# Initiative for Hygiene, Sanitation and Nutrition (IHSAN) Project

ANNUAL PERFORMANCE PROGRESS REPORT

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The Initiative for Hygiene, Sanitation and Nutrition is a five-year project funded by USAID under contract No. (AID-306-C-16-00007) beginning (11 May 2016). It is implemented by FHI 360 in collaboration with Aga Khan Foundation, International Rescue Committee, Coordination for Humanitarian Assistance, Humanitarian and Development Assistance for Afghanistan and Silk Route Training and Research Organization.

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## LIST OF ACRONYMS

| | |
|---|---|
| ACBAR | Agency Coordinating Body for Afghan Relief and Development |
| AFSANA | Afghanistan Food Security and Nutrition Agenda newly named as AFSEN |
| AIM | Assessment and Information Management Technical Working Group |
| AKF | Aga Khan Foundation |
| APRO | Asian Pacific Regional Office |
| ASMO | Afghanistan Social Marketing Organization |
| BPHS | Basic Package of Health Services |
| BSC | Balanced Score Card |
| CBNP | Community-based Nutrition Program |
| CHA | Coordination of Humanitarian Assistance |
| CHW | Community Health Worker |
| CLTS | Community Led Total Sanitation |
| COP | Chief of Party |
| DCOP | Deputy Chief of Party |
| DH | District Hospital |
| DHIS 2 | District Health Information V2 |
| EHIS | Evaluation and Health Information System |
| EMMP | Environmental Management and Mitigation Plan |
| FANTA | Food and Nutrition Technical Assistance Project |
| FAO | Food and Agriculture Organization |
| FHAG | Family Health Action Group |
| FHI | Family Health International |
| GIRoA | Government of the Islamic Republic of Afghanistan |
| HADAAF | Humanitarian and Development Assistance for Afghanistan |
| HMIS | Health Management Information System |
| HQ | Headquarters |
| IEE | Initial Environmental Examination |
| IHSAN | Initiative for Health, Sanitation and Nutrition |
| IMAM | Integrated Management of Acute Malnutrition |
| IP | Implementing Partner |
| IRC | International Rescue Committee |

| | |
|---|---|
| IYCF | Infant and Young Child Feeding |
| M&E | Monitoring and Evaluation |
| MoPH | Ministry of Public Health |
| MAIL | Ministry of Agriculture, Irrigation and Livestock |
| MOU | Memorandum of Understanding |
| MRRD | Ministry of Rural Rehabilitation and Development |
| NAF | Nutrition Action Framework |
| NERS | Nutrition Education and Rehabilitation Sessions |
| NGO | Non-governmental organization |
| ODF | Open Defecation Free |
| PND | Public Nutrition Department |
| PNO | Provincial Nutrition Officers |
| PRRD | Provincial Rural Rehabilitation and Development Director |
| RuWatSIP | Rural Water Supply and Sanitation |
| SBCC | Social and Behavior Change Communication |
| SDG | Sustainable Development Goal |
| SOP | Standard Operating Procedures |
| SRTRO | Silk Route Training and Research Organization |
| SSDA | Society of Sustainable Development of Afghanistan |
| SUN | Scaling Up Nutrition |
| TAC | Technical Advisory Committee |
| TEC | Technical Evaluation Committee |
| TOT | Training of Trainers |
| TWG | Technical Working Group |
| UN | United Nations |
| UNICEF | United Nations Children’s Fund |
| USAID | United States Agency for International Development |
| WASH | Water, Sanitation and Hygiene |
| WFP | World Food Program |
| WHO | World Health Organization |

## EXECUTIVE SUMMARY

The Initiative for Hygiene, Sanitation and Nutrition (IHSAN) is a five-year (May 11, 2016 to May 10, 2021) US$75.5 million activity funded by the U.S. Agency for International Development (USAID) and implemented by FHI 360 and its subcontractors in collaboration with the Ministry of Public Health (MoPH) of the Government of the Islamic Republic of Afghanistan (GIRoA). The objective of IHSAN is to improve the nutritional status of women of reproductive age and children younger than 5 years old, with a focus on the first 1,000 days (conception to 24 months of age). The expected outcomes of IHSAN are to decrease stunting by at least 5 percent over five years and reduce anemia among women of reproductive age by at least 10 percent.

This report covers the period from May 11, 2016, through September 30, 2017; however, an explicit reference is made to Quarter 4 (Q4) results covering July 1 to September 30, 2017.

During FY17, the IHSAN project management and operations team focused on (1) stakeholder consultation process and alignment of Year 1 annual work plan, (2) execution of subcontracts and negotiation of amendments, (3) identification, procurement and security upgrade of appropriate office space and (4) recruitment of staff.

Key management and operations activities during Q4 of FY17 included (1) shifting from Aga Khan Foundation to new office space; (2) recruiting remaining management and technical staff for the project, including the Water, Sanitation and Hygiene (WASH) technical advisor and replacement of the Deputy Chief of Party (by September 30, more than 95% of FHI 360 and implementing partners' [IPs] staff on board); (3) welcoming the IHSAN project new Chief of Party; (4) negotiating and executing subcontract modifications; (5) working with IPs to develop acceleration plans to overcome the slow progress in reaching targets over the past quarters; and (6) working with IPs to develop an annual work plan for FY18.

IHSAN continued its coordination meetings with the Public Nutrition Department (PND) and the Ministry of Rural Rehabilitation and Development (MRRD) to implement activities in the field. FHI 360 registered with the MoPH and during the quarter signed a memorandum of understanding (MOU) that facilitates subcontractors' implementation of the nutrition and WASH intervention packages in the provinces. A landmark achievement during the quarter was support to the government of Afghanistan to become a signatory of the global, multisectoral Scaling Up Nutrition (SUN) Movement.

An MOU was signed with the Society for Sustainable Development of Afghanistan (SSDA) to continue providing capacity-building support to the IPs and subcontractors working under the IHSAN project on Community-Led Total Sanitation (CLTS) implementation. SSDA provided capacity-building support to about 275 CLTS team members and government staff through trainings on "Hygiene/Behavior Change Communications" and "Open Defecation Free (ODF) Verification and Certification." In total, 852 villages were triggered, 521 of them during Q4, to

implement CLTS; post-triggering follow-up was performed in the villages triggered during the past quarter. By end of September, 83 villages were certified as ODF.

Nutrition activities included finalizing the nutrition counselors' training package, training of 68 master trainers from the provinces and capacity building for and implementing Nutrition Education and Rehabilitation Sessions (NERS) in the provinces. During FY17 a total of 257 master trainers and 1,100 FHAG and Community Health Worker (CHWs) were trained on NERS and nutrition Standard Operating Procedures (SOP) and 35,739 children below five were enrolled to NERS sessions. In addition, 396,428 children less than five years, 120,110 less than two years and 85,494 pregnant women were provided with counseling and education on nutrition.

FHI 360's social and behavior change communication (SBCC) Technical Advisor for Global Health Communication assisted the IHSAN team to develop and refine the project's SBCC guide and started incorporating it into the MoPH nutrition promotion strategy. The revised nutrition promotion strategy will be aligned with the National Nutrition Strategic Guidelines and the World Health Organization–endorsed Essential Nutrition Actions, reflecting global best practices for providing an integrated approach to prevent malnutrition among women and children younger than 5 years of age.

IHSAN monitoring & evaluation (M&E) activities for this period have focused on building capacity of staff of subcontractors in data management, including providing a four-day training for government and IHSAN IP staff on documenting the "most significant change." The M&E unit accomplished a comprehensive desk review of nutrition, food security and WASH; identified program and knowledge gaps; and provided recommendations accordingly. In addition, it supported M&E of the PND to develop checklists for standard operating procedures (SOPs) post-training, monitoring and follow-up. IHSAN also provided technical support to MoPH in prioritizing nutrition indicators for mainstreaming into the Balanced ScoreCard, which involved developing and revising a list of indicators and presenting them to the AIM working group for further feedback. The M&E team field tested data collection tools to assess knowledge, attitudes and practices of health care providers who completed the nutrition SOP training, and nutrition service quality and referral at community level. In addition, 77 surveyors and supervisors were trained in data collection and initiated field work in 11 pre-selected provinces.

The Innovation Fund management team of IHSAN developed Annual Program Statement, revised to include scale-up of CLTS and the Community-based Nutrition Package intervention and re-announced a request for proposals from eligible parties. By September 30, 2017, IHSAN had received 64 concepts, 6 of which were endorsed by the external Technical Advisory Committee. The endorsed concepts were further developed into full proposals, and administrative due diligence performed. Budget negotiation and an award contract have been completed for two TAC endorsed innovative projects and submitted to FHI 360 headquarters for

review and approval.

The Environmental Management and Mitigation Plan (EMMP) was developed in response to the Initial Environmental Examination (IEE) conducted by USAID and the mitigation measure implementation was monitored at FHI360 and at subcontractors' activities. In addition, the requirements of EMMP were transferred to the IHSAN subcontractors by including a clause about EMMP in the amendment memo for every partner. Subcontractors initiated developing EMMP for the activities identified in IEE.

Although the project initially faced many challenges, including, delay in implementation, hiring and retaining qualified staff and functioning in an insecure environment, the project accelerated efforts and mobilized resources in Q4, which resulted in increased momentum for continual improvement in reaching the IHSAN project targets. The work plan developed for FY18 is more intensive than that of FY17 in terms of setting targets, structured methodology, advance planning and placing adequate human and other resources. In FY18, FHI 360 has proposed alternative intervention options to reach more beneficiaries, such as expanding the geographical coverage beyond the 10 priority provinces, establishing new partnerships, providing system-level support to improve existing services in the health system and using innovative technology approaches.

# INTRODUCTION

A key determinant of the nutrition situation in Afghanistan is food insecurity: 9.3 million—or 33 percent of the Afghan population—are food insecure, and the average household in Afghanistan consumes food from only five out of standard eight food groups. Limited capacity of health staff to provide quality nutrition services and inadequate care for women and children are other factors. In addition, poor hygiene and sanitation play a major role in compromising the nutritional status of vulnerable populations. Only 39 percent of the population has access to improved sanitation, and another 19 percent practice open defecation[1].

The Initiative for Hygiene, Sanitation and Nutrition (IHSAN) supports USAID/Afghanistan in assisting the Government of the Islamic Republic of Afghanistan (GIRoA), civil society organizations and the private sector to implement and scale up evidence-based nutrition and water, sanitation and hygiene (WASH) interventions that will improve the nutritional status of women and children younger than 5 years old, with a focus on the first 1,000 days (conception to 24 months of age).

IHSAN is being implemented by FHI 360 with the support of its subcontractors—Aga Khan Foundation (AKF), Coordination of Humanitarian Assistance (CHA), Health and Development Agency for Afghanistan (HADAAF) and International Rescue Committee (IRC)—in collaboration with the Ministry of Public Health (MoPH), Ministry of Rural Rehabilitation and Development (MRRD) and Ministry of Agriculture, Irrigation and Livestock (MAIL) of the GIRoA. Silk Route Training and Research Organization (SRTRO) is the monitoring and evaluation (M&E) partner, which, together with FHI 360, will monitor and evaluate project progress.

During FY17, the IHSAN team implemented the project across 10 priority provinces: Badakhshan, Badghis, Bamyan, Farah, Ghor, Kunar, Nangarhar, Nuristan, Paktya and Samangan. These provinces were assigned to specific partners based on ongoing presence in the province, implementation of related activities and strong relationships with GIRoA and civil society organizations at the provincial level.

The expected outcomes of IHSAN are to decrease stunting by at least 5 percent (i.e., 2 percentage points reduction from the current rate) over five years and reduce anemia among women of reproductive age by at least 10 percent (i.e., 4 percentage points reduction from the current rate). IHSAN aims to achieve the above goals through the following specific objectives:

**Objective 1:** Enhance capacity to institutionalize nutrition programs.
**Objective 2:** Increase adoption of optimal nutrition and hygiene behaviors at community and

[1] http://www.communityledtotalsanitation.org/country/afghanistan

household levels.

**Objective 3:** Increase availability of nutrition, hygiene and sanitation services and products.

In addition, IHSAN has an Innovation Fund (IF) component to increase the reach and quality of high-impact, cost-effective and evidence-based nutrition and WASH interventions in Afghanistan. The IHSAN Innovation Fund aims to solicit and fund innovative ideas that include a blend of nutrition and WASH activities that fit within the parameters of the Annual Program Statement.

# PROGRESS TO DATE

## Project Management and Operations

During FY17, the IHSAN project management and operations team focused on (1) stakeholder consultation process and alignment of Year 1 annual work plan, (2) IHSAN launch, 3) execution of subcontracts and negotiation of amendments, (4) identification, procurement and security upgrade of appropriate office space and (5) recruitment of staff.

Significant management activities during Quarter 4 (Q4) included:

- Shifting FHI 360 operations from AKF office to the new office space
- Recruiting remaining management and technical staff for the project including the WASH technical advisor and replacement of the Deputy Chief of Party (DCOP) (by the end of the September 2017 more than 91% of FHI 360 and 96% of implementing partners' (IPs) staff were hired and got on board
- Welcoming the IHSAN project's new Chief of Party (COP)
- Negotiating and executing subcontract modifications
- Working with IPs to develop acceleration plans to overcome the slow progress in reaching targets over the past quarters
- Working with IPs to develop an annual work plan for FY18.

Furthermore, semi-annual financial reports for January–June 2017 were submitted to the Ministry of Economy at the end of July 2017, and the annual tax clearance letter was received from the Ministry of Finance for the solar year 1395 equivalent to 2016/17 Gregorian calendar.

### Stakeholder Consultation Process and Workplan Alignment

Upon signing the contract, the IHSAN team engaged in a stakeholder consultation process to inform the Year 1 work plan and ensure that IHSAN activities reflected the changing landscape in nutrition and WASH in Afghanistan, aligned with other stakeholder efforts in country and were relevant to the needs of GIRoA. Consultations were held with multiple government and non-government stakeholders (Box 1).

**Box 1: Stakeholders Consulted on IHSAN Activities**

**Government**
MRRD, MAIL, Rural Water Supply, Sanitation and Irrigation Program (RuWatSIP), Public Nutrition Department (PND) of MoPH

**Non-Government Organizations**
Save the Children, World Vision, Action Contre la Faim, Global Alliance for Improved Nutrition

**Multilateral Organizations**
United Nation's Children Fund (UNICEF), World Health Organization (WHO), Food and Agriculture Organization (FAO), World Food Program (WFP), Global Affairs Canada, World Bank

Following this process, the IHSAN team incorporated feedback from key stakeholders into the revised IHSAN Year 1 work plan and targets. Through consultation with PND/MoPH and Rural Water Supply and Sanitation (RuWatSIP) of MRRD, IHSAN incorporated Community-Led Total Sanitation (CLTS) and Nutrition Education and Rehabilitation Sessions (NERS) program

packages into its work plan as key activities. PND suggested to replace the NERS package by the Community-Based Nutrition Program (CBNP) in the second year work plan when the later gets endorsed by the MoPH, which at the time was still being developed. USAID approved the final Year 1 work plan on December 22, 2016.

**IHSAN Project launch at USAID partners meeting**

USAID organized a nutrition partners meeting on 30 November 2016 at the US Embassy with the participation of approximately 80 participants from key partners and stakeholders including representatives from MOPH, MRRD, Ministry of Education, MAIL, and MoWA as well as United Nations (UN) organizations. The aims of the meeting included the launch of IHSAN and the introduction of other USAID-funded nutrition activities in Afghanistan. The meeting emphasized the need to address nutrition challenges in Afghanistan through a multi-sectoral approach, and strengthen further coordination mechanisms among stakeholders at different levels, including policy makers (Ministers and line ministry policy staff), technical, non-government project implementers, and community players.

The meeting also emphasized the need to advance the nutrition agenda further as a national development priority. This requires integration of nutrition in the Citizen Charters Program, an application from Afghanistan for membership in the Global Scale Up Nutrition (SUN) movement, and operationalizing the planned high-level steering committee for nutrition and food security as formulated in the Afghanistan Food Security and Nutrition Agenda (AFSeN) and Nutrition Action Framework (NAF).

*Figure 1: USAID Mission Director, Mr. Herbert Smith's welcome address*

**Subcontract Management**

Once the contract between USAID and FHI 360 was in place for the IHSAN project, letters of authorization were issued to subcontractors, so they could engage in the stakeholder consultation and revise their work plans. By December 31, 2016, contracts with IHSAN subcontractors were either signed or ready for signature. In January 2017, based on changes in the scope of work in the approved Year 1 work plan, FHI 360 initiated negotiations with IHSAN subcontractors for contract modifications. By end of September 2017, amended contracts were signed with CHA

and HADAAF. Amendments in the IRC and SRTRO contracts were also finalized in September 2017 and sent for formal endorsement by the parties; however, modifications in the contract with AKF have not been finalized. The reasons for delays included negotiation around the National Technical Assistance allowance package and delayed clearance of financial reports. The IHSAN team is working closely with FHI 360 HQ and regional teams to finalize the pending modifications in FY18 Q1.

At the beginning of Q4, a deeper analysis of the project's performance revealed all IPs were lagging in reaching set targets. Therefore, the IHSAN team worked with IPs to develop acceleration plans to reach the maximum targets during the last quarter of FY17. Biweekly meetings were held with IPs, during which progress was reviewed and challenges discussed. FHI 360 provided administrative support so that the IPs could implement the acceleration plan. Implementing the plan helped the project to make substantial progress in reaching its targets (Figure 2).

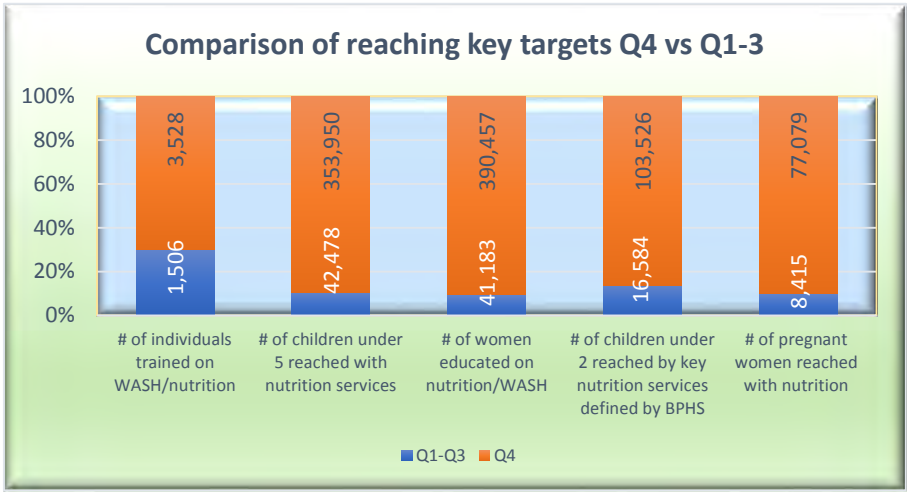


*Figure 2: comparison of Q4 vs Q1-3 in reaching target beneficiaries with the planned services*

**Procurement and Preparation of Appropriate Office Space**

In November 2016, the IHSAN team identified a new office building and secured a lease. Between January and June 2017, FHI 360 completed security upgrades and refurbishment, signed a contract with the Afghanistan Public Protection Forces, installed Internet and information technology equipment, set up the network server, procured the generator and set up furniture and utilities. The IHSAN office moved to the new building on July 6, 2017, providing staff with sufficient space and amenities to work effectively. However, in the FY18 work plan, IHSAN has proposed additional staff so it can effectively manage the new scope of work. The current office space may not be sufficient; hence, the team plans to explore options with more office space and stronger security.

**Recruitment of Staff**

One of the main activities of FY17 was staff recruitment, mobilization and retention. The recruitment process was supported by the FHI 360 Asia Pacific Regional Office (APRO) in Bangkok and FHI 360 HQ staff as needed. The IHSAN recruitment team worked to ensure

transparency, equity and ethnic and gender diversity within the team. Terms of reference for each position were developed, and jobs were announced through the Agency Coordinating Body for Afghan Relief and Development (ACBAR) and other websites. Written tests and face-to-face interviews were conducted to select the candidates with the highest proficiency and professionalism.

During FY17 Q4, the IHSAN project filled the following positions:

- A new DCOP to replace the DCOP who resigned for personal reasons (hired September 17)
- New human resources and finance officers to replace those who resigned (joining in November)
- WASH technical advisor (hired September 1)
- Two security/logistic assistants (one promoted from position of driver; one hired July 24)
- A security/logistic officer (hired July 25)

The IHSAN Chief of Party (COP), Mr. Prakash Silwal, departed the project in June 2017 for personal reasons. His role was covered by the DCOP, with increased management support from FHI 360 APRO to minimize the impact on the project. A new COP joined the project in July 2017, who resumed the role with FHI 360.

Throughout the recruitment process for both key and non-key personnel for FHI 360 and IHSAN subcontractors, many first- and second-choice candidates declined the job offer, generally due to inability to match salary expectations or historic salary within the National Technical Assistance salary scale. The two key positions, Nutrition and WASH technical director and senior capacity development advisor, were vacant for about 12 and 9 months respectively. Lack of applications from qualified individuals for the key positions necessitated repeated advertisements of the positions on ACBAR and other websites, which negatively impacted the ability to implement activities at full capacity. In addition, many positions were repeatedly left vacant as a result of staff leaving for other organizations in search of a better compensation package.

By the end of this reporting period (September 2017), 100% of planned key personnel, more than 91 percent of FHI 360 positions and 96 percent of IHSAN IP staff had been recruited. The lower percentage of FHI 360 staff is due to the resignation of two staff during September 2017. Replacements for those staff members have been identified and will join early Q1 of FY18.

## Project Activities

**IR 1.1 Nutrition environment enhanced**

- High-level advocacy activities
- High-level coordination activities with MoPH, PND and MRRD

**Objective 1: Enhance Capacity to Institutionalize Nutrition Programs**

*High-Level Advocacy Activities*

Nutrition advocacy is a platform to create movement toward greater political and social commitment for nutrition in a country. A central focus of nutrition advocacy is to promote accountability for nutrition and strengthen nutrition governance. Advocacy can be highly effective in igniting change and making strides toward the desired outcome of a comprehensive nutrition program.

Over the year, the IHSAN team participated in high-level advocacy activities related to the Afghanistan Food Security and Nutrition Agenda (AFSANA/AFSeN)/Nutrition Action Framework (NAF) and the Afghanistan national strategic review of Sustainable Development Goal (SDG) 2: Zero Hunger. More importantly, during FY17 Q4, the project contributed to Afghanistan's desire to become a signatory to the global Scaling Up Nutrition (SUN) Movement, and it laid a plan to engage with the High-Level Nutrition Steering Committee through the AFSeN secretariat to produce PROFILES estimates and develop an advocacy plan for implementation by various stakeholders in the country.

*AFSANA/NAF and the SUN Movement*

AFSANA is a policy statement by GIRoA that reaffirms the government's commitment to address the multiple determinants of hunger and malnutrition in a coordinated fashion, and NAF is a comprehensive framework with a specific goal and targets, strategic priorities and fields of action, and coordination structures needed to overcome the interrelated challenges of food and nutrition insecurity. During FY17, the name of the document changed from AFSANA (meaning fiction) to AFSeN (relates to the seven types of fruits that are traditionally mixed and served on Nawrooz, the first day of the solar year) and was signed by the Chief Executive on April 18, 2017. Three UN organizations—UNICEF, FAO and WFP—signed a memorandum of understanding with the Chief Executive and recently activated a secretariat for the High Level Steering Committee that coordinates and ensures realization of the AFSeN commitments.

During FY17 Q4, Afghanistan applied to become signatory for the global SUN Movement and obtained membership as the 60th country. IHSAN was a catalyst for this effort, providing

technical support to the PND to lead the technical committee assigned to facilitate country membership in the movement. IHSAN helped PND develop the application letter to the SUN secretariat and actively participated in the preparatory meetings for the launch of the AFSeN and SUN, which is planned to take place at the office of the Chief Executive on October 16, 2017. This launch is an important milestone to authorize and promote a multisectoral approach to nutrition. It will position cross-sector coordination of nutrition-specific and nutrition-sensitive actions in Afghanistan. For many countries, the involvement of a high-level executive office to oversee and coordinate a multisectoral action plan for nutrition is believed to have substantial impact, leading to significant drops in stunting and other forms of malnutrition. To further facilitate the process, IHSAN brought in a consultant from the Food and Nutrition Technical Assistance Project (FANTA), who supported the IHSAN project in laying a plan to engage with the secretariat and the High-Level Nutrition Steering Committee. The plan includes providing capacity building, conducting the PROFILES estimates and developing an advocacy plan for moving the nutrition agenda forward. A team of experts from FANTA, together with the IHSAN in-country team, will provide remote and in-country technical support to engage key stakeholders in the activities described below.

**a. Development of PROFILES Estimates**

An exercise to develop PROFILES estimates will take place during Q1 and Q2 of FY18 and will include following four steps:

- *Step 1: Engagement with multisectoral stakeholders to establish a core nutrition advocacy working group (FY18 Q1)*
  IHSAN will engage with multisectoral stakeholders (ministries, development partners, NGOs, civil society organizations) to build consensus on the national nutrition advocacy process. The core nutrition advocacy working group will guide the planning and implementation of workshops and meetings to develop and refine PROFILES estimates and the national nutrition advocacy plan and materials.

- *Step 2: Nutrition advocacy stakeholder meeting (FY18 Q1)*
  This one-day stakeholder meeting will bring together experts working in the fields of nutrition, health, agriculture, education, finance and information to share sources of data to be used in nutrition advocacy. During the meeting, participants will identify data sources for PROFILES; discuss a time period for projection and possible targets; and discuss ongoing nutrition advocacy activities, benchmark existing advocacy materials and identify needs. USAID/FANTA and IHSAN staff will conduct the meeting.

- *Step 3: PROFILES workshop (FY18 Q1)*
  A four-day consultative workshop is the next step in developing PROFILES estimates related to undernutrition (stunting, wasting and underweight), low birth weight, micronutrient deficiencies (vitamin A deficiency, iron deficiency anemia and iodine deficiency) and breastfeeding practices. Workshop participants will build on the work

done during the stakeholder meeting on sources of information, time period and targets for PROFILES. Participants will work with PROFILES spreadsheet models to produce preliminary estimates of the negative consequences if there is no improvement in the country's nutrition problems and of benefits from improved nutrition (expressed as lives saved and improved and economic productivity gains). IHSAN/FANTA will conduct this workshop and present the preliminary results of PROFILES for input and feedback from key stakeholders.

- *Step 4: Develop a PROFILES final report and summary (FY18 Q2)*
  FANTA staff will work remotely with IHSAN to develop the Afghanistan PROFILES final report along with a summary version.

**b. Nutrition Advocacy Planning and Material Development**

After the PROFILES estimates are produced, nutrition advocacy planning will take place sequentially as follows:

- *Step 5: National nutrition advocacy planning workshop (FY18 Q1)*
  Building on current advocacy efforts to create an enabling environment for nutrition programs, this five-day workshop, to be conducted by the IHSAN/FANTA team, will help stakeholders create a roadmap for nutrition advocacy that aligns with the priorities and outcomes outlined in national nutrition policies and strategies. The process will include segmenting target audiences (e.g., media, policymakers, opinion leaders and civil society), establishing advocacy objectives, identifying the steps needed to achieve those objectives and proposing materials and activities for each audience based on desired changes and perceived barriers and benefits. In addition, this strategy will include an implementation plan with a timeline and M&E indicators. During the workshop, participants will also contribute to the development of nutrition advocacy materials outlined in the plan.

- *Step 6: Finalize the National Nutrition Advocacy Plan and develop nutrition advocacy materials to support the plan (FY18 Q2)*
  FANTA staff will work with IHSAN from headquarters to finalize the National Nutrition Advocacy Plan and develop prioritized nutrition advocacy materials for national-level key stakeholders such as developing country nutrition briefing package.

*Afghanistan National Zero Hunger Strategic Review for SDG2*

Zero Hunger strategic review is another advocacy activity for ending hunger, achieving food security and improved nutrition and promoting sustainable agriculture. The Afghanistan national Zero Hunger strategic review is being conducted under the chairmanship of lead convener H.E. Hedayat Amin Arsala and the advisory committee comprising representatives of key national and international organizations related to food security, nutrition, civil society and private sector. The

strategic review is an independent, analytical and consultative exercise that (1) identifies the key challenges Afghanistan faces in achieving food security and improved nutrition, and (2) provides priority areas for action for all humanitarian and development partners. The main objective of the Afghanistan national Zero Hunger strategic review is to support the government of Afghanistan and its partners in accelerating progress towards eliminating food insecurity and malnutrition in line with the SDG2.

IHSAN is an active member of the Zero Hunger high-level advisory committee in Afghanistan. Through this participation, the IHSAN team will contribute to strengthening the capacity of GIRoA to develop policies, programs and strategies to achieve this SDG. It allows an opportunity for IHSAN to work closely with other stakeholders such as FAO, UNICEF, the World Bank, the European Union, Afghan AID and MAIL.

The SDG2 strategic review advisory committee had conducted a field-level consultation on food security and nutrition services earlier in Q3. In earlier meetings, the committee team leader presented findings and draft recommendations of the consultation. During FY17 Q4, a validation workshop was held to further discuss the results and recommendations and finalize the report. IHSAN attended the meetings and provided input to the report. IHSAN will also attend a dissemination workshop planned for November 2017.

**High-Level Coordination Activities with USAID, MoPH, PND MAIL and MRRD**

*Coordination Meetings with USAID*

After signing the contract regular biweekly and later monthly coordination meetings were held with the Office of Health and Nutrition (OHN) at USAID. During these meetings, the IHSAN team provided updates on program and operations, discussed challenges and sought the advice and support from the COR as needed. In January 2017, the IHSAN team requested USAID concurrence to revise the Year 1 Annual Workplan timeline. USAID advised that, per the contract, the first reporting year of IHSAN should be 16 months (until September 2017) and thus, there was no need to revise the Year 1 timeline.

In March 2017, FHI 360 and IHSAN subcontractors participated in the USAID-sponsored Nutrition Lessons Learned and Results Dissemination workshop where results from evaluation of the USAID-funded nutrition projects and lessons were disseminated. In the same workshop, the IHSAN project was presented to USAID Afghanistan implementing partners.

*Coordination with PND*

The IHSAN team established the IHSAN-PND coordination committee with members from IHSAN and PND staff to discuss issues related to IHSAN, its work plan, the PND workplan and areas where IHSAN can provide support. IHSAN is actively taking part in the Nutrition Program Coordination Committee (NPCC) which is an overall technical forum for all nutrition stakeholders; IHSAN project was presented to the same forum. In addition, IHSAN technical

staff provided support to the technical working groups (TWGs) PND of MoPH and provides meaningful input to the agenda of these working groups.

IHSAN is an active member of the Nutrition Strategy working group and contributes to the development of National Nutrition Strategy 2016–2020.

IHSAN has been closely coordinating its Innovation Fund efforts with the PND. PND is represented on the Fund's Technical Advisory Committee (TAC). The TAC members attend IHSAN meetings that discuss innovative concepts presented by different bidding companies and endorse or reject their concepts.

The National Nutrition Coordination Workshop is one of the most important biannual coordination activities of PND. It brings together nutrition stakeholders to coordinate and strengthen nutrition activities throughout the country. IHSAN actively contributed to the workshop by designing and facilitating selected sessions. In addition, IHSAN IPs' staff participated from the provinces to present progress made in the IHSAN project implementation. In fact, IHSAN was heavily represented in the workshop by its provincial nutrition officers as well as staff from the IHSAN national offices in Kabul. IHSAN subcontractors coordinated with provincial nutrition officers (PNOs) and Basic Package of Health Services (BPHS) implementers to develop provincial action plans, which included integration of nutrition with WASH and food security. These workshops stressed the importance of provincial coordination mechanisms between government, BPHS implementing NGOs and other organizations that implement health services.

During FY17 Q4, IHSAN team members participated in the nutrition program coordination committee (NPCC) a broader technical forum for all nutrition stakeholders, as well as other specific technical working group (TWG) meetings held at PND. IHSAN is the co-chair for the IYCF and micronutrient TWG.

*Coordination with MRRD*

The project established an IHSAN-MRRD coordination committee, with members from IHSAN and RuWatSIP staff, which discusses issues related to the IHSAN work plan, RuWatSIP work plan and areas IHSAN can provide support. In addition, IHSAN actively took part in the TWG. IHSAN IPs closely coordinated WASH interventions in the provinces, and they engaged the Provincial Rural Rehabilitation and Development Director (PRRD) in the CLTS as members to the verification and certification team. . In FY18, workplan IHSAN has considered supporting the PRRD in recruiting provincial CLTS coordinators. IHSAN has talked with MRRD and UNICEF about mobilizing seven provincial coordinators in addition to the three coordinators already mobilized by UNICEF. (They will be placed in 7 out of the 10 high-priority provinces).

Several coordination meeting and workshops with RuWatSIP as well as their WASH counterparts like the Society of Sustainable Development of Afghanistan (SSDA), UNICEF, SWSS and

IHSAN IPs were held during Q4 to share lessons learned and briefly update them on IHSAN progress. The Water & Sanitation Sector Group meeting is held monthly, where partners present progress on field activities or findings of research. IHSAN WASH team, led by the WASH technical advisor, participates in this meeting and provides technical inputs and progress updates and coordinates WASH activities with other stakeholders.

IHSAN partners and field staff attended the CLTS quarterly coordination workshops held by the RuWatSIP. These workshops provide a platform for key stakeholders, including line ministries, funding agencies and implementing partners, to share progress updates, exchange experiences, share success stories and lessons learned and discuss challenges and seek possible solutions for effective planning and quality implementation of CLTS. The workshops are unique opportunities for IHSAN subcontractors to learn from each other's experiences and from the experiences of non-IHSAN implementers of CLTS.

*Figure 3: coordination meeting with provincial authorities in Kunar province*

IHSAN has been coordinating its Innovation Fund efforts with the RuWatSIP directorate. RuWatSIP is a member of the TAC for the Innovation Fund.

In addition, IHSAN has been coordinating the livelihood intervention with MAIL and its counterparts through attending coordination meetings and establishing a technical review committee for adaptation of the livelihood training packages for IHSAN project.

*Provincial-Level Coordination*

As the project pursued integrated approach to nutrition that entailed WASH, livelihood and nutrition interventions, it was vital to get the support from different sectors in the ten priority provinces including governor house, PRRD, PHD, Agriculture Directorate, Economy Directorate, Municipality and Education Directorate. In addition, coordination with other players, such NGOs and UN organizations, was important to ensure

*Figu*
*prov*

*Figure 5:coordination meeting with provincial governor's office (Kunar)*

IHSAN is supplementing existing efforts by other partners rather than duplicating them. IHSAN subcontractors closely coordinated their WASH, Nutrition and livelihood field activities with provincial stakeholders through holding ad-hoc meetings to present IHSAN objectives and activities and to seek their support for implementing the activities at district and village level. IHSAN subcontractors, attended regular provincial coordination meetings such as the provincial development committee, provincial health coordination committee, other sectoral forums, nutrition and WASH cluster meetings. Furthermore, they arranged meetings with villages Malik's and Shura members prior to the beginning of the project at the district level. A total of 153 meetings were held before July and during July–September 2017, they held 51 coordination meetings with stakeholders in the IHSAN priority provinces. (See figure 4 & 5).

The IHSAN M&E team from SRTRO and FHI 360 traveled to provinces and coordinated the field data collection with PPHD, BPHS implementing NGOs and health facility staff in the clinics.

**Supported development of training packages for nutrition**

A new female cadre "nutrition counselor" was created to be supported through funds that were diverted from the System Enhancement for Health Action in Transition Program Innovation Fund, in order to ensure health facilities are capacitated to provide counseling on nutrition for women and children. The IHSAN team supported PND in developing a comprehensive training package to train nutrition counselors. In addition, it facilitated a Training of Trainers (ToT) for master trainers who will then cascade the training to the counselors. The FHI 360 Nutrition Technical Specialist and her team, initiated the training package development in collaboration with PND, who assigned a task force to development of the package. Task force members included representatives from several MoPH departments—PND, Reproductive Health Department (RHD), Child and Adolescent Health Department (CAHD) and Health Promotion Department—and from UNICEF, WHO, GAIN, BPHS implementing NGOs, WFP and USAID/IHSAN. The task force held several meetings and workshops in earlier quarters in FY17 to discuss package content and develop a first draft.

During Q4, the WASH module for integration in the nutrition counselors' training package was finalized. This module discusses the significance of WASH for better nutritional status, and therefore better health status, of communities, which directly contributes to achieving a higher level of food security. The module includes integrating WASH with nutrition, understanding diseases and practices leading to stunting, key WASH interventions to improve stunting reduction and key messages to propagate in communities. The training package was finalized through a stakeholder consultation in July and translated into two languages.

On July 25, 2017, an orientation workshop on the nutrition counselor package was launched at Ghazanfar Institute of Health Science where package development task force members and other stakeholders were present. Since then, the IHSAN team, together with PND and other stakeholders, has been preparing and conducting the ToT for master trainers from the provinces.

During FY17 IHSAN technical team worked with PND to adapt the IYCF 4 in 1 training package to Afghanistan context. The revision entailed the addition of WASH component to the package. The revised package was approved by the technical working group and was recommended for scale up in FY18.

**Supported a ToT on nutrition counselors' package**

After finalizing the nutrition counselors' training package, the first 12-day ToT was conducted August 16–29, 2017. Sixty eight male and female master trainers participated in one of three classes taught concurrently by competent trainers from IHSAN, PND, UNICEF and WHO. The master trainers were selected from the 18 provinces in which the nutrition counselor's position has been incorporated into the approved plans and budgets of the BPHS implementers. Participating provinces are Badghis, Balkh, Daikundi, Farah, Ghor, Helmand, Kunar, Kunduz, Laghman, Logar, Nangarhar, Nimroz, Nuristan, Samangan, Sar-e-Pul, Urozgan, Wardak and Zabul. The master trainers included the PNOs, nutrition extenders and nutrition and reproductive health offices of BPHS implementing NGOs.

Following the first ToT, two further workshops were held on September 11–13 and 17–20, 2017, with the task force members to allow the trainers to reflect on what went well and what could be improved based on feedback received from the trainees and notes taken by the training team. These workshops helped further refine the content and flow of the training package. The master trainers are expected to cascade the training in each of the 18 provinces in October through December 2017. PND has asked FHI 360 to support the temporary hire of a nutrition counselors' training officer in each of the 18 provinces for about one year. The officer will help coordinate and ensure the quality of the cascading of the training. He will also mentor the trained nutrition counselors when they start work at health facilities. Annex 3 is a report from the training. The next ToT will be conducted in November 2017 to train master trainers for the remaining 16 provinces.

**Supported Establishment of a Resource Center in Qara-Bagh District Hospital**

IHSAN supported efforts to assess the viability of strengthening MoPH resource centers to determine what materials related to nutrition and WASH are available and how these information dissemination points can best be used to share GIRoA nutrition and WASH policies, strategies and guidelines with frontline health service providers. It has been noted that no effective mechanisms exist for distributing these types of technical materials within the health system.[2] Because access to these documents is essential for capacity building, quality service delivery and adherence to global standards, strengthening the MoPH resource centers is critical. The same

[2]Building on Early Gains in Afghanistan's Health, Nutrition, and Population Sector: Challenges and Options, Tekabe A. Belay, World Bank Publications, 2010 - Medical - 197 pages.

centers should also be converted to centers of excellence where nutrition service providers throughout the country can receive standardized theoretical and practical training on nutrition SOPs. The IHSAN team, in collaboration with PND, developed a checklist to assess the current availability of resources (equipment, physical structure, human resources, services and nutrition/WASH guidelines) and identify resource gaps. The team then traveled to Qara-Bagh district hospital (DH) in June to assess its existing infrastructure and capacity.

During Q4, the IHSAN-PND team conducted several follow-up meetings to discuss options for upgrading Qara-Bagh DH or another DH located in the center of Kabul city. A team of IHSAN and PND staff visited Rahman Mina DH in Kabul city; however, the physical structure of that hospital was not conducive for establishing a resource center. PND, IHSAN and the BPHS implementer agreed to move forward with upgrading Qara-Bagh DH. A joint follow-up visit to the hospital was conducted in September to assess the renovation needs and identify specific space for training and a library. AKF developed a plan for upgrades, which are being implemented during October and November 2017.

**Supported trainings on CLTS Training Package**

With funding from UNICEF and in consultation with MRRD, SSDA supported capacity building of the CLTS IPs through training; technical oversight, coaching and supervision; follow-up visits, CLTS refreshers; and exposure visits. Table 1 summarizes the FY17 trainings provided by SSDA to IHSAN subcontractors in basic CLTS, hygiene education and open defecation free (ODF) verification and certification.

Table 1: WASH Trainings for CLTS Team and Community Mobilizers During FY17

| Title of Training | Date of Training | Content | Geography | Participants | # of Participants |
|---|---|---|---|---|---|
| CLTS Basic Training | January 21–July 09 | Basics of CLTS facilitation, CLTS process, dry runs of triggers and triggering activities, CLTS outcomes | 10 priority provinces | IPs' WASH teams | 412 |
| Hygiene Behavior Change Training | July 30–September 24 | Handwashing, safe food and water, communication, importance of hygiene | 10 priority provinces | IPs' WASH teams | 275 |
| ODF Certification Training | July 30–September 24 | Criteria of ODF verification and certification, roles and responsibilities of certification team, post ODF certification follow-up and sustainability | 10 priority provinces | IPs' WASH teams | 275 |

IHSAN IPs conducted a number of training of trainers on NERS for community mobilizers and a total of 257 mobilizers (133 male and 124 female) were trained in 10 priority provinces. These trained mobilizers then cascaded nurse training and trained FHAG, CHWs and other community mobilizers. A ToT was also conducted by IHSAN IPs to train 29 extension workers on agricultural activities who then cascaded the training to men and women in the villages in order

to produce nutrient rich food.

**Provided Professional Training on Nutrition, WASH and Livelihood Interventions**

IHSAN team cascaded series of trainings in the ten IHSAN priority provinces to build capacity of frontline service providers, mobilizers, FHAG, CDC and elders for implementing the project's nutrition, WASH and livelihood interventions. By September 30, 2017 a total of 17,416 people (not unique beneficiaries) were trained, 10,694 in livelihood (Field Farmers' School, kitchen gardening, diary production, and poultry), 1,357 in nutrition (NERS and SOP), 5,002 in WASH (CLTS facilitators, FHAG, CHWs and CDCs) and 360 in WASH/nutrition. Figure 7 depicts the sex disaggregated numbers of people trained on nutrition, WASH and livelihood interventions during FY17.

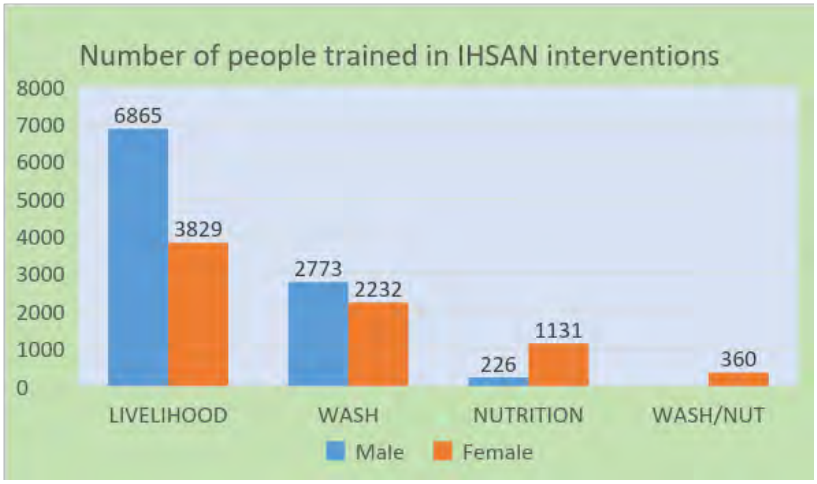


*Figure 6: # of people trained in IHSAN interventions*

*Figure 7:Training on cultivation of vegetable*

**Supported Training of Government and IHSAN Staff on Qualitative and Quantitative Data Collection**

The IHSAN Project will conduct research in Year 2 to better understand the perceptions,

motivations and barriers to promoting improved nutrition and WASH behaviors within the first 1,000 days of life. In preparation for this research, in May 2017, FHI 360 technical experts John Macom and Farooq Mansoor conducted a five-day training in ethnographic research methods for field researchers from SRTRO and staff from FHI 360. The training topics focused on:

*Figure 8: Training on ethnographic research for SRTRO and FHI 360 staff*

- Basic knowledge of qualitative research and ethnographic studies
- Qualitative data collection methods
- Open-ended, exploratory and structured/semi-structured question types
- Qualitative data coding and analysis
- Research ethics

The training included presentations, discussions, field work and group exercises. This training built the capacity of SRTRO to collect data for the formative research tasks that were identified through a desk review and are planned for FY18.

During FY17 Q4, John Macom, TA provider in research and M&E, arrived in country to conduct a training on qualitative methods with a main thrust on the "most significant change." The training aimed to build capacity of government staff and staff of IHSAN IPs to document lessons from the implementation of activities in the field through approaches such as identifying and reporting success stories.

*Figure 9: training government staff and IHSAN IPs on documenting 'Most Significant Change' method*

July 17–19, FHI 360 and the IHSAN M&E team held another training on data management for 32 staff of IHSAN IPs. This training aimed to standardize data collection tools and introduce revised tools for the livelihood interventions.

**Supported a National Assessment of KAP after the SOP Training and Nutrition Management and Service Delivery Capacity**

During the initial stakeholder consultation about the IHSAN project in July 2016, PND requested support from the IHSAN team to assess nutrition knowledge, attitudes and practices of BPHS service providers who completed the SOP training course. The brevity and didactic nature of the course had raised concerns about whether providers were translating knowledge into practice. Further, for facilities that should have the capacity to treat severe acute malnutrition cases but report no such treatment, it was unclear whether the barriers to treatment were attributable to lack of facility preparedness or provider capacity.

FHI 360 and SRTRO began planning an assessment that will measure (1) provider nutrition and hygiene knowledge, specifically related to content provided in the SOP course, (2) attitudes about whether nutrition practices can be incorporated into the current workflow, (3) perceived need for nutrition services and in-service education (including eLearning) and (4) advantages and disadvantages of the SOP course. To ensure efficient use of data collection resources and time, IHSAN will include the following objectives so that all planned assessment areas in Year 1 are addressed in one protocol:

- Measure knowledge, attitudes and practices related to nutrition care among public sector providers having received SOP training at facility levels.
- Observe and record nutrition services provided by BPHS providers at public sector facility and community levels.
- Assess readiness of health facilities (EPHS, BPHS and community-based health care) to provide nutrition services, including availability of equipment and job aids.
- Assess management skills and practices among PNOs/BPHS implementers and facility managers.
- Assess eLearning media available and in use for nutrition and WASH.

The results will guide PND revision of nutrition in-service training, potentially including a practical component, to shape supportive supervision design for existing providers and guide development and use of the new nutrition counselor cadre. Results will also provide insight into capacity gaps in referrals at the community level and management of nutrition programs by BPHS NGOs and the PNOs.

During past quarters, the assessment protocol was approved by the MoPH IRB and the FHI 360 Protection of Human Subjects Committee. During Q4, a Pashto version of the data collection tools were field tested. Data collectors were selected from 11 provinces and invited to Kabul to attend a nine-day training on data collection tools, obtaining consent forms and data collection. Seventy-seven data collectors (44 male, 33 female) including surveyors, PNO and M&E staff of IHSAN IPs participated. For each province, a team consisting of two male and two female surveyors and one supervisor, was assigned. In addition, a PNO and one M&E staff member

from the IP in each province received training to closely monitor data collection in this phase of the assessment.

By the end of September, 34 percent of the target health facilities were surveyed in 11 provinces. Data collection will continue in FY18 and will finish by mid-November 2017. Collected data will then be entered, cleaned and prepared for analysis, analyzed and interpreted. A report of results is expected to be available in January 2018; it will be shared with PND for improving its program and will be widely disseminated among stakeholders through a results conference.

**Conducted Field Visits to Provinces**

Field monitoring of IHSAN project is performed by SRTRO with occasional visits by FHI 360 staff to provinces where security is sufficient, and travel by air is feasible. During Q4, SRTRO and FHI 360 staff conducted field visits to project sites to assess program quality of the program. FHI 360 visited Bamyan, Ghor, Nangarhar and Samangan provinces, and IPs' programs were reviewed, and field visits made to observe the actual implementation of activities by IHSAN IPs. Findings were documented and shared with IPs to guide actions to improve any gaps identified. The subcontractors in response developed action plans for improving the identified gaps, which form the bases for follow up in future visits to the provinces.

During Q4, a focus for field monitoring was observing the nutrition management and service capacity assessment data collection in the field. Visits were made to all 11 provinces where nutrition management and service capacity assessment is going on; data collectors were monitored, and feedback was provided on the spot so to ensure data quality.

**Supported M&E Activities of PND**

*Prioritization of Nutrition Indicators for Inclusion in the Health Management Information System*

In December 2017, the AIM TWG, through its regular monthly meetings, started a discussion to revise current indicators reported by the Health Management Information System (HMIS) and to develop a list of additional indicators to be added. The IHSAN team participated either directly or by providing comments on draft documents. A list of indicators was developed that included chronic malnutrition (stunting), IYCF practices and nutrition counseling. From April to June 2017, the indicator list was shared with technical experts from HMIS who provided feedback. The HMIS experts also stated that the Evaluation and Health Information System (EHIS) was planning to revise the HMIS soon. The indicators are now finalized and ready to be presented to the EHIS to consider for integration into the mainstream HMIS system.

During the FY17 Q4, the District Health Information V.2 (DHIS2) was launched by the MoPH and with support from USAID Health System's Resiliency (HSR) project. The DHIS2 provides a data warehouse in which different databases that are being used by different departments can

be linked and made accessible for use by different departments. PND database is among the databases that will be integrated to the DHIS2. During FY18, FHI 360 will help PND refine the indicators it collects through the PND database and integrate them into the DHIS2. IHSAN will also facilitate establishing a dashboard for key nutrition indicators in the DHIS2.

*Prioritization of Nutrition Indicators for Inclusion into Balanced Score Card and Other Third-Party Monitoring*

In April 2017, the IHSAN team initiated discussions about the inclusion of a number of indicators into the Balanced Scorecard (BSC), which the MoPH uses to objectively measure performance of public health facilities on 23 core indicators organized in six domains. The BSC is completed annually in a nationally representative sample of health facilities. It does not currently reflect a preventive approach to nutrition and WASH focused on the 1,000-day window. This omission is important because the BSC is the cornerstone of the GIRoA's monitoring and evaluation of the health system and should accurately reflect improvements in priority nutrition and WASH indicators. Gaps in service provision measured by these indicators can be swiftly addressed in IHSAN-led training activities, and indicators can be made more robust in subsequent monitoring rounds. This will be especially critical at the provincial level to determine which provinces need more intensive capacity building and support.

During the AIM working group meetings held in Q3 and Q4, IHSAN proposed indicators to include in the next round of BSC and the HMIS verification exercise. These indicators measure functionality of health facilities in terms of human resources, equipment and supplies, number of staff trained and knowledge score of nutrition staff in key skills related to nutrition services. During Q4, a thorough review of the BSC indicators and questions was performed, and specific areas were identified in which nutrition-related questions could be added. A list of indicators was presented to the AIM working group and prioritization discussed. This discussion will continue during FY18 Q1, and the indicator list will be finalized and presented to the EHIS to incorporate to the BSC and HMIS verification.

*Other M&E Support to PND*

The IHSAN team participated in working groups to develop a checklist for monitoring post-SOP training and the registration forms for growth monitoring of children younger than 2 years at health facilities. During Q4, IHSAN technical experts provided further constructive feedback on the checklist and grown monitoring registration forms. In addition, IHSAN participated in meetings during which IPs presented results of nutrition assessments.

**Objective 2: Increase Adoption of Optimal Nutrition and Hygiene Behaviors at Community**

**IR 2.1 Household nutrition and WASH behavior improved**

- Provided technical assistance in social and behavior change communication (SBCC)
- Rolled out CLTS to end open defecation in 10 provinces
- Developed plans to scale up WASH and nutrition intervention packages

**and Household Levels**

**Provided Technical Assistance in Social and Behavior Change Communication**

During this reporting period, the FHI 360 SBCC technical advisor for global health communication, Ms. Berengere de Negri, provided technical assistance to the IHSAN team to develop a draft SBCC strategy that may be incorporated into the National Nutrition Promotion Strategy. The draft SBCC strategy addresses three outcomes: (1) improved adoption of optimal maternal, infant and young child nutrition behaviors; (2) increased adoption of optimal water, sanitation and hygiene behavior for a clean, safe household environment; and (3) increased community-led responses to support rapid adoption of optimal maternal, infant and young child nutrition and WASH behaviors. The strategy recommends focusing on specific nutrition and WASH behaviors to prevent chronic malnutrition at the household level. The SBCC interventions are aligned with the National Nutrition Strategic Guidelines and the WHO-endorsed Essential Nutrition Actions, reflecting global best practices in providing an integrated package of preventive nutrition and WASH actions for women and children younger than 5 years of age.

During Q4, the document was shared with the MoPH Health Promotion Department and other key stakeholders, who provided extensive feedback on the content, and was submitted for incorporation into the MoPH National Nutrition Promotion Strategy. An SBCC workshop was held for government departments and IHSAN IPs on September 6 and 7 during which a working draft of the IHSAN SBCC strategy was presented and feedback sought for refining the content and ensuring its alignment with the national strategic documents and approved messages.

*Figure 10: SBCC workshop with government and IHSAN subcontractors*

A ToT on strengthening community health workers' (CHW) SBCC skills for better community-based communication wasconducted for IHSAN IPs on September 8–11, 2017. Through the training, community health supervisors, CLTS community mobilizers and NERS facilitators learned how to train CHWs on interpersonal communication and counseling.

The SBCC team is working to produce video clips and other messages for dissemination using ICT. IHSAN has included the purchase of tablets in its workplan for FY18. Those will be

loaded education materials that will be used by the nutrition counselors for educating mothers. In addition, IHSAN discussed with HPD the integration of WASH and nutrition to the MOPH call center, however, we were informed that HAMAYAT project is supporting similar messages through the call centers and hence IHSAN should invest in some other activities. Therefore, IHSAN negotiated a contract with a private communication company PARSA to disseminate text messages and interactive voice response (IVR) on WASH and nutrition; the IVR includes both in bound and out bound dialers (OBD). In order to ensure more beneficiaries are reached, IHSAN plans to use the OBD option. The contract will be signed early in FY18.

Through innovation fund, one partner (public private partnership) has been identified that will locally produce and socially market Multiple-Micronutrients Powder (MMP). The ASMO proposal for above scope was endorsed by TAC and due diligence has been performed. In October the contract will be sent to USAID for review and approval.

Other efforts in SBCC included development of a website and Facebook page for the IHSAN project. The website contains information about the IHSAN project including its objectives, approaches, coverage, achievements and contribution to GIRoA. The Facebook page was created to provide the IHSAN project a platform for disseminating hygiene and nutrition awareness and education message along with pictures and audio/video clips that are approved by the MoPH, MRRD and MAIL. In addition, IHSAN started design of a newsletter and submitted a draft of the first issue to the regional office (APRO); the newsletter will be used for communication and advocacy among government and nongovernment stakeholders.

Furthermore, the IHSAN SBCC team participated in the hygiene TWG in the MoPH, where ideas regarding the upcoming handwashing day were discussed and shared. To have active part in celebration of this event, IHSAN is going to support the broadcast of handwashing-related messages through TV channels.

IHSAN technical team received training materials for journalists from the FANTA and Alive & Thrive project in Bangladesh and adapted that to the Afghanistan context. Also, a meeting was held with inter-news for their engagement in the process. The tools will be finalized, and trainings conducted in FY18.

**Rolled Out CLTS to End Open Defecation in 10 Provinces**

Nutrition-sensitive WASH interventions aim to improve outcomes in water, sanitation and hygiene. The focus is on reducing the incidence and severity of infection in children while controlling environmental enteropathy and its potential negative impact on children's linear growth. IHSAN includes efforts to maintain sufficient means of sanitation (encouraging community-based approaches for "total sanitation" that seek to eliminate the practice of open defecation) and improved hygienic practices (handwashing with soap).

IHSAN, in close coordination with UNICEF and the RuWatSIP directorate of MRRD, aims to increase the percentage of people gaining access to basic sanitation facilities from the national baseline of 26.2 percent[3] in 2015 to 37.2 percent by project's end in 2021. The key intervention IHSAN has envisaged to reach this target is the Afghan context CLTS. IHSAN aims to attain ODF status in 5,000 communities after triggering 6,000 communities with the assumption that each community has 100 HHs and a total population of 700 people. Achieving ODF status in 5000 villages will ensure access of 2,583,000/3,500,000 (73.8%) people residing in 5000 villages, to basic sanitation. In FY17, IHSAN, with the support of UNICEF and SSDA, planned to certify 400 villages as ODF. By the end of September 2017, the CLTS triggering took place in 852 communities in 35 districts of 10 priority provinces, the details of which are provided in Table 2. By September 30, 2017 eighty three villages were certified as ODF.

Table 2: Number of Communities Triggered Under CLTS Implementation

| S N | Implementing Partners | Provinces | Name of Districts | Total Communities in the District (#) | Communities Triggered in Year 1 (#) |
|---|---|---|---|---|---|
| | | Bamyan | Saighan | 19 | 16 |
| 1 | AKF | | Sheebar | 18 | 18 |
| | | | Yakawlang #2 | 19 | 19 |
| | | Badakhshan | Khahan | 47 | 13 |
| | | | Kofuab | 51 | 10 |
| | | | Shakei | 37 | 15 |
| | | | Shuhada | 116 | 20 |
| | | Samangan | Ayback | 381 | 19 |
| | | | Khuram-wa-Sarbagh | 92 | 19 |
| | | | Dar-i-Suf Bala | 80 | 19 |
| | | | Dar-i-Suf Payan | 250 | 20 |
| | | | FerozNakhchir | 30 | 19 |
| | | | Hazrtisultan | 126 | 19 |

[3] ADHS 2015

| S N | Implementing Partners | Provinces | Name of Districts | Total Communities in the District (#) | Communities Triggered in Year 1 (#) |
|---|---|---|---|---|---|
| | | Kunar | Asmar | 127 | 25 |
| | | | Assadabad | 134 | 25 |
| | | | Khas Kunar | 96 | 21 |
| | | | Manogai | 196 | 27 |
| | | | Marawara | 65 | 24 |
| | | | Narang | 132 | 24 |
| | | | Sarkani | 93 | 23 |
| | | | Sawkai | 107 | 24 |
| | | | Shegal/Sholtan | 148 | 26 |
| | | | Watapoor | 117 | 25 |
| | | Nuristan | Kamdesh | 57 | 21 |
| | | | Waigal | 60 | 20 |
| | | | Wama | 43 | 20 |
| 3 | IRC | Nangarhar | Goshta | 120 | 90 |
| | | Paktya | Gardez | 38 | 38 |
| | | | AhmadAba | 72 | 12 |
| 4 | CHA | Farah | Anardarah | 58 | 8 |
| | | | Farah Center | 144 | 8 |
| | | | Lash Wa Juwayun | 114 | 8 |
| | | | Purchaman | 175 | 8 |
| | | | Pusht Koh | 89 | 6 |
| | | | Shieb Ko | 62 | 7 |
| | | Badghis | Abkamari | 205 | 8 |
| | | | Qadis | 376 | 8 |
| | | | Qala-e-Now | 183 | 7 |
| | | Ghor | Firozkooh | 670 | 40 |
| | | | Dowlatyar | 160 | 7 |
| | | | Lal Wa Sarjangal | 630 | 51 |
| | | | Tolak | 168 | 8 |
| | | | Shahrak | 213 | 7 |
| Total | | | | 6,118 | 852 |

In Q4, a four-day training was held on hygiene behavioral change and ODF verification/ certification for IHSAN's four IPs. The training was conducted in 16 sessions beginning July 30

and ending September 23, 2017. The objective of the trainings was to build the capacity of project management staff, master trainers and field facilitators of CLTS IPs in hygiene behavioral change to help them facilitate and promote hygienic practices in their communities through training the Family Health Action Groups and CLTS committees, disseminating hygiene related messages and adapting the procedures and required processes and follow-up for declaring villages as ODF. Key nutrition messages were also incorporated in hygiene training materials, which include the following:

- Disadvantages of feeding children through feeders
- Disadvantages of powdered milk for feeding children
- Advantages of exclusive breastfeeding
- Micro-nutrient supplementation and complementary feeding
- Preparing safe food (dietary and supplementary)
- Infant feeding after 6 months of age

**Developed Plans to Scale Up WASH and Nutrition Intervention Packages**

Since April 2017, the IHSAN team has been participating in meetings with USAID and key government counterparts to discuss the need for rapid scale-up of evidence-based interventions such as CLTS and CBNP along with feasible, cost-effective methods for implementing the scale-up.

As a result of these discussions, FHI 360, in close collaboration with the RuWatSIP directorate, drafted a concept paper and scope of work for implementation of CLTS by BPHS NGOs. BPHS has a strong community component that could provide an easy platform for scaling up CLTS. This concept was added to the Annual Program Statement. In addition to this progress, IHSAN and MRRD jointly conducted an orientation session on August 28, 2017, for BPHS implementing organizations from 10 provinces—Daikundi, Helmand, Khost, Laghman, Logar, Paktika, Saripul, Uruzgan, Wardak and Zabul—encouraged to apply for the CLTS scale-up stage in response to the Annual Program Statement. These provinces were recommended by RuWatSIP based on a high prevalence of open defecation. Swedish Committee for Afghanistan the BPHS implementer for Wardak and Laghman, declined to apply for the fund as their organization's policy would not allow it. IHSAN selected alternative provinces of Kunduz and Baghlan. IHSAN is also looking to find other solutions to scale-up CLTS in Laghman and Wardak provinces.

Community dialogue is one of the approaches for improving the health situation and achieving ODF status in the communities and, thus, is being promoted by MoPH. Via the Innovation Fund, the IHSAN project intends to generate evidence on efficacy of the approach through implementing it in 150 communities in 6 selected districts of Kabul and Laghman provinces (4 districts in Kabul and 2 in Laghman) with a goal to declare these communities/villages ODF within 12 months of implementation. Under the project, the community dialogue concept will be

tested to determine its efficacy and applicability for the CLTS approach in the Afghan context to achieve ODF status. The possible integration of the community dialogue approach with CLTS will also be determined as a means for safeguarding sustainability of ODF status of communities once certified as ODF. A request for proposal, finalized in close coordination with MoPH, will be launched soon.

Meetings were held with IHSAN subcontractors to plan and set targets for ODF certification for FY18. The following guidelines were shared with them:

1. Subcontractors must set a joint target of attaining ODF status in 1,400 communities in 10 priority IHSAN provinces in FY18. Each of the four subcontractors, therefore, will need to target 350 communities for triggering and achieving ODF status. It was proposed that each subcontractor plan a CLTS team of five people for every 25 communities. To cover 350 communities, each subcontractor will need to hire 14 teams of 5 people.
2. The focus should be to work on a limited number of districts in FY17–18 to attain district-level ODF certification status.

To improve access to safe water at the community level, the Family Health Action Group, given its training in hygiene education, should take the lead to educate families on options for prevention (water safety, safe storage) and treatment (household water treatment technologies) of water. As part of the end line survey, subcontractors will gather data to determine the percentage of households practicing correct use of recommended household water treatment technologies.

**IYCF Training for Midwives, Pediatricians and Other Health Care Workers**

During FY17 IHSAN technical team worked with PND to adapt the IYCF 4 in 1 training package to Afghanistan context. The revision entailed the addition of WASH component to the package. The revised package was approved by the technical working group and was recommended for scale up in FY18. Recognizing that all health workers need to have knowledge and skills on IYCF and nutrition counseling, PND and its partners agreed to provide training on counseling to midwives, pediatricians and other care providers including private providers throughout 34 provinces. However, capacity building on IYCF had not been included in the terms of reference of BPHS implementers by the MoPH. It was proposed to use contract out mechanism using off budget support that is provided by bilateral partners. IHSAN was asked to financially support this activity in its year 2 work plan. Technical support will be provided jointly by IHSAN, UNICEF with other IYCF TWG members. IHSAN has therefore incorporated this in the workplan for FY18.

## Accelerating Community Based Nutrition Program (CBNP) Implementation

The Afghanistan CBNP aims at promoting optimal growth and development of children through community based activities linked to social and behavior change to improve households and care

givers knowledge on nutrition practises. The main goal is to strengthen the capacity and motivation of the community to provide appropriate support to individuals and community to take up their essential role in nutrition such as ensuring nutrition needs of infant and young children. The CBNP is initiated from local conditions, community driven, responsive to local needs and draw upon available resources.

In late 2016 and early 2017, the PND CBNP was field tested in Nangarhar and Bamyan provinces. Based on the findings of the field test, the package was finalized for implementation. The PND asked its partners—including IHSAN Project, Save the Children International and UNICEF—to consider scaling up the CBNP in the country. UNICEF agreed to scale up CBNP in 2 provinces, Save the Children International in 6 provinces and IHSAN to cover around 20 provinces in FY18. In the meantime, IHSAN revised the Annual Program Statement and solicited applications for scale-up of the CBNP through the Innovation Fund in 10 provinces that PND had prioritized. IHSAN subcontractors incorporated scale-up of the program in the 10 priority provinces where IHSAN they are functional to the FY18 work plan. Materials have been developed and are going through translation and printing. UNICEF will deliver final print-ready material to PND to share with IHSAN and Save the Children International.

**Engage private sector in delivering SBCC activities:** IHSAN applied for authorization for the use of short code and for a license within Afghanistan telecommunication registration authority (ATRA) in order to dispatch nutrition- and hygiene-related IVR/text messages nationwide. Reaching more beneficiaries using Information Communication Technology is an important activity of IHSAN. IHSAN negotiated a contract with a private communication company PARSA to disseminate text messages and interactive voice response (IVR) on WASH and nutrition; the IVR includes both in bound and out bound dialers (OBD).

Through the Innovation Fund, IHSAN negotiated a contract with the Afghan Social Marketing Organization (ASMO), which partners with a private company to produce and socially market multi-micronutrient powder. This Innovation Fund project will produce evidence for the feasibility of public-private partnership for behavior change communication.

IHSAN has also worked to develop an outline for training journalists on nutrition and WASH. The SBCC and capacity-building team contacted the FANTA and Alive and Thrive project teams, who promised to provide materials developed in similar contexts. IHSAN will engage the Inter-news to assist the team in developing and delivering training for journalists and other media professionals in the country. This activity has been planned for FY18.

**Objective 3: Increase Availability of Nutrition, Hygiene and Sanitation Services and Products**

**Coordinated implementation of nutrition and WASH services in Ghor province**

Action Contre LA Faim (ACF) has received a three-year grant from Global Affairs Canada (GAC) to implement integrated WASH/Nutrition services in five districts of Ghor province. To address concerns about possible duplication of efforts with IHSAN Project and BPHS services, a series of meetings were held between CHA, ACF, USAID, PND and FHI 360 to coordinate activities. Through several consultations meetings that included provincial level and national level stakeholders[4], a solution was proposed that CHA and ACF would work in the same districts but cover different health facilities for nutrition services and different villages for CLTS implementation. Subsequently, stakeholders agreed that ACF will cover 15 of the 39 health facilities located in the five districts where the services of CHA and ACF overlap and CHA would cover the remaining facilities. It was also agreed that CHA/IHSAN and ACF will meet regularly at the provincial level and share information for better coordination of activities in Ghor province.

**Accomplished a Comprehensive Desk Review on Nutrition, Food Security and WASH to Identify Program and Knowledge Gaps**

The IHSAN work plan included a comprehensive desk review that addresses nutrition, food security, WASH and income generation opportunities for women. The main aim of these desk reviews is to identify program and knowledge gaps to inform forthcoming IHSAN assessments and facility/community-based nutrition and WASH programming in Afghanistan.

Specific objectives of the desk review are:

- Review formative research on maternal nutrition, IYCF, WASH and access to nutritious foods in Afghanistan to identify gaps in knowledge about these topics.
- Review all available nutrition and WASH messaging, conduct gap analysis and determine priority topics/issues/elements based on these gaps to discuss with stakeholders and potentially include in the project communication strategy.
- Review existing food security programming materials and conduct an informal gap analysis to guide IHSAN programming. Program elements identified in the gap analysis will be tested using crowed-sourcing and other methodologies to determine feasibility and acceptability before implementation.
- Review formative research on referrals from health facilities to the community for ongoing follow-up/treatment of moderate and severe malnutrition in Afghanistan to identify functionality of these systems, factors associated with success and challenges and gaps in data.
- Review all community-based malnutrition screening, identification and referral data to determine current capacity of CHWs for this task as well as use of other frontline workers and volunteers (e.g., FHAG members, CDC members and extension workers) for

[4] Provincial-level stakeholders included between PPHD of Ghor, CHA and ACF; national-level stakeholders included USAID, GAC, FHI360, ACF, PND and CHA

nutrition screening and malnutrition case identification and referral.

During Q4, SRTRO hired three consultants; two worked on nutrition, food security and WASH, and a third, reviewed documents related to referral services for malnutrition cases. The IHSAN-FHI 360 M&E team provided access for the consultants to a large archive of documents collected from MoPH, MRRD, MAIL and other organizations. Following the desk review, the consultants conducted qualitative interviews with key informants and Internet/email surveys with a broader group of stakeholders.

The review identified that there is a multitude of policies and interventions around nutrition, food security and WASH. It also identified several challenges and gaps:

- Policies and strategies are often fragmented with separate coordination mechanisms. Provincial line ministry staff have limited knowledge of recent multisector policies and strategies targeting the three sectors. At the provincial level, mechanisms to coordinate activities in the three sectors vary.
- There is no national knowledge management architecture for nutrition, WASH and food security.
- The nutrition package interventions are not all fully implemented under the BPHS. Nutrition treatments are not listed as part of the essential drug list. There may be missed opportunities to providing nutrition interventions under other priority health interventions such as antenatal care, delivery and post-partum care, immunizations and family planning. Coverage and knowledge of malnutrition treatment services are low.
- CHWs are essential to linking health services with communities; however, they are inactive or insufficiently supplied with the knowledge and resources needed to fulfill their duties.
- Research and evaluation of programs on nutrition and WASH are conducted around the country but often at the program level and not to scale. Most studies and analyses are cross-sectional.
- Cultural practices and norms should inform behavior change communication and targeting. Men have been found to be the main food purchasers, while women prepare and cook the food. Yet, Information Education and Communication (IEC) materials currently do not address men.
- IYCF has been emphasized, but improvements have been slow, indicating bottlenecks in implementation such as the delivery or effectiveness of messages.
- Often food security, WASH and nutrition programs are not co-located, decreasing their potential joint effects. Food security and WASH programs do not target beneficiaries to achieve nutrition-related impacts (i.e., households with children younger than 2 years and pregnant and lactating women).
- Food crises tend to shock rural areas, but fortified food consumption occurs mainly in urban areas.
- Sustainability of ODF status in communities is weak.

- Nutrition elements in multisector programs such as the Citizen's Charter program are not made explicit.
- Capacity for implementing and monitoring integrated nutrition, WASH and food security programs is limited.

The findings of this review informed recommendations for IHSAN programming to move forward in the areas of improving coordination mechanisms, strengthening the implementation of the BPHS nutrition package, scaling up high-impact nutrition interventions, improving and innovating SBCC, implementing multisectoral and integrated approaches, and strengthening capacity and training.

**Stakeholder Analysis and Consultation to Determine Priority Areas for Research and M&E in Nutrition and WASH in Afghanistan**

Technical scientist Catherine Todd visited Kabul to provide technical assistance to the IHSAN project. She conducted a landscape analysis and stakeholder consultation to prioritize a research agenda for GIRoA in nutrition and WASH. As part of the analysis, a series of meetings was held in Kabul or through videoconferencing with a variety of stakeholders, including line ministries, NGOs and UN organizations to discuss recent and planned nutrition and WASH research or M&E activities. Groups were then asked to describe perceived gaps in knowledge or monitoring efforts, including need for capacity building or operations research to shape programming. The identified gaps from these interviews, as well as those emerging from the desk review, were presented at a nutrition and WASH stakeholder consultation on September 24, 2017. Through small group work and collaborative discussion, the gaps were prioritized within five focus areas using a pile-sorting method. For each of the five thematic areas, the top three gaps were prioritized for action as follows:

*Nutrition and WASH monitoring*:

1. Standardize indicator definitions to ensure comparability across surveys and systems.
2. Develop data verification tools to improve quality of reported data.
3. Develop staff capacity and provide hardware to enable data collection and entry, particularly at the provincial level.

*Nutrition and WASH formative research*:

1. Assess causality through pathway and causal analysis of stunting and determine drivers of stunting, particularly among non-breastfed children.
2. Determine priority audiences and household-level change agents mediating IYCF practices, particularly for colostrum rejection and pre-lacteal feeds.
3. Understand drivers for and elicit inputs on effective messaging to change continued open defecation in communities with sufficient household latrine coverage.

*Nutrition-WASH integration*:

1. Develop scientific approach to establish linkages between nutrition and WASH, and evaluate new approaches with scientific rigor.
2. In program design, ensure nutrition-specific and nutrition-sensitive actions are combined within a single program.
3. Incorporate evidence-based nutrition content and messages within existing WASH programs.

*Nutrition and WASH content in national-level surveys*:

1. Design study that quantifies the relative contribution of underlying causes of poor nutrition to stunting.
2. Integrate measures that determine contributing factors related to large variation in the rates of stunting between provinces.
3. Develop and review context-specific evidence-based guidelines for conducting WASH and nutrition assessments.

*Operations research within nutrition programming*:

1. Assess public sector service quality for nutrition and WASH counseling and conduct operations research around IMAM.
2. Determine feasibility and cost-effectiveness of outpatient department management of severe acute malnutrition.
3. Evaluate private health sector capacity and quality of nutrition services provided therein to inform private sector strategy.

The report of these recommendations will be provided to MoPH and MRRD, who may assign some of the priority actions to different partners. Some of these gaps were incorporated into the IHSAN FY18 work plan for consideration.

1. Develop data verification tools to improve quality of reported data.
2. Develop staff capacity and provide hardware to enable data collection and entry, particularly at the provincial level
3. Incorporate evidence-based nutrition content and messages within existing WASH programs.
4. Develop scientific approach to establish linkages between nutrition and WASH, and evaluate new approaches with scientific rigor.
5. Incorporate evidence-based nutrition content and messages within existing WASH programs.

**<u>Accelerated Implementation of Community-Based Nutrition and WASH Activities</u>**

At the start of Q4, a thorough analysis of the achievements of all IHSAN partners was performed, and it was determined that most subcontractors were lagging in reaching the annual

targets for nutrition and WASH interventions. Therefore, it was necessary to work closely with them to develop acceleration plans to cover a wider geographic area and reach a larger number of beneficiaries with nutrition-specific and -sensitive interventions and services. In addition, SSDA, with funding from UNICEF, provided training on ODF certification and verification for IHSAN subcontractors which enabled them to proceed with verifying the villages deemed to be free of open defecation.

Table 3: Progress on CLTS Implementation

| Implementing Partners | Number of Provinces | Number of Districts | Villages Triggered | Villages ODF certified | Number of CLTS Teams |
|---|---|---|---|---|---|
| AKF | 3 | 13 | 226 | 83 | 13 |
| IRC | 2 | 3 | 140 | 0 | 8 |
| CHA | 3 | 14 | 181 | 0 | 14 |
| HADAAF | 2 | 13 | 305 | 0 | 13 |
| **Total** | **10** | **43** | **852** | **83** | **48** |

From July to September 2017, IHSAN partners also accelerated expansion of CLTS implementation to more villages where pre-triggering and triggering took place. A total of 521 more villages were triggered, bringing the total number of villages triggered to 852.

Baseline assessment and post-triggering follow-up took place in the villages that were triggered during this quarter and the previous. By end of September, 83 villages were declared ODF. With the certification training conducted with all partners, it is expected that nearly all the target triggered villages for 2017 will be certified ODF by December 2017.

**IHSAN IPs continued NERS implementation in all 10 priority provinces**

IHSAN IPs have been implementing the community based nutrition activities in which they visited households, screened children less than five years and then triaged them based on their nutritional status. Severely malnourished children are referred to treatment centers and moderately malnourished children are enrolled to the NERS sessions. At the end of the screening sessions counseling on IYCF are provided to the care takers. Nutrition Education and Rehabilitation Sessions (NERS) a package that is based on identifying positive deviance (PD) hearth in the community and brings together caretakers to share experiences of child care practices and then the facilitator conducts demonstration of preparing nutritious food for children. Usually moderately malnourished children are enrolled to the NERS sessions which includes attendance to joint sessions at a central place where caretakers of malnourished children come together and attend the sessions for 6-8 days and then the facilitators visit households for two to three days and observe what practices are optimal that could be shared with others and what negative practices exist that need to stop.

IHSAN subcontractors' progress in reaching more children and women with nutrition services

has been very slow over the Q1-3, however at the beginning of quarter four FHI360 together with the subcontractors developed acceleration plans in order cover more villages and districts, so more children are reached with community based nutrition services. As a result, 35,739, children were enrolled to NERS, 396,428 children less than five years, 120110 children less than two years, 85,894 pregnant women and 431,640 women of reproductive health were provided with counseling and education on the nutrition of themselves and of their children less than five years age. The NERS package will be replaced in FY18 by an MoPH approved package i.e. the Community Based Nutrition Program (CBNP).

Table 4: number of beneficiaries reached with nutrition intervention October 2016-September 2017

| S/N | Key target group for nutrition services | Number reached through the project |
|---|---|---|
| 1 | **HL.9-1** Number of children under five (0-59 months) reached by nutrition-specific interventions through USG supported programs | 396,428 |
| 2 | **HL 9-2** Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs | 120110 |
| 3 | **HL.9-3** Number of pregnant women reached with nutrition interventions through USG-supported programs | 85,494 |
| 4 | **Custom**: Number of women reached with education on nutrition and WASH | 431,640 |
| | | |

**Identified Innovative Intervention for Increasing Access to Nutrition Products**

During FY17 IHSAN project identified a public private partnership between the Afghanistan Social Marketing Organization and a private company to produce multiple micro-nutrient powder and then socially market that in the provinces through their outlets. The project is going to be funded through the innovation fund mechanism. By end of September 2017, administrative due diligence and contract negotiation was completed. In October the contract will be submitted to the contracting officer at USAID for review and approval.

**Developed Plan for Contracting CLTS Capacity Building**

IHSAN would like to enter into a contract with a consulting firm with experience in social mobilization, institutional development and capacity building in the field of sanitation and hygiene including CLTS. The terms of reference were developed to undertake the following objectives:

- Provide necessary human resources for training, coaching and supportive supervision.
- Prepare project operational plans (human resources, supply, training, assessment plans).

- Ensure that project implementation plans and budgets (activity-wise costing) are finalized in accordance with the specific tasks mentioned in the table below.
- Ensure that the methodology of trainings is participatory with ample use of group work, role play and other practical methods including plenary lectures for better understanding.
- Develop a comprehensive coaching and monitoring plan in coordination with IPs and assist the provincial CLTS team in implementing this plan.
- Conduct regular field visits and coordinate with third-party field monitoring visits to program implementation areas and provide technical and project management support (on the job) to CLTS teams to ensure programs are implemented per the work plan.

Table 5: Tasks for preparation and submission of implementation and budgets

| TASK TO BE PERFORMED | MILESTONES | REMARKS |
|---|---|---|
| **TRAINING** | | |
| 1. Undertake CLTS Basic Level Training | ● 6 days training imparted (hands on and hands off)<br>● Monthly training report of all trainings<br>● Training Manual/ Module<br>● Handouts for participants<br>● Day-wise schedule of trainings with contents and methodology<br>● Observe the first 3 triggering right after the training and provide feedback to the facilitators team<br>● Maintain strong coordination with MRRD at all stages | ● IHSAN expects that a total of fourteen (14) trainings will be imparted<br>● Out of 14, 4 trainings to be imparted to existing IPs (one each for IRC, AKF, HADDAF & CHA) and 10 trainings for new BPHS NGOs<br>● Each training is expected to be delivered in the respective provinces |
| 2. TOT Post Triggering Training on Hygiene Behaviour Change | ● 3 day's training imparted<br>● Monthly training report of all trainings<br>● Training Manual/ Module<br>● Handouts for participants<br>● Day-wise schedule of trainings with contents and methodology<br>● Observe at least 1 training that is being conducted by the CLTS team and provide feedback | ● IHSAN Expects that a total of fourteen (14) trainings will be imparted<br>● Out of 14, 4 trainings to be imparted to existing IPs (one each for IRC, AKF, HADDAF & CHA) and 10 trainings for new BPHS NGOs<br>● Each training is expected to be delivered in the respective provinces |
| 3. Verification and Certification Training | ● 2 day's training imparted<br>● Monthly training report of all trainings<br>● Training Manual/ Module<br>● Handouts for participants<br>● Day-wise schedule of trainings with contents and methodology | ● IHSAN expects that a total of fourteen (14) trainings will be imparted<br>● Out of 14, 4 trainings to be imparted to existing IPs (one each for IRC, AKF, HADDAF & CHA) and 10 trainings for new BPHS |

| TASK TO BE PERFORMED | MILESTONES | REMARKS |
|---|---|---|
| | | NGOs<br>● Each training is expected to be delivered in the respective provinces |
| 4. CLTS Refresher Trainings | ● 3 day's trainings imparted<br>● Monthly training report of all trainings<br>● Training Manual/ Module<br>● Handouts for participants<br>● Day-wise schedule of trainings with contents and methodology | ● IHSAN expects that a total of twenty-six (26) trainings will be imparted<br>● Out of 26, 16 trainings to be imparted to existing IPs and 10 trainings for new BPHS NGOs<br>● Each training is expected to be delivered in the respective provinces |
| 5.CLTS Intermediate Training | ● 4 day's training imparted<br>● Monthly training report of all trainings<br>● Training Manual/ Module<br>● Handouts for participants<br>● Day-wise schedule of trainings with contents and methodology | ● IHSAN expects that a total of eight (8) trainings will be imparted<br>● Out of 8, 4 trainings to be imparted to existing IPs and 4 trainings for new BPHS NGOs |
| 6. CLTS Advance Training for Master Trainers | ● 4 day's training imparted<br>● Monthly training report of all trainings<br>● Training Manual/ Module<br>● Handouts for participants<br>● Day-wise schedule of trainings with contents and methodology | ● IHSAN expects that a total of eight (8) trainings will be imparted<br>● Out of 8, 4 trainings to be imparted to existing IPs and 4 trainings for new BPHS NGOs |
| **COACHING** | | |
| 1.Undertake Coaching/ mentoring of CLTS teams through undertaking follow up visits and providing on-job support | ● Monthly reports of coaching/ mentoring and on-job support | ● IHSAN expects that at least 8 days/ coach/ month will be allocated for each of the first-tier priority provinces (10 provinces)<br>● We expect that at least 4 days/ coach/ month will be allocated for each of the second-tier priority provinces (10 provinces) |
| 2.Orientation session on how to conduct school related events (School Hygiene and sanitation related campaigns & competitions) | ● Handouts for participants | ● IHSAN expects that the coach/(es) designated for each of the provinces will be able to conduct this orientation session |
| 1. Orientation session on how to conduct community | ● Handouts for participants | ● We expect that the coach/(es) designated for each of the provinces will be able to conduct this orientation session |

| TASK TO BE PERFORMED | MILESTONES | REMARKS |
|---|---|---|
| sanitation and hygiene related campaigns (village level) for IHSAN IPs | | |
| 2. Orientation sessions on CLTS protocol / ODF celebrations | ● Handouts for participants | ● IHSAN expects that the CLTS protocol will be part of the ODF certification and verification training<br>● Coach/(es) designated for each of the provinces will be able to conduct this orientation session |
| 1. Organizing, facilitation and documentation of the quarterly program coordination workshops in close coordination with FHI 360, UNICEF, MRRD and IPs | ● No. of quarterly programme coordination workshops held | |
| 2. Finalization & Provision of IEC material | ● IEC material finalized and approved with IHSAN | ● IHSAN expects that the consulting firm will share all the finalized IEC material with IHSAN for printing and further distribution to IHSAN IPs ensuring integration of WASH with Nutrition where deems appropriate |
| 3. Revision, finalization & Printing of all training contents, manuals, guidelines including trainer's notes, handouts for trainee's, power point presentations and necessary templates required for smooth implementation of | ● Five sets of all training material shared with IHSAN<br>● All revised training material endorsed by MRRD and includes latest provisions as endorsed by MRRD including ODF verification and certification protocol<br>● Necessary templates for smooth functioning of CLTS teams finalized | |

| TASK TO BE PERFORMED | MILESTONES | REMARKS |
|---|---|---|
| CLTS (in English, Dari & Pushto languages) | | |
| 4. Developing project based database for the CLTS Progress in the districts | ● A database including information on the ODF villages triggered and certified finalized and shared with IHSAN & MRDD Staff | |

A request for proposals will be released and a competent consulting firm that can undertake the above activities will be selected and contracted.

**Support provided to families to produce nutritious food products**

Support provided to women with tool kits to pursue income generation Farmer Field Schools were established in IHSAN priority provinces, and beneficiaries were selected for training and seed distribution. A total of 2818 male and female beneficiaries were selected for training in livelihood interventions (Farmer Field School, kitchen gardening, dairy production and poultry). Trainings contained topics on several different types of crops like legumes, hybrid maize, rice, vegetables and horticulture production. 410 women were provided with kits for kitchen gardening, poultry stock, and milking goats.

**Developed a training package that helps to capacitate a new female cadre that have been added to the BPHS Tashkeel**

The addition of a new female cadre of nutrition counselors to the BPHS health facilities' structure has been a bold step forward for empowering women to engage in providing key nutrition services to women and children, an activity that would otherwise be very difficult given that people in the communities prefer for women to be checked by only female health care workers. This step provided opportunity for women to take an active role in improving the health of their peers, while also facilitating a culturally acceptable solution to health care seeking by women and their children. IHSAN's leadership in developing and adapting the counselors' training package based on the FANTA materials and in facilitating the training of 68 trainers from the provinces has contributed substantially to the women's empowerment efforts. About 1,890 female counselors will be hired and trained using the IHSAN/PND-developed counselors' training package.

## Innovation Fund

The Innovation Fund is a cross-cutting component that addresses challenges within nutrition and WASH and facilitates increasing the reach and quality of high-impact, cost-effective and evidence-based nutrition and WASH interventions in Afghanistan.

The IHSAN in-country team led by the COP and Innovation Fund manager with inputs from FHI 360 HQ and the APRO office finalized the Fund's grants administration and management templates. The TAC was established to provide technical input on solicitations and endorsement of unique approaches proposed through the Innovation Fund mechanism. The TAC is composed of representatives from MoPH/PND, the Ministry of Women Affairs/Health Department, MAIL/Home Economy Department, MRRD/RuWatSIP directorate, USAID and IHSAN. A TOR was developed for the TAC that stipulates the committee's aim to help IHSAN select and support unique and innovative interventions for nutrition and WASH. The Annual Program Statement was finalized for announcement on January 1, 2017, and will remain open until December 31. Concept notes for innovative approaches are received on a rolling basis with specific timelines for review and evaluation. By the end of September, concepts from five batches were processed as presented in Table 5.

Table 6: Progress of Innovation Fund Concepts by Batches

| **Batch #** | **# of Concepts Received** | **# Shortlisted by TEC** | **# Endorsed by TAC** | **# Due Diligence Completed** | **# Awarded Contract** |
|---|---|---|---|---|---|
| 1 (closed Jan 31) | 19 | 4 | 2 | 2 | 0 |
| 2 (closed Mar 15) | 13 | 5 | 3 | 3 | 0 |
| 3 (closed May 15) | 27 | 5 | 1 | 0 | 0 |
| 4 (closed June 30) | 0 | 0 | 0 | 0 | 0 |
| 5 (closed July 31) | 5 | 1 | 0 | 0 | 0 |

Progress during Q4 includes the following:

The Innovation Fund team finalized grant award documents for two concepts from the first batch and submitted to FHI 360 HQ for review and approval. The team performed due diligence for the two organizations whose proposals were endorsed by TAC. A pre-award assessment was conducted for ASMO and Care of Afghan Families to determine the organizational capacity for implementing the potential grant award. The result of this pre-award assessment was finalized, grant agreements and negotiation memos drafted, and budgets negotiated with both organizations. The complete grant package has been submitted to the FHI 360 contracts team for review before submission to USAID for final approval. These two innovative projects consist of (1) local production and social marketing of multiple micro-nutrient powder and (2) scale-up of CBNP in Logar province.

Of 13 concepts received in the second batch, the IHSAN Technical Evaluation Committee had shortlisted five concepts, of which TAC endorsed three. During Q4, administrative due diligence

for the three concepts was performed. Award documents will be processed in October 2017 and presented for FHI 360 HQ and USAID review and approval.

In batch 3, IHSAN received 27 concepts, of which TEC shortlisted 5 and TAC endorsed 1; another concept is pending TAC endorsement as additional information about the concept was required. During Q4, the Innovation Fund team worked with the applicant of the endorsed concept to submit a full application, which will be presented to the TAC meeting in October for review. The TAC will also review the pending concept. Upon TAC final review and feedback, further administrative steps will be taken to prepare the grant award document and process it for FHI 360 HQ approval.

No concepts were received in batch 4; however, three concepts were received in the fifth batch, of which one was shortlisted and sent back to the applicant for further revisions. In addition to this progress, IHSAN and MRRD jointly conducted an orientation session on August 28, 2017, for BPHS implementing organizations from 10 provinces—Daikundi, Helmand, Khost, Laghman, Logar, Paktika, Saripul, Uruzgan, Wardakto and Zabul—expected to apply for the CLTS scale-up stage in response to the APS. These provinces were recommended by the RuWatSIP directorate based on high prevalence of open defecation. The Swedish Committee from Afghanistan, BPHS implementer for Wardak and Laghman provinces, declined to apply for the fund as their organization's policy would not allow it. IHSAN selected alternative provinces of Kunduz and Baghlan with the consent of MRRD. IHSAN is looking for other solutions to scale up CLTS in Laghman and Wardak provinces.

## ENVIRONMENTAL MANAGEMENT AND MITIGATION

USAID had conducted an Initial Environmental Examination (IEE) and FHI360 developed an Environmental Management and Mitigation Plan (EMMP) accordingly. The EMMP describes specific actions to undertake under each category of activity and identifies person/s responsible for monitoring compliance against the indicators. The different activities of the plan were monitored at FHI360 and IHSAN subcontractors by the assigned people at FHI360. FHI360 point persons oriented staff of subcontractors on the EMMP requirements. Two sub-contractors, that intended to use fertilizer for the livelihood intervention under IHSAN project, have requested FHI360 to seek USAID waiver approval. In addition, the EMMP was integrated into the amended scope of work and negotiation memo of subcontractors. By adding this element to their scope of work, subcontractors will be required to include and sign an EMMP that tracks to environmental indicators. During development of FY18 work plan, environmental compliance was added as a required activity for every subcontractor, in line with the terms of the EMMP and IEE. In October and November 2017, subcontractors will develop individual organization level EMMPs that are responsive to the IEE conducted by USAID.

## CHALLENGES

The project faced a number of significant challenges during FY17. First, recruiting and retaining qualified staff to support effective implementation of the project. The National Technical Assistance salary package not being attractive enough made it difficult to hire and retain staff. Throughout the recruitment process for both key and non-key personnel for FHI 360 and IHSAN subcontractors, many first- and second-choice candidates declined the job offer, generally due to inability to match salary expectations or historic salary within the National Technical Assistance salary scale. The two key positions, Nutrition and WASH technical director and senior capacity development advisor, were vacant for about 12 and 9 months respectively. Lack of applications from qualified individuals for the key positions necessitated repeated advertisements of the positions on ACBAR and other websites, which negatively impacted the ability to implement activities at full capacity. In addition, many positions were repeatedly left vacant as a result of staff leaving for other organizations in search of a better compensation package. During Q4, the human resources officer and finance officer left the job to pursue a higher remuneration package. Generally, the staffing considered for management of the project were not sufficient and aligned with the needs.

Second, ongoing negotiations of scope of work, targets and budgets of IHSAN subcontractors caused delays in contract modifications, resulting in some interruptions in field activities and affecting progress towards achieving targets of output indicators. During Q4, IHSAN worked closely with its IPs to develop acceleration plans to expand geographic coverage and mobilize additional resources to reach a larger number of beneficiaries, thus realizing IHSAN targets. This helped the project to improve performance against targets. The work plan developed for FY18 is more intensive than that of FY17 in terms of setting targets, structured methodology, advance planning and placing adequate human and other resources. It is hoped that the project will gain sufficient momentum in FY18 to compensate for the delays in FY17. Below is an overall reflection on progress toward achieving targets.

In addition, the insecure conditions in the country caused delays in implementation of the project activities, including changes in the STTA plans, delayed shifting of FHI360 staff to the rented office space due to the damages inflicted on the windows and doors caused by a massive explosion in the blue area of Kabul city.

### A reflection on the achievement of set targets for IHSAN

The targets set for IHSAN project in FY17 were very ambitious in relation to the geography it covered. This specifically applies to the indicators related to children under five and two years of age, pregnant women and women of reproductive age. IHSAN targets 1,200,000 children under five and a similar number of women of reproductive age to be reached with nutrition

services in FY17. The targets set assumes 100% coverage of districts in the ten priority provinces, and that 20% of the population in these provinces were children under five. The recent DHS has found that 16.1% of the population in Afghanistan are children under five and a similar proportion are women of reproductive age. Based on the DHS finding the actual number of children below five in these provinces is 960,600 children and a same number of women. In addition, due to insecurity and difficult access to remote populations, IHSAN IPs could not ensure a 100% coverage within the 10 provinces. This resulted in the IHSAN team not reaching set targets.

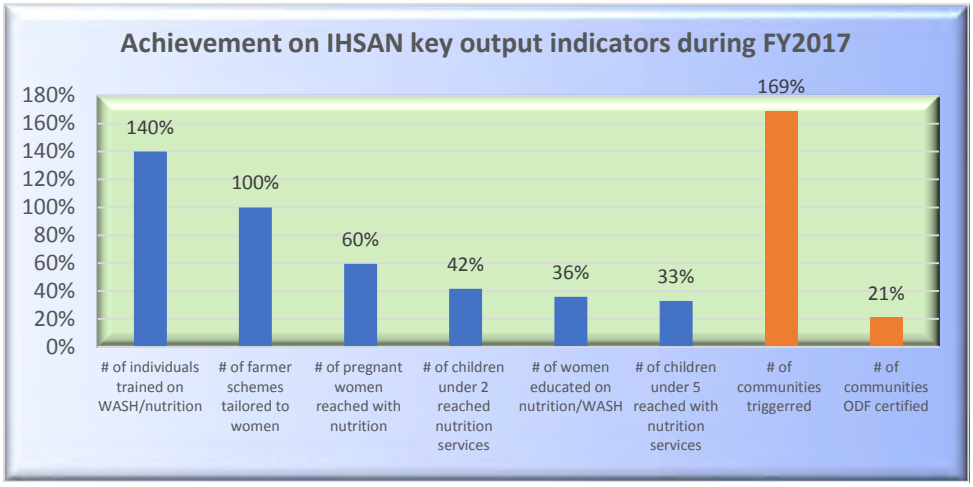


*Figure 11: % achievement of key indicators*

The progress in year one, however, depicts a promising picture for the remaining years. During FY17 reaching the targets for service provision is modest as only a third of the set target for children below five years of age were reached and 60% of pregnant women were reached with nutrition services. However, 140% of the target staff were trained who have gotten the competency to rapidly scale up nutrition and WASH service provision in the priority provinces. Similarly, for WASH intervention 500 village were planned to be triggered and 400 ODF certified. By end of September 21% of target villages were ODF certified, however, the project made substantial progress in Q4 and paving the road for reaching higher targets during the years to come. By end of September 169% of the targeted villages were triggered and it is expected that by of December 2017 about 90% of the triggered villages will get ODF status. Moreover, the many fold increase in reaching targets in quarter four as compared to the numbers achieved its previous quarters, is a stark evidence of building a strong momentum for launching an even faster progress towards IHSAN targets.

It is worth to mention, that IHSAN is adopting other approaches to reach more children and women with nutrition and WASH services. In its FY18 workplan, IHSAN proposed system level support in all 34 provinces in the country. The system level support includes, training, IT equipment and logistic support to the PNO so they can provide supportive supervision of nutrition services in the health facilities.

Figures on most WASH indicators could not be reported in the annual report because the end-line

surveys that are performed as part of the CLTS implementation have not yet been conducted. Those are planned for Q1 of FY18 and the results will be available by end of December 2017.

**Project Property Management**

The management and tracking of Project property is an important part of overall Project administration. Property is classified into two categories: non-expendable and expendable. All expendable and Non-Expendable Equipment over US$ 500 were registered in the Project Inventory book. The intent of the physical inventory is to confirm the availability of all assets bought and tracked in the inventory database. A physical inventory check was carried out semi-annually of which the recent one was done in September 2017. Reconciliation of property inventory was performed on quarterly basis. IHSAN plans to do another physical verification when it moves office to the Baron.

An Equipment Log Book was established that would be filled out and signed by the employee whenever Project equipment was issued. A system was established to immediately report any loss or damage to Project equipment in the possession of an employee.

**Compliance to Branding and Marking plan of IHSAN**

The Initiative for Hygiene, Sanitation, and Nutrition (IHSAN) used exclusive branding (per ADS 320.3.2), as prescribed in the USAID's Graphic Standards Manual. IHSAN ensured that the USAID tagline "From the American People" appear on all materials and communications, with exceptions of cases presented in the table on Section B.4 of branding and marking plan. The requirement to develop an exclusive program logo that would be used instead of individual institution logos was nullified through modification number 1 of the contract.

USAID was acknowledged appropriately at all program-funded events, including ceremonial activities, training events, and major meetings with stakeholders. Acknowledgement typically was through the prominent display of the USAID logo on event signage and banners (or event agendas in the absence of signage and banners) and in opening/closing remarks. In addition, USAID support for IHSAN was acknowledged on the cover of all key program performance reports.

Request for waiving the requirement to display USAID logo on the ODF village signboard was sent to CO for approval. IRC had requested to FHI360 to seek approval for waiving the requirement to put USAID logo on the signboard in villages where the opposition armed groups are active.

## SUCCESS STORIES REPORTED FROM THE FIELD

Please refer to the PDF file that is submitted separately

## Annex 1: Progress against Workplan

*Table 1: Summary of progress on the activities planned in the activity matrix for FY17*

| IR | D= Activities planned to be completed by September 2017 | | | | C=Activities planned to be started in FY17 but continued to FY18 | | | Total D+C |
|---|---|---|---|---|---|---|---|---|
| | Planned | Completed | Partially Completed | Not Completed | Planned | Started | Not Started | |
| IR 1.1 | 5 | 3 | 2 | 0 | 3 | 3 | 0 | 8 |
| RR 1.2 | 5 | 3 | 2 | 0 | 5 | 3 | 2 | 10 |
| IR 1.3 | 2 | 1 | 1 | 0 | 2 | 2 | 0 | 4 |
| IR 2.1 | 4 | 4 | 0 | 0 | 8 | 5 | 3 | 12 |
| IR 2.2 | 2 | 2 | 0 | 0 | 1 | 1 | 0 | 3 |
| IR 2.3 | 1 | 1 | 0 | 0 | 2 | 2 | 0 | 3 |
| IR 3.1 | 2 | 2 | 0 | 0 | 1 | 1 | 0 | 3 |
| IR 3.2 | 1 | 1 | 0 | 0 | 2 | 2 | 0 | 3 |
| IR 3.3 | 0 | 0 | 0 | 0 | 3 | 1 | 2 | 3 |
| Innovation Fund | 1 | 1 | 0 | 0 | 1 | 1 | 0 | 2 |
| Total | 23 | 18 | 5 | 0 | 28 | 21 | 7 | 51 |
| Percent Achieved | | 78% | 22% | 0% | | 75% | 25% | |

Note: there were a total of 51 activities planned in FY17 of which 23 were planned to be completed by end of September 2017. 78% of these activities were fully completed by the end of FY17, and the remaining 22% were partially completed. There were 28 activities that needed to start in FY17 and then continue to FY18 and onward. By end of September 2017, 75% of these activities were successfully initiated while 25% could not be started. Most of the activities that were not started were because of their nature such as researches that are dependent on desk review results and on the nutrition services capacity assessment. The desk review was only finished by end of September while data collection for nutrition service capacity assessment extended to FY18.

*Table 2: activity matrix*

| Activity / Description | Deliverable / Output | Means of verification | Month (Start May 11, 2016-September 2017) | | | | | | | | | | | | | | | | | Progress to date end of September 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Brief | detailed |
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | | |
| **IR 1.1 Nutrition environment enhanced** | | | | | | | | | | | | | | | | | | | | | |
| **1.1. Support GIRoA to strengthen governance and institutional arrangements for multi-sectoral coordination of nutrition and WASH activities.** | | | | | | | | | | | | | | | | | | | | | |
| Meet with all relevant government agencies, key donors, and stakeholders to identify project activities to avoid overlap/duplication upon start-up and perceived gaps in nutrition/WASH programming for landscape analysis and determine IHSAN Year 1 activities in response to gaps and in compliance with project deliverables. | Approved Year 1 work plan; Nutrition Landscape Analysis | Approved work plan; landscape analysis report | | | | | | | | D $ | | | | | | | | | | Completed | Y1 Workplan submitted.<br>Y2 Workplan process began in July 2017 and by 31 August a first draft was submitted to USAID with subsequent revisions made afterwards.<br>In the process of preparation of workplan series of meetings were held with government, UN and IHSAN IPs |
| Develop a governance manual for IHSAN coordination approach, specifying working group participation and reporting frequency/focal points within MRRD and PND/MoPH. | Governance Manual approved by USAID. | Governance manual | | | | | | | | | | | | | | | | | D | Completed | IHSAN developed TORs for coordination with PND and MRRD. IHSAN teams were assigned to attend specific working groups at MoPH and MRRD. |

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| Convene meeting with related line ministries and key stakeholders to harmonize plan regarding national-level coordination efforts for AFSANA/NAF endorsement. Provide any support to endorsement process and, if needed, to the secretariat. | Assistance provided to implement the AFSANA and NAF at the national level | Meeting minutes | | | | | | | | | | | | | | | | | C | Started | The AFSEN document was signed by CEO office. Three UN organizations (WFP, FAO and UNICEF) established a SUN secretariat.<br>IHSAN brought in a consultant from the FANTA project who supported the project in laying a plan for engaging with the secretariat and the High-level Nutrition Steering Committee leading to the formulation of an advocacy plan for the Nutrition agenda. |
| Select MoPH, MRRD & MAIL leaders through collaborative process with USAID and coordination group to attend international forum (e.g. SUN) or exchange visit to build advocacy for nutrition/WASH at high level. | | Trip reports | | | | | | | | | | | | | | | | | D | completed | IHSAN approached PND regarding selection of delegates to attend the SUN gathering in Ivory Coast, however PND had already identified the financial support for attending the event. |
| Conduct PROFILES assessment with data from key stakeholders and relevant documents to form estimates and present data within advocacy briefs. | | PROFILES advocacy briefs | | | | | | | | | | | | | | | | | C | Started | Dr. Deborah Ash the STTA from FANTA team laid a plan for engaging the FANTA experts in facilitating PROFILES assessment. The PROFILES assessment process includes 4 steps and will start in November 2017. |
| Conduct opinion leader assessment regarding strengthening multi-sectoral functioning of programs and services, including competencies and coordination. | PND's (national and provincial level) core competencies in nutrition increased | Assessment report | | | | | | | | | | | | | | | | | D | Partially completed | In discussion with FANTA experts who had envisioned this activity as part of the workplan, explained that opinion leader assessment for strengthening of multi-sectoral programs and services is not a one-off event and entails a process which has already been commenced and is going to continue for sometimes in the future until the multi-sectoral advocacy plan for nutrition is chalked out. |
| Initiate dialogue with relevant stakeholders and review possible nutrition/WASH indicators for addition to Balanced Scorecard instrument. | # of indicators on nutrition added to BSC | Revised BSC tool | | | | | | | | | | | | | | | | | C | Started | The dialogue for integration of indicators to BSC initiated and several meetings were held. An indicative list of indicators was presented by FHI360 to the AIM working group and ideas exchanged on prioritizing among those. The discussion will continue during quarter one of FY18 |

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| Conduct meetings to elicit perceived roles/ responsibilities, and associated capacity development needs of each sector in nutrition/WASH policy/programming and review existing ToRs for multi-sectoral groups at provincial level. At end of exercise, convene larger central meeting for key government officials from 10 priority provinces to review findings and determine next steps for multi-sectoral action planning. | Assistance provided to nutrition and WASH Coordination Mechanisms at provincial levels to plan and coordinate activities across sectors to improve nutrition; Assistance provided to provincial-level structures (PPHD, PRRD, MAIL) to program, manage, and monitor nutrition and WASH services. | Meeting minutes, photos | | | | | | | | | | | | | | | | | D | Partially completed | IHSAN IPs in the provinces, met with sectoral departments as well as with the provincial level development committee (PDC) in support of the multi-sectoral action planning. Capacity needs of the PRRD and PND were identified and considered in FY18 workplan.<br><br>At national level the multi-sectoral coordination document AFSeN was signed by the Chief Executive Officer in April 2018 which paved way for multi-sectoral collaboration for nutrition. Afghanistan became a signatory of the global movement for Scale Up Nutrition (SUN). IHSAN with support from the FANTA experts laid a plan for furthering the multi-sectoral agenda for nutrition which will be implemented in FY18. |
| **IR 1.2 Afghan institutions delivering nutrition and WASH in-service training strengthened** | | | | | | | | | | | | | | | | | | | | | |
| 1.2.1. Support the GIRoA to operationalize multi-sectoral nutrition and WASH policies | | | | | | | | | | | | | | | | | | | | | |
| Review nutrition content drafted for CLTS material integration and, following national approval, work with MRRD and UNICEF to develop field implementation strategies that may include cooking/feeding demonstrations. | Ensure inclusion of both nutrition & WASH components in large-scale community-based programming | Revised CLTS materials with nutrition messages | | | | | | | | | | | | | | | | | D | Completed | IHSAN team worked with SSDA and included nutrition content in the hygiene education training and ToT was conducted for all IHSAN IPs. |

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| Review and revise policies, guidelines, protocols on IMAM, SAM, and maternal nutrition, with inclusion of WASH content. | Policies, guidelines, protocols revised (IMAM, SAM, maternal nutrition) | Revised, approved national documents; meeting minutes | | | | | | | | | | | | | | | | | C | Started | IHSAN incorporated a module on water sanitation and hygiene into the nutrition counselors' and the IYCF 4 in 1 training package. The discussion will continue in FY18 to incorporate WASH to other packages. |
| 1.2.2 Build the core capacities of BPHS NGOs and frontline service providers to deliver facility- and community-based nutrition and WASH services | | | | | | | | | | | | | | | | | | | | | |
| Create guide for supportive supervision, mentoring, & coaching for nutrition/WASH skills in frontline providers and revise/create job aids for front line health workers. | BPHS NGOs' staff (program managers, monitoring officers, nutrition officers) core competencies in nutrition increased; PND's and BPHS staff's (national and provincial level) core competencies in nutrition increased | Approved supportive supervision guide & job aids | | | | | | | | | | | | | | | | | D | Partially completed | IHSAN developed the job aids as part of the counselors' training package. Work on developing supportive supervision guide stared and will continue to FY18. |
| Supplement/establish provincial and national nutrition/WASH resource centers. In PY1, IHSAN will focus on establishing the resource center in Qara Bagh Hospital in Kabul. The practical training center will be outfitted and training materials and staff placed for practical nutrition/WASH trainings. | | Photos of equipped resource center; | | | | | | | | | | | | | | | | | C | Started | IHSAN together with PND and AKF assessed two hospital to select one for upgrading to a WASH and nutrition resource center. By end of September 2017 the Qarabagh DH was finalized for upgrading. The upgrading and functionalization will take place in FY18. |

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| Revise IYCF training packages and ensure inclusion of nutrition and WASH content and practical component, in collaboration with PND and Ru-WatSIP | Assistance provided to MoPH/PND to revise current short-term in-service IYCF training packages, to ensure these align with best nutrition and WASH standards | Approved revised training package | | | | | | | | | | | | | | | | | D | Completed | IYCF 4 in 1 package was revised to include a WASH section.<br><br>IHSAN plans to train midwives and other medical staff on the revised IYCF guidelines during FY18. |
| Develop curriculum for nutrition counselor cadre (educational level 9-12th class) to include nutrition and WASH content with didactic and practical components. Plan stakeholder review and inputs within PND/MoPH approvals process. | In-service nutrition and WASH curricula developed and integrated in existing Afghan training institutions | MoPH-approved training package for counselors | | | | | | | | | | | | | | | D | | | Completed | The Nutrition Counselors' training Package was approved and the first TOT was conducted for master trainers from 18 provinces. |
| Train master trainers for nutrition counselor instruction at provincial level from PNOs, Nutrition Officers and Capacity Building Officers employed by BPHS implementers. Plan certificate-based course and integrate supportive supervision and refresher training for the trainers and nutrition counselors. | PND's and BPHS staff's (national and provincial level) core competencies in nutrition increased | Number of master trainers trained; Number of ToT conducted | | | | | | | | | | | | | | | | | C | Started | The first TOT was conducted in 3 classes and 68 master trainers were trained for 18 provinces. |
| Work with PND and BPHS QI teams to identify service delivery improvement opportunities and respondent solutions using Plan-Do-Study-Act cycle, with training in this model throughout the process to BPHS/MoPH counterparts. | BPHS NGOs' staff (program managers, monitoring officers, nutrition officers) core competencies in nutrition increased | Assessment report; Facilities with functional nutrition services | | | | | | | | | | | | | | | | | C | Not started | A national level assessment of nutrition management and service capacity started in August FY17. Results will be available by Feb 2018 which will shade light on service gaps as well as provide recommendations for addressing those gaps. |
| 1.2.3. Use innovative technologies to build the core capacities of BPHS NGOs and frontline service providers | | | | | | | | | | | | | | | | | | | | | |

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| Assess different eLearning mediums available and in use. Assessment will include field workers perceptions of utility of eLearning programs and areas for improvement. | Distance learning models tested for frontline workers | Assessment report | | | | | | | | | | | | | | | | | D | Partially completed | Post SOP assessment protocol includes an objective on assessing eLearning mediums. Data collection started in August FY17.<br>Results will be available by Feb 2018 which will shade light on service gaps as well as provide recommendations for addressing those gaps. |
| Modify existing ICT tool per findings of above assessment to standardize nutrition and WASH health service communication to frontline health workers and to improve the feedback loop from service delivery points to the supervision level in AKF provinces in Year 1. | | Pre-tested eLearning tool | | | | | | | | | | | | | | | | | C | Not started | Results will be available by Feb 2018 which will shade light on service gaps as well as provide recommendations for addressing those gaps.<br><br>IHSAN included in its FY18 workplan to support an innovative concept on e-Learning |
| **IR 1.3 Public Nutrition Department and service providers' leadership strengthened** | | | | | | | | | | | | | | | | | | | | | |
| 1.3.1. Strengthen PND capacity to program, coordinate and monitor nutrition-specific interventions | | | | | | | | | | | | | | | | | | | | | |
| Conduct M&E and data application workshop for PND, BPHS NGOs, Ru-WatSIP, and other relevant government departments to improve capacity to synthesize and apply data to shape programming/policy. | PND's (national and provincial level) core competencies in nutrition increased; BPHS NGO staff (program manager, monitoring officer, nutrition officer) core competencies in nutrition increased | Workshop training materials; # of PND staff/PNO trained | | | | | | | | | | | D | | | | | | | Completed | This activity has been completed during March 2017 A total of 29 individuals (22 male, 7 female) fromRuWatSIP, PND, EHIS, HPD, and MAIL participated in the five-day training. |

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| Facilitate discussions regarding National Nutrition Sentinel Surveillance (NNSS) System integration into other systems with PND and EHIS. | | Meeting minutes; Revised PND surveillance policy | | | | | | | | | | | | | | | | | C | Started | IHSAN attended AIM working group meetings; PND has established a task force for the NNSS that discusses future sustainability of the system.<br><br>EHIS is in process to develop a national surveillance system called Integrated Disease Surveillance and Response in about a year which will integrate indicators from NNSS. |
| Assist PND to advocate for on-budget funding of surveillance and develop budgeting skills to ensure sustained abilities for costing and budget justification for other PND activities. Based on timing of government budgets, on-budget request will be submitted in December 2017, in anticipation of coverage after GAC funding and the support of UN is completed. | | Costing plan | | | | | | | | | | | | | | | | | C | Started | IHSAN attended AIM working group meetings; PND has established a task force for the NNSS that discusses future sustainability of the system. EHIS is in process to develop a national surveillance system called Integrated Disease Surveillance and Response in about a year which will integrate indicators from NNSS. |
| Conduct nutrition training/service quality assessment for provider competence following SOP training and facility nutrition service capacity. Assessment will also include CHW ability to diagnose/manage/refer MAM/SAM. | | Assessment report | | | | | | | | | | | | | | | | | D | Partially completed | A national level assessment of nutrition management and service capacity started in August FY17. Results will be available by Feb 2018 which will shade light on service gaps as well as provide recommendations for addressing those gaps. |
| **IR 2.1 Household nutrition and WASH behavior improved** | | | | | | | | | | | | | | | | | | | | | |
| 2.1.1. Collaborate with Afghan research institutions to conduct formative research to understand perceptions, motivations, barriers, and opportunities to promote improved nutrition and WASH behaviors within the first 1,000 days | Assistance provided to existing Afghan research institutions to conduct ethnographic | | | | | | | | | | | | | | | | | | | | |

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| Conduct comprehensive desk review of formative research on maternal nutrition, IYCF, WASH and access to nutritious foods to identify gaps and knowledge about these topics. | studies to understand perceptions, motivations, barriers, and opportunities to promote improved nutrition, hygiene, and sanitation behaviors within the first 1,000 days; Studies and research related to barriers and triggers associated with optimal nutrition, hygiene, and sanitation during the first 1,000 days conducted. (Literature review of existing research must be conducted before proposing new research); | Desk review report | | | | | | | | | | | | | | | | | D | Completed | Desk review on nutrition food security and WASH was accomplished and the consultant shared the report. |
| Present desk review findings to stakeholder consultation and, based on identified research priorities, develop protocols for assessments responsive to priority areas. | | Consultation report and gap analysis; Research protocols | | | | | | | | | | | | | | | | | C | Started | Preliminary results of the desk review were presented through a stakeholder workshop and feedback was sought in the form of pile sorting. Draft report on research gaps was produced by IHSAN which lists prioritized areas for research. |
| 2.1.2. Implement a package of multi-sectoral SBCC activities in compliance the approved national strategies | | | | | | | | | | | | | | | | | | | | | |

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| Undertake desk review, in collaboration with government partners, of all available nutrition/WASH messaging, conduct gap analysis and determine priority topics/issues/elements required to develop project communication strategy. | Assistance provided to GIRoA to review, adapt, and harmonize nutrition, hygiene, and sanitation information and communication materials tailored to different segments of the population, including men | Nutrition/WASH SBCC desk review | | | | | | | | | | | | | | | | | D | Completed | Desk review on nutrition food security and WASH was accomplished and the consultant shared the report. |
| Facilitate stakeholder consultation to discuss nutrition/WASH SBCC review, status/guidance of NNCS, and gaps/areas for IHSAN focus. | Assistance provided to GIRoA to review and implement a NNCS | IHSAN SBCC strategy | | | | | | | | | | | | | | | | | D | Completed | An SBCC workshop was held for government departments and IHSAN IPs on September 6 and 7 where the IHSAN project draft SBCC working document was presented and feedback was sought for refining the content and ensuring its alignment with the national strategic documents and approved messages. |
| 2.1.3. Build the capacity of civil society to plan, carry out and monitor community mobilization activities to facilitate rapid adoption of new nutrition and WASH behaviors. | | | | | | | | | | | | | | | | | | | | | |
| Develop journalist training manual, organize training for journalists, editors, and news directors and build capacity on priority nutrition and WASH issues to increase media promotion. | Assistance provided to civil society and the private sector to increase the reach of nutrition, hygiene, and sanitation services beyond the current BPHS coverage | # of journalists trained, # of broadcasts with nutrition/WASH content | | | | | | | | | | | | | | | | | C | Started | IHSAN technical team received materials from the FANTA and Alive & Thrive project in Bangladesh and developed a training outline. Also, a meeting was held with inter-news for their engagement in the process. The tools will be finalized, and trainings conducted in FY18 |

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| Identify, recruit, and train a cadre of COC Master Trainers on community mobilization. Trained community mobilizers will work with community leaders and relevant local government representatives from all sectors to develop a district community mobilization action plan. | Assistance provided to civil society to mobilize communities for improved sanitation and hygiene | ToT course materials | | | | | | | | | | | | | | | | | C | Started | ToTs were conducted for CLTS facilitators and for NERS community mobilizers who then worked with communities to develop community based planning for Nutrition and WASH. |
| Implement NERS malnutrition treatment support program by reviewing, modifying, and printing existing implementation and SBCC materials for NERS (facilitators guide and pictorial tools), hire and train NERS ToT staff, conduct ToT courses on NERS for project staff, train volunteers, and organize NERS in community venues. | # of volunteers trained on NERS approach; # children and caregivers attending NERS | Training report; list of participants, photos | | | | | | | | | | | | | | | | | D | completed | NERS was implemented across 10 priority provinces, a total of 257 trainers/mobilizers (133 male and 124 female) and 1100 FHAG members and community health workers were trained on NERS and nutrition SoP. A total of 35,739 children below 5 were enrolled to NERS. |
| Use crowd sourcing methods to identify innovative ICT approaches (ex; mobile phones and internet-based social media) to community-based IEC and role for interpersonal communication and trusted sources paired with ICT modalities. | Crowd sourcing for innovative information education communicatio n models implemented, including models integrating Information Communicatio n Technology | Assessment report | | | | | | | | | | | | | | | | | C | Not started | Over the past quarters IHSAN has had meetings with the tele-communication companies and collected information on the type of services they can provide as well as the costs for those services. A provide company has been selected to disseminate text messages and IVR to women in the country. The contract will be signed in FY18.<br><br>The SBCC team is working to produce video clips and other messages for dissemination using ICT. IHSAN has included the purchase of tablets in its workplan for FY18. Those will be loaded education materials that will be used by the nutrition counselors for educating mothers. |

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| Organize provincial and national level best practices experiences and information sharing events (meetings, workshops, conferences). | Learning sessions to disseminate promising socio-behavior change communication activities organized at provincial and national levels | Seminar/events/workshop report; photos | | | | | | | | | | | | | | | | | C | Started | At national level IHSAN IPs come together every two weeks where lessons and experiences from the field are shared between the partners. IHSAN and its IPs attended the CLTS and nutrition coordination workshops organized by MRRD and MOPH respectively, where experiences from other implementers were shared. |
| 2.1.4. Scale-up WASH activities and increase the number of ODF villages | | | | | | | | | | | | | | | | | | | | | |
| Implement CLTS programming in compliance with national guidelines and collaboratively with stakeholders in priority provinces. | Assistance provided to the MRRD to scale-up CLTS in key provinces | Project monitoring reports | | | | | | | | | | | | | | | | | C | Started | IHSAN IPs have been implementing the Afghan Context CLTS. SSDA provided the capacity building support; Overall 412 people were trained in basic CLTS,<br>275 in hygiene education and 275 in ODF verification and certification and a total of 852 villages were triggered (521 during the last quarter); Baseline assessment, post triggering follow up took place in the villages that were triggered during the year. |
| Conduct assessment of acceptability and efficacy of two models for improved hygiene: CLTS and Community Dialogue process. Assessment will be conducted as third party process by IHSAN within communities having been exposed to either program within the last 24 months. | Assistance provided to GIRoA to identify sustainable incentivizing models associated with rapid adoption of optimal nutrition hygiene and sanitation behaviors | Assessment report | | | | | | | | | | | | | | | | | C | Not started | Health Promotion Department of MoPH did not agree for the community dialogue approach to be compared with CLTS. The concern was that the CD has not received similar resources as CLTS and hence the comparison of the two might not give a fair picture. The WASH technical advisor will plan and conduct assessment of different modalities of interventions that aims to achieve ODF status in FY18 |

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| Rehabilitation of existing water points in the villages to increase access of the people to basic drinking water. It would be a reward for the communities that gets an ODF status. This activity will include repairing of non-functional water points and providing some small equipment's for the sustainability of water points in the communities. | # of people gaining access to basic drinking water services | IP reports and verification by SRTRO, photos | | | | | | | | | | | | | | | | | C | Not started | IHSAN partners plan to reward villages that get the ODF certification, with minor repair of water points, however by the end of September 83 villages were declared as ODF. The water point repair will take place during FY18 |
| **IR 2.2 Use of nutrition-specific health services by women and children increased** | | | | | | | | | | | | | | | | | | | | | |
| 2.2.1. Strengthen referral systems from community to health facility | | | | | | | | | | | | | | | | | | | | | |
| Conduct desk review to examine existing referral channels from the household level to HF for MAM/SAM treatment and follow up. If needed, formative research will also be conducted. | Assistance provided to the MoPH and civil society to strengthen referral systems from community to health facility to ensure optimal nutrition status with a focus on the first 1,000 days | Assessment report | | | | | | | | | | | | | | | | | D | Completed | Desk review was conducted through a consultant hired by SRTRO and a draft report is under review by FHI360 |
| Engage MoRA to discuss nutrition/ WASH content for community dissemination. Upon agreement of message content, IHSAN and HPD will work on message development in coordination with MoRA and then use established RL networks for message dissemination through Friday *khotbas* and other channels. | | IP reports and list of mosques engaged in dissemination of messages | | | | | | | | | | | | | | | | | C | Started | IHSAN IPs engaged religious affairs directorate in the CLTS implementation especially they were represented in the ODF verification and Certification process.<br>Religious leaders were trained in behavior change activities. |

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| Engage HPD & WHO to determine interest to integrate nutrition/WASH counseling, messages, and referral guidance within the existing MoPH call center capacity. | | Meeting minutes; MoPH call center dissemination materials | | | | | | | | | | | | | | | | | D | Completed | IHSAN discussed with HPD the integration of WASH and nutrition to the MOPH call center, however we were informed that HAMAYAT project is supporting similar messages through the call centers and hence IHSAN should invest in some other activities.<br><br>IHSAN has negotiated a contract with a private communication company PARSA to disseminate messages. The contract will be signed early in FY18. |
| **IR 2.3 Private sector expertise in social behavior change utilized** | | | | | | | | | | | | | | | | | | | | | |
| 2.3.1. Work with the private sector to strengthen and expand SBC reach | | | | | | | | | | | | | | | | | | | | | |
| Review current private sector engagement activities in nutrition/WASH through meeting private sector representatives, line ministries and other stakeholders. Inputs will be integrated into a plan on how IHSAN will engage with/involve the private sector. | Assistance provided to civil society and the private sector to increase the reach of nutrition, hygiene, and sanitation services beyond the current BPHS coverage. | Review report; private sector engagement plan. | | | | | | | | | | | | | | | | | C | Started | Through innovation fund, one partner (public private partnership) has been identified that will locally produce and socially market Multiple-Micronutrients Powder (MMP). The ASMO proposal for above scope was endorsed by TAC and due diligence has been performed. In October the contract will be sent to USAID for review and approval |
| Engaging private sector in SBCC through coordination and support, assessing their production process for hygiene and nutrition products/services. | # of private sector partners represented in multi-sectoral coordinating meetings | Meeting minutes | | | | | | | | | | | | | | | | | C | Started | ASMO has been selected through the innovation fund mechanism to produce and socially market MMNP. Contract documents have been sent to USAID for approval.<br><br>IHSAN has negotiated a contract with a private communication company PARSA to disseminate messages. The contract will be signed early in FY18. |

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| 2.3.2. Develop/modify existing nutrition and WASH message content for use in planned health provider and MAMA mobile platforms | | | | | | | | | | | | | | | | | | | | | |
| Develop or modify existing nutrition/WASH messages to be integrated into current text message services to BPHS providers and into the planned MAMA program platform, in coordination with HPD and HEMAYAT. | | HPD-approved SMS/voice messages | | | | | | | | | | | | | | | | | D | Completed | IHSAN in coordination with HPD and PND selected around 30 MoPH approved messages related to WASH and Nutrition and printed those in posters, leaflet, flipcharts and brochures for dissemination by the IHSAN IPs. MAMA platform could not be established by end of September 2017. IHSAN therefore approached negotiated a contract with a private communication company PARSA to disseminate messages. The contract will be signed early in FY18. |
| **IR 3.1 Access to and consumption of nutritious foods increased** | | | | | | | | | | | | | | | | | | | | | |
| 3.1.1. Conduct assessments of household food availability and access | | | | | | | | | | | | | | | | | | | | | |
| Review existing food security programming materials and develop presentation for coordinating body underlining key findings. Following presentation, conduct informal gap analysis to guide IHSAN programming. Program elements identified in the gap analysis would be tested out using crowed sourcing methodology to determine feasibility for implementation. | Crowd sourcing for appropriate low-cost agricultural techniques to save women's time implemented. | Assessment report | | | | | | | | | | | | | | | | | C | Started | The desk review was conducted by consultants hired by SRTRO. Preliminary results were presented to the stakeholder and a research gap analysis was performed. Report of the desk review and of the stakeholder consultation will be finalized in October 2017 |

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| 3.1.2. Scale up activities for nutritious food production, storage and preparation, particularly for women | | | | | | | | | | | | | | | | | | | | | |
| Adapt and scale-up promising locally practiced/available agriculture/animal husbandry practices such as Kitchen Garden, Green House, goat and Poultry, for promoting dietary diversity through FFS structure. | Community gardens and animal husbandry (poultry, goats, etc.) demonstration programs established; Nutrition and WASH education integrated in homestead food production | Photos, reports, grant agreements | | | | | | | | | | | | | | | | | D | Completed | IHSAN IPs implement a number of livelihood packages such as the Farmer Field School (FFS), kitchen gardening, dairy goat, and poultry in the areas of its focus. |
| Support Livelihood Unit, Women's Unit and Health Unit in MAIL to increase female role in FFS activities by establishing women's groups at FFS with support from relevant units to demonstrate kitchen garden cultivation or small animal husbandry and food processing at household level. | # of women trained in kitchen garden demonstrations; # of women trained in food processing via FFS | Training report; list of participants | | | | | | | | | | | | | | | | | D | Completed | 2818 male and female beneficiaries were selected for training in livelihood interventions (Farmer Field School (FFS), kitchen gardening, dairy production and poultry).<br>410 women were provided with toolkits for kitchen gardening, poultry stocks and dairy production goats. |
| **IR 3.2 Access to WASH services and products increased** | | | | | | | | | | | | | | | | | | | | | |
| 3.2.1 Increase supply of hygiene and sanitation products and maintenance of sanitation structures | | | | | | | | | | | | | | | | | | | | | |

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| Determine viable partner(s) that can supply hygiene and sanitation products and support for maintenance of sanitation structures through private sector enterprises, business membership organizations and women's business centers. | Private sector response to increasing WASH and nutritious foods increased, focusing on complementary foods; | Assessment report identifying preferred partners and products. | | | | | | | | | | | | | | | | | C | Started | Through innovation fund, one partner (public private partnership) has been identified that will locally produce and socially market Multiple-Micronutrients Powder (MMP). Budget and contract negotiation finalized and will be submitted to USAID in October for review and approval |
| Identify preferred WASH/ nutrition products and associated acceptable pricing using crowd sourcing methodology in focus provinces. | Number of new WASH/nutrition products successfully developed for Afghan rural markets | Assessment report | | | | | | | | | | | | | | | | | D | Completed | Through innovation fund, one partner (public private partnership) has been identified that will locally produce and socially market Multiple-Micronutrients Powder (MMP). Budget and contract negotiation finalized and will be submitted to USAID in October for review and approval |
| Conduct provincial level coordination meetings with PRRD and relevant stockholders to determine supply and demand situation of nutrition and WASH products. In the meetings, the project will review and adjust implementation plans (operation and maintenance plan). | | Meeting minutes | | | | | | | | | | | | | | | | | C | Started | IHSAN partners worked in close collaboration with provincial stakeholders.<br>During the quarter a total of 51 coordination meetings were held with provincial authorities, committees, district authorities and with local communities. |
| **IR 3.3 Women empowerment strengthened** | | | | | | | | | | | | | | | | | | | | | |
| 3.3.1. Identify opportunities to increase the income of women | | | | | | | | | | | | | | | | | | | | | |
| Conduct formative research on ways to link women with icvctj67ujn7gmn ncome generating activities and the private sector; may use Living Goods model for inputs using crowd sourcing and other methods. | Crowd sourcing for appropriate low-cost agricultural techniques to save women's time implemented | Assessment report identifying preferred products | | | | | | | | | | | | | | | | | C | Not started | Training on ethnographic research methods were conducted by John Macom and 21 people were trained from SRTRO and FHI 360. Desk review on nutrition WASH, food security conducted. Research gap analysis was performed and through a stakeholder consultation workshop. Protocols to be developed in FY18 |

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Conduct series of informational sessions for IHSAN partners on VSLA activity, led by AKF. Sessions will solicit inputs on how to translate beneficial/ effective VSLA components to other provinces and how to tailor these activities to focus on nutrition, WASH, and household income generation. A briefing packet will be developed and disseminated to partners at the sessions. | Access to credit and loans for small community entrepreneurs to produce hygiene and sanitation products promoted; Access to micro-credit schemes tailored to women increased. | List of attendees | | | | | | | | | | | | | | | | | C | Started | Discussions were held with IHSAN IPs and due to sensitivity related to the notion of savings it was decided that AKF will test that in its areas of operation where it has developed good rapport with the communities. Lessons learned from that can be replicated in other provinces. |
| Adapt VSLA materials and training package based on partner and community feedback. | | Revised VSLA training package | | | | | | | | | | | | | | | | | C | Not started | AKF has developed the materials; it will test that in its areas of operation where it has developed good rapport with the communities. Lessons learned from that can be replicated in other provinces. |
| **Innovation Fund** | | | | | | | | | | | | | | | | | | | | | |
| Innovation Fund will: develop ToR with stakeholder input/endorsement; designate multi-sectoral TAG; issue solicitation for, transparently select, and issue grants for developing/testing additional ground-breaking approaches to reducing malnutrition and maternal anemia at regional and community levels implemented by a range of stakeholders including NGOs, private companies, entrepreneurs, CSOs, and others. | Numerous health, sanitation, nutrition and livelihood practices identified to pilot and scale up throughout the country using national and international organization. | Innovation Fund ToR; Annual Program Statement; TAG report for grantee selection | | | | | | | | | D $ | | | | | | | | C | APS completed. and process continued | IHSAN Innovation team developed Annual Program Statement (APS) and recently revised to include the scale up for CLTS through BPHS and CBNP through innovation fund and was advertised on www.acbar.org on May 24, 2017. By end of September a total of 64 concepts were received in five batches of which 6 were endorsed by the Technical Advisory Committee (TAC). Of the 64 concepts 5 were received during quarter four and one passed the internal review. |

## Annex 2: Table of indicators

Note on progress toward achieving output indicators

Out of 24 indicators 8 achieved/over achieved, 15 partially achieved and one not achieved as of September 30, 2017

*Table 3: Table of Quantitative Indicators*

| Goal/Objective/IR | Indicator | Baseline | End of Project Target | Y1 Target | Source | Frequency of Reporting | Progress as of end of September 2017 |
|---|---|---|---|---|---|---|---|
| **Goal:** To improve the nutritional status of women of reproductive age and children less than five years old, with a focus on the first 1,000 days (conception to 24 months of age). | Reduction in prevalence of stunting in children < 5 | 41% | 39% | 40.50% | DHS/NNS/ HHS | May 2021 or as soon as is available | N/A for this reporting period |
| | Reduction in prevalence of anemia among WRA | 40% | 36% | 39.50% | DHS/NNS/ HHS | | |
| **Objective 1: Capacity to institutionalize nutrition programs enhanced** | | | | | | | N/A for this reporting period |
| **IR 1.1 Nutrition environment enhanced** | Afghanistan become member of SUN | 0 | 1 | 1 | SUN website | September 2017 | 1 |
| | Afghanistan HANCI ranking improved | 38th | 35th | 38th | HANCI[1] report | As available | Data not available yet |
| | Number of national-level multi-sectoral stakeholder meetings (High Executive Nutrition Steering Committee) convened for nutrition/WASH policy | | 1/ Quarter | 1 | Meeting minutes | Quarterly | AFSEN document was signed by the CEO office and secretariat established by end |

| Goal/Objective/IR | Indicator | Baseline | End of Project Target | Y1 Target | Source | Frequency of Reporting | Progress as of end of September 2017 |
|---|---|---|---|---|---|---|---|
| | coordination | | | | | | of September. IHSAN developed a concept for engagement with the high- level steering committee |
| | HL.9-5 A national multi-sectoral nutrition plan or policy is in place that includes responding to emergency nutrition needs”? | 0 | 1 | 0 | Observation of approved document | annually | Not a target for FY17 |
| **IR 1.2 Afghan institutions delivering nutrition and WASH in-service training strengthened** | # of training packages that reflect multi-sectoral approach (Health, Rural Development, Livelihood) | NA | 3 | 1 | Training manuals | Annually | three training packages:<br>1. Nutrition counselors,<br>2. IYCF<br>3. Hygiene education |
| | # of institutions (District hospital (DH) or other facility) with capacity to provide in service training on Nutrition and WASH | NA | 2 (In discussion with PND, 2 centers are considered | 1 (Qara Bagh DH) | Institution training reports | Semi-annually | Qara Bagh DH assessed and upgrading plan being developed |
| | HL.9-4 Number of individuals receiving nutrition-related professional training through USG supported programs | 0 | 23000* | 3600 | Classroom attendance list of individuals trained | Quarterly | 5,034 |

| Goal/Objective/IR | Indicator | Baseline | End of Project Target | Y1 Target | Source | Frequency of Reporting | Progress as of end of September 2017 |
|---|---|---|---|---|---|---|---|
| **IR 1.3 Public Nutrition Department and service providers' leadership strengthened** | # of health facilities with established capacity to manage acute under-nutrition | 1038 | 1653 | 0 | HMIS/PND nutrition database/ BSC annual reports/HF functionality assessment | Quarterly | No target for year one |
| | **HL.9-1** Number of children under five (0-59 months) reached by nutrition-specific interventions through USG supported programs | 0 | 4,718,865 | 1,200,000 | IPs output indicators report | Quarterly | 396,428 |
| | **HL. 9-2** Number of children under two (0-23 months) reached with community-level nutrition interventions through USG/IHSAN-supported programs | | 377,509* | 288,000 | IPs output indicators report Attendance list | Quarterly | 120,110 |
| | **HL.9-3** Number of pregnant women reached with nutrition interventions through USG-supported programs | 0 | 188,754* | 144,000 | IPs output indicators report | Quarterly | 85,494 |

| Goal/Objective/IR | Indicator | Baseline | End of Project Target | Y1 Target | Source | Frequency of Reporting | Progress as of end of September 2017 |
|---|---|---|---|---|---|---|---|
| **Objective 2: Adoption of optimal nutrition and hygiene behavior increased at community and household levels** | Prevalence of children 0-6 months exclusively breastfed | 58% | 65% | 60% | NNS/DHS/HHS | 2021 | N/A for this reporting period |
| | Prevalence of children 6-23 months receiving a minimum acceptable diet | 16% | 26%* | 18% | NNS/DHS/HHS | 2021 | N/A for this reporting period |
| **IR 2.1 Household nutrition and WASH behavior improved** | Women's Dietary Diversity: Mean # of food groups consumed by women of reproductive age | 5 | 6 | 5.2 | NNS/DHS HHS | 2021 | N/A for this reporting period |
| | Percent of households practicing correct use of recommended household water treatment technologies | 10.3% | 15% | 10.5% | NNS/DHS HHS | 2018-2020 | Data on numbers will be available end of December 2017 |
| | Percent of households using an improved sanitation facility | 40.40% | 52% | 42% | NNS/DHS HHS | 2018-2020 | Data on numbers will be available end of December 2017 |

| Goal/Objective/IR | Indicator | Baseline | End of Project Target | Y1 Target | Source | Frequency of Reporting | Progress as of end of September 2017 |
|---|---|---|---|---|---|---|---|
| | **HL.8.2-1** Number of communities verified as open defecation free (ODF) as a result of USG assistance | NA | 4300 | 400 | -Certification documents<br>-Verification through a third-party review | Semi-annually | 83 |
| | % of children under age two who had diarrhea in the prior two weeks | 34.50% | 30% | 34% | HMIS | Annually | 18% of all OPD cases in under five children had diarrhea based on HMIS data for the year 1395 (2016/17) |
| **IR 2.2 Use of nutrition-specific health services by women and children increased** | Number of women reached with education on nutrition (Exclusive Breast Feeding) and WASH | | 4,718,865 | 1,200,000 | IPs output indicators report | Quarterly | 432,640 |
| | % of confirmed acute malnutrition referrals reaching treatment facility in priority provinces | NA | 80% | | Annual BPHS monitoring & HMIS data | Annually | There is no data for this indicator. IHSAN will propose to remove this from the list through a modification |
| **IR 2.3 Private sector** | | | | | | | |

| Goal/Objective/IR | Indicator | Baseline | End of Project Target | Y1 Target | Source | Frequency of Reporting | Progress as of end of September 2017 |
|---|---|---|---|---|---|---|---|
| **expertise in social behavior change utilized** | | | | | | | |
| **Objective 3: Availability of nutrition, hygiene, and sanitation services, and products increased** | Proportion of households with increased consumption of diversified diets | 75.70% | 80% | 76% | DHS/NNS/HHS | 2018-2021 | N/A for this reporting period |
| **IR 3.1 Access to and consumption of nutritious foods increased** | Number of small farmer schemes tailored to women developed, | 0 | 7 | 2 | IPs output indicators report | Annually | 3 (Kitchen Gardening, Dairy production, and Poultry) |
| | Mean household dietary diversity score | 5 | 6 | 5.2 | DHS/NNS/HHS | 2018-2020 | N/A for this reporting period |
| | # farmers reached by increased food production opportunities (e.g. FFS, KG, GH, Poultry) disaggregated by sex | | 20700 | 5000 | attendance list, list of individuals trained | Semi-annually | 2818 male and female trained<br><br>410 women were provided tool kits |
| **IR 3.2 Access to WASH services and products increased** | **HL.8.2-2** Number of people gaining access to a basic sanitation service as a result of USG assistance | | 3,016,000 | 280,000 | IP records and SRTRO verification | Quarterly | Data will be available end of December 2017 |

| Goal/Objective/IR | Indicator | Baseline | End of Project Target | Y1 Target | Source | Frequency of Reporting | Progress as of end of September 2017 |
|---|---|---|---|---|---|---|---|
| | # of people gaining access to improved drinking water services as a result of IHSAN | 63% | 350,000 | 70,000 (100 communities/ villages or 10,000 houses) | IPs output indicators report | Quarterly | Data will be available end of December 2017 |
| | HL.8.2-6 Percentage of households in target areas practicing correct use of recommended household water treatment technologies | 35% | 45%* | 0% | DHS/NNS/HHS | 2018-2020 | Data on numbers will be available end of December 2017 |
| | Number of new WASH/nutrition products successfully developed for Afghan rural markets, | | 5 | 1 | IPs output indicators report | Annually | 0 (an organization ASMO was identified to produce MNP |
| **IR 3.3 Women empowerment strengthened** | # of women joining CBSGs /VSLAs following links w/income-generating activities | NA | 2422 | 242 | IP records Interview with women | Semi-annually | 0 (VSLA was not implemented in FY17). However 410 women were provide with toolkits |
| | **GNDR-2**. Percentage of female participants in USG-assisted programs designed to increase access to productive economic resources (assets, credit, income or employment). | 0 | 0 | 242 | | Annually | 410 women were provided with toolkit/assets (KG, Poultry, FFS, Diary) |

| Goal/Objective/IR | Indicator | Baseline | End of Project Target | Y1 Target | Source | Frequency of Reporting | Progress as of end of September 2017 |
|---|---|---|---|---|---|---|---|
| **Innovation Fund:** 1st batch of applications are awarded | STIR-10 Number of innovations supported through USG assistance | NA | 10 | 3 | Grant contracts | Semi-annually | 2 contracts have been finalized |
| **Environment** | % of grants/sub awards with environmental compliance language related to procurement and disposal of equipment. | NA | 100% | 100% | Grant contracts | Semi-annually | 100% |
| | % of pilot projects that planned and implemented environmental assessment as part of the pilot planning. | NA | 100% | 100% | Assessment report | At start of project | N/A this reporting period |

## Annex 3: Counselors training report

**Ministry of Public Health**

# Nutrition Counsellor Package ToT Report

## Kabul, Afghanistan

**16-29 August 2017**

**Public Nutrition Directorate**

**Report by:** Dr. Najibullah Assadi, IHSAN Project

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## BACKGROUND

Malnutrition is a major underlying cause of child mortality and morbidity, and under nutrition in pregnant and lactating women remains a critical public health problem in Afghanistan. According to the 2015 Demographic and Health Survey Afghanistan, nearly all Afghan children are ever breastfed and 41% of children were breastfed in the first hour of life. More than 4 in 10 children received something other than breast milk in the first three days, though this is not recommended. World Health Organization recommends that children receive nothing but breast milk (exclusive breastfeeding) for the first six months of life. Forty-three percent of children under six months are exclusively breastfed. Children age 0-35 months are exclusively breastfed for a median of 1.5 months. Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. More than half (56%) of children age 6-8 months receive complementary foods.

The 2015 AfDHS tested edible salt for iodine content in 97% of households. Iodine is an essential micronutrient needed for cognitive development of children and normal functioning of thyroid gland. Just over half (57%) of households used iodized salt. The wealthiest households are much more likely to have iodized salt than the poorest households (88% versus 26%).

Nutrition counselors were introduced in the BPHS health facilities as new staff, dedicating to support the nutrition component in BPHS package, and providing nutrition counseling on Infant and Young Child Feeding, Growth Monitoring & Promotion, Screening, Maternal Nutrition, Hygiene and Sanitation to children under 5 and reproductive age women and supporting the linkage between facility and community. The counselors will be female and mostly have graduated certificate from 12 grades of school or higher. To facilitate their work, the partners were requested to develop a training package to be used as national guideline for the training of these newly introduced staff, collaboration of Public Nutrition Directorate of MoPH and key partners including UNICEF, WHO, GAIN and others take the lead on development of the Nutrition Counselors training package. IHSAN with close coordination of key partners after almost four to five months consultative process the package was finalized which consist of facilitator guideline, participant guideline, power point presentations and job aids/IEC materials.

The entire process of development, finalization and approval was monitored by Capacity Development Technical Working group and assigned taskforce by the Group, the final approval was provided by General Directorate of Preventive Medicine to the Public Nutrition Directorate of MoPH. For development of the package, different resources including FANTA guideline, national nutrition and WASH guideline and training package were used as reference. First batch of ToT training using for 72 master trainers from 18 provinces with support of 20 facilitators for 12 days (from August 16 to 29, 2017) was conducted. At the end of 12 days training, three-day workshop was conducted by partner and PND-MoPH to include/adjust the proposed changes and prove reading of the training guidelines by facilitators, the package will then be sent for hard

printing and distribution to provinces. Its aim around 204 master trainers will get the ToT to train the training to almost 1800 nutrition counselors in 34 provinces.

## PROGRAM OBJECTIVES

The overall objectives for Nutrition Counsellor Training Package ToT were:

- To introduce Nutrition Counsellor Training package as approved national training guideline
- To increase knowledge and experiences of selected participants on nutrition counsellor training models and sessions
- To share learning materials with participants
- To train Nutrition Counsellor master trainers, who are responsible to cascade the same training to nutrition counselors in the provinces
- To prepare action plans for cascading and conducting the training at provincial level

## EXPECTED OUTCOMES OF THE PROGRAM

The outcomes of Nutrition Counsellor ToT were:

- Participants are oriented about Nutrition Counsellor's training package
- The participants are able to train nutrition counsellors
- The facilitation and training skills of participants were increased
- The participants prepared action plan for cascading of the training in the relevant provinces

## PARTICIPANTS

In this 12 day ToT training 72 participants including Provincial Nutrition officers and Nutrition Extenders, Nutrition and Reproductive Health offices of BPHS implementing NGOs from 18 provinces (Nangarhar, Kunar, Nuristan, Helmand, Urozgan, Zabul, Kunduz, Daikundi, Logar, Ghor, Sar-e-Pul, Laghman, Samanga, Badghis, Nimroz, Balkh, Wardak, and Farah) were attended. For more information on participants, please refer to annex 1.

## ACTIVITIES DONE THROUGH THE PROGRAM

### Planning and Designing

A comprehensive plan was designed for coordination, technical preparation, scheduling, provision of logistic supplies, and venue booking.

### Coordination and Communication

The program led and coordinated by Public Nutrition Directorate, IHSAN, UNICEF, WHO and other partners. Meetings were conducted with the mentioned departments and the program was shared with PPHDS of concerned provinces through Public Nutrition Directorate. Public Nutrition Directorate and IHSAN were coordinating bodies of the program. The invitations at

regional and provincial levels were circulated through Public Nutrition Directorate.

**Preparation and Logistics**

Public Nutrition Directorate and IHSAN collected all technical documents (Nutrition Counsellor Guidelines, Training methodology/curriculum for trainers, IEC Material, ToT syllabus, agenda, PowerPoint presentations and other relevant material). The documents were compiled, translated, and printed by IHSAN.

IHSAN provided fund for printings including translation of the package in two local languages, while UNICEF was tasked for providing fund for logistic costs of the event including travel of participants.

**ToT management and facilitators**

There were roughly 75 participants from 18 provinces, thus the course was designed in 3 classes (Class A, B, and C). The same agenda was applied in all the A, B, and C classes. A class manager and a co-manager were selected for each class (5 person from PND and one from IHSAN Project). The managers and co-managers were responsible to manage all the relevant activities of the respective classes. There was a course coordinator, who was responsible for overall activities of the course.

There were at least three facilitators on daily bases in each class (at least 9 facilitators each day). The facilitators were from Public Nutrition Directorate, the IHSAN Project, WHO and other departments of the MoPH.

**Duration and the opening ceremony:**

The ToT was from 16 to 29 August 2017 (12 working day). The event was started on August 16, 2017on the proposed time at Park Star Hotel in Kabul. The event proceeded according to the agenda.

**Welcome and Officially Opening Remarks**

Nutrition Counsellor Package ToT was officially started with recitation of Holy Quran.

**Dr. Wafiullah Hanani,** Capacity Development & Coordination Officer of Public Nutrition Directorate welcomed the participants, revealed his pleasure because of the conducting of Nutrition Counsellor Package ToT and thanked the IHSAN, WHO, and UNICEF for supporting the ToT.

He said: Nutrition Counsellor Program is recently approved by the MoPH for 18 provinces of the country. Participants for the current nutrition counsellor package ToT are invited from 18 provinces. There are around 4 participants from each province. The participants will then scale up the program to the relevant areas. The participants are from Provincial Public Health Directorate and BPHS implementing NGOs.

The training will be from August 16 to 29, 2017. It means 12 working days. Each day from 8:00 AM to 4:00PM. At the end of each day, the management team will have a meeting discussing the day activities and improvement plan for next day.

Dr Hanani said: that the main bodies, who worked on the nutrition counsellor are from PND and IHSAN (Dr Zarmina Safi from IHSAN and Dr Zarmina Sadiq from PND). He invited both of them on the stage and said that they are the super stars of the package development committee.

**Dr. Saeed Shah Alawi,** Acting Director General Preventive Medicine of the MoPH:

He stated his encouraging speech and appreciated public nutrition directorate, IHSAN, UNICEF, and WHO for supporting the nutrition counsellor package ToT. He said that today is a day of pleasures, that I officially open the nutrition counsellor package ToT. This ToT will have positive effects on the nutrition status of Afghans with a special focus on children and mothers. I am grateful to the PND, IHSAN, UNICEF, and WHO colleagues, for the hard work during the development of the nutrition counsellor package and conduction of the ToT.

Malnutrition is a major public health problem in the country, thus there is need to work hard to reduce incidence and prevalence of malnutrition in the country. I hope this training of trainers will help to improve the quality of health services and will reduce the burden of the health problems.

He added: as you know that there are many improvements in the field of health in the country, at the same time the data shows that there are still some gaps, which have to be removed. One of the very important sections, which can reduce the gaps is improvement of nutritional status of children and mothers. By improvement of nutritional status of mothers and children, child mortality rate will be reduced by 50%. It means that the main cause of death among the children under 5 is malnutrition. Based on the data the stunting level is higher in Afghanistan, thus improvement of nutrition status among children under 5 with a special focus on children under 2 is a priority. In the other hand, the overweight is another problem (however it is not very common), that the PND should work on.

In the first round of the ToT, the trainers will be trained from 18 provinces of the country. SEHAT project will support nutrition program at health facility and provincial levels. At the same time other partners such as UNICEF, IHSAN, WHO, Save the Children, and other partners will technically and financially support the program. Counselling is the most important part of

the nutrition program. Mothers may have sufficient food, but do not know that how to use and what combination of food should be prepared, thus counselling is the only solution.

Dr Alawi said:

Dear Participants of the ToT!

It is a big responsibility on your shoulders. I strongly request you to work hardly in the field of nutrition.

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WHO Representative

**Dr. Mohammad Qasem Shams,** representative of world health organization welcomed and appreciated all participants and revealed pleasure of starting this program.

He stated that the package is one of the achievements of a national team. This is a very good package and is applicable in Afghanistan. The PND is improved and we are expected to achieve the expected results in the field of nutrition. This is a big responsibility to those who work at provincial level.

UNICEF Representative

**Dr. Zakia Marouf** also welcomed the participants. She said: Hiring of nutrition counsellors at health facility is an important step. This will help to improve the quality of nutrition services. The counselling is the most important part of nutrition program. The main focus should be on the prevention of malnutrition and nutrition counsellors have the main role in the subject. Surveys and data show that the malnutrition is not only the problem of poor people, but it is the problem of all categories including the rich people. Thus behavior change is the main topic of nutrition program.

I would kindly request the nutrition counsellors to closely work with the mothers to improve their and their children nutrition condition. This will be possible if you have good skills, therefore try to improve your skills during the ToT.

IHSAN Representative

**Dr. Zarminal Safi** welcomed the participants. She explained the need of the package. She said: When the MoPH decided to hire nutrition counsellors, there was need to have a training package to train the nutrition counsellors. Based on that the MoPH authorized colleagues to work on the package. A committee was selected to work on the package and the leading was given to IHSAN. IHSAN accepted the demand and started work. She explained the development process in detail. There were six group worked on the package. Every group was responsible for a specific part of the package.

She requested the participants to provide their feedback on the package, then the development committee will try to adapt the package.

**<u>Public Nutrition Acting Director</u>**

Public Nutrition Directorate: Dr. Mohammad Hamayoon Luddin, the Public Nutrition Acting Director has delivered his speech and stressed on the following points:

He welcomed the nutrition workers. The number of the nutrition workers is increased in the country. It helps the implementation of the nutrition program in the country.

Although the development of a new module is not an easy task, but the national team did the task and completed the package.

This ToT is for 12 working days. When the training is completed the trained trainers have to conduct the trainings for nutrition counsellors in the respective provinces.

The nutrition counsellors should be 12th graduated. The counsellors will be female. Midwives cannot be hired as nutrition counsellors.

Post training follow up is the main task of the program. Growth monitoring is the main tasks of nutrition counsellors.

We are going to start working on IYCF 4 in 1 nutrition package. IHSAN is going to support the PND in development of the upcoming package.

He thanked IHSAN, UNICEF, and WHO for the support in the field of nutrition.

THE TOT

Briefing about the ToT

Dr. Hanani from PND presented an overview of the program and explained what have been don, the challenges and next steps of the program. This session was followed with an orientation session about the ToT.

Then an open discussion session about the program was held. The nutrition team replied accordingly.

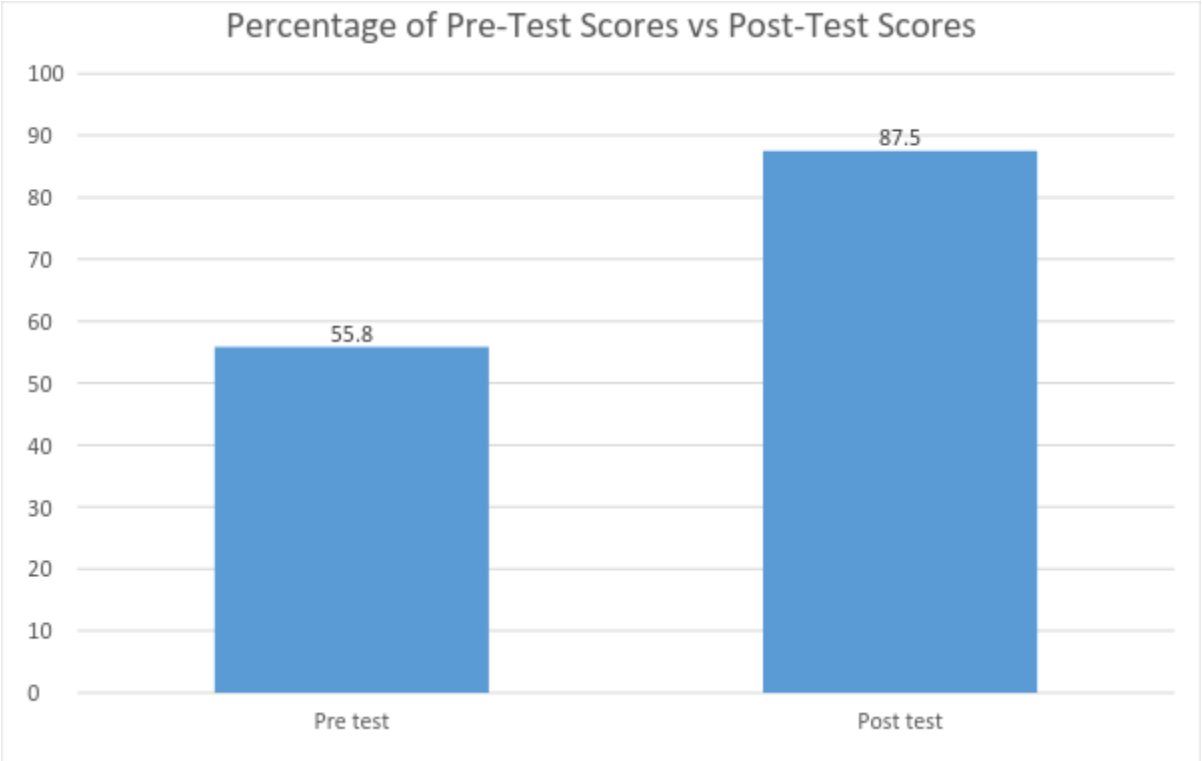
Training days (August 12 to 29, 2017)

There were around 75 participants (from 18 provinces), thus the participants were divided into three classes (class A, class B, and class C). The same agenda was applied in the classes (See annex 2 for agenda). There were 3-4 trainers in each class every day. The classes were from 8:00 AM to 4:00 PM. The sessions were started with the review of last day.

Many training methodologies such as power point presentations, discussions, role play, group work, snow balling, demonstration, etc. were applied.

Participants took part in the facilitation sessions to improve their facilitation skills. The facilitators were to provide feedback to each presenter. The participants were male and female.

Pre-test at the beginning and post-test at the end of the ToT were taken. The level of knowledge




of the participants was increased by 31.7%.

Development of an action plan was a part of the program, which was conducted on the 11th day of the ToT.

The course was evaluated by the participants on the last day of the program. Feedbacks of the participants were analyzed by the PND management team. A big majority of the participants were happy with the program.

CLOSING OF THE TOT

After completion of all planned activities and communications, the ToT was closed by the statement of **H.E Deputy Minister** for Health Care Services Provision.

He said: that the nutrition is an important section in the health services and the responsibility of nutrition counsellors is crucial important. The nutrition counsellors must provide the services according to the standards. Good behavior of a health worker is the first step for providing good health services. Based on a survey, 99% of health facilities are open. It means that people respect the health care services providers. If you would like to keep this respect, you must respect your clients and provide services with a good behavior.

Around 70% of the population of the country suffer due to mental disorders, thus do not have high expectations from the patients to respect you. They will be nervous but you as a health services provider must provide high quality services to the patients/clients. Ministry of Public Health is with you for better health care services provision.

H.E deputy minister thanked the PND, IHSAN, UNICEF, and WHO for supporting the ToT.

The course completion certificates were distributed to the participants.

At the end of closing session, participants were invited for clearance of financial issues.

CHALLENGES:

No specific challenges.

NEXT STEPS:

1. Replication of the training at provincial level.
2. Follow up of the training.

Appendices

Appendix 1: LIST OF PARTICIPANTS

| SN | Name | Province | Remarks |
|---|---|---|---|
| 1 | Dr.Shahabudin | Kuner | |
| 2 | Mrs.Frahnaze | Helmand | |
| 3 | Dr.Kulekhtyar | Urozgan | |
| 4 | Dr.Amanullah | Nangarhar | |
| 5 | Dr.Abdulmujeeb | Nuristan | |
| 6 | Dr.Muqeem shah | Nangarhar | |
| 7 | Dr.Ikram | Nangarhar | |
| 8 | Mrs. Malika | Urozgan | |
| 9 | Dr. Sediqullah | Zabul | |
| 10 | Dr. Yar.mohammad | Helmand | |
| 11 | Dr. Naveed | Helmand | |
| 12 | Dr. Shams | Zabul | |
| 13 | Dr. M.Yaqub | Nuristan | |
| 14 | Dr. Zamary | Zabul | |
| 15 | Dr. Gharibullah | Helmand | |
| 16 | Mrs. Mahera | Nuristan | |
| 17 | Mr. Ezatullah | Kuner | |
| 18 | Dr. Najeebullah | Kuner | |
| 19 | Dr. Safiullah | Urozgan | |
| 20 | Dr. Shakira | Nangarhar | |
| 21 | Mrs. Zertaja | Kuner | |
| 22 | Dr. mohamad wazir ahmad | Logar | |
| 23 | Dr. Abdul Hakim Niazi | Nangrahar | |
| 24 | Zahra Husaini | Sar_e_pul | |
| 25 | Dr. Feda muhammad | Logar | |
| 26 | Ghulam Ali Wahdat | Daikundi | |
| 27 | Dr. tajudin shamd | Sar_e_pul | |
| 28 | sekundar | Daikundi | |
| 29 | Sayed Raza Husaini | Daikundi | |

| | | | |
|---|---|---|---|
| 30 | Farmanullah | Sar_e_pul | |
| 31 | Parwana kamal | Laghman | |
| 32 | Dr. Wajehullah abid | Laghman | |
| 33 | Dr. muhammad sadiq samsur | Laghman | |
| 34 | Dr. nasratullah | Logar | |
| 35 | Roshan bebe | kunduz | |
| 36 | DR. Sayed alam saib | kunduz | |
| 37 | Mahrukh | Logar | |
| 38 | Malika Darmar | Daikundi | |
| 39 | Kamila | Ghor | |
| 40 | Dr. M. saber popalzai | kunduz | |
| 41 | Borhanudin Manawi | Ghor | |
| 42 | Asfandyar Saboori | Ghor | |
| 43 | Ms.Roma | Farah | |
| 44 | Mohammad Faiysal | Samamgan | |
| 45 | Ab Wahid | Farah | |
| 46 | Dr Asma | Balkh | |
| 47 | Matiullah Mayar | Wardak | |
| 48 | Mohammad Muneer | Wardak | |
| 39 | Ahmad shah | Badghis | |
| 50 | Ab Rauf | Badghis | |
| 51 | Ab Qayoum | Badghis | |
| 52 | Dr Said Mohammad shah | Balkh | |
| 53 | Dr Matin | Samamgan | |
| 54 | Ms.Nasima | Samamgan | |
| 55 | Dr Wahida | Wardak | |
| 56 | Mohammad Elias | Samamgan | |
| 57 | Ab. Ghani | Farah | |
| 58 | Ms.Zarifa | Badghis | |
| 59 | Dr.Fateh shah | Nemroz | |
| 60 | Ab Ahad | Nemroz | |
| 61 | Kamal Naser | Balkh | |
| 62 | Ms.Zahra | Nemroz | |
| 63 | Dr.Farid Ahmad | Wardak | |

Appendix 2: TOT AGENDA

## Nutrition Counsellor ToT Agenda

| Time | Topic | Duration | Facilitators Class-A | Facilitators Class-B | Facilitators Class-C |
|---|---|---|---|---|---|
| **Day 1 (Wednesday) (16.Aug.2017)** | | | | | |
| **INTRODUCTORY SECTION** | | | | | |
| 8:00-9:00 | Opening/Participants Introduction and administrative announcements | 60 minutes | Dr.Q.Shams Dr.Nawabzai Dr.M.Sadiq | Dr.S.Safi Dr.Z.Safi Dr.A.Shams | Dr.Aminee Dr.Z.Sidiq Dr Samadi |
| 9:00-9:30 | Pre-test | 30 minutes | Dr.Q.Shams Dr.Nawabzai Dr.M.Sadiq | Dr.S.Safi Dr.Z.Safi Dr.A.Shams | Dr.Aminee Dr.Z.Sidiq Dr.Samadi |
| 9:30-10:00 | Course introduction, Participant Roles, Expectations, and objectives | 30 minutes | Dr.Q.Shams Dr.Nawabzai Dr.M.Sadiq | Dr.S.Safi Dr.Z.Safi Dr.A.Shams | Dr.Aminee Dr.Z.Sidiq Dr.Samadi |
| **10:00-10:15** | **Tea break** | | | | |
| 10:15-10:45 | Training methodology | 30 minutes | Dr.Q.Shams Dr.Nawabzai Dr.M.Sadiq | Dr.S.Safi Dr.Z.Safi Dr.A.Shams | Dr.Aminee Dr.Z.Sidiq Dr.Samadi |
| **Module-1. Basic Concept Of Food And Nutrition (60 Slides)** | | | | | |
| 10:45-11:00 | Module introduction and objectives | 15 minutes | Dr.Q.Shams Dr.Nawabzai Dr.M.Sadiq | Dr.S.Safi Dr.Z.Safi Dr.A.Shams | Dr.Aminee Dr.Z.Sidiq Dr.Samadi |
| 11:00-11:45 | Basic Food and Nutrition Terms | 45 minutes | Dr.Q.Shams Dr.Nawabzai Dr.M.Sadiq | Dr.S.Safi Dr.Z.Safi Dr.A.Shams | Dr.Aminee Dr.Z.Sidiq Dr.Samadi |
| 11:45-12:30 | Macronutrient and Micronutrients | 45 minutes | Dr.Q.Shams Dr.Nawabzai Dr.M.Sadiq | Dr.S.Safi Dr.Z.Safi Dr.A.Shams | Dr.Aminee Dr.Z.Sidiq Dr.Samadi |
| **12:30-1:30** | **Prayers and Lunch Break** | | | | |
| 1:30- 2:30 | Standard Diet, food groups/types, food source and Role of Nutrients in Human Body | 60 Minutes | Dr.Q.Shams Dr.Nawabzai Dr.M.Sadiq | Dr.S.Safi Dr.Z.Safi Dr.A.Shams | Dr.Aminee Dr.Z.Sidiq Dr.Samadi |
| 2:30-3:00 | Importance of Nutrition for good health | 30 Minutes | Dr.Q.Shams Dr.Nawabzai Dr.M.Sadiq | Dr.S.Safi Dr.Z.Safi Dr.A.Shams | Dr.Aminee Dr.Z.Sidiq Dr.Samadi |
| 3:00-3:30 | Nutrition Situation in Afghanistan | 30 Minutes | Dr.Q.Shams Dr.Nawabzai Dr.M.Sadiq | Dr.S.Safi Dr.Z.Safi Dr.A.Shams | Dr.Aminee Dr.Z.Sidiq Dr.Samadi |
| **Day-2 (Thursday) (17.Aug.2017)** | | | | | |
| 8:00-9:00 | Morning reflection | 60 Minutes | Dr.Q.Shams Dr.Nawabzai Dr.M.Sadiq | Dr.S.Safi Dr.Z.Safi Dr.A.Shams | Dr.Aminee Dr.Z.Sidiq Dr.Samadi |
| 9:00-10:00 | Causes and Consequences of Malnutrition | 60 Minutes | Dr.Q.Shams Dr.Nawabzai Dr.M.Sadiq | Dr.S.Safi Dr.Z.Safi Dr.A.Shams | Dr.Aminee Dr.Z.Sidiq Dr.Samadi |
| **10:00-10:15** | **Tea break** | | | | |
| 10:15-11:15 | Inter-generational Cycle of Malnutrition | 60 Minutes | Dr.Q.Shams Dr.Nawabzai Dr.M.Sadiq | Dr.S.Safi Dr.Z.Safi Dr.A.Shams | Dr.Aminee Dr.Z.Sidiq Dr Samadi |
| 11:15-12:30 | Non-communicable diseases | 75 Minutes | Dr.Q.Shams Dr.Nawabzai Dr.M.Sadiq | Dr.S.Safi Dr.Z.Safi Dr.A.Shams | Dr.Aminee Dr.Z.Sidiq Dr.Samadi |
| **12:30-1:30** | **Prayers and Lunch Break** | | | | |
| 1:30-2:15 | Clinical Features of Malnutrition (Kwashiorkor/Marasmus) | 45 Minutes | Dr.Q.Shams Dr.Nawabzai Dr.M.Sadiq | Dr.S.Safi Dr.Z.Safi Dr.A.Shams | Dr.Aminee Dr.Z.Sidiq Dr.Samadi |
| 2:15-3:00 | Nutrition and Infection Cycle | 45 Minutes | Dr.Q.Shams Dr.Nawabzai Dr.M.Sadiq | Dr.S.Safi Dr.Z.Safi Dr.A.Shams | Dr.Aminee Dr.Z.Sidiq Dr.Samadi |

| | | | | | |
|---|---|---|---|---|---|
| 3:00-3:30 | Discussion | 30 Minutes | All | All | All |
| **Day-3 (Saturday) (19.Aug.2017)** | | | | | |
| 8:00- 9:00 | Morning reflection | 60 Minutes | Dr.Aminee<br>Dr.A.Shams<br>Dr.Z.Sidiq | Dr.Ulfat<br>Dr.F.Kamal<br>Dr.Ghotai | Dr.S.Safi<br>Dr.Z.Safi<br>Ms.Nabila |
| **MODULE 2. NUTRITION CARE FOR PREGNANT AND LACTATING WOMEN (43 Slides)** | | | | | |
| 9:00- 9:30 | Module Introduction | 30 Minutes | Dr.Aminee<br>Dr.A.Shams<br>Dr.Z.Sidiq | Dr.Ulfat<br>Dr.F.Kamal<br>Dr.Ghotai | Dr.S.Safi<br>Dr.Z.Safi<br>Ms.Nabila |
| 9:30- 10:00 | Importance of nutrition during 1000 days of life (window of opportunity) (will continue after tea break) | 30 Minutes | Dr.Aminee<br>Dr.A.Shams<br>Dr.Z.Sidiq | Dr.Ulfat<br>Dr.F.Kamal<br>Dr.Ghotai | Dr.S.Safi<br>Dr.Z.Safi<br>Ms.Nabila |
| **10:00-10:15** | **Tea Break** | | | | |
| 10:15-11:00 | Importance of nutrition during 1000 days of life (window of opportunity) | 30 Minutes | Dr.Aminee<br>Dr.A.Shams<br>Dr.Z.Sidiq | Dr.Ulfat<br>Dr.F.Kamal<br>Dr.Ghotai | Dr.S.Safi<br>Dr.Z.Safi<br>Ms.Nabila |
| 11:00-12:30 | Maternal nutrition intervention | 60 Minutes | Dr.Aminee<br>Dr.A.Shams<br>Dr.Z.Sidiq | Dr.Ulfat<br>Dr.F.Kamal<br>Dr.Ghotai | Dr.S.Safi<br>Dr.Z.Safi<br>Ms.Nabila |
| **12:30-1:30** | **Prayer and Lunch Break** | | | | |
| 1:30-3:00 | Nutritional status assessment | 90 Minutes | Dr.Aminee<br>Dr.A.Shams<br>Dr.Z.Sidiq | Dr.Ulfat<br>Dr.F.Kamal<br>Dr.Ghotai | Dr.S.Safi<br>Dr.Z.Safi<br>Ms.Nabila |
| 3:00-3:00 | Discussion | 30 minutes | Dr.Aminee<br>Dr.A.Shams<br>Dr.Z.Sidiq | Dr.Ulfat<br>Dr.F.Kamal<br>Dr.Ghotai | Dr.S.Safi<br>Dr.Z.Safi<br>Ms.Nabila |
| **Day-4 (Sunday) (20.Aug.2017)** | | | | | |
| 8:00-9:00 | Morning reflection | 60 minutes | Dr. Rodwal<br>Dr.Mastora<br>Dr.Makhawar | Dr. S.Safi<br>Dr. Nabila<br>Dr.Zakia K. | Dr.Z.Safi<br>Ms. Z.Sidiq<br>Dr.F.Kamal |
| 9:00-10:00 | Nutrition requirements during pregnancy and lactation | 60 minutes | Dr. Rodwal<br>Dr.Mastora<br>Dr.Makhawar | Dr. S.Safi<br>Dr. Nabila<br>Dr.Zakia K. | Dr.Z.Safi<br>Ms. Z.Sidiq<br>Dr.F.Kamal |
| **10:00-10:15** | **Tea Break** | | | | |
| 10:15-12:30 | Practical session on anthropometric in hospital | 135 Minutes | Dr. Rodwal<br>Dr.Mastora<br>Dr.Makhawar | Dr. S.Safi<br>Dr. Nabila<br>Dr.Zakia K. | Dr.Z.Safi<br>Ms. Z.Sidiq<br>Dr.F.Kamal |
| **12:30-1:30** | **Prayers and Lunch Break** | | | | |
| 1:30-3:00 | Nutrition Education and Counseling for pregnant and lactating women on nutrition. | 90 Minutes | Dr. Rodwal<br>Dr.Mastora<br>Dr.Makhawar | Dr. S.Safi<br>Dr. Nabila<br>Dr.Zakia K. | Dr.Z.Safi<br>Ms. Z.Sidiq<br>Dr.F.Kamal |
| 3:00-3:30 | Discussions | 30 Minutes | Dr. Rodwal<br>Dr.Mastora<br>Dr.Makhawar | Dr. S.Safi<br>Dr. Nabila<br>Dr.Zakia K. | Dr.Z.Safi<br>Ms. Z.Sidiq<br>Dr.F.Kamal |
| | **Day-5 (Monday) (21.Aug.2017)** | | | | |
| 8:00-9:00 | Asking questions about pervious lesson | 60 Minutes | Dr.Ulfat<br>Dr.Makhawar<br>Dr.Z.Sidiq | Dr.F.Kamal<br>Dr.Zakia K.<br>Ms.Nabila | Dr.Mastora<br>Dr.Z.Safi<br>Dr.A.Shams |
| **MODULE 3: INFANT AND YOUNG CHILD FEEDING (SUBMODULE 3.1. BREASTFEEDING (75 Slides)** | | | | | |
| 9:00-10:00 | Module Introduction/ Breast Feeding Terms (pages 46-58) (will continue after tea break) | 60 Minutes | Dr.Mastora<br>Dr.Ulfat<br>Dr.Makhawar<br>Dr.Z.Sidiq | Dr.F.Kamal<br>Dr.Zakia K.<br>Ms.Nabila | Dr.Z.Safi<br>Dr.A.Shams<br>Dr Roadwal |
| **10:00-10:15** | **Tea Break** | | | | |
| 10:00-12:30 | Production and intake of breastmilk | 90 Minutes | Dr.Mastora<br>Dr.Ulfat<br>Dr.Makhawar<br>Dr.Z.Sidiq | Dr.F.Kamal<br>Dr.Zakia K.<br>Ms.Nabila | Dr.Z.Safi<br>Dr.A.Shams<br>Dr Roadwal |
| **12:30-1:30** | **Prayers and Lunch Break** | | | | |
| 1:30-3:00 | Hospital Practices and Baby Friendly Hospital Initiative(BFHI) | 90 Minutes | Dr.Mastora<br>Dr.Ulfat<br>Dr.Makhawar<br>Dr.Z.Sidiq | Dr.F.Kamal<br>Dr.Zakia K.<br>Ms.Nabila | Dr.Z.Safi<br>Dr.A.Shams<br>Dr Roadwal |

| | | | | | |
|---|---|---|---|---|---|
| 3:00-3:30 | Discussions | 30 Minutes | Dr.Mastora<br>Dr.Ulfat<br>Dr.Makhawar<br>Dr.Z.Sidiq | Dr.F.Kamal<br>Dr.Zakia K.<br>Ms.Nabila | Dr.Z.Safi<br>Dr.A.Shams<br>Dr Roadwal |
| **Day-6 (Tuesday) (22.Aug.2017)** | | | | | |
| 8:00-9:00 | Morning Reflection | 60 Minutes | Dr.Mastora<br>Dr.Ulfat<br>Dr.Makhawar<br>Dr.Z.Sidiq | Dr.F.Kamal<br>Dr.Zakia K.<br>Ms.Nabila | Dr.Z.Safi<br>Dr.A.Shams<br>Dr Roadwal |
| 9:00-9:30 | Feeding Reflexes and breastfeeding skills | 30 Minutes | Dr.Mastora<br>Dr.Ulfat<br>Dr.Makhawar<br>Dr.Z.Sidiq | Dr.F.Kamal<br>Dr.Zakia K.<br>Ms.Nabila | Dr.Z.Safi<br>Dr.A.Shams<br>Dr Roadwal |
| 9:30-10:00 | Positioning a Baby at the Breast | 30 Minutes | Dr.Mastora<br>Dr.Ulfat<br>Dr.Makhawar<br>Dr.Z.Sidiq | Dr.F.Kamal<br>Dr.Zakia K.<br>Ms.Nabila | Dr.Z.Safi<br>Dr.A.Shams<br>Dr Roadwal |
| **10:00-10:15** | **Tea Break** | | | | |
| 10:15-11:15 | Practical session in classroom on Positioning | 60 Minutes | Dr.Mastora<br>Dr.Ulfat<br>Dr.Makhawar<br>Dr.Z.Sidiq | Dr.F.Kamal<br>Dr.Zakia K.<br>Ms.Nabila | Dr.Z.Safi<br>Dr.A.Shams<br>Dr Roadwal |
| 11:15-12:00 | Expressing Breastmilk with practical work | 45 Minutes | Dr.Mastora<br>Dr.Ulfat<br>Dr.Makhawar<br>Dr.Z.Sidiq | Dr.F.Kamal<br>Dr.Zakia K.<br>Ms.Nabila | Dr.Z.Safi<br>Dr.A.Shams<br>Dr Roadwal |
| 12:00-12:30 | “Not Enough Milk” | 30 Minutes | Dr.Mastora<br>Dr.Ulfat<br>Dr.Makhawar<br>Dr.Z.Sidiq | Dr.F.Kamal<br>Dr.Zakia K.<br>Ms.Nabila | Dr.Z.Safi<br>Dr.A.Shams<br>Dr Roadwal |
| **12:30-1:30** | **Prayers and Lunch Break** | | | | |
| 1:30-2:30 | Increasing Breastmilk and Re-lactation | 60 Minutes | Dr.Mastora<br>Dr.Ulfat<br>Dr.Makhawar<br>Dr.Z.Sidiq | Dr.F.Kamal<br>Dr.Zakia K.<br>Ms.Nabila | Dr.Z.Safi<br>Dr.A.Shams<br>Dr Roadwal |
| 2:30-3:00 | Assessing a Breastfeed (Observation Form) and Taking a feeding history | 30 Minutes | Dr.Mastora<br>Dr.Ulfat<br>Dr.Makhawar<br>Dr.Z.Sidiq | Dr.F.Kamal<br>Dr.Zakia K.<br>Ms.Nabila | Dr.Z.Safi<br>Dr.A.Shams<br>Dr Roadwal |
| 3:00-3:30 | Discuss | 30 Minutes | Dr.Mastora<br>Dr.Ulfat<br>Dr.Makhawar<br>Dr.Z.Sidiq | Dr.F.Kamal<br>Dr.Zakia K.<br>Ms.Nabila | Dr.Z.Safi<br>Dr.A.Shams<br>Dr Roadwal |
| **Day-7 (Wednesday) (23.Aug.2017)** | | | | | |
| 8:00-9:00 | Morning Reflection | 60 Minutes | Dr.Mastora<br>Dr.Ulfat<br>Dr.Makhawar<br>Dr.Z.Sidiq | Dr.F.Kamal<br>Dr.Zakia K.<br>Ms.Nabila | Dr.Z.Safi<br>Dr.A.Shams<br>Dr Roadwal |
| 9:00-09:30 | Practical session on history taking, positioning and attachment ( Malali Hospital) | 30 Minutes | Dr.Mastora<br>Dr.Ulfat<br>Dr.Makhawar<br>Dr.Z.Sidiq | Dr.F.Kamal<br>Dr.Zakia K.<br>Ms.Nabila | Dr.Z.Safi<br>Dr.A.Shams<br>Dr Roadwal |
| 09:30-10:00 | | 30 Minutes | Dr.Mastora<br>Dr.Ulfat<br>Dr.Makhawar<br>Dr.Z.Sidiq | Dr.F.Kamal<br>Dr.Zakia K.<br>Ms.Nabila | Dr.Z.Safi<br>Dr.A.Shams<br>Dr Roadwal |
| **10:00-10:15** | **Tea Break** | | | | |
| 10:15-11:00 | Refusal to Breastfeed and Crying | 45 Minutes | Dr.Mastora<br>Dr.Ulfat<br>Dr.Makhawar<br>Dr.Z.Sidiq | Dr.F.Kamal<br>Dr.Zakia K.<br>Ms.Nabila | Dr.Z.Safi<br>Dr.A.Shams<br>Dr Roadwal |
| 11:00-12:00 | Breast conditions | 60 Minutes | Dr.Mastora<br>Dr.Ulfat<br>Dr.Makhawar<br>Dr.Z.Sidiq | Dr.F.Kamal<br>Dr.Zakia K.<br>Ms.Nabila | Dr.Z.Safi<br>Dr.A.Shams<br>Dr Roadwal |
| 12:00-12:300 | Regulating marketing of breast milk substitutes (BMS Code) | 30 Minutes | Dr.Mastora<br>Dr.Ulfat<br>Dr.Makhawar<br>Dr.Z.Sidiq | Dr.F.Kamal<br>Dr.Zakia K.<br>Ms.Nabila | Dr.Z.Safi<br>Dr.A.Shams<br>Dr Roadwal |
| **12:30-1:30** | **Prayers and Lunch Break** | | | | |

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|---|---|---|---|---|---|
| **1:30**- 02:00 | Module Introduction | 30 Minutes | Dr.Hanani<br>Dr.Noor<br>Dr.M.Sadiq | Dr.S.Safi<br>Dr.Rodwal<br>Dr.Mastora | Dr.Samadi<br>Dr.A.Shams<br>Dr.Ghotai |
| 02:00-02:40 | Listening and learning | 40 Minutes | Dr.Hanani<br>Dr.Noor<br>Dr.M.Sadiq | Dr.S.Safi<br>Dr.Rodwal<br>Dr.Mastora | Dr.Samadi<br>Dr.A.Shams<br>Dr.Ghotai |
| 02:40-03:10 | Building confidence and giving support | 30 Minutes | Dr.Hanani<br>Dr.Noor<br>Dr.M.Sadiq | Dr.S.Safi<br>Dr.Rodwal<br>Dr.Mastora | Dr.Samadi<br>Dr.A.Shams<br>Dr.Ghotai |
| 03:10-03:30 | Communication skills for effective counseling | 20 Minutes | Dr.Hanani<br>Dr.Noor<br>Dr.M.Sadiq | Dr.S.Safi<br>Dr.Rodwal<br>Dr.Mastora | Dr.Samadi<br>Dr.A.Shams<br>Dr.Ghotai |
| 3:30-3:40 | Discussions | 10 Minutes | Dr.Ulfat<br>Dr.Makhawar<br>Dr.Z.Sidiq | Dr.F.Kamal<br>Dr.Zakia K.<br>Ms.Nabila | Dr.Mastora<br>Dr.Z.Safi<br>Dr.A.Shams |
| **Day-8 (Thursday) (24.Aug.2017)** | | | | | |
| 8:00-9:00 | Morning Reflection | 60 Minutes | Dr.Ulfat<br>Dr.Hanani<br>Dr.Noor | Dr.S.Safi<br>Dr.Rodwal<br>Dr.Mastora | Dr.Samadi<br>Dr.A.Shams<br>Dr.Ghotai |
| 9:00-10:45 | Clinical Practice (Listening and learning, Assessing breastfeed, Building confidence and giving support) Positioning baby at the breast | 105 Minutes | Dr.Ulfat<br>Dr.Hanani<br>Dr.Noor | Dr.S.Safi<br>Dr.Rodwal<br>Dr.Mastora | Dr.Samadi<br>Dr.A.Shams<br>Dr.Ghotai |
| **10:45-11:00** | **Tea break** | | | | |
| **SUBMODULE 3.3. COMPLEMENTARY FEEDING (44 Slides)** | | | | | |
| 11:00-11:30 | Module Introduction /Quality and quantity of optimal complementary feeding | 30 Minutes | Dr.Ulfat<br>Dr.Hanani<br>Dr.Noor | Dr.S.Safi<br>Dr.Rodwal<br>Dr.Mastora | Dr.Samadi<br>Dr.A.Shams<br>Dr.Ghotai |
| 11:30-12:30 | Proper Complementary Feeding, Characteristics of a good complementary food, When to start complementary Feeding | 60 Minutes | Dr.Ulfat<br>Dr.Hanani<br>Dr.Noor | Dr.S.Safi<br>Dr.Rodwal<br>Dr.Mastora | Dr.Samadi<br>Dr.A.Shams<br>Dr.Ghotai |
| **12:30-1:30** | **Prayers and Lunch Break** | | | | |
| 1:30-3:15 | Quantity of complementary foods – How much to feed, Food Consistency – How thick can a baby food be, Enrich complementary foods to make them Nutrient dense, Meal frequency – when to give complementary foods, | 105 Minutes | Dr.Ulfat<br>Dr.Hanani<br>Dr.Noor | Dr.S.Safi<br>Dr.Rodwal<br>Dr.Mastora | Dr.Samadi<br>Dr.A.Shams<br>Dr.Ghotai |
| 3:15-3:30 | Discussions | 15 Minutes | Dr.Ulfat<br>Dr.Hanani<br>Dr.Noor | Dr.S.Safi<br>Dr.Rodwal<br>Dr.Mastora | Dr.Samadi<br>Dr.A.Shams<br>Dr.Ghotai |
| **Day-9 (Saturday) (26.Aug.2017)** | | | | | |
| 8:00-9:00 | Morning Reflection | 60 Minutes | Dr.Hanani<br>Dr.Noor<br>Dr.M.Sadiq | Dr.S.Safi<br>Dr.Rodwal<br>Dr.Mastora | Dr.Samadi<br>Dr.A.Shams<br>Dr.Zakia. K. |
| 9:00-10:00 | Feed a variety of food to ensure that other nutrient needs are met, Foods that can fill up gaps for other nutrient, Fluid needs of the young child, Responsive feeding, and Feeding a sick child Feeding a sick child | 60 Minutes | Dr.Hanani<br>Dr.Noor<br>Dr.M.Sadiq | Dr.S.Safi<br>Dr.Rodwal<br>Dr.Mastora | Dr.Samadi<br>Dr.A.Shams<br>Dr.Zakia. K. |
| **10:00-10:15** | **Tea Break** | | | | |
| 10:15-11:15 | Practical session on complementary feeding (Class and small groups) | 60 Minutes | Dr.Hanani<br>Dr.Noor<br>Dr.M.Sadiq | Dr.S.Safi<br>Dr.Rodwal<br>Dr.Mastora | Dr.Samadi<br>Dr.A.Shams<br>Dr.Zakia. K. |
| 11:15-11:45 | Safe preparation and storage of complementary foods | 30 hours | Dr.Hanani<br>Dr.Noor<br>Dr.M.Sadiq | Dr.S.Safi<br>Dr.Rodwal<br>Dr.Mastora | Dr.Samadi<br>Dr.A.Shams<br>Dr.Zakia. K. |
| 11:45-12:15 | Processed complementary foods | 30 Minutes | Dr.Hanani<br>Dr.Noor<br>Dr.M.Sadiq | Dr.S.Safi<br>Dr.Rodwal<br>Dr.Mastora | Dr.Samadi<br>Dr.A.Shams<br>Dr.Zakia. K. |
| 12:15-12:30 | Discussions | 15 minutes | Dr.Hanani<br>Dr.Noor<br>Dr.M.Sadiq | Dr.S.Safi<br>Dr.Rodwal<br>Dr.Mastora | Dr.Samadi<br>Dr.A.Shams<br>Dr.Zakia. K. |
| **12:30-1:30** | **Prayer and Lunch Break** | | | | |
| **SUBMODULE 3.4. FACILITY BASED FOOD DEMONSTRATION (28 Slides)** | | | | | |
| 1:30-1:45 | Introduction | 15 minutes | Dr.Ulfat<br>Dr.M.Sadiq | Dr.S.Safi<br>Ms.Nabila | Dr.Samadi<br>Dr.Z.Sidiq |

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| | | | Dr.Makhawar | Dr.A.Shams | Dr.Rodwal |
| 1:45-2:15 | Steps for facility based food demonstration | 30 hours | Dr.Ulfat<br>Dr.M.Sadiq<br>Dr.Makhawar | Dr.S.Safi<br>Ms.Nabila<br>Dr.A.Shams | Dr.Samadi<br>Dr.Z.Sidiq<br>Dr.Rodwal |
| 2:15-3:45 | Food demonstration process | 30 hours | Dr.Ulfat<br>Dr.M.Sadiq<br>Dr.Makhawar | Dr.S.Safi<br>Ms.Nabila<br>Dr.A.Shams | Dr.Samadi<br>Dr.Z.Sidiq<br>Dr.Rodwal |
| 3:45-3:15 | Local Food Recipes | 30 hours | Dr.Ulfat<br>Dr.M.Sadiq<br>Dr.Makhawar | Dr.S.Safi<br>Ms.Nabila<br>Dr.A.Shams | Dr.Samadi<br>Dr.Z.Sidiq<br>Dr.Rodwal |
| 3:15-3:30 | Discussions | 15 minutes | Dr.Ulfat<br>Dr.M.Sadiq<br>Dr.Makhawar | Dr.S.Safi<br>Ms.Nabila<br>Dr.A.Shams | Dr.Samadi<br>Dr.Z.Sidiq<br>Dr.Rodwal |
| **Day-10 (Sunday) (27.Aug.2017)** | | | | | |
| 8:00-9:00 | Morning Reflection | 30 minutes | Dr.Ulfat<br>Dr.M.Sadiq<br>Dr.Makhawar | Dr.Qureshi<br>Dr.F.Kamal<br>Dr.Aminee | Dr.Q.Shams<br>Dr.A.Shams<br>Dr.Noor |
| **SUBMODULE 3.5. NUTRITIONAL ASSESSMENT, GROWTH MONITORING, NUTRITIONAL SCREENING AND SURVEILLANCE (85 Slides)** | | | | | |
| 9:00-9:20 | Module Introduction/ Definitions | 20 minutes | Dr.Ulfat<br>Dr.M.Sadiq<br>Dr.Makhawar | Dr.Qureshi<br>Dr.F.Kamal<br>Dr.Aminee | Dr.Q.Shams<br>Dr.A.Shams<br>Dr.Noor |
| 9:20-10:00 | Anthropometric measurements | 40 hours | Dr.Ulfat<br>Dr.M.Sadiq<br>Dr.Makhawar | Dr.Qureshi<br>Dr.F.Kamal<br>Dr.Aminee | Dr.Q.Shams<br>Dr.A.Shams<br>Dr.Noor |
| **10:00-10:15** | **Tea break** | | | | |
| 10:15-11:00 | Practical exercise anthropometric measurements | 45 hours | Dr.Ulfat<br>Dr.M.Sadiq<br>Dr.Makhawar | Dr.Qureshi<br>Dr.F.Kamal<br>Dr.Aminee | Dr.Q.Shams<br>Dr.A.Shams<br>Dr.Noor |
| 11:00-12:30 | Growth Monitoring / Screening | 90 hours | Dr.Ulfat<br>Dr.M.Sadiq<br>Dr.Makhawar | Dr.Qureshi<br>Dr.F.Kamal<br>Dr.Aminee | Dr.Q.Shams<br>Dr.A.Shams<br>Dr.Noor |
| **12:30-1:30** | **Prayers and Lunch Break** | | | | |
| 1:30-2:30 | Classification of malnutrition | 30 min | Dr.Ulfat<br>Dr.M.Sadiq<br>Dr.Makhawar | Dr.Qureshi<br>Dr.F.Kamal<br>Dr.Aminee | Dr.Q.Shams<br>Dr.A.Shams<br>Dr.Noor |
| 2:30-3:15 | Nutrition Surveillance System | 45 min | Dr.Ulfat<br>Dr.M.Sadiq<br>Dr.Makhawar | Dr.Qureshi<br>Dr.F.Kamal<br>Dr.Aminee | Dr.Q.Shams<br>Dr.A.Shams<br>Dr.Noor |
| 3:15-3:30 | Discussions | 15 minutes | Dr.Ulfat<br>Dr.M.Sadiq<br>Dr.Makhawar | Dr.Qureshi<br>Dr.F.Kamal<br>Dr.Aminee | Dr.Q.Shams<br>Dr.A.Shams<br>Dr.Noor |
| **Day-11 (Monday) (28.Aug.2017)** | | | | | |
| **MODULE 4. FOOD AND WATER SAFETY AND HYGIENE (67 Slides)** | | | | | |
| 8:00-9:00 | Morning reflection | 60 minutes | Shahid Khan<br>Dr.Makhawar<br>Dr.M.Sadiq | Dr.S.Safi<br>Dr.Shar.Alimi<br>Dr.Z.Safi | Dr.Noor<br>Dr.Z.Sidiq<br>Dr.Aminee |
| 9:00-10:00 | What is sanitation & Hygiene? Define the difference between sanitation and Hygiene. | 60 minutes | Shahid Khan<br>Dr.Makhawar<br>Dr.M.Sadiq | Dr.S.Safi<br>Dr.Shar.Alimi<br>Dr.Z.Safi | Dr.Noor<br>Dr.Z.Sidiq<br>Dr.Aminee |
| **10:00-10:15** | **Tea Break** | | | | |
| 10:15-11:00 | What is Diarrhea & Dehydration? | 45 Minutes | Shahid Khan<br>Dr.Makhawar<br>Dr.M.Sadiq | Dr.S.Safi<br>Dr.Shar.Alimi<br>Dr.Z.Safi | Dr.Noor<br>Dr.Z.Sidiq<br>Dr.Aminee |
| 11:00-11:30 | Define the Water (water contamination and purification) | 30 Minutes | Shahid Khan<br>Dr.Makhawar<br>Dr.M.Sadiq | Dr.S.Safi<br>Dr.Shar.Alimi<br>Dr.Z.Safi | Dr.Noor<br>Dr.Z.Sidiq<br>Dr.Aminee |
| 11:30-12:00 | Define food safety | 30 Minutes | Shahid Khan<br>Dr.Makhawar<br>Dr.M.Sadiq | Dr.S.Safi<br>Dr.Shar.Alimi<br>Dr.Z.Safi | Dr.Noor<br>Dr.Z.Sidiq<br>Dr.Aminee |

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| 12:00-12:30 | What is latrine and explain types of latrine? Explain criteria of safe latrine | 30 Minutes | Shahid Khan<br>Dr.Makhawar<br>Dr.M.Sadiq | Dr.S.Safi<br>Dr.Shar.Alimi<br>Dr.Z.Safi | Dr.Noor<br>Dr.Z.Sidiq<br>Dr.Aminee |
| **12:30-1:30** | **Prayers and Lunch Break** | | | | |
| 1:30-2:15 | Define Personal and environmental hygiene | 45 Minutes | Shahid Khan<br>Dr.Makhawar<br>Dr.M.Sadiq | Dr.S.Safi<br>Dr.Shar.Alimi<br>Dr.Z.Safi | Dr.Noor<br>Dr.Z.Sidiq<br>Dr.Aminee |
| 02:15-2:45 | Nutrition Education | 30 Minutes | Dr.Hanani<br>Dr.Noor<br>Dr.M.Sadiq | Dr.S.Safi<br>Dr.Rodwal<br>Dr.Mastora | Dr.Samadi<br>Dr.A.Shams<br>Dr.Ghotai |
| 2:45-3:30 | Health Promotion | 45 Minutes | Dr.Hanani<br>Dr.Noor<br>Dr.M.Sadiq | Dr.S.Safi<br>Dr.Rodwal<br>Dr.Mastora | Dr.Samadi<br>Dr.A.Shams<br>Dr.Ghotai |
| 03:30-03:45 | Discussion | 15 Minutes | Shahid Khan<br>Dr.Makhawar<br>Dr.M.Sadiq | Dr.S.Safi<br>Dr.Shar.Alimi<br>Dr.Z.Safi | Dr.Noor<br>Dr.Z.Sidiq<br>Dr.Aminee |
| **Day-12 (Tuesday) (29.Aug.2017)** | | | | | |
| **MODULE 5. NUTRITION COUNSELOR MANAGEMENT (10 Slides)** | | | | | |
| 8:00-9:00 | Morning reflection | 60 minutes | Dr.Noor<br>Dr.Makhawar | Dr.S.Safi<br>Dr.M.Sadiq | Dr. Samadi<br>Dr.Qureshi |
| 09:00-10:0 | Introduction, NC ToR, Nutrition Services along the Continuum of Care and Referrals between Health Facilities and Communities | 60 Minutes | Dr.Noor<br>Dr.Makhawar | Dr.S.Safi<br>Dr.M.Sadiq | Dr. Samadi<br>Dr.Qureshi |
| 10:00-11:00 | Reporting and M&E | 60 Minutes | Dr.Noor<br>Dr.Makhawar | Dr.S.Safi<br>Dr.M.Sadiq | Dr. Samadi<br>Dr.Qureshi |
| 11:00-12:00 | Micro planning | 30 Minutes | Dr.Noor<br>Dr.Makhawar | Dr.S.Safi<br>Dr.M.Sadiq | Dr. Samadi<br>Dr.Qureshi |
| 2:30-3:00 | General Discussion about future training | 30 minutes | Dr.Noor<br>Dr.Makhawar | Dr.S.Safi<br>Dr.M.Sadiq | Dr. Samadi<br>Dr.Qureshi |
| **12:30-13:30** | **Prayer and Lunch Break** | | | | |
| **13:30-14:00** | **Certificates Distribution and Closing** | | | | |

*Table 4: classes*

| Class-A | Class-B | Class-C |
|---|---|---|
| Nangarhar, Kunar, Nuristan, Helmand, Urozgan, Zabul | Kunduz, Daikundi, Logar, Ghor, Sar-e-Pul, Laghman | Samangan, Badghis, Nimroz, Balkh, Wardak, Farah |