*Afghanistan SAFANSI Nutrition Solutions Series*

*Nutrition Information with the*

# Pilot Cash Transfer Program

THE WORLD BANK GROUP

*Nutrition Information with the*

# Pilot Cash Transfer Program

January 2014




Published by:
The World Bank Group
Afghanistan Office
The World Bank Street No.15
House No. 19, Opposite Palace #8
Kabul, Afghanistan
www.worldbank.org

Design and Processed by: Print Communication, Kathmandu

Printed and bound in Nepal

# About the Afghanistan South Asia Food and Nutrition Security Initiative Nutrition Solutions Series

The Afghanistan South Asia Food and Nutrition Security Initiative (SAFANSI) Nutrition Solutions Series is a collaboration with program implementers and policymakers in Afghanistan to identify and refine promising programmatic platforms for scaling-up effective nutrition solutions in the country. The overarching framework for the Series is the Government of the Islamic Republic of Afghanistan's Nutrition Action Framework. The Nutrition Action Framework outlines a multisectoral approach for addressing, in a sustainable way, the alarmingly high rates of child and maternal malnutrition in Afghanistan. The Series builds on the global knowledge base to support Afghanistan-specific analysis, technical assistance, and pilots that generate contextualized nutrition solutions in relevant sectors. These solutions are generated by combining global evidence with in-depth knowledge of the Afghan context. Each of the notes in this Series is the result of careful review of evidence, additional information gathering in Afghanistan, and engagement with a range of stakeholders.

The Series is financed by the South Asia Food and Nutrition Security Initiative, a trust fund at the World Bank supported by AusAid and the Department for International Development (DFID)/UKAID. The South Asia Food and Nutrition Security Initiative seeks to increase the commitment of governments and international agencies in South Asia to more effective and integrated food and nutrition security policies and programs.

# Table of Contents

# Acknowledgements

With funding from the South Asia Food and Nutrition Security Initiative, the South Asia Human Development Department of the World Bank examined the nutrition elements of the pilot cash transfer in Daikundi Province, Afghanistan. The task leaders for this project were Abeyah Al-Omair and Luc Laviolette. Julie McLaughlin and Kees Kostermans provided overall guidance while Tawab Hashemi and Oleksiy Sluchynskyy provided valuable inputs as part of the task team. Rachel Rosenfeld, consultant, was the main author of the report. Appreciated contributions into the planning of this Afghanistan technical assistance task were made by Johannes Jansen, Claudia Rokx, and Meera Shekar. The peer reviewers for this report were Leslie Elder and Claudia Rokx.

Mariam Haidary and Julie-Anne Graitge provided much appreciated logistical assistance. Thanks also are due to the many colleagues in the Ministry of Labor, Social Affairs, Martyrs, and Disabled-Government of the Islamic Republic of Afghanistan, the World Bank office in Kabul, Afghanistan, and Afghan Management and Marketing Consultants, who supported this work and responded to queries with helpful information.

This work was made possible by the dedicated efforts of the nutrition community in Afghanistan and internationally that provided excellent support for this endeavor. These partners included those at the Ministry of Public Health-Public Nutrition Department; the Ministry of Labor, Social Affairs, Martyrs, and Disabled; and Oxfam International.

## Key Messages

- Nutrition interventions in conjunction with hygiene interventions are among the most cost-effective interventions to enhance welfare and reduce poverty.[1]
- The Pilot Program to Support Poor Families-Afghanistan Safety Nets Project has been rolled out in 300 villages in Daikundi Province, Afghanistan. The Nutrition and Hygiene Awareness Campaign component was piloted in 20 of the 300 villages.
- The Nutrition and Hygiene Awareness Campaign focused on two areas: (1) exclusive breastfeeding and breastfeeding with complementary feeding [nutrition]; and (2) hand washing before preparing food and eating and after using the toilet or cleaning a child's feces [hygiene].
- For future scale-up, the Ministry of Labor, Social Affairs, Martyrs, and Disabled should consider the following key points:
  - Increase the contact points between the villagers and the nutrition fieldworkers (in the current design two educational sessions were held);
  - Increasingly focus on targeting tools for husbands and mothers-in-law;
  - Scale-up the communications campaign and develop more innovative communications tools that could stay in the community between contact points (e.g., a battery powered mobile phone that projects short refresher films);
  - Focus increasingly on the quality of training and supervision for the delivery;
  - Based on careful qualitative research at the outset, develop a shorter set of messages (e.g., 2-4 simply worded messages on key behaviors, such as "Your baby needs solid food in addition breastmilk starting at 6 months old" and "Wash your hands every time before feeding your baby"); and
  - Consider adding some interventions such as micronutrient supplementation for women and children.

[1] *Tracking Progress on Child and Maternal Nutrition*. UNICEF. 2009. Accessed from www.unicef.pt/docs/Progress_on_Child_and_Maternal_Nutrition_EN_110309.pdf.

## Introduction—Genesis of the Project

The Nutrition and Hygiene Awareness Pilot is a part of the Afghanistan Safety Nets Project, an unconditional cash transfer that has been piloted in various phases over the past two years, under the leadership of the Ministry of Labor, Social Affairs, Martyrs and Disabled with support from the World Bank. The Nutrition and Hygiene Awareness Pilot has been added as a soft conditionality in twenty select Community Development Councils and their villages in Miramor and Shahristan Districts in Daikundi Province, Afghanistan. This knowledge brief discusses the implementation of the Nutrition and Hygiene Awareness Campaign, its successes and challenges thus far, and suggestions for the future. Through the Afghanistan South Asia Food and Nutrition Security Initiative Nutrition Solutions Series, this knowledge brief provides background and technical advice for similar campaigns throughout Afghanistan.

### Background of the Afghanistan Safety Nets Project

The Ministry of Labor, Social Affairs, Martyrs, and Disabled with financing from the World Bank designed a pilot Safety Nets Project in 2009 with a vision of establishing a sustainable national Safety Nets Project in Afghanistan, in line with the Social Protection Strategy of the Afghanistan National Development Strategy. The basic objective of the pilot Safety Nets Project was to smooth seasonal fluctuations in food consumption to the most needy and vulnerable by providing support before the winter period through an unconditional cash transfer. The pilot program initially targeted the poorest 10% (now the poorest 20%) of rural families with children (0-14 years), disabled, widows, and elderly (65+ years) who are dependents. The selection, however, was done purely on the basis of a quota of maximum 20% of the families in each particular village. Each community's Village Selection Committee and Village Verification Committee decided which families were the poorest. There was no guarantee that the selected villagers were the 20% poorest, however, because such a figure only can be measured by a consumption survey. The Ministry of Labor, Social Affairs, Martyrs, and Disabled and the World Bank formerly distributed criteria for the selection of the poorest families, but in recent years the villages have decided without these criteria.

Community Development Councils, a group of community members elected by the village to serve as its decision-making body, were responsible for program implementation at the village level including the village surveys, beneficiary selection, collection of detailed information from beneficiary families, and benefit distribution. Within the Community Development Councils there was a Village Selection Committee and a Village Verification Committee for assisting in beneficiary selection. Facilitating Partners, non-governmental organizations that work with the communities for the National Solidarity Programme—often Oxfam International for this project, were engaged in the technical support, capacity development of the Community Development Councils, and the implementation of the program.

The Pilot Program to Support Poor Families-Afghanistan Safety Nets Project has been rolled out in 300 villages in Daikundi Province, Afghanistan. The Nutrition and Hygiene Awareness Campaign was piloted in 20 of the 300 villages—10 in Miramor District and 10 in Shahristan District within Daikundi Province. As of September 2012, the Nutrition and Hygiene Awareness Campaign was to reach 3508 families, 700 of which would be cash transfer beneficiaries.

### Why a Nutrition Intervention?

**Nutrition interventions in conjunction with hygiene interventions are among the most cost-effective interventions to enhance welfare and reduce poverty.[2]**

The World Bank Group invests in nutrition interventions because inadequate nutrition results in the following:

(1) Direct loss in productivity from poor physical status;
(2) Indirect loss in productivity from poor cognitive development, affecting school performance; and
(3) Loss in resources from increased health care costs of ill health.[3]

The overall objective of the nutrition and hygiene components was to raise awareness among the families, particularly among women of childbearing age about their and their children's health. Thus, in consultation with the literature and colleagues working in developing, remote, and conflict prone areas, hand washing and breastfeeding were suggested as the foci for the health pilot campaign. The Nutrition and Hygiene Awareness Campaign was added as a soft conditionality to the Pilot Program to Support Poor Families-Afghanistan Safety Nets Project to the increase the efficacy of the Ministry of Labor, Social Affairs, Martyrs, and Disabled's development work from strictly economic to additional social aspects in villages. Supplementary social and health programs were easier to include in Daikundi Province, Afghanistan where the Ministry of Labor, Social Affairs, Martyrs, and Disabled's relief work already had a presence.

## State of Nutrition in Afghanistan

**Malnutrition – the state of being poorly nourished – is not merely a result of too little food, but of a combination of factors: insufficient protein, energy and micronutrients, frequent infections or disease, poor care and feeding practices, inadequate health services and unsafe water and sanitation.[4]**

Levels of child undernutrition in Afghanistan are very high. The 2004 National Nutrition Survey, using World Health Organization references, finds that 60.5% of children under the age of five are

[2] *Tracking Progress on Child and Maternal Nutrition*. UNICEF. 2009. Accessed from www.unicef.pt/docs/Progress_on_Child_and_Maternal_Nutrition_EN_110309.pdf.
[3] Shekar, Meera, et. al. *Repositioning Nutrition as Central Development: A Strategy for Large Scale Action*. The World Bank Group. 2006.
[4] Nutrition-The Big Picture. UNICEF. Accessed from http://www.unicef.org/nutrition/index_bigpicture.html. Updated 25 May 2012.

stunted, and 33.7% are underweight (Islamic Republic of Afghanistan's Ministry of Public Health and others 2009). The stunting levels are among the highest in the world. Acute undernutrition (wasting) in children under five is 8.7%, lower than would be expected for a country experiencing protracted conflict, but these wasting levels remain very high in the first few years of life (18.1% in children 1–2 years old).[5] Afghanistan has one of the highest infant mortality rates in the world;[6] the 2010 Afghan Mortality Survey reported an infant mortality rate of 77 deaths of children under 1 year old per 1000 live births.[7] The purpose of the child nutrition awareness aspect of the campaign was to teach women, specifically at childbearing age and those lactating, about the nutrition needs of children under age 2.

**Why focus on birth to age 2: In the period of conception up to the age of 24 months (i.e., 2 years old) damage to physical growth, stunted brain development, and inhibited human capital formation all due to inadequate nutrition are extensive and largely irreversible. An increase in the prevalence of chronic malnutrition is especially pronounced in the period from birth up to the age of 24 months.**

Another area that requires the international community's attention is teaching proper hygienic practices. In Afghanistan, 1 in 3 child deaths is due to pneumonia; close to 1 in 4 child deaths is due to diarrhea.[8] Additionally, only 22% of the population has access to clean water.[9] Parasitic infestation diverts nutrients from the body and causes blood loss, anemia, and diarrhea, especially in young children. Many children in Afghanistan die each year of easily preventable diseases; nearly 25% of those deaths are from diarrhea.[10] One of the most effective ways of preventing diarrhea is to improve hygiene in the home through regular hand washing with soap before preparing and eating food, after using the toilet, or handling a child's feces.[11] Additionally, undernourished children who fall sick are significantly more likely to die from illness than well-nourished children.[12] Therefore, the other primary purpose of the awareness campaign was to instruct about proper hygienic practices and to link these practices to child nutrition awareness.

The Nutrition and Hygiene Awareness Campaign focused on communities in Daikundi Province, Afghanistan because of its high maternal mortality ratio.[13] The maternal mortality ratio in Daikundi Province is 6000 maternal

5 Levitt, Emily, Kees Kostermans, Luc Laviolette, and Nkosinathi Mbuya. *Malnutrition in Afghanistan: Scale, Scope, Causes, and Potential Response.* The World Bank Group. 2011. Accessed from www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2010/11/15/000356161_20101115233235/Rendered/PDF/578720PUB0Maln11public10BOX353782B0.pdf.

6 Hazara People International Network. Accessed from www.hazarapeople.com/2011/02/16/the-tribalist-karzai-government-is-the-killer-of-21-hazaras-in-daikundi-not-snowfall/.

7 *Afghanistan Mortality Survey 2010*. APHI/MoPH, CSO, ICF Macro, IIHMR and WHO/EMRO. Calverton, Maryland, USA. 2011.

8 *Tracking Progress on Child and Maternal Nutrition.* UNICEF. 2009. Accessed from www.unicef.pt/docs/Progress_on_Child_and_Maternal_Nutrition_EN_110309.pdf.

9 *State of the World's Children.* UNICEF. 2009. From Nutrition at a Glance: Afghanistan. The World Bank Group.

10 Newbrander, Bill. *Preventing Diarrhea that Kills Children in Rural Afghanistan.* Management Sciences for Health: Global Health Impact. 2010. Accessed from http://blog.msh.org/2010/12/14/preventing-diarrhea-that-kills-children-in-rural-afghanistan/.

11 Water Aid International. Accessed from www.wateraid.org/.

12 *Nutrition at a Glance Afghanistan.* 2013. Washington, DC: The World Bank Group.

13 All infant and child mortality rates are national or regional; no provincial rates exist, which is why the maternal mortality ratio was a determining factor rather than infant mortality rate.

deaths per 100,000 live births.[14] [15] This number is extraordinarily high considering that Afghanistan has one of the highest maternal mortality ratios in the world at 374 maternal deaths per 100,000 live births.[16] [17] Furthermore, in Daikundi Province, only 18% of households have access to clean drinking water, which is 4 percentage points lower than the Afghan national average.[18] Finally, the Pilot Program to Support Poor Families-Afghanistan Safety Nets Project already was occurring in Daikundi Province, which allowed for a logical access point for the Nutrition and Hygiene Pilot Program.

The following are necessary to overcome malnutrition:

(1) An adequate diet, including immediate and exclusive breastfeeding for the first six months after a baby is born and continued breastfeeding with age-appropriate complementary foods. A balanced diet includes a range of micronutrients, and where that is not possible supplements or food fortification should be provided.
(2) Prevention of disease with proper hygiene practices.
(3) Treatment of disease with proper healthcare.

In the Nutrition and Hygiene Awareness Campaign through the Afghanistan Safety NetsProject,[19] the Ministry of Labor, Social Affairs, Martyrs, and Disabled with World Bank support focused on points one and two.

## Pilot Details for the Nutrition and Hygiene Awareness Campaign—Methods

### The 3 Stages and the Process

Unlike the cash transfer program, which targeted the poorest 20% of villagers, the Nutrition and Hygiene Awareness Pilot Program targeted all villagers, i.e. beneficiaries and non-beneficiaries of the cash transfer. The Nutrition and Hygiene Awareness Pilot Program consisted of three stages over about 3 months. Two educational nutrition and hygiene awareness sessions occurred in each village—one at the beginning and one at the end of the rollout—with a small evaluation in the middle. The evaluation helped to improve delivery between the first and second educational sessions.

(1) During the first stage, most of the village gathered in a central location in the village

[14] Bartlett, Linda A., et. al. "Where Giving Birth is a Forecast of Death: Maternal Mortality in Four Districts in Afghanistan, 1999-2002." *The Lancet*. 365: 9462. 865-870.
[15] 2010 data on the maternal mortality ratio in Daikundi Province Afghanistan are not available.
[16] *Afghanistan Mortality Survey 2010*. APHI/MoPH, CSO, ICF Macro, IIHMR and WHO/EMRO. Calverton, Maryland, USA. 2011.
[17] From 2000-2010, the maternal mortality ratio in Afghanistan declined from 1600 maternal deaths per 100,000 live births to 374 maternal deaths per 100,000 live births, but much progress has yet to be made in further reducing this number. Also, significant variation in the maternal mortality ratio occurs across provinces.
[18] Figures are approximate.
Levitt, Emily, Kees Kostermans, Luc Laviolette, and Nkosinathi Mbuya. *Malnutrition in Afghanistan: Scale, Scope, Causes, and Potential Response.* The World Bank Group. 2011. Accessed from www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2010/11/15/000356161_20101115233235/Rendered/PDF/578720PUB0MaIn11public10BOX353782B0.pdf.
[19] Pensions Administration and Safety Nets Project is the formal name for the World Bank's involvement in this pilot. The Islamic Republic of Afghanistan's Government proposed the Afghanistan Social Protection Program as the scale-up to Pensions Administration and Safety Nets Project, but the Afghanistan Social Protection Program has yet to be fully formalized.

(typically a mosque) to receive food packets and soap cakes from the Facilitating Partner, because they hoped they would be eligible for the cash transfer and genuinely wished to learn about proper nutrition and hygiene practices. The session was held for several hours in the morning, afternoon, or evening.[20] In the first stage, a health care field worker presented the messages with pictorial representations to the females and males in separate groups. Messages were altered for the male or female audiences in order to adhere to culturally sensitive practices. It was an interactive presentation in which all participants could ask the facilitators questions. The healthcare fieldworkers provided relevant examples about children who died from diarrhea because of a lack of hand washing, so participants could relate to the messages.

The below figure (Figure 1) is the document that was used to illustrate proper hand washing and breastfeeding techniques. Much time was spent to create a document that would be culturally sensitive and logical for illiterate populations. The document focuses on hand washing before eating or preparing food and after using the toilet or cleaning a child's feces; and exclusive breastfeeding and breastfeeding along with proper complementary feeding. The World Bank and the Ministry of Labor, Social Affairs, Martyrs, and Disabled narrowed the nutrition and hygiene themes down to these two topics because of their efficacy in low-income countries. Specifically, those researching these topics drew heavily on the work done with Sanitation, Hygiene Education and Water Supply-Bangladesh—that is among the largest and most intensive hand washing, hygiene/sanitation, and water quality improvement programs ever attempted in a low-income country. Additionally, for the breastfeeding campaign, UNICEF's Global Strategy on Infant and Young Child Feeding helped guide the pilot framework.

(2) During the second stage (which occurred several weeks after the first stage), the villagers were interviewed in a door-to-door survey to assess how well they retained the information from stage one. This was a Ministry of Labor, Social Affairs, Martyrs, and Disabled/World Bank designed survey, carried out by the Afghan Management and Marketing Consultants and Facilitating Partner fieldworkers.

(3) During the third stage, with the help of the Facilitating Partner, the villagers assembled with the health care fieldworkers for another hygiene and nutrition awareness presentation. This third stage but *second educational presentation* took place about one to two months after the door-to-door survey. Prior to this presentation, Afghan Management and Marketing Consultants, the Ministry of Labor, Social Affairs, Martyrs, and Disabled, and members from the World Bank offices in Kabul and Washington, DC analyzed the preliminary data from stage two to improve the delivery of the second and final nutrition and hygiene awareness session. This time special attention was given to questions that were misinterpreted from stage one. Each presentation was tailored to the needs of the individual villages as discovered from the survey data analysis. Once each of the newly tailored presen-

[20] Part of the operational evaluation entails determining the best time of day for the sessions.

**Figure 1:** Handout for Nutrition and Hygiene Awareness Presentation


tations was finished, a hygiene and nutrition awareness presentation was conducted in each of the original 20 villages in Daikundi Province, Afghanistan.

The Facilitating Partner, typically Oxfam International, formed clusters of 4-10 neighboring villages for easy and effective implementation of the Safety Nets Project, including the Nutrition and Hygiene Awareness Campaign. If villages could not be grouped into clusters due to distance, security, or other considerations, the Facilitating Partner would interact with the villages independently. In the initial preparations and training, the Facilitating Partner arranged meetings with the Community Development Council representatives for Safety Nets Project introductions. They discussed selection criteria for beneficiary families, cash transfer benefit amounts, benefit distribution mechanisms, various committees necessary to handle the administration of the program (Village Selection Committee and Village Verification Committee), as well as the awareness generation for nutrition and hygiene. Once the list of eligible families was finalized, the Community Development Councils informed the Facilitating Partner, and the Facilitating Partner planned a trip to the villages to further discuss beneficiary information and collect beneficiary data to ensure that appropriate beneficiaries were selected. As part of this visit to the select villages, Facilitating Partner fieldworkers conducted the Nutrition and Hygiene Awareness Campaign for the entire community described in stage one above.

For the evaluation of the Nutrition and Hygiene Awareness Campaign, the health care fieldworkers were trained and supervised by Afghan Management and Marketing Consultants. This consultation firm was heavily evaluated by the Ministry of Labor, Social Affairs, Martyrs, and

Disabled and the World Bank team to ensure appropriate training for the data collection fieldworkers. The firm employed the "Training of Trainers" method to train for the evaluation stage, in which information was passed on using a cascade approach from Master Trainers to Social Mobilizers and onward to additional field staff. For the evaluation process, a two-day training session was held for newly recruited facilitators including a mock exercise.

## Results

Some of the surveyors collected general data from all 20 villages in which the pilot project occurred; these surveyors interviewed 576 females (both beneficiaries and non-beneficiaries). Other surveyors collected more detailed data from 6 of the 20 pilot villages;[21] these surveyors interviewed 204 male and female beneficiaries and non-beneficiaries.[22] The data primarily were collected in the form of multiple choice answers, but the surveys included a few open-ended discussion questions that provided useful suggestions for future campaigns and scale-up.

In general, villagers exhibited high levels of participation in the Nutrition and Hygiene Awareness Campaign, with slightly higher participation for villagers in Miramor District than in Shahristan District (both in Daikundi Province, Afghanistan). The data show that most of the female beneficiaries and non-beneficiaries attended the first meeting for the Nutrition and Hygiene Awareness Program, with the exception of a few villages with lower rates of participation.[23] [24] Data for male participation rates are not available. Importantly, all beneficiaries, male and female, expressed high levels of satisfaction with the Nutrition and Hygiene Awareness Campaign, and almost all male and female non-beneficiaries expressed high levels of satisfaction with the campaign; the remaining simply expressed indifference to the program's importance and efficacy.

## Analysis

On hand washing, the messages on the occasions before which it is crucial to wash hands appear to have reached the population more clearly than the messages on the occasions after which to wash hands. Nevertheless, villagers overall did not appear to grasp the importance of washing hands before feeding infants and children, which was of crucial importance as a message for this campaign since children are a primary target. Additionally, the responses to the questions about hand washing only showed that respondents were aware of one reason (or what they viewed as the most important/preferred situation) for washing hands. For repeated awareness sessions, the community health

---

[21] The operational evaluation for the Pilot Program to Support Poor Families-Afghanistan Safety Nets Project was conducted in 18 of the 300 villages in which the Safety Nets Project occurred. Of the 18 villages in which the operational evaluation surveys were conducted, 6 of the villages were villages that included the Nutrition and Hygiene Awareness Campaign (one small, one medium, and one large in Miramor District and one small, one medium, and one large in Shahristan District).

[22] 51 male cash transfer beneficiaries were interviewed from both districts—25 from Shahristan District and 26 from Miramor District.
50 female cash transfer beneficiaries were interviewed from both districts—25 each from Shahristan District and Miramor District.
51 male non-beneficiaries were interviewed from both districts—25 from Shahristan District and 26 from Miramor District.
52 female non-beneficiaries were interviewed from both districts—28 from Shahristan District and 24 from Miramor District.

[23] Evaluation Surveys: Surveys designed by the Ministry of Labor, Social Affairs, Martyrs, and Disabled and the World Bank/Rachel Rosenfeld. Data collected by Afghan Management and Marketing Consultants. Survey data analysis by the World Bank/Rachel Rosenfeld.

[24] From the surveys, of those interviewed, 529 out of 576 female beneficiaries and non-beneficiaries participated in the nutrition and hygiene awareness sessions. This number accounts for female interviewees in all 20 villages. Furthermore, in 13 of the 20 villages, all those interviewed were present at the nutrition and hygiene awareness sessions.

workers and volunteers conducting the awareness campaign need to be sure that the recipients understand the necessity to wash hands before and after multiple situations (such as before preparing food, eating, and feeding a child/infant & after touching anything in a latrine, cleaning a baby's bottom, touching or working with animals, and cleaning or working in a yard which may be contaminated with feces). Additionally, the questions asked by the surveyors must ensure that respondents have the option to reply with their full range of knowledge for all times to wash hands.

In terms of breastfeeding, villagers appeared to understand the importance of breastfeeding, but they did not clearly grasp when and how food other than a mother's milk should be introduced. The concept of when it is appropriate to proceed with complementary feeding was the most frequently misunderstood question of the nutrition questions. Most villages showed a lack of understanding for these three questions about breastfeeding: (i) When do you think a newly delivered baby should be breastfed?; (ii) Do you think bottle-feeding is good for your baby or not?; and (iii) At what age should liquid food be introduced in small quantities?[25] Future nutrition and hygiene awareness sessions should concentrate on these issues.

## Successes

The Nutrition and Hygiene Awareness Campaign experienced very favorable opinions from both male and female community members in all villages qualitatively and quantitatively. Extremely high attendance rates occurred at almost all of the sessions in all villages. Evaluation data show that in most villages almost 100% of female and male beneficiaries and non-beneficiaries attended the sessions. The attendees at the sessions expressed favorable perceptions about the Government of the Islamic Republic of Afghanistan's role in managing the initiative.

When the Ministry of Labor, Social Affairs, Martyrs, and Disabled introduced the Nutrition and Hygiene Initiative into the Pilot Program to Support Poor Families, the concepts that were to be addressed were quite varied. With technical assistance from the World Bank, the public health topics to be discussed were narrowed to hand washing for hygiene training and breastfeeding for nutrition training. Based on UNICEF and the United Kingdom Government Department for International Development supported Sanitation, Hygiene Education and Water Supply-Bangladesh and on the UNICEF supported Global Strategy on Infant and Young Child Feeding, the Ministry of Labor, Social Affairs, Martyrs, and Disabled with World Bank technical assistance unified the varied nutrition and hygiene messages into specific hand washing and breastfeeding points. Sanitation, Hygiene Education and Water Supply-Bangladesh is among the largest and most intensive hand washing, hygiene and sanitation, and water quality improvement programs ever attempted in a low-income country. Sanitation, Hygiene Education and Water Supply-Bangladesh, which had high success rates, suggested narrowing the hand washing messages, which correspond to hygiene practices, to hand washing before eating or feeding and after coming into

[25] For future nutrition and hygiene awareness sessions, question (iii) should be phrased in the following way, "At what age do children need to be given solid food in addition to breastmilk?" The term liquid food can be confusing, and "liquid foods" often do not provide the necessary nutrient density required for successful complementary feeding. To be more specific, a critical failing of some traditional complementary foods in some regions is the low dietary energy/nutrient density of watery foods. Feeding practices with thin gruels and other similar foods need to be altered in order for children to eat and absorb enough energy and nutrients, especially given the small size of their stomachs. Furthermore, liquid foods sometimes harm children because they include contaminated water. Thus, future nutrition and hygiene awareness campaigns also should address the problems of contaminated water, specifically for children, and the need to use purified or boiled water for food preparation and consumption.

contact with feces to minimize confusion from multiple messages. The Global Strategy on Infant and Young Child Feeding greatly helped to suggest basic, proper breastfeeding techniques, the amounts one should breastfeed, and complementary food feeding practices.

Additionally, all villagers felt the pilot program was important for their families and for their communities, especially because this was the first of this type of campaign for the majority of respondents. For the villagers who were familiar with a similar nutrition and hygiene initiative, they affirmatively responded that the Nutrition and Hygiene Awareness Campaign in the Pilot Program to Support Poor Families was more useful than previous campaigns. The visual images used in the demonstrations were well received as pictorial teaching tools; they were easily interpreted and culturally sensitive. The majority of attendees, especially women, at the sessions also expressed that they genuinely attended the sessions to learn about nutrition and hygiene rather than in hopes of receiving the cash transfer or a one-time food supplement or soap cake.

## Obstacles and Gaps

- In terms of project generation, the timeframe for producing the Nutrition and Hygiene Awareness Campaign implementation framework was too brief. Approximately four months were spent from developing the concept note to the start of the nutrition pilot role-out. Ideally, more collaboration with experts who work in similar demographics would have been useful.
- During the production of materials, there were numerous issues with the pictorial images, such as contracting artists, ensuring the images were accurate portrayals of the messages for largely illiterate communities, ensuring that the images were culturally sensitive representations of the messages, and printing speed (or lack thereof).
- Participation in the Nutrition and Hygiene Awareness Campaign did not appear to be the problem (in fact, it was quite high except for a few villages). The challenge was ensuring villagers understood and retained the messages. Unfortunately at this time we do not have results on the behavior change that has occurred as a result of this pilot intervention.[26]
- To continue, ensuring that villagers understood and retained the messages was difficult, especially with the lack of frequency of messages. There most likely were too few points of contact with villagers. Only two educational sessions were conducted as part of the awareness campaign, one during stage 1 and one during stage 3.
- More focus should have been incorporated to include targeting tools for husbands and mothers-in-law because of their influential roles. While the current data show positive impressions from both men and women attendees, women felt more positively about the campaign. In a country experiencing gender and cultural constraints, the campaign was targeted at women and children, but both genders needed to be involved. It was and is especially important to incorporate men, specifically husbands, into the campaign because of the influential role that they play in women's lives in Afghanistan. Importantly, all beneficiaries, male and female, expressed high levels of satisfaction with the campaign. And 80% of the male

[26] An impact evaluation assessment has not yet been conducted, so data on behavior change are not available at this time. An impact evaluation will show how knowledge acquired from the messages translates into behavior change.

non-beneficiaries and 96% of the female non-beneficiaries expressed high levels of satisfaction with the campaign; the remaining 20% of male non-beneficiaries and 4% of female non-beneficiaries simply expressed indifference to the program's efficacy. These evaluation data show that men, while incorporated in the campaign, need to be further involved in future scale-up.

- The fieldworkers trained by Afghan Management and Marketing Consultants to conduct the evaluation survey as part of stage 2 did not correctly ask and/or did not correctly record the set of responses for the "When do you think you should wash your hands?" questions—assessing how well villagers understood and retained the messages. Based on the available data, recorded responses for when to wash hands did not give people the full range of options for all times to wash hands that they should have learned. The fieldworkers were supposed to allow for an "all of the above" option OR "Option D: Before preparing food, eating, and feeding a child/infant" (an option including everything listed out) rather than requiring the respondents to select one option over the others. Thus, the villagers' responses were not reliable for how the villagers interpreted the messages, assuming the messages were delivered correctly in the stage 1 educational session. The same situation occurred for the after what situations does one wash hands questions as well. Thus, the data provide no true gauge as to how well the villagers understood and retained the hand washing messages in their entirety.

- Finally, the communication tool used in the sessions was a conventional tool. Fieldworkers presented the messages orally and with pictorial images in standard presentations. The villages were small, so word of mouth was used to disseminate the occurrence of the sessions. That is, the Community Development Councils in each village advertised the Nutrition and Hygiene Awareness Campaign as well as the greater Safety Nets Project. No media campaigns were used. Additionally, as the project stands, there were few to no ways of communicating with the villagers between contact points. Mobile phone communication between the Community Development Councils and national staff should be enhanced, and if fully utilized, battery powered mobile phones that project video refreshers of the nutrition and hygiene messages could be used as well. An innovative communication tool that evolves along with citizen participation will be essential for the development of future Nutrition and Hygiene Awareness Campaign scale-up, which in turn will help demand greater accountability, capacity building, and higher quality for monitoring service delivery. Increased communication does, indeed, seem feasible without disrupting the Nutrition and Hygiene Awareness Campaign and the greater Safety Nets Project, and in fact, rather strategic communication tools have the potential to increase program efficacy.

## Scale-Up

Respondents in all surveys felt very strongly about recommending this campaign to their friends and other villages, which demonstrated great village approval for the future of scale-up beyond this pilot.

The Ministry of Labor, Social Affairs, Martyrs, and Disabled and the World Bank have discussed scale-up to more villages and their village Community Development Councils in Daikundi Province, Afghanistan and to a few other provinces in Afghanistan pending the success rate.

The Ministry of Labor, Social Affairs, Martyrs, and Disabled in consultation with the Ministry of Finance and the World Bank selected Samangan, Laghman, and Paktika Provinces as additional provinces for scale-up. The scale-up of the Nutrition and Hygiene Awareness Generation Campaign would occur in conjunction with scale-up of the Afghanistan Safety Nets Project. These three provinces were selected because they have very high poverty rates and are located in regions with relatively low security concerns.[27] The selection was primarily based off of the National Risk and Vulnerability Assessment (2007/08) and Ministry of Finance security lists. The rollout and impact evaluation will begin in Samangan Province during the 2013 fiscal year and subsequently will continue in Laghman and Paktika Provinces during the 2014 fiscal year. The impact evaluation will allow the World Bank and the Ministry of Labor, Social Affairs, Martyrs, and Disabled to monitor the results in terms of actual behavior change rather than verbal confirmation of understanding. This evaluation will help to assess the efficacy of the awareness campaign because knowledge may or may not translate into behavior change.

The two most useful and detailed suggestions that came from the series of open discussion questions were from the male respondents in the village Rook Ushto in Miramor District, Daikundi Province, Afghanistan. The first suggestion proposed the inclusion of female doctors for the presentation to provide more detailed information regarding maternal health and hygiene. The male respondents also inquired about the possibility of having a female doctor reside in the local villages since the villages are far from cities and formal health facilities. Secondly, the same male respondents from Rook Ushto recommended that the program should include detailed information on how to deal with waste materials. This suggestion is important from health, social, and environmental standpoints. The female respondents were less vocal in providing suggestions than their male counterparts, most likely because of cultural constraints. Ideally, these community suggestions will be addressed in future scale-up projects.

For future scale-up, the Ministry of Labor, Social Affairs, Martyrs, and Disabled should consider the following key points:

(1) Increase the educational sessions/contact points between the villagers and the nutrition fieldworkers;
(2) Scale-up the communications campaign and develop more innovative communications tools that could stay in the community between contact points (e.g., a battery powered mobile phone that projects short refresher films);
(3) Focus increasingly on the quality of training and supervision for the delivery;
(4) Based on careful qualitative research at the outset, develop a shorter set of messages (e.g., 2-4 simply worded messages on key behaviors, such as "Your baby needs solid food in addition breastmilk starting at 6 months old" and "Wash your hands everytime before feeding your baby");[28] and
(5) Consider adding some interventions, such as micronutrient supplementation for women and children, but the feasibility of adding micronutrient supplementation should be tested prior to scale-up.

[27] The percentage of the population below the poverty line in Samangan Province is 55%, in Laghman Province is 67%, and in Paktika Province is 76%.

[28] When conceptualizing the campaign, project team members from the Ministry of Labor, Social Affairs, Martyrs, and Disabled and the World Bank thought extensively about the simplicity of hygiene and nutrition themes, and thus, only two themes were selected—hand washing and breastfeeding. However, additional thought should be taken to simplify the word choice for the messages, also accounting for the need to translate from English to Dari when designing the messages.


**The World Bank Group**
Afghanistan Office
Street No.15
House No. 19, Opposite Palace #8
Kabul, Afghanistan
www.worldbank.org