the community's primary resources.
- Started the Midwife training program involving locally recruited midwives, with good chances for sustainability: MOPH is interested to continue this endeavor¹¹.
- Engaged and trained CHP couples in gardening and new technologies.

¹¹ Through DFID funding, outreach teams will continue for the next 2.5 years and expand to cover Dawlatyar.

- Trainee midwives set up FHHs staffed by midwives, providing ANC, PNC and nutritional care in remote and out of reach communities, with growing rates of monthly visits.

Sustaining CHPs is not straightforward and it can be challenging given the scarce resources of the MOPH. These groups are entirely voluntary without funding, however, they are now equipped with training materials, knowledge, skills and capacity to continue at local level. Several key informants from provincial government expressed their concern over its sustainability. Unlike CHWs, CHPs are not trained or certified by MOPH.

The MOPH recognizes the value and role of trained CHP couples in providing outreach services in rural communities. MOPH is currently considering training some of these couples by government standard curriculum, to qualify as CHWs. Some CHP couples are already being recruited across all five districts to be certified as CHW couples. In a recent *Child Health Now* Advocacy workshop in Herat (October 19/20, 2011), the MOPH expressed an interest in developing Mother/Father groups through all CHW couples.

The Midwife program has been particularly successful with neonates being visited during their most crucial vulnerable period in the first week of life. This is a significant achievement as midwives are normally based in clinics and cannot routinely visit mothers in their homes. The idea of FHH is also of interest as this encourages community ownership and is a low cost clinic: the MOPH in Herat province is interested in designing a similar program for Herat where there are currently no clinics easily accessible to the population. MOPH is also willing to support the training of midwives for FHH.

It is hoped that knowledge and skills taught to beneficiaries, the Mother/Father leaders, will continue to provide health education to their villages, continue teaching the skills learnt through HBLSS that would enable local communities to provide basic first aid in emergencies. It is believed that SO2/Health has more potential sustainability given the strong network developed by the MYAP through activities listed above (CHP couples, Mother/Father groups, Midwives, FHH, etc.).

FGD: "Our women learned to breastfeed their children within the first few hours after birth, and to continuously breastfeed them till the age of six months, and to have enough food so that they could have enough milk."

These are all good prerequisites for sustainability that WVA should follow on during the no-cost extension, i.e., formalize all verbal agreements with MOPH regarding CHP trainings; advocate for and formalize MOPH support for FHH; continue vegetable and school gardens.

Key Informant Interview: "The beneficiaries will contribute to sustainability by practicing what they learned, seeing the value and impact on their children getting healthier. Villages are very traditional but when they see the benefits, they start believing."

SO1/Livelihood made progress in terms of program results and outputs. Farming is the primary source for livelihood in Ghor: once farmers see the economic benefits of gardens, tree nurseries and wheat farms, they are likely to utilize these technologies.

Key Informant Interview: "A good example I have, is a farmer in a village that was not doing anything, not working and being lazy. T h e MYAP helped him through vegetable garden and now he has a good garden with vegies: his life changed 180%."

Representatives from MAIL and MRRD were appreciative of the gardens, new technologies and knowledge. Most FGD participants appreciated the value of trainings, knowledge on food diversity, gardening, wheat farms, etc. On the whole, however, sustaining SO1 gains would be more challenging. Interestingly, FGDs both from Chagcharan and other Districts that did not benefit from food distribution, stated the similar challenges facing agriculture: lack of water infrastructure, agricultural inputs (fertilizer, certified wheat seeds, vegetable seeds), pest or disease control, harsh climate, lack of agricultural knowledge. The Livelihood program missed one growing season: in agriculture each season is critical, particularly when introducing new technologies.

Key Informant Interview: "One of the challenges was the duration of the MYAP: A 3-year program for this context and very challenging environment is not sufficient. For more substantial gain and longer term achievements at least 5 years are needed. Community development requires longer term investment. "

➤ **Assess the feasibility of creating market linkages in the targeted operating area and the appropriateness of the value chain recommendations**

A value chain analysis was conducted in 2010 which determined that wheat is the most appropriate crop for Ghor. Market price information was being collected weekly in five markets and disseminated to over 2,300 farmers in Chagcharan, Dowlatyar and Dowlaina. In addition, a farming systems survey was carried out which recommended to concentrate livelihoods activities on testing and demonstration of certified wheat varieties, cultural practices, establishment of tree nurseries. The implementation and SO1 Livelihood component, the outcomes, and the qualitative data analysis indicate that the value chain recommendations were appropriate, realistic and feasible.

Creating market linkages was challenging during the MYAP: the private sector companies (wheat seed) were not willing to relocate and work in Chagcharan due to remoteness, security and other issues. WVA engaged the private sector mostly for office supplies and materials. WVA installed 10 green houses under the SO1 program using building materials from a company based in Chagcharan: this company was willing to engage with WVA. During the MYAP extension (November 2011 to September 2012), WVA intends to broaden its efforts and expand market linkages.

Recommended approaches: Impact and Sustainability

- ✓ Capitalize on the MYAP resources: synchronize other elements to mitigate structural constraints - infrastructure, public works to tackle basic rural infrastructure issues for larger and longer term impact. This acquires more weight and value in the context of rain fed agriculture, lack of irrigation systems in many rural areas in Ghor.
- ✓ Incorporate longer term development programs, to address “knowledge poverty”; promote sustainable income schemes for women through learning new skills and capacity building.
- ✓ Build in Training of Trainers (TOT) component within the Livelihood Program, to prepare farmers as local resources during and beyond the program. Lead farmers are more accepted within their communities and their experience in farming adds an indigenous perspective.
- ✓ It would be appropriate for WVA to consider Human Resources policies on compensation, benefit package, etc., to address expatriate or international staffing issues.
- ✓ Promoting health behavior change through awareness and trainings alone is not very efficient without accessible services and proper health infrastructure - health facilities, adequate and sufficient medical personnel.
- ✓ Secure local implementing partner, an NGO, for Livelihood Program, to build institutional capacity and expertise in expanding food security programs.

4.3. PROGRAM IMPLEMENTATION

➤ **The effectiveness of sectoral integration to achieve project results**

The MYAP proposal envisioned this approach (except for food aid) across all five Districts¹². As elaborated in Sections above, the integrated approach was effective in Chagcharan which is 65% of the program area: the sectoral integration yielded positive changes in key livelihood and health indicators. The integrated approach of health and livelihood, however, did not expand to the other four Districts due to multiple security and other challenges. Under the circumstances, this was the most reasonable approach.

Generally speaking, the efficiency of sectoral integration under normal circumstances may also be challenging, with each technical sector requiring proper management and oversight. While interrelated, the Livelihood and Health sectors are each complex and require time, resources and efforts with appropriate leadership, expertise and oversight. For this approach to be effective, it is critical to ensure better implementation of SO1 and SO2 programs, to have continuous expatriate managers for both programs, skilled and trained local staff to carry out daily activities and strong oversight. World Vision is a multi-sectoral NGO and should make concerted efforts to build capacity of local staff and attract expatriate professionals to reach the objectives within each sector. The MYAP original design for sectoral integration was appropriate and valuable, however, ambitious for the Afghanistan context.

➤ **The effectiveness of the MYAP monitoring and evaluation, and learning systems and their use within each MYAP sector**

¹² Sections B2, B4, C2)

The M&E Department within WVA field office in Chagcharan faced challenges with regard to staff and its capacity; they had no senior level supervision once they lost their expatriate in 2010. For over two years the M&E department was understaffed and with limited capacity. It was only during the last year of the program that M&E Department had an adequate number of staff, yet, with no training or hands-on mentoring on monitoring and evaluation tools and information systems. This said, the current staff spends a fair amount of time in the field (roughly 2-3 days/week), visits project sites and prepares monitoring reports. The M&E Department does not track or look into impact indicators; they oversee project activities, follow the overall progress to ensure timely implementation of planned activities. The M&E team is eager to learn and needs structured trainings on key aspects of M&E.

In order to improve M&E functions, WVA Health team introduced its own monitoring system. Through a system of layered supervisors, CHP Supervisors, field supervisors and more senior supervisors/managers, progress was tracked and recorded. Through check lists at all levels, the supervisors monitored field activities – interviewing Mother and Father groups, Shuras, beneficiaries; overseeing growth monitoring activities and beneficiary listing. They organized field visits to review quality of activities and ensure supportive supervision. For example, at food distribution points, CHPs would take an active role in communicating beneficiary rations and entitlements and ensure that correct beneficiaries received the correct rations and had the correct ration cards. New beneficiaries added by CHP couples were verified by supervisors to ensure that they were valid.

Lastly, M&E Department functions are also supplemented by the Commodities Department that has software based tracking and information systems on food and other commodities.

The donor oversight and monitoring of HEALING program was limited due to security reasons: there were two monitoring visits during the three years of its implementation by the USAID/Kabul Mission representatives. In other Missions where USAID has been funding large, multi-year, multi- million dollar programs, with political sensitivities and insecurities, local staff would fill that gap and ensure sufficient engagement in monitoring. Increased donor presence would help WVA build trust with the government counterparts, partners, target communities, and be more visible during the implementation.

➤ **Adequacy of the number and capacity of project staff to carry out the planned activities**

Inadequate staffing and low capacity of local staff were some of the serious challenges that affected the timeliness, efficiency and quality of deliverables. Initially the health team, for example, was so small that it was not possible to reach required levels of beneficiaries in the master beneficiary list (MBL) for Chagcharan, or pick up those children at risk of malnutrition. This was true for the implementing partner STARS as well.

It was only in late 2010 that WVA was able to hire field supervisors and more capable

staff, which still needs considerable mentoring and training. The MYAP redesign in June 2010 allowed for more staffing, including field supervisors, assistant doctors, and midwife trainers to appropriately support and supervise both the CHP couples in communities and midwife outreach teams.

Consistent presence and management of expatriate staff throughout the program was a serious setback that affected the overall performance. Both SO1 and SO2 program components suffered from intermittent expatriate management. Having an expatriate Health Manager on post (since early 2010) drastically and positively affected the pace and quality of deliverables. The complex environment in Afghanistan is a major hindrance towards finding committed expatriate staff willing to stay for extended time periods.

Key Information Interview: "WVA needs to have more attractive package (compensation, benefits, etc.) to be in better position for brining in long term expat staff."

➤ **The extent to which the whole family approach adapted by the program facilitated women's active involvement in program activities**

WVA designed an effective and appropriate approach of CHP and Mother/Father groups which ensured women's active involvement in program activities. This meant that WVA and STARS managed to recruit and train in Chagcharan a network of 284 CHP couples (or 142 women) providing a comprehensive coverage of the area; training 5593 Mother/Father groups (engaging 2,796 women) in CGM; 11 women midwives were trained under the Midwife program. Many of the CHP moharams were husbands, who WVA empowered by assigning them to supervise the visits and CHP activities in villages.

Involvement of these women was efficient in that they served within their own and adjacent communities. Women and their accompanying moharams benefited from multiple trainings in improved health practices and became community resources that can sustain newly acquired practices and knowledge. Engagement of women at this scope was favorable to break certain outdated and unhealthy practices. Trained mothers for example, visited women with newly born babies during the first week after delivery, the most critical period for health hazards. This was done in the presence of mothers in law who allowed their daughters in law to be visited and talk with CHP couples on health issues for the newborn babies. Through this mechanism WVA enabled community members to support families with malnourished children and mothers to improve their nutritional status and leave a cadre of trained local women as community resources.

➤ **The level of adaptability of the program to external factors that were not accounted for in the design and subsequent implementation guidelines.**

The continued insecurity resulted in modified approaches: while the SO1 component benefited Chagcharan; three Districts remained very difficult for STARS to work in and impossible for WVA to travel or implement programs – Dawlatyar, Daulina and Charsada. Even parts of Chagcharan in the Morgab zone became impossible to work in from about August 2010; WVA also had limited access to Dawlaytar and Lal. These modifications was necessary under the

serious challenges faced by the program.

Another example is establishing CHPs instead of utilizing existing CHWs, trained and licensed by MOPH. The initial health design working through CHW would have given little coverage in target districts as CHW couples normally serve limited number of villages, without going out from their village. Poor or severely limited health infrastructure in Ghor necessitated a more flexible approach: with the redesign and involving CHP couples, a much improved community coverage was achieved. WVA thus, did not work with CHWs, instead it trained 284 CHPs, whereby each CHP couple set up Mother and father groups. This resulted in a wider outreach in Chagcharan: reaching 681 villages (84%); while STARS covered 1,233 villages across 4 districts.

With limited movement in the field the project needed considerable adaptation – no expatriate oversight has been possible in the field for the last 18 months of the project. This required more innovative methods to gain some oversight of project activities – more community reports on activities and successes, reporting from numerous actors, including CHPs, Shura leaders, partner field supervisors, and senior MOPH medical staff. This approach indirectly helped strengthen local structures and increase their capacities.

- **The effectiveness and process of food distribution in terms of timeliness of delivery, adaptability of delivery scheduled based on weather, remote geographic locations and security, as well as appropriateness of commodity choice**

Food distribution was effective in helping thousands of children Under 5 and PLW in Chagcharan to meet their nutrition needs and have improved food security. One of the unplanned positive effects of food aid was that it prevented economic displacement or outmigration of people in Chagcharan, as confirmed by several key informants from the provincial government.

Commodity choice – wheat flour, rice, yellow peas and vegetable oil were distributed to beneficiaries in Chagcharan. Reports, briefings and key informants indicate that the only food commodity that raised concerns among beneficiaries was yellow pea. This food item was not familiar to the recipients and not perceived as tasty; it requires a long cooking time making it an impractical choice. WVA taught the beneficiaries to use ground yellow pea in cooking, and as a complimentary food for infants.

The security, remoteness, poor infrastructure and weather conditions in target districts were not well studied during the design and not factored into the implementation plan. The result was that free food distribution to the same District over 2.5 years raised perceptions of social injustice and discontent among the population of other target districts and within the provincial level government authorities. Serious issues were encountered with beneficiaries: faking pregnancies, forging food ration cards, and village Shura members favoring their relatives. WVA had to spend considerable effort and time in the field to generate accurate beneficiary lists, based on door to door checking.

- **The effectiveness of program integration with local and national government strategy, collaboration with the Afghanistan Government and other agencies**

Improved nutrition is an important focus for the MOPH in Afghanistan; food insecurity is also within the strategy of the MAIL. The MYAP alignment with the Government of Afghanistan strategies and priorities was emphasized during the Key Informant Group Interviews.

WVA established effective and practical partnerships with the host country government at both the provincial and national levels: both SO1 and SO2 components involved the participation of government representatives (midwife school, CHPs, livelihood activities), and have an important pre-requisite for sustaining the MYAP gains. Without effective on the ground collaboration many activities would not have been possible. For example, the midwife school was possible only through the buy-in and support of the MOPH. This is an excellent endeavor that will help boost health services in rural Ghor and serve as a good model for expansion. Furthermore, WVA has been discussing with MOPH to adopt and continue supporting this program after the MYAP completion.

Regarding integration of the MYAP with other agencies, the coordination or cooperation level was weak. Several local and international organizations implement programs in Food¹³, Health and Hygiene, Education, Water and other rural infrastructure activities in Ghor province, including CRS, CHA, and Afghan Aid, illustrated in Section 3.

Afghan Aid, for example, is actively engaged in community development, Food for Work, Livelihood and other activities in Ghor. They have functional structures in villages (within Ghor) that could have been utilized for smoother activities at village level.

In addition, the MRRD set up Community Development Councils (CDCs), with both men and women taking a key role in identifying beneficiaries for different programs. At the district level, the District Development Assembly; and at province level – the Provincial Development Council were established and could have been used as local structures, to help with beneficiary selection, community sensitization and smooth operations in the field, such as food distribution, etc.

There are other structures and mechanisms as well for coordination purposes: for example, the Line Directorate of Economy is chairing coordination meetings for development activities, Afghan National Disaster Response (ANMA) oversees all humanitarian aid programs; United Nation Assistance Mission in Afghanistan (UNAMA) developed and shared a matrix (who is doing what) for use by donors and NGOs. Yet, there has been little coordination on the ground. This topic was raised consistently by a majority of key informants at government and NGO levels. This said, feedback from other key informants indicates that this has improved with the new Governor in place: he holds monthly meeting with all NGO and this forum is starting to help to coordinate groups from the early stages of programs activities.

Key Informant Interview: "There was one village, where three different organizations were carrying out literacy programs without talking to each other."

¹³ Funded by different donors.

➤ **The effectiveness of program integration with local USAID Mission and USAID/FFP strategy.**

USAID/FFP's Strategic Plan for 2006-2010 has identified specific geographic and thematic priorities for Title II programs. While the plan retains food security as the cornerstone of the Title II program, FFP has expanded its conceptual framework to make explicit the risks that constrain progress toward food security. Of note, USAID/FFP has put special emphasis on using Title II resources to reduce food insecurity for vulnerable populations via risk reduction. The strategic plan also states that the Title II program will focus on specific geographic priority countries, using criteria such as the percentage of children stunted, the percentage of the population living under a dollar per day, and the percentage of the population malnourished (Designing Title II Multi-Year Assistance Programs). The MYAP, therefore, was fully in line with USAID Mission and USAID/FFP strategy.

USAID/FFP suggests a range of activities that can be designed into the MYAP: food for work, food for education, public works. This program would have been more effective and sustainable if included more components, such as public works, for example. This would have complemented the MYAP in addressing basic infrastructure needs in Ghor. The FHH approach tried to address the lack of access to health services in Chagcharan and succeeded in increasing access by 39% but more could have been done potentially in other districts with a better design; to promote temporary employment and set much needed infrastructure in target areas.

Recommended approaches

- ✓ Plan community sensitization activities early on, prior to food distribution or setting vegetable gardens: key elements and activities such as beneficiary selection, food distribution, and respective roles of WVA and target communities should be clearly conveyed and communicated to them for clear understanding and buy-in.
- ✓ Public land for demonstration farms can be effective; however, the ownership, future maintenance and sustainability can be problematic. Consider more household-based demonstration plots that would ensure ownership and better address HH food security needs and be more sustainable.
- ✓ Secure expatriate staff for each SO and overall management.
- ✓ Build synergies with other food security programs for larger impact and utilize existing village structures as means to mobilize them around the program.
- ✓ Have a greater role and involvement of USAID for oversight, coordination of similar, USAID-funded programs implemented simultaneously within the same geography.
- ✓ Build capacity building activities for local staff and partner NGO development; increase female staff where possible.

4.4. DESIGN

- **Analysis of the effectiveness of the overall program design--including activities and inputs and strategy in order to determine its appropriateness for addressing the program objectives given the context and condition of the geographical areas.**

All Title II programs aim to improve food security¹⁴ as their core objective. As defined by USAID, food security has three components - availability, access and utilization. The WVA MYAP was designed based on these components. The overall program design, including activities and inputs, is consistent with the MYAP framework with regard to its goals and Strategic Objectives (SO), as illustrated below:

Goal: Reduced food insecurity in target populations

Strategic Objective 1/SO1: Livelihood Capacities Protected and Enhanced (**Livelihood**)

IR 1.1: Increased household income

IR 1.2: Increased resilience of farming systems

Strategic Objective 2/SO2: Human Capabilities Enhanced and Protected (**Health**)

IR 2.1: Malnutrition in Children Under 5 Reduced (particularly for children 0-24 months) IR 2.2: Nutrition and Health Practices of Pregnant and Lactating Women Improved

Activities and Inputs - one of the key informants noted that Ghor is facing “two kinds of poverty: knowledge poverty and economic poverty.” Both SO1 and SO2 activities are appropriate for addressing program objectives within the context of malnutrition, poverty and poor health of children Under 5 and Pregnant and Lactating Women (PLW). The SO1 Livelihood activities, for example, taught new gardening skills to farmers, set wheat demonstration farms as important means and tools towards improving HH income, and resilience of farming systems.

The vegetable gardens, schools gardens and tree nurseries were set to improve HH level dietary diversity, benefiting farmers, rural HHs and the MAIL. Within SO2/Health activities, food aid reached thousands of direct and indirect beneficiaries annually, helping children Under 5 and PLWs meet their basic nutrition needs; the CGM helped identify severely and moderately malnourished children and PLWs, through screening these activities improved health practices and increased use of health clinics.

FGD: “The food distribution has been very helpful as from one side it helped a lot with the nutrition of mothers and children and in the other hand it has been very helpful to the economy of the families.”

The geography, security, remoteness and accessibility exacerbated by winter weather conditions however, seriously hampered progress and necessitated a major redesign of the program in June 2010, discussed above.

The security issues were serious concern throughout the MYAP implementation, affecting the WVA staff’s ability to conduct timely and consistent monitoring and evaluation, as documented in the WVA FY2010 Annual Report: the kidnapping of six WVA staff in Morgab zone and the

¹⁴ USAID defines food security as ““when all people at all times have both physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life.” Three distinct variables are essential to the attainment of food security: 1) food availability; 2) food access; and 3) food utilization (USAID Policy Determination, Definition of Food Security, April 13, 1992

deteriorating security led to the suspension of all program activities in this zone from August 2010; intermittent deterioration in security led to intermittent closure of the Ghalmin, Ghorghand and Barakhana zones; insecurity in many areas of Ghor Province limited travel and oversight of field teams of the WVA partner STARS in Daulina and Charsada Districts. Closure of areas has had significant impacts on the ability for food distribution to take place, and for supervision of rural clinics and CHPs.

Strategy: Length - It is believed, that in the Afghanistan context, the goals, coverage and some LoA targets were overly ambitious and not realistic for timely and efficient deliverables. A longer term program would have been more appropriate given the magnitude of the program, the enormous needs and complexity of the environment. Another option would have been a 3-year base and 1-2 year extension period, depending on the pace and progress of the program. Designing a longer term program would enable incorporating different approaches that would address key structural and knowledge barriers.

Exit strategy – Interviews with key informant groups indicate that the completion of the MYAP program has been communicated to provincial government representatives and other partners. Discussions were held with MAIL and MOPH for them to sustain certain components of the MYAP (for example, MOPH taking over the Midwife training program). WVA developed a written agreement for MOPH to take on new candidates for midwife training for FHH activities in Chagcharan and Dawlaytar. These are good initial steps that need to be solidified during the MYAP extension period from November 2011 to September 2012.

The review of available documents provided limited information on the Exit Strategy and how it will be done. Some important and key aspects of the Exit Strategy remained vague, needing further elaboration:

- ✓ What components and activities should be sustained after project completion and how;
- ✓ Detailed communication plan ensuring the host country government is aware of its respective roles and responsibilities upon the MYAP completion
- ✓ A time line for the exit process and clear plan of who will do what
- ✓ Does the exit strategy increase the capacities of target communities and partner organizations to mitigate and respond to shocks?

A gradual phase-out strategy, clear communication plan and a stakeholder engagement are critical components of exit strategies which are normally developed early on, during the design stage of the program.

Key Informant Group: "A better exist strategy is needed from beginning: for example, target for government take over say 25% of certain activities. We also understand that they don't have the resources and capacity, plus we need to understand the environment – so these things should be weighed when developing detailed exist strategy."

overall targets, information systems, beneficiary targeting, and budgets.

Annual and overall targets - At the design stage, annual and LoA targets were set for SO1 and SO2. The original targets for SO2 were set for the screening and food aid components, where the LoA targets were sums of annual targets. This seems to be an oversight: screening and food aid programs envisioned including more or less the same target groups annually, for consistent growth monitoring and food provision (with some graduating and others entering, however, constituting a small portion). This and the analysis of actual number of beneficiaries lead the consultant to conclude that LoA targets should not be the sum of the annual targets; rather an average or highest number for a given year, to reflect more accurate targets.

The annual targets both for screening and food aid were met and exceeded, illustrated in Table 3 and 4, indicating that the original annual targets were not thoroughly assessed; and that community outreach programs boosted the beneficiaries' motivation and understanding of the screening and increased the number of visits. The LoA Impact Indicators targets for Livelihood and Health are discussed in Section 3.

Beneficiary targeting - Targeting beneficiaries was not well received in a population which historically has received blanket food distributions for the entire population, and this design has caused much resentment at the village level. WVA targeted two main groups - all PLWs and children Under 5. Over time, through concerted efforts by WVA staff, the population came to understand the design. On the whole, however the targeted distribution remained unacceptable to most communities.

Key Informant Interview: "The beneficiary selection also was somewhat poor in that food aid did not always go to most needy. Even in an emergency we do not recommend non targeted free food distribution."

Key informants, particularly provincial government representatives, health care workers, expressed dissatisfaction from the targeting system in that it was not appropriate to the needs of the local communities. The design applied an approach where all within the target groups were included in the program. It did not target most vulnerable within the target groups: this resulted in that some vulnerable groups being left out (widowed, elderly, etc.)¹⁵.

Key Informant: "One, the selection or targeting was not done accurately. Second, prior to distribution of food aid, knowledge and information, awareness on importance of the distributed food should be "pushed" with beneficiaries. Third, quality of some food commodities was not good and people were selling. Many did not fully realize why this food was important¹⁶."

¹⁵ The Evaluation has to reflect the feedback generated during interviews of over 20 key informants from different sectors.

¹⁶ This impression consistently came from key informants: the Evaluator deemed appropriate to record consistent feedback from key informants, as part of the qualitative data analysis.

Information systems – WVA established appropriate information systems through the Commodities Department which was tracking all food aid distribution on a monthly basis, to include amounts, food types, and number of direct and indirect beneficiaries per each category. This system provided up-to-date and comprehensive information on progress and deliverables for food commodities. In addition, technical offices such as Health or Livelihood Departments had their own records and information systems to track respective deliverables and services (number of children Under 5 or PLWs screened; number of Community Health Outreach participants, number of CHPs or Mother/Father groups trained, etc.) for a given period. Finally, The WVA Chagcharan office M&E department recorded overall program oversight monitoring reports, which gave information on specific sites with regard to the visited program activity.

The 3-layered information systems described above adequately reflected the MYAP progress, and was available to track and clear to follow.

Food aid - Free food aid program was an integral part of this program: the MYAP provided monthly food ration to target groups in Chagcharan over a period of 2.5 years (starting from May 2009). Whether or not this approach is appropriate is questionable: on the one hand, for relatively short periods of time, food aid has an important role helping thousands to be food secure and improve their diet and nutritional status. For the short- term this approach is appropriate and has positive nutritional and health implications and value.

FGD: “Before the MYAP our accessibility to food was very low, during the MYAP the food ration has met our food needs for the most part, we hope that the program continues in the future too.”

On the other hand, for an extended time period, this strategy is not efficient. This was consistently emphasized by all key informant groups and individuals. They expressed their concern that free food aid is not efficient in the long run. An unintended effect of free food aid is that it makes farmers lazy, they are not motivated to work hard and earn income through gardening, farming or other means, as they know they are secured by monthly food aid. The fluid security situation also affected the effectiveness and appropriateness of food aid in that it benefited only Chagcharan, while raising perception of social injustice in districts not benefiting from this component. Lastly, free food aid over extended period within the same location does not promote development.

Recommended Approaches

- ✓ During the extension period formalize verbal agreements and prior efforts with the government authorities (MOPH, MAIL) to take over structures established by the MYAP (CHP, Midwife); ensure proper closeout and Exit strategy.
- ✓ Engage local staff and provincial government members in the design stage, to incorporate their input in beneficiary selection, implementation and other programmatic issues. For example, conveying a message on birth spacing and providing free food aid to PLW was conflicting
- ✓ Conduct a feasibility study and proper risk assessment at start up to look into the following:
 - Situation analysis and risk assessment: security, accessibility and feasibility
 - Local and expatriate staffing issues

- Develop a detailed Exit strategy with a clear communication plan and deliverables
- Beneficiary selection criteria, realistic geographic coverage, etc.
- ✓ Deploy more flexible approach to fully utilize the MYAP components (Food for Work, etc.) for longer term implications. Consider beneficiary driven programs (versus donor driven), to address not only immediate food security but also basic infrastructure needs.
- ✓ Address vulnerability of food insecure households, with an emphasis on helping communities cope or manage risks better through education, skills development as social capital.

SECTION 5. EVALUATION METHODOLOGY

5.1. EVALUATION DESIGN

The FE Survey applied a pre-post type of design, as suggested and practiced by FFP programs. The methodology is based on a Quantitative and Qualitative data collection and analysis, to triangulate findings. The Quantitative data would indicate and measure degrees and level of occurrence; whereas Qualitative analysis will provide depth of understanding and generate feedback from respondents' perceptions and opinions on the MYAP. The Consultant was instructed to deploy the Baseline Study methods and approaches in order to be comparable and provide a clear picture of "before" and "after."

Quantitative HH data was obtained through SO1/Livelihood and SO2/Health Questionnaire, used during the Baseline Study; in addition, Questionnaire was developed FGD and for Key Informant Groups, as part of the Qualitative evaluation of the MYAP (*Attachment C: Questionnaires*). These questionnaires were deployed as tools to measure FFP and Food and Nutrition Technical Assistance (FANTA) impact indicators.

The Quantitative Survey was conducted based on population proportionate to the number of Under 5 children, while applying the same sample size of 1,200 as done during the Baseline, with 1,200 surveyed for SO2, of which 750 for SO1. To calculate the minimum sample size required in the HH survey the stunting indicator was used as the base indicator. A two stage sampling strategy was used to select HHs to be surveyed. First, 40 clusters were sampled using probability proportional to size and secondly, 30 households within each cluster were selected using systematic interval sampling.

The Consultant provided Statistical Package for Social Sciences (SPSS) data capturing format for data collectors to enter the data, consistent with the Baseline Questionnaire. Due to limited IT capacity in the WVA Chagcharan office, the data capture formats were modified to fit the local capacities. This resulted in few tables having a different range of measures compared to the Baseline.

5.2. CLUSTER SAMPLING

5.2.1. The first step - District level: the Evaluation Team (ET) determined the percentage

of HH sample per District based on probability proportional to size of Under 5 population (6-59 months) in five Districts, as per the WVA latest updates dated July 2011. The same sampling size of 1,200 household was followed, with a Confidence Interval of 2.83% generated as follows:

$\Delta = Nt^2 \frac{z^2}{n}$
 $\Delta = \frac{Nt^2 z^2}{n}$ Where:
 Δ - confidence interval
 N - Population of Ghor (635,302)
 t - Confidence Level (0.95%)
 z^2 - 0.25
 n - sample size (1,200)

Table 6: Calculation of sample Households

| Column A | Column B | Column C | Column D | Column E | Column F | |
|---------------|-----------------------|---------------------------|-------------------|---|--|------------|
| Districts | 0-59 months (Under 5) | % proportional to Under 5 | Sample size (HHs) | Sectors: Livelihood (SO1); Health (SO2) | Qualitative Survey: Focus Group Discussion (FGD) | |
| | | | | | FGDs | People |
| 1. Chagcharan | 11107 | 66.4 | 810 | Health & Livelihood | 4 | 60 |
| 2. Dowlatyar | 3030 | 18.1 | 210 | Mostly Health, some Livelihood (distribution of vegetable seeds) | 2 | 30 |
| 3. Dawlina | 992 | 5.9 | 60 | Mostly Health, Limited Livelihood (distribution of vegetable seeds) | 2 | 30 |
| 4. Lal | 1187 | 7.1 | 90 | Health Only | 1 | 15 |
| 5. Charsada | 421 | 2.5 | 30 | Health Only | 1 | 15 |
| Totals | 16737 | | 1200 | | 10 | 150 |

Where:

Column A: Districts

Column B: Number of Under 5 children screened during February-July 2011

Column C: The percentage figures are proportional to the size/number of Under 5 children screened. This percentage also reflects the volume of activities implemented in each District: for example, vast majority of activities (Health & Livelihood) were implemented in Chagcharan, where as other 4 Districts were mostly involved in Health.

Column D: The number of sample HHs is 1,200: the figures represent percentage (for example, for Chagcharan, 66.4% of 1,200) of sample size 1,200, proportional to each district (for Under 5 populations). For accuracy and practical purposes, numbers are rounded down.

Column E: this Column shows Quantitative Tools for Health and Livelihood and location for their administration per District.

Column F: Qualitative Survey will be carried out through Focus Group Discussions (FGD). Number of FGDs are 10, proportional to percentage Under 5 (about 66% or 4 in Chagcharan; etc.). In each District, 1 FGD will be conducted with Female Group, one with Male Group. Each Group will have 15 members/people: 10 Groups with 150 people.

Thus, the ET determined that as key beneficiary group, Children Under 5 screened will be

taken as basis; this is also proportional with the number of total population in target Districts, so the team considered this approach appropriate.

5.2.2. Second step – District/villages level: The Team then proceeded to determine what Clusters will be chosen within the pool of all Districts, Centers and Villages.

Table 7: Calculation of Clusters & Sampling per District, Zone/Center, Villages

| Column A | Column B | Column C | Column D | Column E | Column F | | Column G | Column H |
|--------------|---------------|----------|---------------------------------|---------------|--|----------------------|-----------------------------|-------------------------|
| District | Population | # of HHs | Percent proportional to Under 5 | total Centers | Clusters (Centers) to be surveyed # of Clusters | villages in Clusters | Sample size (HHs to survey) | # of villages to survey |
| Chagcharan | 229047 | 32721 | 66.4 | 42 | 27 | 83 | 810 | 27 |
| Dowlatya | 47320 | 6760 | 18.1 | 24 | 7 | 37 | 210 | 7 |
| Dawlina | 27594 | 3942 | 5.9 | 5 | 2 | 9 | 60 | 2 |
| Lal | 101900 | | 7.1 | 24 | 3 | 19 | 90 | 3 |
| Charsada | 39550 | 5650 | 2.5 | 1 | 1 | 5 | 30 | 1 |
| Total | 445411 | | | 96 | 40 | 153 | 1200 | 40 |

Where:

Column A: Districts

Column B: Population per District. Most data available on Population at Village level pertains to Chagcharan; Population data at Village level for other 4 Districts is largely missing or sporadic. **Column C:** Number of HHs per District. Most data available on HHs in WVA records, pertains to

Chagcharan at District and Village level. HH data at Village level for other 4 Districts is sporadic or inconsistent.

Column D: percentage proportional to the size/number of Under 5 children

Column E: Total Number of Centers in each District.

Column F: Number of Clusters applied in the Baseline Study is 40. This Column is the breakdown of 40 Clusters, in proportion to Under 5 per District; and Number of villages in Clusters. 30 HHs will be interviewed in each Cluster, as advised in the Baseline Survey.

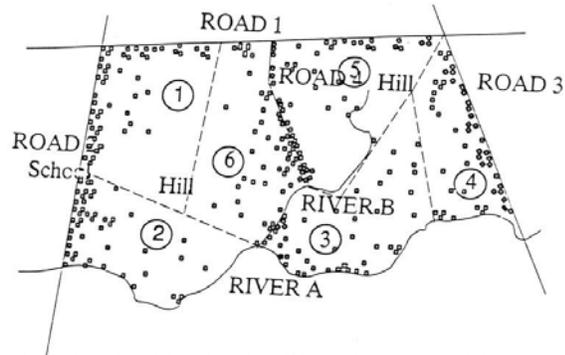
Column G: Sample size per District.

Column H: Number of Villages to be interviewed – 30 interviews will be conducted in each Cluster, visiting a total of 40 cluster Villages.

Clustering was done at Center level first. This approach is proposed given the volume of the Quantitative and Qualitative survey, the time constraints, as well as challenges with regard to access and security. In addition, this approach allowed to obtain a wider coverage, equal chances for inclusion within Centers/clusters and larger input. Number of Centers in each District is taken as Primary Units (Cluster), to ensure proper and equal coverage and representation of all Districts /Centers. Then, 40 Clusters are selected from total number of Primary or Initial clusters, proportional to their size. The next, Third Step was to do the elementary sampling, i.e., villages within those clusters.

5.2.3. Third step - Village level cluster sampling: As advised in the SOW, 30 HHs per Cluster village were surveyed. Thus, based on sample size of 30 HHs per Village, a total of 40 Villages were selected, with a total sample size of 1,200 (40x30).

The selection of Villages was done by systematic random selection (every X/number of village for each Cluster), then adjustments were made to factor few critical aspects: accessibility, proximity, security issues. In addition, villages were included that had both Livelihood and Health Components, in order to have sufficient data on both sectors.



Sampling at Village level: suggest approach **Random-walk method**, where the data collecting team will:

- a) Randomly choose a Starting point, and a direction of travel within a sample cluster;
- b) Conduct an interview in the nearest HH;
- c) Continue interviews in the next nearest HH until the target number of HH interviews is obtained (30/village).

It is important that the starting point is not automatically the first in the list, but is instead randomly chosen from the cluster sample. For Health survey, if there is more than one child in the HH Under 5, the survey questions will be asked for one child only. The ET adopted this approach because the team thought each household should be given a fair chance to be surveyed; this option was suggested by the MYAP Health Manager and supported by the ET.

Thus, the sampling of villages was done through random selection, however, adjusted based on security, proximity of villages. The ET did not view this as study limitation, since the number of sampled villages and households are maintained or complied with (40 villages, 30 HHs in each). The random approach was also applied when selecting HHs for survey, through random walk through in the village.

5.3. DATA COLLECTION TOOLS

Qualitative data collection was done through a) FGD; and b) Interviews with Key Informant Groups. The FGD Questionnaire used during the Baseline Survey was modified to reflect end of the MYAP progress, and make it more user-friendly and less technical. A total of ten FGDs were conducted, with five men and women groups, roughly 15 in each group.

Questionnaire were filled through interviewing the MYAP beneficiaries in selected clusters; however, “control” or non-beneficiary groups were also interviewed to provide basis for comparison of beneficiary and non-beneficiary groups. This was done based on USAID request: compare beneficiary and control groups where possible.

Although the sample size for Quantitative survey was clear, the Consultant and WVA team spent significant time when finalizing the sample size. The selection was done taking into account security considerations, distance proximity, as well as looking at which areas or Villages were engaged in what sector (SO1, SO2), to ensure that selected villages provide a good mix of data from both sectors: Livelihood and Health.

5.4. DATA COLLECTION TRAINING

Based on the internal discussions, the Consultant developed a detailed daily training agenda. Following the detailed training plan, the Consultant facilitated 5-day training for 56 enumerators and 14 Team leaders. Separate sessions were held for Livelihood and Health sections, to go over the questionnaire, have the training participants practice them and go through each and every question in the Questionnaire; practice Mid Upper Arm Circumference (MUAC) measurements.

One of the purposes of the training was to evaluate and test the enumerators' capacity to read, comprehend the questions and be able to convey it to interviewee HHs or Focus Groups. Based on the feedback and reactions from participants on Focus Group Questionnaire, the Questionnaire was revised to make it more user-friendly, less technical and easy to comprehend and take proper notes from respondents. The data enumerators collected the field data, which was then captured and exported into Statistical Package for Social Sciences (SPSS) by WVA staff. The Consultant then analyzed the data, with an emphasis on key Impact Indicators, aimed to evaluate the overall progress and achievements vis-à-vis the set Indicators and LoA targets.

5.5. KEY INFORMANT GROUP INTERVIEWS

The purpose of this exercise is to collect feedback from key informants on the MYAP and look into four main areas, as advised in the SOW:

- The MYAP Design
- Implementation
- Quality and sustainability
- Impact, lessons learned

The information collected from key informant groups was part of the qualitative analysis and was later fed into the final Evaluation Report. The Consultant developed a Questionnaire for Key Informant Groups, that was used to interview two main groups of key informants: a) WVA internal team members and the MYAP key staff; and b) external key informant groups, including representatives of USAID, partner organizations, Provincial government representatives, etc. These interviews helped not only to generate valuable feedback on the MYAP, but also better understand the wider environment, coordination challenges and how the MYAP fits within the larger humanitarian and development context of different players in Ghor. The List of key informants interviewed is provided in the *Attachment A: a6*.

5.6. EVALUATION CONSTRAINTS

Evaluation Team - The FE was conducted by an individual Consultant: the SOW suggested a

team of at least 4-5 experts, to include Team Leader/external consultant; Agronomist / Agriculture Extension or Micro-Enterprise Specialist; Social Science/Public Health (Health & Hygiene); Specialist Nutritionist/Dietician; Environmental Science/Natural Resource Management; Gender Specialist. The Baseline Survey was conducted by a Company; it was a smaller task, focused on Indicators, without reflecting on the MYAP. It was challenging for the Consultant to cover all the areas mentioned above. At least one expatriate Manager should have been present *throughout the FE* to provide technical input for specific areas, without however, affecting the independent nature of the evaluation. Local staff helped with initial work, organization and logistics.

Timing – The Baseline survey was conducted in July 2009: to be comparable, it is ideal to conduct the FE at the same time. This timing is also recommended by FFP. Due to logistics and other technical issues, the FE commenced with a 3-month delay, thus collecting data at a different season of the year (fall versus summer). In addition, year 2009 was good for agriculture in GHOR, whereas 2011 faced a serious DROUGHT having certain adverse effect on food provisioning, as discussed in Section 3 above. Different seasons imply seasonal fluctuations: in midsummer food supply is normally bountiful in a good agricultural year; whereas in autumn food supply is less particularly during a drought.

Institutional memory or lack of it - One of the serious challenges faced was hiring qualified local and expatriate staff. There was serious shortage of expatriate staff and management; and it was only in the third year that the program located and hired more qualified local staff. Thus, this resulted in poor continuity and/or lack of institutional memory – analyzing program details, indicators, targets and hard data within multiple sources alone was challenging. When asked, most of the current staff was unable to clarify them given their relatively short involvement in the MYAP.

Unequal geographic coverage of SO1 and SO2 activities – This means that the MYAP gains are not evenly distributed across the original target areas in Ghor, making the evaluation complicated. This led to unequal distribution of SO1 and SO2 questionnaire for the surveyed population. During the Baseline, ALL selected HHs (1,200) were surveyed both for SO1 and SO2; during the FE, 1,200 HHs were surveyed for SO2, of which 750 for SO1/Livelihood. This can have implications on the interpretation and analysis of the collected data across all Districts. The analysis of data reflects all Districts, and where possible they contain sections for Chagcharan.

Inability to travel to project sites - Due to security restrictions, the Consultant was not able to travel to project sites which is an integral and valuable part of an evaluation. It is rather challenging to analyze “why”, “why not”, “how”, “what else” without first hand field exposure.

Capacity of data enumerators – the accuracy of collected data and later its proper capture is critical in obtaining the true picture of the MYAP performance. The level of data collectors’ capacity was limited; the data entry was done after the Consultant left the field, without seeing the collected Questionnaire, nor having an exposure to data capture. This is a disconnect which made data analysis and interpretation challenging.