

# UNICEF ANNUAL REPORT for Afghanistan

## 1. EXECUTIVE SUMMARY

This was the first year of implementation of Afghanistan's new 2010-2013 Country Programme. Despite challenges of operating in an unstable security situation, UNICEF continued to consolidate gains made in child survival, protection and girls'/women's education.

The health and nutrition programme reached 7.6m children nationally, including 2.9m children in 38 low coverage districts through four NIDs and SNIDs. About 454,776 under five children and 35,566 pregnant women in 53 underserved districts benefited from the community based minimum package of health, nutrition and WASH services.

An additional 214,215 children have access to safe learning environments through construction of 75 cost effective schools, as well as 724 new classrooms in Kabul. Some 257,000 children and 7,650 teachers in 682 schools from various provinces benefited from WASH services.

The joint UNICEF and Monitoring & Response Mechanism (MRM) Country Task Force advocacy campaign on children in armed conflict resulted in a law being passed by the Government prohibiting under-age recruitment into the Afghan National Police.

UNICEF led cluster coordination for nutrition, WASH and education were decentralised and made functional in 5 regions.

MICS data collection by the Central Statistics Organization (CSO) is in progress with technical and financial support from UNICEF: results are expected by mid-2011.

Afghanistan is not on track to meet the MDGs by 2015. In addition, disparities exist between urban/ rural, rich/poor, girls/boys, and several inaccessible areas.

UNICEF partnered with WHO and UNFPA on reduction of maternal mortality and continued working with WHO on polio eradication and strengthening routine immunisation programme.

Partnership with Community Development Councils (CDCs) resulted in access and sustainability of WASH services for communities in 21 of 34 provinces.

The deteriorating and unstable security situation constrains programme delivery and flexibility. It also results in high costs of programme implementation.

## 2. COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

Afghanistan continues to be a highly insecure, politically complex, impoverished country in which indicators for women and children are amongst the worst in the world.

UNDSS recorded a 69% rise in security incidents compared to the same period last year (January-October), 55% more children and 6% more women were injured than in 2009. Schools and education officials continue to be targets of violence. UNICEF operations in the south were disrupted by continued conflict.

Since the London Conference in January and the Kabul Conference in July, there has been much emphasis on efforts to reintegrate insurgents: while positive, at face value, the prospect of reintegration of the Taliban raises fears of potential reversals in recent gains in women's rights.

UNICEF operations in the south too were disrupted as a result of continued conflict.

During the Kabul conference in July 2010, representatives from over 70 government and international organizations launched a reconstruction process based on an enhanced Afghanistan National Development Strategy (ANDS). The UNCT is increasing its emphasis on supporting provincial authorities in building capacity to strengthen governance and enhance the delivery of essential services.

Parliamentary elections were held in September, but there were widespread reports of irregularities and voter intimidation. Despite progress in governance, Afghanistan was rated world's second most corrupt country.

Afghanistan considerably improved in HDI ranking from 181 of 182 countries in 2009 to 155 of 169 countries this year. , but remains one of the world's poorest countries.

Real GDP growth remained strong at around 22.5% in 2009/10. Even so, an estimated 36 percent of the population cannot meet basic consumption needs, and many more are highly susceptible to poverty, with particularly adverse effects on women and children.

Afghanistan secured debt relief under the Heavily-Indebted Poor Country and Multi-lateral Debt Reduction initiatives. Afghanistan will remain dependent on donor support, yet development aid is likely to shrink with the impending withdrawal of foreign forces.

About 370,000 persons are internally displaced due to conflict or natural disasters and 112,657 refugees were repatriated mainly from Pakistan/Iran. Heavy floods in February affected around 200,000 households in 12 provinces resulting in high risk of food insecurity and malnutrition among children.

While Afghanistan made some progress towards the MDGs, it is unlikely to meet any of them by 2015. Large differences exist between urban/rural, wealth quintiles and girls/boys. Nomadic and other groups are especially vulnerable. Updated data is unavailable for most indicators.

### **3. CP ANALYSIS & RESULT**

#### **3.1 CP Analysis**

##### **3.1.1 CP Overview:**

This was the first year of implementation of Afghanistan's new 2010-2013 Country Programme. Despite implementation challenges from a precarious security situation, UNICEF continued to consolidate gains made in child survival, protection and girls'/women's education.

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Partnership with Community Development Councils (CDCs) resulted in access and sustainability of WASH services for communities in 21 of 34 provinces.

The unstable security situation constrains programme delivery and flexibility while also resulting in high costs of programme implementation.

### **3.1.2 Programme Strategy**

#### **3.1.2.1 Capacity Development:**

UNICEF supported capacity development of implementing partners at national and community levels.

CSO capacity for data collection, management and dissemination was strengthened. An AfghanInfo unit was established within the CSO. With UNICEF support, CSO is currently undertaking MICS.

UNICEF works with CDCs at national and community levels to build their capacities for programme design, planning, implementation and monitoring with the aim to ensure sustainability once external support is withdrawn.

CDCs are supported by the Constitution and receive direct funding from government and development partners, including UNICEF. They identify problems jointly with community and women's groups and find innovative solutions based on local needs. Their projects are owned, planned, implemented and managed by the community, and they play an especially important role in ensuring access to vulnerable communities in insecure areas. UNICEF worked with CDCs to create demand for hygiene and sanitation and to build their capacity to manage and ensure the sustainability of WASH interventions. CDC approaches will be reviewed and documented for possible use in delivery of other basic social services.

UNICEF improved the capacity of Basic Package of Health Services (BPHS) NGOs to increase coverage for remote populations through sustainable outreach services, the community based minimum health package, child health weeks (CHW) and community management of acute malnutrition (CMAM) programmes. Capacity of health workers and cold chain technicians for enhanced routine immunization was further strengthened. The capacity of polio district management teams was improved through district specific plans and implemented in 13 high risk districts of the southern region where 90% of polio cases are reported.

UNICEF supported MoE to improve education quality through orientation of 600 teacher training college lecturers on the new curriculum, and training of master trainers to improve delivery of psycho-social services in schools.

Capacity building and training were provided to MRM taskforce members to monitor and respond to child rights violations.

#### **3.1.2.2 Effective Advocacy:**

Enhanced equity focus approach was taken up with donors, UN and partners at high level meetings. UNICEF advocacy efforts led to government support for the preparation of an Investment Case for reaching MDGs 1, 4 & 5 with equity, ensuring use of resources for achieving results for children.

Despite advocacy against using schools as polling sites during national elections, almost 50 percent (2,752 out of 5,989) of polling stations were located in schools and 169 in clinics, with some disrupting effect on the delivery of routine services to children and women.

With MRM Country Task Force members, UNICEF contributed to effective advocacy campaigns which resulted in a government decree prohibiting the recruitment of under-age children into the Afghan National Police, and the launch of the GoA Inter-Ministerial Steering Committee on Children and Armed Conflict.

The "Call to Action for WASH in Schools" was a strategic advocacy event where MRRD, MoE, MoPH and stakeholders came together to create awareness and advocate for school sanitation. A commitment was made to reach all schools with WASH by 2015. About 2.0 million children received hand washing messages on Global Hand Washing day.

Advocacy efforts were focused to improve quality and coverage of Polio Eradication Initiative (PEI) campaigns especially in high risk districts, including engagement with community leaders. Sports events like cricket matches provided an opportunity to re-energize polio campaigns, mobilize youth, motivate vaccinators and encourage families to fully participate in immunization days and create awareness on child rights.

#### **3.1.2.3 Strategic Partnerships:**

UNICEF partnered with WHO and UNFPA in a joint presentation to the UNCT, which succeeded in generating awareness among other UN agencies of the roles they have to play in maternal mortality reduction. Maternal and Newborn Health was subsequently confirmed as one of 5 priorities for the UN's Draft Integrated Strategic Framework.

UNICEF and WHO explored innovative approaches to involve other partners for polio eradication and strengthening the routine immunisation programme. A joint proposal has been developed for more effective polio eradication campaigns in 13 high-risk districts of the southern region.

Partnership with CDCs resulted in increased access and sustainability of WASH services for communities in 21 of 34 provinces.

UNICEF is cluster leader for nutrition, WASH and education. Emergency contingency plans were developed by cluster partners. Some of clusters were decentralised and made functional in five regions.

Partnership was established with WFP in the south (Kandahar) for a joint women's literacy programme where WFP provides food as an incentive, while UNICEF supports teaching and learning. In a similar collaboration, UNICEF works with UNHCR (for provision of education to IDPs) and with the World Bank (to support curriculum development).

UNICEF works closely with the UNAMA Strategic Communication Unit for advocacy and communication. UNICEF also facilitates media events with UNCT, NGO's and civil society. Partnership was established with Inter-news Network which developed a network of 43 community radio stations.

#### **3.1.2.4 Knowledge Management:**

UNICEF conducted nine research activities in 2010, providing an opportunity for capacity building of local partners.

PME reviews TORs of research conducted locally prior to approval in order to improve quality of studies, research and evaluations. For some research PME section also participates in selection of researchers.

The AfghanInfo Socio-Economic Database developed by the CSO with technical and financial support from UNICEF was launched on the CSO website. This database includes 84 indicators with national data, of which 25 contain provincial data. An AfghanInfo Unit was established within CSO to regularly update the database, but this unit requires further strengthening to address challenges posed by high staff turnover.

ACO has developed a database of studies, research, and evaluations conducted either by, or with UNICEF support, which will be regularly updated.

Regular analysis of available HMIS data and disease early warning system (weekly reports) improved the evidence base for MNCH programmes including calculation of EmONC process indicators.

#### **3.1.2.5 C4D Communication for Development:**

UNICEF along with partners continued to mobilize and develop capacities of implementing partners particularly for child survival interventions including supplementary immunisation, polio campaigns and child health weeks at national and community levels.

Various communication activities were undertaken in partnership with local NGOs, the Afghan Red Crescent Society and journalists, to better promote immunization. Several communication approaches were used in polio high risk areas, including partner/social mapping in southern and eastern regions; inter-personal communication trainings at national and regional levels; and provision of IEC materials and electronic media footage to raise awareness for polio vaccination.

Along with the Ministry of Public Health, UN-Habitat and Non-Governmental Organizations an integrated communication strategy for behaviour change was implemented.

The 'women's courtyards' approach whereby women visit households to spread health messages was used as an entry point for routine immunization and basic child survival interventions in four cities. Household decision-makers in high risk areas were mobilised through a network of social mobilisers (mullahs, village elders, teachers and CHWs) leading to increasing acceptance of polio vaccination in high risk polio transmission areas.

To ensure communication interventions are informed by data, a household survey and evaluation of knowledge, attitude and practices on H1N1 communication was undertaken in six provinces.

### **3.1.3 Normative Principles**

#### **3.1.3.1 Human Rights Based Approach to Cooperation:**

UNICEF ensured and applied the human rights principles and standards during preparation of the 2010-2013 CPD/CPAP, and identification and formulation of CPAP outcomes.

The equity approach was used in the development of PCRs/IRs and 2011 sectoral workplans. The relevant government sectors, NGOs, civil society partners including community representatives were fully involved in the AWP process.

Vulnerability analysis by sectoral programmes is underway to identify excluded groups and vectors of exclusion. A mapping exercise for new partnerships is in progress.

The Afghanistan CRC report is under review by the CRC committee in Geneva: UNICEF prepared a detailed submission for the pre-sessional discussion in October 2010. The CRC report was translated into the local languages and disseminated.

### **3.1.3.2 Gender Equality and Mainstreaming:**

Gender has been included as a cross-cutting theme in the revised national Reproductive Health strategy. This includes incorporation of systems for referrals of patients suffering from abuse or violence, community based strategies to involve men in reducing violence, and universalising maternity leave and child care services. More than 900 women benefited from five maternity waiting homes (MWH) established for minimizing geographical and financial barriers to access services. A Joint UN programme on "*Promoting Gender Equality and Development*" in Daikundi province is under development.

A training on "*Gender Dimensions in Education*" enhanced UNICEF staff capacity to ensure gender is a focus of education. About 58,575 women in 34 provinces gained literacy skills through 2,343 Literacy Centers.

An additional 682 schools were provided with WASH services and advocacy on the need for female teachers and raising awareness on menstrual hygiene for girl students. A study is currently underway to map equity among schools for availability of WASH services. Participation of women's *Shuras* formed under the CDCs and other women's groups (e.g. women's courtyards) resulted in improved uptake of hygiene practices.

The Child Protection Action Network (CPAN) is reporting on gender disaggregated data for 11 child protection indicators. The monitoring and reporting mechanism on children affected by armed conflict also gathers information in a similar manner. UNICEF in partnership with the Afghanistan Independent Human Rights Commission (AIHRC) has placed child rights monitors in 14 provinces, also gathering gender disaggregated data. Youth Information Contact Centres (YICC) in 16 provinces have provided counselling for 6673 males and 3583 females. A greater participation of girls is noted in centres having female managers.

There has been a conscious effort by all programme areas to collect and maintain sex disaggregated data in all the monitoring processes and relevant indicators. The ongoing Afghan Mortality Survey and MICS will significantly improve the availability of data disaggregated by sex, age, residence and socio-economic status.

### **3.1.3.3 Environmental Sustainability:**

#### WASH:

1. Ecological sanitation toilets appropriate to Afghanistan context are being promoted in schools and households. WASH programme supported and demonstrated conversion of traditional single vault toilets to safe sanitary toilets. Traditionally the sludge from single vault toilet is regularly disposed in farms and drains.
2. Solar powered pumps are promoted to draw water from deep bore wells as an alternative source of energy in community water systems as opposed to diesel driven

pumps, especially where electricity is not available. A total of 20 such systems were demonstrated in 2010.

3. Due to unexpected floods and droughts in several parts of Afghanistan, WASH clusters were formed in six regions; they focus on preparedness and contingency plans for natural disasters such as flood, drought, and heavy snowfalls. The capacity of partners and communities is being enhanced to manage similar situations.

### **3.2 Programme Components:**

#### **Title:**

***Health and nutrition***

#### **Purpose:**

The Health and Nutrition programme contributes to achievements towards MDGs 1,4,5 & 6 in Afghanistan, the UNDAF outcomes, and Afghanistan National Development Strategy 2008-2013 (ANDS), by increasing access to and utilization of high quality, evidence-based maternal, newborn and child health and nutrition services at facility and community levels through a continuum of care approach with a strong focus on equity. Main planned results for 2010:

- Framework and tools for adoption of the integrated minimum package within the continuum of care approach defined and adopted by BPHS, NGOs and other partners as a strategy for meeting MDGs.
- National, regional and provincial capacities in EmONC enhanced and framework for PPTCT established in 8 provincial hospitals.
- 1.2m children under one year old and women of child bearing age (WCBA) are vaccinated against EPI target diseases; 7.8m children under five are vaccinated against Polio and provided bi-annually with Vitamin A supplementation and de-worming tablets.
- Under-five children, mothers, families and service providers in targeted communities provided with IYCF services, micronutrient supplementation and integrated care for malnourished children.
- All under-five children, pregnant and lactating women in declared and silent emergencies are provided with life-saving health and nutrition services.

#### **Resources Used:**

**Total approved for 2010 as per CPD:** US\$ 33,657,910 (RR: US\$ 9,424,215; OR: US\$ 24,233,695)

**Total available for 2010 from all sources:** US\$ 35 849,634 (RR: US\$ 6,241,500; OR: US\$29,608,134)

#### **Any special allocations (list)**

##### **List of donors:**

Governments of Canada, Ireland, Japan, Netherlands, Saudi Arabia, Slovak Republic, Sweden and USA.

National Committees for UNICEF of Australia, Canada, Japan, Germany, Consolidated Thematic Humanitarian Response funds from Natcoms, Bill & Melinda Gates, Rotary, UN Joint programme, GAVI, Thematic Funds for Young Child Survival and Development.

#### **Result Achieved:**

The Health and Nutrition Programme was implemented with a strong focus on equity. Preparation of an investment case for reaching health related MDGs with equity was

endorsed; Afghanistan's Joint Action Plan for achieving MDGs 1, 4 & 5 was supported; deliberations for the Joint UN programme on MMR reduction and development of an H4+ action plan on MNH were initiated. The National Maternal and Child Survival Committee was established.

Framework and tools for the community based minimum package of Health, Nutrition and WASH services were defined and partnerships established with NGOs in 4 Provinces. Outreach services benefited 454,776 Under-five (U5) children and 35,566 pregnant women in remote areas in 53 districts. Training, equipment and medicines provided to eleven hospitals contributed to performance of 56,553 deliveries and 5,907 C-sections. Three MWH served over 900 pregnant women. Capacity of 679 health care providers was built on community midwifery, EmONC, infection prevention, maternal death reviews, IMNCI and ETAT. Focal points in 5 regional hospitals were trained in PPTCT.

Gains in polio eradication were sustained. Some 24 polio cases were confirmed to date, compared to 32 in 2009. Four NIDs and SNIDs were conducted reaching 7.6m and 2.9m children respectively. Missed children decreased from 12% in 2009 to 7.4% in November 2010. A monthly policy dialogue was established, involving the MoPH Minister, WHO and UNICEF Representatives, to speed up eradication efforts. Two rounds of child health weeks were conducted in 38 underserved districts with immunization coverage below 50% for Penta-3 (national coverage 83%). MNTE campaign in 102 high risk districts reached 76% of WCBA.

Therapeutic care for severely malnourished children, reached 15,000 children at facility and community level, 2,000 more than in 2009. SAM operational guidelines were updated. IYCF was integrated in CMAM programme and 340 breastfeeding support groups formed. De-worming and Vitamin A supplementation during NIDs reached 95% of targeted children. In 11 vulnerable provinces, micronutrient deficiencies were addressed through micronutrient supplementation for 241,000 children and 150,000 pregnant and lactating women. About 81,981 MTs iodized salt were produced and 2,311 care providers oriented in USI. Advocacy for enforcement of the National Code of Marketing of BMS was strengthened.

The prevailing security situation hampered equitable access to children as well as programme monitoring. Lack of quality data affected situation analysis and equitable implementation. Human resource capacity gaps and operational issues also caused delays in implementation. Widespread distribution of infant formulae/nutrition products through the NATO Coalition Forces and the commercial sector represented a major challenge for the nutrition cluster.

Needs Assessment of EmONC was completed showing disproportionate gaps in provision of signal functions at provincial and district hospitals. The Afghan Mortality Survey is ongoing. A comprehensive EPI/MNTE review was conducted and an action plan developed.

MoPH and BPHS NGOs were the major implementing partners. WHO, UNFPA, UNAIDS, WB and USAID collaborated for H4+ joint programming. WHO and UNICEF collaborated in PEI. The nutrition cluster comprises NGOs, UN agencies and donors.

The nutrition cluster built capacity of cluster members on CMAM, nutrition assessment and infant and young child feeding (IYCF) in Emergencies. It was also instrumental in advocating for respecting the code for the use of breast milk substitute (BMS).

### **Future Workplan:**

Key priorities will be the preparation of Afghanistan Investment case for health related MDGs; scaling up the integrated package; evaluation of MWH and operationalization of 5 regional PPTCT sites.

Polio Eradication will remain a priority. SIAD will be introduced as an innovative strategy for high risk districts. Four rounds of child health weeks in underserved areas will be implemented. An EPI coverage survey will be conducted.

Nutrition surveillance will be streamlined and coverage of preventive and curative nutrition interventions will be scaled up. Advocacy for compliance with the Code of Marketing of BMS will be maintained. Endorsement of USI regulation and improvement of quality of locally mined salt will be pursued.

**Title: *Basic education and gender equality***

**Purpose:**

The Basic Education and Gender Equality programme seeks to contribute to the achievement of MDGs 2 and 3; to increase enrolment and completion rates, improve the quality of education, reduce gender disparity in basic education and improve women's literacy. The Programme's objectives are in line with the UNDAF outcome on basic social services, the National Education Strategic Plan (NESP II) and the ANDS.

Main planned results for 2010:

- Increased school enrolment and retention, especially of girls;
- Nationally defined child friendly school package in place and practiced in 500 schools;
- 70,000 females (15 to 24 years) complete literacy courses;
- Children continue schooling during emergencies and conflict.

**Resources Used:**

**Total planned for 2010 as per CPD:** US\$ 26,750 000 (RR: US\$ 7, 608,000; OR: US\$ 19,142,000)

**Total available for 2010 from all sources:** US\$ 46,766,143 (RR: US\$ 1,180,439; OR: US\$ 45,585,704)

***Any special allocations (list)***

***List of donors***

Governments of Belgium, Canada, Japan, Lithuania, Netherlands, Norway, Sweden and United Arab Emirates,  
National Committees for UNICEF of Canada, Germany and Netherlands  
Rotary International  
Thematic Basic Education and Gender Equality Fund, Thematic Humanitarian Response Fund

**Result Achieved:**

The contribution of key education partners supported continued enrolment of 7m children (grades 1-12), of whom 2.59m were girls (37%). Significant progress was made in promoting equitable access and retention especially for girls and disadvantaged children through construction of schools, establishment of

community-based schools (CBSs), and provision of teaching and learning materials (TLMs). About 214,215 children will benefit from safer learning environments and improved access through construction of 75 cost effective schools, as well as 724 additional classrooms in Kabul. Some 120,785 (68,907 girls, 51,878 boys) children in hard to reach rural areas enrolled and continued with schooling through establishment of new 1,500 CBSs and support to 2,052 existing CBSs. Over 4.2 million grade 1-6 students (boys and girls) and 98,487 teachers nationwide benefited from TLMs.

Capacity of 12 trainers was developed on the Child Friendly School (CFS) approach. They, in turn, improved capacity of 563 teachers on CFS to improve child-centred teaching/learning methodology.

Learning for minority children was made possible through development and field testing of third official language textbooks, and capacity developed for 181 teachers in using the third official language for teaching. Quality of teaching was improved through development of textbooks and training of teachers on new curriculum. Increased learning efficiency was ensured through de-worming for 3,394,788 children in central and eastern regions.

Over 58,000 women developed literacy skills through 2,343 literacy centres, and 133 post-literacy resource centres in 34 provinces. Public awareness on women's literacy was enhanced through literacy week, International Literacy Day and advocacy messages on print and electronic media.

Improved delivery of education for children during emergencies was ensured through development of a strategy for education in emergencies, and drafting of contingency and preparedness plans. Capacity development of education cluster members was undertaken on INEE minimum standards to plan and respond to emergencies. Children in 300 schools in insecure areas were provided with access to education through reopening of schools and improved school safety protection against attacks with support of 4,000 School management *shuras*.

Capacity improvement for 120 trainers and 780 teachers in Kandahar helped equip them with psycho-social skills that will contribute to improved teaching and learning for children in conflict-affected areas.

Programme delivery has been constrained by deficient technical capacities, inadequate monitoring of use of school supplies, and insecurity, seasonal floods and heavy rains in some provinces. Construction of schools was delayed by unavailability of land, and Government bidding processes.

Priorities, going forward, include strengthening capacity of implementing partners to enhance programme implementation and promoting involvement of CDCs/Community *Shuras* in monitoring of distributed school supplies; involvement of Community *Shuras* in school protection and preparing for emergency response; proper assessment of land availability for school construction prior to selection; and more realistic time frames for programme implementation.

Programme monitoring system established. Programme activities are regularly monitored by national, provincial and district educational officers. Local communities also monitor activities at school level.

### **Future Workplan:**

Priority activities will include continuous support to school construction, CBS, TLM to increase access to and retention in basic education, especially for girls, achieving a 5% increase in enrolment by end of 2011. Policy initiatives including the AGEI and cohort tracking system will be pursued in support of girls' education.

Implementation of the CFS package, including cascade training for schools and communities, will aim to have 1,000 schools operating in accordance with CFS standards by the end of 2011.

Efforts will continue to establish 2,800 literacy and 136 resource centres in 2011. Community mobilization will be strengthened to raise public awareness in support of female literacy and empowerment.

The roll-out of the Education cluster approach to regions and capacity building of MoE in emergency assessment and planning will be key strategies. An integrated system for psychosocial and health service delivery in schools will be developed

### **Title: *Water, sanitation and hygiene***

#### **Purpose:**

The WASH programme contributes to MDGs 1, 2, 3, 4, 5 and 7, UNDAF priorities and ANDS.

Main planned results for 2010:

- Positively influence relevant national strategies and policies;
- Increase in access to safe drinking water through providing additional 400,000 people with safe and sustainable water supply;
- Additional 250,000 families have access to household toilets and are adopting key hygiene practices;
- Another 1,000 schools have sustainable water and sanitation facilities;
- WASH Emergency preparedness plan for humanitarian response for minimum 20,000 families.

#### **Resources Used:**

**Total planned for 2010 as per CPD:** US \$ 13,740,000 (RR: (US\$ 6,900,000; OR: US\$ 6,840,000)

**Total available for 2010 from all sources:** US\$ 17,169,948 (RR:US\$ 5,980,989: OR: US\$ 11,188,959)

#### **List of donors:**

Governments of Japan, Finland, Netherlands, and Sweden,  
Japan Natcom for UNICEF  
Thematic Humanitarian Response fund, UNOCHA

#### **Result Achieved:**

In 2010, WASH programme achieved 1.5 % increase in safe water coverage and 1.7% increase in safe sanitation coverage.

National WASH policy was disseminated and guidelines on standards and plans for school WASH launched. Community driven approaches led to 1,425 WASH interventions being implemented through CDCs in 21 provinces.

National capacity for monitoring water quality has been built through the establishment of two water laboratories and training of 15 technicians.

Community-led total sanitation (CLTS) approach improved sanitation for 67,084 families. Capacity was developed for technical staff from MRRD/MoPH/MoE to implement CLTS, water treatment, eco-sanitation, solar pumps, and water quality testing/monitoring.

About 395,000 people were provided with sustainable water in rural areas through construction of 1,974 water systems by CDCs. Village hand pumps are being maintained by 250 trained mechanics. About 5,300 families use bio-sand filters for household water treatment.

Local functionaries from 2,000 villages were trained to promote hygiene and sanitation at household level. Additional 40 sanitary marts were established near communities for construction of sanitary toilets and affordable sanitary supplies.

Some 257,000 students (40% girls) and 7,650 teachers (30% females) in 682 schools accessed safe water and sanitary toilets. School WASH plans were developed through a participatory process. Eco-sanitation toilets continue to be promoted for rural schools. Menstrual health/hygiene is part of the sanitation package in schools and promoted in girls' schools using 25 female master trainers.

Effective WASH cluster leadership/coordination by UNICEF resulted in timely response by partners. This included provision of safe drinking water and sanitation facilities to 68,000 families, hygiene promotion among 1,315,370 affected populations, and disinfection of 10,000 water sources.

Communities in drought areas were provided with safe water sources. With UNICEF's support, MRRD drilled 40 deep tube wells in remote areas where private contractors were reluctant to go. Essential WASH supplies prepositioned in provinces for quick response prevented major disease outbreaks, particularly in IDP camps.

Inadequate CDC capacity of provincial departments hampers decentralised implementation. Inability to directly monitor/communicate with beneficiaries in certain districts is another constraint. Implementation by CDCs is cost effective and sustainable. Access negotiation with involvement of village elders is required to monitor and support communities in insecure areas.

Project activities and supplies at national/sub national levels were monitored during field trips by UNICEF and government/NGO partners, and through monthly coordination and regular mid- and end-year review meetings.

A KAP study on menstrual hygiene and health informed the training module on menstrual health/hygiene and the design of school facilities.

The study on effective use of bio-sand water filters and impact on incidence of diarrhoea among under-five children will help scale up use of bio-sand filters.

Key partners are MRRD, MoE and MoPH at national and provincial levels.

**Future Workplan:**

- Support national budgets, policies and strategies to reduce disparities in access to WASH services.
- Partnerships for WASH package in schools.
- Increased access to sustainable safe water sources.
- Emergency preparedness for WASH services.
- Lead and coordinate WASH cluster.
- Promote hand washing/improved access to sanitation.

**Title: *Child protection and youth empowerment***

**Purpose:**

The Child Protection and Youth Empowerment Programme contributes towards meeting targets for MDGs 1, 2, 3, 4, 5, 6, 7 and the Millennium Declaration, and it is in line with UNDAF and ANDS.

Planned results for 2010:

- Children better protected through more effective child rights based policies, legislation and child protection systems;
- Child protection monitoring and response mechanisms strengthened to inform evidence-based programming and advocacy on child protection, including on the situation of children affected by armed conflict;
- Expanded intervention to protect children and reduce their vulnerabilities (including to HIV infection), through strengthening CPAN and further reinforcing capacity and collaboration of all relevant actors in child protection.

**Resources Used:**

**Total approved for 2010 as per CPD:** US\$ 12,036,000 (RR: US\$ 5,686,250; OR: US\$6,349,750)

**Total available for 2010 from all sources:** US\$ 6,590,019 (RR: US\$ 3,267,676; OR: US\$ 3,322,343)

**List of donors:** Governments of Australia, Belgium, Japan, and Sweden  
German National Committee for UNICEF  
Thematic Child Protection Funds, Thematic Humanitarian Response Fund.

**Result Achieved:**

Some 82,551 children 0-1 year old were registered at birth through routine registration. Capacity development of 100 lawyers, paralegals and monitors on children's rights and relevant national/international legislation was undertaken. Coverage for legal aid provision was expanded to 21 provinces. UNICEF facilitated the signing of an agreement between MoI, MoJ, SC, AGO, MoE and MoLSAMD to formalize the role of social workers, the use of Social Inquiry Report (SIR), and prevent detention of children, except as a

last resort. Some 1,799 children (including 158 girls) in detention benefited from legal representation. About 1,846 children (including 166 girls) were monitored by paralegals.

Capacity-building and training were provided to MRM Task Force members and partners from all regions. UNICEF contributed to the bi-monthly Global Horizontal Note (GHN), and the SRSG CAAC's Afghanistan Report 2010. UNICEF continued to provide support to improve the AIHRC's capacity to monitor and respond to child rights violations.

As of September 2010, a total of 1,681 (675 girls & 1,006 boys) child rights violations were reported by CPAN. UNICEF supported social work coaching projects in 13 provinces implemented in partnership with international NGOs through which 298 (239 boys, 59 girls) were diverted from orphanages/juvenile rehabilitation centres to be reintegrated with families. SIRs were prepared for 202 children detained by Juvenile Rehabilitation Centres. About 259 social workers were empowered on basic skills and preparation of SIRs.

Over 12,200 youth (7846 males/4386 females) increased their knowledge on HIV/AIDS, drug abuse, legal aid and prevention of early marriage through services provided by YICCs.

Insufficient awareness and inadequate capacity within the MoI are the major constraints in establishing a birth registration system. The commitment and skills of law enforcements officials on the implementation of the juvenile code needs strengthening. Insecurity and access constraints and absence of a strategy on engaging with non-state actors constrained MRM activities.

Child protection cases, particularly involving sexual violence, continue to be under-reported. There is need for inter-ministerial and interagency coordination to support youth affairs towards improved reporting.

A qualitative study on the risks faced by child migrants titled *Children on the Move* was published

A review and impact assessment of the YICC programme was completed with recommendations for future strategy.

The major implementing partners were MoLSAMD, DMoYA, MoJ, MoI and the AIHRC. Other key partners include provincial CPAN, NGO/INGOs (SCF Alliance, CFA, Children in Crisis, TdH, War Child, ActionAid, INTERSOS, ILF, LAOA, Country Task Force, relevant UN and International organizations.

### **Future Workplan:**

Planned key results are as follows:

- Strengthen Juvenile Justice Systems through establishment of child protection units within the police, capacity building of government, and identification of community based alternatives to detention and provision of legal aid services.
- Increase access to birth registration through development of a national strategy and of a public awareness campaign.
- Strengthen child protection monitoring and response mechanisms (including on children and armed conflict) through capacity building, communication strategies,

research, response and redress interventions, development of information management systems, review and evaluation of AIHRC capacity and development of a strategy to address SGBV against children.

- Families and communities will be better informed and equipped to protect their children from abuse, violence, neglect and exploitation through development of communication campaigns, creation of National Occupational Skills Standards for social workers, review of the National Strategy for children at risk to integrate the South Asia Initiative to End Violence Against Children (SAIEVAC) Action Plan and strengthening services and responses.

- At risk adolescents will have information and skills to reduce their risks and vulnerabilities to drug abuse, STI and HIV with activities and services through YICC and other partnerships.

- Support government to develop an Action Plan for the drafting and adoption of a Child Act.

- During emergencies children and women have access to and utilize child protection services including psychosocial support.

**Title: *Advocacy, external relations and communication for development***

**Purpose:**

The programme contributes towards all the MDGs through advocacy for Children's Rights, ensures visibility of issues affecting women and children, and provides technical assistance in behavioural and social change communication for all the key results of the country programme.

Planned results for 2010 were:

- Bring visibility to women's and children's rights, issues affecting children and women, and support fundraising through advocacy, the media and communication interventions;
- Encourage positive behavioural change in family and community practices to accelerate maternal, newborn and child health;
- Create demand for social services, especially among excluded and marginalized groups, through community participation in development processes;
- Link voices of youth, children and women from underserved communities with social policy development;
- Build technical capacity in communication for development among government counterparts and partners.

**Resources Used:**

**The approved for 2010 as per CPD:** US\$ 3,531,043 (RR: US\$ 1,658,000; OR: US\$ 1,873,043).

**Total available for 2010 from all sources:** US\$ 3,896,420 (RR: US\$ 1,951,725; OR: US\$ 1,944,695)

**Any special allocations (list):** None

**List of donors:**

Governments of Japan and USA

Bill & Melinda Gates Foundation, Rotary International

**Result Achieved:**

- Advocacy on child rights through the "Child's Home radio magazine" and partnership with Internews Network which developed a network of 41 community radio stations, with a listenership of 9 million Afghans
- Awareness of child rights created through "Child Rights Puppet Show" in 26 schools around the country, a cricket camp for 140 girls and 200 boys, celebration of The Day of Prayer and Action for Children and a month-long painting workshop on child rights.
- UNICEF staff capacity to effectively communicate with media was enhanced by a Reuters's Media Training for staff.
- District management capacity of stakeholders on routine immunization was improved through development, implementation and monitoring of district-specific plans.
- Polio immunization awareness was raised in the southern and eastern regions, resulting in increased immunization in high-risk areas.
- Immunization promoted by local journalists and religious schools through various communication activities.
- Families and communities become aware of critical behaviours for promoting child survival, growth, maternal health and child protection through radio programmes.
- Communities and schools were made aware of issues affecting children through development of Meena materials and training of master trainers.

**Future Workplan:**

- Develop communication strategy for ACO, including branding of UNICEF in Afghanistan. Support each ACO sectoral programme and projects by creating demand and claims from Rights' holders;
- Advocating for provision of services and fulfilment of rights by duty bearers;
- Advocate for the rights of children and women in Afghanistan;
- Engage in advocacy in support of fund raising.

**Title: *Social policy, planning, monitoring and evaluation***

**Purpose:**

The Social Policy, Planning, Monitoring and Evaluation (PME) programme contributes to achievement of all MDGs through capacity building of the CSO in decentralized data collection, analysis and dissemination, and supporting the country programme and sectoral programmes in PME.

Main results planned for 2010:

- Improve the implementation of CPAP and annual IMEP;
- Ensure the quality of proposals and donor reports;
- Conduct MICS;
- Promote use of available data for planning, monitoring and reporting by using DevInfo/AfghanInfo.

**Resources Used:**

**Total approved for 2010 as per CPD:** US\$ 4,078,000 (RR: US\$ 3,125,000; OR: US\$ 953,000)

**Total available for 2010 from all sources:** US\$ 2,685,608 (RR: US\$ 2,052,102; OR: US\$ 633,506)

**List of donors:**

Governments of Japan and Netherlands  
Thematic Policy Advocacy and Partnership Fund.

**Result Achieved:**

PME has coordinated the design and quality assurance of the planning process including finalisation of the CPAP 2010-2013 and 2010 annual workplans, as well as mid-year, end-year, and annual management reviews. In 2010, this programme remained responsible for the design implementation and monitoring of the Integrated Monitoring and Evaluation Plan (IMEP).

Mid-year and annual reviews with government counterparts, NGOs, donors and UN agencies were held at provincial, zonal and national level. Key Performance Indicator updates were prepared and discussed at the CMT and programme coordination meetings.

A total of 36 donor reports due in 2010 were submitted on time. Follow up with relevant sections was done to improve the quality and timely submission of reports and response to donor queries.

PME has reviewed and sent 14 proposals for funding to various donors. The office received 19 new PBAs amounting to US\$ 46 million in 2010. The new contributions were received from Japan, Canada, Belgium, USAID, SIDA, Finland, UNOCHA, the Bill & Melinda Gates Foundation, Lithuania, Ireland, Ausaid.

The MICS process in Afghanistan intensified in 2010 through the finalization of questionnaires and a manual, training 700 interviewers and starting fieldwork in 29 out of 34 provinces. Disaggregated and updated data on children and women will be available in 2011.

Capacity building in using available data for planning, monitoring and reporting for UN and GoA professional personnel was undertaken through six trainings on using DevInfo/AfghanInfo. The AfghanInfo Socio-Economic database was uploaded onto the CSO website (<http://www.cso.gov.af>) which was developed with the support of UNICEF.

The major reasons for inadequate implementation of the IMEP activities include the ambitious plan, lack of routine and reliable data, poor documentation of project activities and inadequate reporting on results. Capacity to plan, monitor and evaluate, at national/provincial level, remains weak. Deteriorating security decreases access for regular field monitoring.

To address the capacity gap in planning, monitoring and evaluation at both national and provincial levels, capacity strengthening for UNICEF staff and partners needs to be prioritized in 2011 onwards. To improve IMEP implementation PME will strengthen the system for monitoring implementation of recommendations arising from research results. For insecure areas, third-party monitoring mechanisms will be strengthened in 2011, together with a policy and strategy for engagement with non-state entities.

The main counterparts are the Central Statistics Office and the Ministries of Foreign Affairs and Finance. UNICEF, together with other interested development partners, plays a role in supporting the ANDS M&E system. PME also participates in the UNDAF 2010-2013 process in terms of defining/refining results and the M&E framework.

### **Future Workplan:**

- Focus on obtaining baseline data for the new Country Programme 2010-2013 through completion of the MICS 2010;
- Manage contributions and fund raising;
- Strengthen institutional capacity to track the outcomes of the country programme (UNICEF/partners), and ensure standards for programme monitoring and accountability.
- Work closely with CSO to strengthen their role in AfghanInfo database update/maintenance to ensure its wide use by government as well as UN agencies at national and regional levels.

## **4. OPERATIONS & MANAGEMENT**

### **4.1 Governance & Systems**

#### **4.1.1 Governance Structure:**

The AMP for 2010 was formulated through a consultative process and outlined several management priorities which were the focus of the CMT during the year. Composition of office governance bodies and statutory committees were reviewed and ToRs updated. These oversight structures met regularly in line with their ToRs.

Major initiatives undertaken in the past 12 months include:

- Risk Control and Self Assessment exercise conducted highlighting several areas of high risk in the operating environment that negatively impact on ACO's ability to deliver results, including the deteriorating security situation. Risk Profile and Action Plan have been approved by the CMT and implementation is underway.
- ACO continues to improve living conditions for staff residing at UNOCA. Construction of 16 additional guesthouses commenced with 6 units now complete and remainder expected in two months.
- Change Management Committee formed to champion ongoing UNICEF global changes (SRS, IPSAS and VISION) in ACO. The committee, chaired by the Representative, keeps change management agenda on track thereby ensuring staff receives timely training and orientation and that change agenda is effectively communicated.
- Peer review of the operations function was undertaken in two zones not assessed in 2009.

#### **4.1.2 Strategic Risk Management:**

##### ***Standing level of readiness for emergency response***

Readiness for emergency response is maintained for 40,000 families (260,000 individuals) for any potential humanitarian crisis. Items stockpiled and pre-positioned in 29 locations across the country include, health and nutrition supplies, family kits, tents, teaching learning materials, and water purification supplies. The planning figure of 40,000 is based on past experiences of displacements caused by man-made or natural disasters including water supply shortages. HAP 2010 resulted in the further refinement of plans at the district and provincial levels for expected displacements throughout the year, including due to natural and other disasters and ongoing conflict. Improved

performance of the clusters resulted in a more developed and coordinated planning method, resulting in better processes to identify, analyze and pro-actively react to emergencies during the course of 2010.

Emergency plans are part of sectoral work plans which helps ensure rapid sustained response to emerging needs.

An updated Business Continuity Plan is in place.

ACO conducted two workshops for staff members on the new CCC guidelines, to identify, assess and manage potential emergencies in all sectors. A key outcome of the workshops was to ensure the proper incorporation of the new CCCs into the preparation of 2011 AWP.

#### **4.1.3 Evaluation:**

Out of 15 studies/surveys/evaluations planned by programmes as in the IMEP 2010, 5 were completed, 4 are ongoing, 5 are postponed until 2011, and 1 is cancelled. The results of these studies and follow up actions will be monitored systematically in 2011 by using the updated research database.

No evaluation results were available in 2010; for the one ongoing evaluation the results will be carefully reviewed and implementation of recommendations/follow-up actions closely monitored in 2011.

Capacity for evaluation needs strengthening.

UNICEF has collaborated with the ANDS M&E system, which was very active in the initial stages, but slowed somewhat in 2010.

Use of research & evaluation results by the office is planned to be strengthened through a streamlined and centralised database of research results and improved monitoring of the implementation of recommendations and follow up actions. IMEP implementation review is on the regular CMT agenda.

#### **4.1.4 Information Technology and Communication:**

- a) The key focus for ICT in 2010 was to augment ICT infrastructure and services in promoting core UNICEF business activities. ACO introduced a cost-effective inter-office communication within and between five key offices through installation of new PABX systems and video conferencing facilities, thereby providing convergence in modern day communication with capability to extend multiple-point video conferencing and IP content sharing. This further consolidated communication infrastructure for increased internal collaboration and coordination of programme activities in an environment with enormous security challenges.
- b) Afghanistan is not a DaO country. UNICEF shares ICT resources with other agencies where offices are co-located.
- c) Implementation of the office WebEx account has addressed the need for innovative approaches to communicating across multiple locations with a global reach. This has reduced the need for staff travel for meetings. It is envisioned

that this facility will be extended to counterparts in 2011 as a primary remote access tool.

ICT continues to provide technical inputs for achievement of critical programme results and office management. Modernization of networking infrastructure has been completed across Afghanistan in readiness for upcoming organizational changes in areas of ICT, e.g. SAP HR, Proms 9.1.

- d) ICT has undertaken adequate resource planning, cost effective procurement processes and high availability of systems. IT equipment and corporate connectivity arrangements (representing 95% of all connectivity costs) in Kabul and all sub-offices utilize global UNICEF LTAs. The use of LTAs for outposts' connectivity is currently at 13% but expected to expand to 100% by March 2011.
- e) There is an active replacement schedule for IT equipment which is followed in procurement and retirement of equipment. Disposals of IT equipment are done through PSB
- f) System availability for all core UNICEF systems and applications was sustained at more than 98% for the entire year. Procedures to meet office business continuity requirements are established and recovery procedures in place supported by establishment of two up-to-date alternate data centres: the Kabul based centre has an automatic failover and the Dubai site can be activated in less than 36 hours. Both locations have capacity to provide ICT services for the entire office.

## **4.2 Financial Resources & Stewardship**

### **4.2.1 Fund-raising & Donor Relations:**

While all the 36 donor reports due were sent on time, not all the reports met quality standards. Some reports came back with queries/comments from donors, including on the quality of reports.

Over 157% of the planned CPD ceiling of OR funds were raised. The planned CPD ceiling for OR funds was US\$ 60.7m and a total of US\$ 95.4m including emergency funds was raised.

38% of the HAR/CAP appeal was met.

All funds are utilized to the maximum; 29 PBAs expired in 2010 amounting to US\$43.3m; as of 30 December 2010, US\$43.2m (100%) was utilized.

CMT and programme coordination meetings scrutinize and monitor fund utilization every month, and alerts on fund implementation status are sent out regularly.

ACO is participating in six joint programmes and is also in partnership with WHO on polio eradication, and with both WHO and UNFPA on maternal mortality reduction.

### **4.2.2 Management of Financial and Other Assets:**

- a) The last internal audit for ACO was conducted in November 2008 and operations received a "partially satisfactory" rating. However, all recommendations have now been addressed.
- b) Resources are allocated based on planned results.
- c) Several initiatives were undertaken to improve financial management including:
  - Close collaboration between programme and operations in implementing Cash Flow Management resulted in low monthly cash balances throughout the year, and CO consistently maintained optimal balances within the benchmarks established by ROSA.
  - Bank reconciliations were consistently prepared and submitted to NYHQ within the established timeframes throughout the year, and reconciling items cleared expeditiously.
- d) Fund utilization and DCT are standing CMT agenda items, with a focus on effective utilization and avoiding outstanding DCTs over 6 months. Because of proactive monitoring, fund utilization has improved, in spite of various challenges, and displays even disbursement in the four quarters. As of 30 December 2010, utilization stood at 99% for RR and 100% for OR. Through regular follow-up, the value of DCTs over 6 months remains within control, with less than 1% of DCT being over six months, as per the November 2010 report.
- e) ACO has strengthened payments processes through use of inter-office payments and direct payments to counterparts' bank accounts, thereby considerably reducing bank charges. In 2008, when this exercise was initiated, approximately 100 payments were made through IOV. For 2010 this figure grew to over 600 vouchers. Since the local bank charges US\$35 on each transaction for off-shore transfers, this initiative has resulted in considerable savings, estimated at over US\$ \$20,000 for IOVs processed in 2010.

Similar savings have been realized with respect to foreign exchange. Given the considerable sharp appreciation of the local currency against the US dollar since 2009, local banks apply ranging conversion rates. As ACO continues to closely monitor the situation, the need for regular negotiation with the three local banks with whom UNICEF maintains bank accounts was identified so as to secure the best possible conversion rates. It is estimated that in 2010 alone, this initiative brought in gains well over US\$100,000.

#### **4.2.3 Supply:**

- a) In addition to procurement activities, the Supply function in ACO was extended to strategic sourcing and other value added activities. Efforts to promote Procurement Services yielded few but high value transactions.
- b) A market survey was conducted at the national level to expand the local supplier database and enhance competition. Additional service providers were identified and new products found.  
Eleven LTAs were established for goods and services in high demand, which are repeatedly procured, and for emergency preparedness supplies.
- c) Quality assurance procedure for local procurement was introduced under a qualified local service provider. Continuing instability in Afghanistan and Pakistan negatively affected delivery for off-shore procurement.
- d) Local market improved marginally but it is still largely dependent on and influenced by neighboring country markets. For instance, the last flood in

Pakistan saw prices of supplies in the local market increase by between 10 – 15%.

- e) There was no supply in-kind assistance.
- f) Interagency collaboration on procurement exists. Agencies adopted joint LTAs but application varies.
- g) Under BCA, Government is responsible for in-country logistics and warehousing. However, in practice this function is provided by UNICEF, due to limited government capacity.
- h) An assessment on the in-country logistics capacity of three main government counterparts viz., MOE, MRRD and MOPH was completed. Recommendations to build capacity of these counterparts are part of 2011 AWP. Further, the CPAP Will be amended to include UNICEF support to in-country logistics, until government has the capacity to undertake this.
- i) Due to challenges restricting access, monitoring of supplies is largely done by implementing partners and third-party arrangements.
- j) In preparation for IPSAS, the office managed to reduce inventory of programme supplies from above U\$10m in January 2010 to less than \$4m in October 2010.
- k) For capacity development, Supply and Logistics conducted an in-house workshop on Supplies Management which was attended by supply staff from both the ACO and zone offices. Several staff participated in workshops organized by Supply Division on procurement principles and Category Management, construction and contracting. These have succeeded in increasing the knowledge base among programme and supply staff.
- l) The capacity of counterparts in in-country logistics requires strengthening.

#### **4.3 Human Resource Capacity:**

In all, 55 posts were filled during the year. Attaining gender parity continues to be a challenge due to cultural, religious and security factors. The international staff gender ratio favours men, with women accounting for 40%. Women's ratio among national staff is even lower, averaging 20%. ACO uses creative ways to address gender imbalances without compromising quality requirements. Options applied include conducting head-searches for qualified female candidates through NGOs, UN and women's networks; promotion of a special work environment for female staff and ensuring that the environment is free from sexual exploitation and abuse.

Based on global, regional and office specific learning priorities for 2010, 27 group activities were identified and approved by the CMT, of which 16 were completed.

ACO continues to monitor the PER process very closely. Deliverables assigned to staff members are linked to office and section AWP. Regular reports are provided to the CMT, ensuring staff and supervisors set objectives, conduct midyear discussions and complete PER reports within timelines. Implementation of e-PAS for international staff has taken off. Of 242 eligible PERs in 2009, 223 (93%) were finalized before February 2010, an improvement from 2008 which can be attributed to the requirement that renewal of contracts at end-year be accompanied by the current PER.

Staff members are oriented on emergency risk management and response as outlined in the office EPRP and Business Continuity Plan. The EPRP identifies staffing gaps thereby making it easy to recruit in case of humanitarian crisis.

ACO is committed to the UN Cares initiative despite the reportedly low rate of HIV/AIDS prevalence in Afghanistan. This service is provided to UNICEF staff by UNAMA although UNICEF is planning to use its trained Peer Volunteers to augment the service.

UNICEF staff also use counselling resources available locally through UNAMA.

Staff concerns are addressed through all channels including JCC and CMT meetings. Meetings conducted in 2010 are well above ROSA benchmark. This is an effort to ensure staff is well informed on issues affecting them and concerns are addressed in a timely fashion. CMT, JCC and all-staff meetings are each held on a monthly basis.

#### **4.4 Other Issues**

##### **4.4.1 Management Areas Requiring Improvement:**

Efficiency gains have been realized in areas of foreign currency exchange, as well as in making use of IOV through the global vendor facility in Proms in settling staff transfers.

Gains were also realized from joint office arrangements with other UN agencies in a number of zones thereby sharing in common costs like security and related expenses. Discussions are underway to extend this to all zones and other field locations.

##### **4.4.2 Changes in AMP:**

ACO has just concluded a Risk Control and Self Assessment exercise with a number of recommendations that will be implemented in 2011. An MTR is planned and will be used to reflect changes to the office structure. Escalating operational costs and high insecurity will be key factors to be considered in this process. Office processes and ToAs will be reviewed, devolving greater responsibilities to field locations. An ongoing review of the operations of the southern region zonal office will inform the MTR process and future structure. In view of the deteriorating security situation, a programme criticality exercise is ongoing and will be completed next year.

## **5. STUDIES, SURVEYS, EVALUATIONS & PUBLICATIONS**

### **5.1 Studies, Surveys & Evaluations:**

- 1. Emergency Obstetric and Neonatal Care Needs Assessment in Afghanistan***
- 2. Study on Social component in the effective use of Bio-Sand Water Filters and the impact on the incidence of diarrhoea among children less than 5 years old***
- 3. Assessment of Knowledge Attitude and Practice of Menstrual hygiene and health in girl schools***
- 4. Impact Assessment of Youth Information and Contact Centers***
- 5. Children on the Move***
- 6. Review of the Child Protection sub-cluster in Afghanistan***
- 7. Assessment of Knowledge, Attitude and Practices among Afghans regarding Avian Influenza (H1N1)***
- 8. Audience feed back survey from on BBC radio programmes***

## **5.2 Other Publications**

1. ***Meena Manual and Story Books***
2. ***Emergency Obstetric and Neonatal Care Needs Assessment in Afghanistan***
3. ***School Water, Sanitation and Hygiene implementation guideline***
4. ***Afghanistan National Rural Water, Sanitation and Hygiene (WASH) Policy, 2010***

## **6. INNOVATIONS & LESSONS LEARNED:**

### **Title:**

***Partnership with CDC for planning, implementation and monitoring WASH interventions***

### **Category:**

Lesson learned

### **MSTP Focus Area or Cross Cutting Strategy:**

Focus Area 1, Focus Area 2, Focus Area 3, Focus Area 4, Focus Area 5, HRBA, Gender, Partnership, RBM, Capacity Development, C4D, Management Excellence, Knowledge Management

### **Key Themes:**

Community Participation

### **Related Links:**

[www.unicef.org.af](http://www.unicef.org.af)

### **Contact Person:**

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### **Abstract:**

Many development agencies find it difficult to reach the most vulnerable populations in remote and insecure areas. In Afghanistan almost 50 % of sites are inaccessible to humanitarian workers.

The WASH programme is being implemented through partnership with and ownership of Community Development Councils (CDCs). This approach has proved very effective and successful. Other sectors and stakeholders can work with CDCs to reach communities in remote, insecure and vulnerable areas and provide basic social services.

### **Innovation or Lessons Learned:**

Partnerships with CDCs are used to ensure access to basic WASH services for some of the most vulnerable communities in remote and insecure areas. As CDCs are part and parcel of the community, they ensure ownership, sustainability and safety of projects. CDCs implement projects in a timely manner, bypassing the limitations of a centralised government structure.

However, it remains important to assess and build capacity of CDCs before engaging with them in project implementation.

### **Potential Application:**

Other sectors such as health and education are planning to explore the potential engagement of CDCs in programme implementation, including for ensuring the safety of health workers and school children, particularly girls, in the less secure areas of Afghanistan.

### **Issue/Background:**

CDCs were established in 2005 by the government, to manage development programmes at community level. Members are elected by the community and comprise a group of people who live in the same vicinity and look after the community's development needs. So far, 25,000 CDCs have been established countrywide.

A CDC is responsible for a few villages (maximum 5,000 people). A women's group is incorporated in each CDC. The CDCs are politically neutral. They can receive up to US\$ 60,000 for individual development projects. At district level, CDC members are represented by district development councils (DDCs), elected by the CDCs.

### **Strategy and Implementation:**

CDCs, in consultation with women's groups, identify problems in the community and find innovative solutions based on past experiences and according to local needs and culture. CDCs plan and implement projects with the community.

CDCs also help ensure the safety of development workers and enable them to access project sites. There is a need for capacity assessment of CDCs and to further build their capacity to manage development projects.

The projects implemented by CDCs are cost-effective, sustainable, include women and have full community ownership. All CDC projects are owned and managed by the community.

### **Progress and Results:**

In 2010, 1400 water, sanitation and hygiene related projects supported by UNICEF were implemented by 1250 CDCs from 23 provinces of Afghanistan. Funds were released directly to the CDCs, following signature of an agreement between CDCs and the relevant provincial departments. The activities were supported and monitored by District Development Councils (DDCs) and wherever possible, by provincial departments.

It was found that activities such as construction of community water systems were completed by CDCs in a timely manner, with the required quality and standards and communities subsequently took full responsibility for maintenance. Communities contribute cash and labour.

### **Next Steps:**

- Mapping of various development activities and partners in Afghanistan
- Assessment of CDCs in the most vulnerable and unreached areas
- Capacity development of CDCs
- Partnerships with CDCs to implement development projects.

## **7. SOUTH-SOUTH COOPERATION:**

In April 2010, a cross border coordination meeting between Afghanistan and Pakistan was held on issues related to Polio eradication. A polio eradication communication strategy, plans and activities were discussed and further cross-border coordination established.

The Ministry of Social Affairs was supported by UNICEF to participate in the South Asian Initiative to End Violence Against Children, which aims to strengthen actions in the implementation of the UN study on Violence Against Children.

With the support of the RC/HC and UNAMA, UNICEF was able to obtain permission from the Government of Afghanistan to re-export emergency supplies in support of the flood response in Pakistan.