

The Islamic Republic of Afghanistan

Executive Summary

After more than three decades of civil war, the population of Afghanistan – nearly 30 million – has only recently begun to gain minimal access to basic social services. Various surveys suggest high levels of deprivation across all socio-economic indicators, nationally and in most provinces. Weak infrastructure and inaccessible areas due to geography and terrain, as well as high insecurity have made populations in rural and remote areas highly vulnerable. Most basic services are contracted out to international and local non-governmental organizations (NGOs) (e.g. NGOs contracted to run basic health care package services and the essential package of hospital services implement the entire rural health care delivery system). Due to serious capacity constraints among mid and peripheral level service delivery workers and supervisors, these contracts, which are supervised by national and provincial government bodies, are neither effective nor efficient.

In 2014, Afghanistan embarked on a triple transition involving the political, economic and security spheres. UNICEF Afghanistan implemented the final year of the current programme cycle and preparations were in full swing for implementing the new programme beginning in 2015. The following include the year's significant achievements:

- The publication and dissemination of the findings of the 2013 National Nutrition Survey, supported by UNICEF Afghanistan, which revealed that nearly 40 per cent of children under 5 are stunted, 24 per cent of women are anaemic and 41 per cent of women are iodine deficient. The survey, which provided information on key nutritional indicators in each of the 34 provinces, generated debate and discussion among government, donors and civil society partners and the promise to commit to increasing effort and resources for a multi-sector nutritional response.
- The UNICEF-Government of Afghanistan programme for 2015-2019 was prepared based on an equity focused, human rights-based situation analysis and was approved by the annual session of the Executive Board. In November 2014, during the visit of the UNICEF Deputy Executive Director, all partner ministries and departments agreed to the Country Programme Action Plan (CPAP) and the results matrices, which were based on a robust theory of change and included indicators for monitoring the removal of barriers and bottlenecks. UNICEF and the Government of Afghanistan then signed the CPAP.
- UNICEF Afghanistan devoted considerable attention to developing staff capacity to apply the normative principles (i.e. on gender mainstreaming and a human rights-based approach to programming (HRBAP)), results-based management and improved monitoring for results (i.e. training or orientation on the programme planning process (PPP), harmonized approach to cash transfers (HACT) and humanitarian performance monitoring). On the eve of the new programme cycle, these efforts will significantly upgrade the ability of UNICEF Afghanistan to implement, monitor and account for new programme results.
- The overall implementation rate of the UNICEF Afghanistan programme of cooperation increased considerably, with almost US\$ 147 million committed and spent in 2014.

Utilization rates across all funds exceeded 95 per cent. Other resources regular (ORR) and other resources emergency (ORE) utilization rates were 98 per cent each and the regular resources (RR) utilization rate was 99.9 per cent.

The setbacks experienced in 2014 included:

- The unfortunate security incident in January in which two staff members were killed in an attack. Several other UNICEF partners were also subject to security incidents that resulted in kidnapping, maiming and killing and affected programme implementation in the field.
- In regards to the polio eradication programme supported by UNICEF Afghanistan and the World Health Organization (WHO), among others, the active Immunisation Communication Network comprised more than 4,800 social mobilizers in 44 low performing districts in 10 provinces and maintained a 1.5 per cent and below level of missed/refused children. Still, there were 28 polio cases in 2014, compared to 14 in 2013. Polio campaigns did resume in Helmand Province as a result of negotiations with a wider stakeholder group. However, occasional interruptions in coverage put children in these areas at a serious risk of compromised immunity, with greater vulnerability to disease, disability and death.
- Although the successfully carried out presidential elections eventually resulted in the swearing in of the new President, considerable delays in the finalization of the results and the swearing in of the new Cabinet slowed the much needed reforms process and the implementation of key programmes for children and women. It is hoped that the finalization of the Cabinet and its introduction for parliamentary approval will accelerate programming in 2015.

UNICEF Afghanistan strengthened its work with several partners, including donors both within the country and abroad. Among them, UNICEF Afghanistan holds regular consultations with Canada, the European Union, the Republic of Italy, Japan, the Republic of Korea, the Kingdom of Sweden, the United Kingdom of Great Britain and Northern Ireland (UK), the United States Agency for International Development (USAID) and the World Bank.

Humanitarian Assistance

The year witnessed an increase in humanitarian needs due to violent trauma and the large-scale displacement of populations to informal settlements where sanitation, livelihood opportunities and essential services are poorly developed. As a result, these internally displaced persons (IDPs), particularly women and children, experienced increased vulnerability and deprivation. The number of people enduring recent and prolonged displacement as a result of natural disasters (i.e. floods and landslides) and conflict reached 750,000 in 2014, according to the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA). Conflicts continue to cause widespread disruptions to health and other basic social services. In Afghanistan, an estimated 45 per cent of all child deaths are linked to some form of malnutrition. In particular, those suffering from severe acute malnutrition (SAM) have a higher risk of death from common childhood illness such as diarrhoea and pneumonia. In 2014, the UNICEF humanitarian response focused on developing the capacities of UNICEF and government staff in the areas of assessment, response and monitoring of humanitarian response in Afghanistan.

UNICEF Afghanistan supported nutrition interventions in 28 provinces, including the emergency-affected provinces of Khost, Paktya, Paktika and Helmand. Thirty-one cluster partners treated more than 95,939 children with SAM in 132 inpatient treatment sites and 600 outpatient

treatment sites. In addition, in affected areas, more than 190 children ages 6-23 months received multiple micronutrient supplementation. UNICEF Afghanistan supported the essential provision of newborn, family, clean delivery kits and paediatric medicines through the Provincial Public Health Directorates, reaching more than 140 women and children. In addition, more than 13,000 pregnant women received health messages. In the southern, western and central regions, the community counselling skills of 600 community health workers were enhanced. Several measles campaigns were conducted in all zones, including for those affected by displacement due to floods/landslides and in response to sporadic outbreaks in June and August. Overall, 310,500 children aged 9 months to 10 years received measles vaccinations and vitamin A supplementation. In the Central Region, UNICEF Afghanistan supported the two Provincial Directorates of Public Health with over 17,000 vials of oral polio vaccine (OPV), reaching more than 32,000 children. More than 4,000 displaced children from Pakistan were reached with measles vaccines.

UNICEF Afghanistan supported the provision of safe drinking water through the rehabilitation of existing water supply schemes, water trucking, water treatment, the construction of emergency latrines and hygiene promotion, including the distribution of hygiene kits to populations affected by conflict, floods and landslides. In addition, special attention was paid to ensuring the functionality of existing facilities, including through the provision of improved sanitary facilities in existing and new camps, benefitting more than 800,000 people. More than 10,000 schoolchildren benefited from the comprehensive package of emergency water, sanitation and hygiene (WASH) interventions.

In child protection, UNICEF Afghanistan supported 691 boys and 479 girls affected by floods and landslides in Badakhshan and Baghlan Provinces through the establishment of eight child-friendly spaces offering recreation and psychosocial support. In addition, 328 boys and 10 girls, including a large number of children detained for alleged suicide attacks and other national security related charges, received case management and counselling in the two juvenile rehabilitation centres (JRC) in Kabul and Kandahar with the largest caseloads.

UNICEF Afghanistan supported the Ministry of Education (MoE) to strengthen its capacity in education in emergencies and provided teaching and learning materials to 38 schools affected by floods and landslides in the Northern Region. In addition, in partnership with the Norwegian Refugee Council (NRC), 11 community-based schools were established for out-of-school children in Grades 1-3 in conflict-affected areas in the Eastern Region. UNICEF Afghanistan supported the provision of education to 2,089 Pakistani refugees (31 per cent girls) in Khost Province; rehabilitated 13 schools in emergency-affected areas, benefitting more than 6,500 children; advocated for the reopening of 20 schools in Farah Province, benefitting more than 10,000 children; supported the provision of psychosocial services through establishment of child-friendly spaces in the Northern Region, benefitting 11,900 children (4,165 girls) and 138 teachers in 36 schools, and 1,974 internally displaced children in Kunar and Nangarhar Provinces.

As part of the winterization response, UNICEF Afghanistan continued to work closely with the Government and other United Nations agencies to provide non-food items (NFI), health-related kits and medicines to more than 40,000 families, mostly with children aged 0-18 years, across 13 provinces. Overall, to counter the adverse the adverse effects of winter, UNICEF Afghanistan reached and supported more than 15,000 individuals.

Equity Case Study

The 2012 mid-term review of the just concluded programme of cooperation used the 2007-2008 national risks and vulnerability assessments and the UNICEF-supported Multiple Indicator Cluster Survey (MICS) to compose a child deprivation index. This composite index was developed using eight key indicators:

1. Population poverty rate;
2. Per cent of population with calorie deficiency;
3. Per cent of primary school children not attending school;
4. Gender parity index at primary school level;
5. Per cent of children aged 12-23 months without full immunization;
6. Per cent of births not attended by skilled health personnel;
7. Per cent of population that does not use improved sanitation facility; and
8. Per cent of children aged 5 to 14 years who are in child labour.

The analysis helped UNICEF Afghanistan identify pockets of deprivation and inequity by sex, geographic location, and ethnicity and wealth quintiles. This analysis helped to identify the 10 most deprived provinces for focused programming.

The refocus on equity and the Monitoring Results for Equity System (MoRES), which was introduced at UNICEF around the same time, provided an additional opportunity to refine and test the system in 4 of the 10 priority provinces: Kandahar and Helmand in the South Region and Badghis and Bamyan in the Central Region. The programme areas that were chosen for MoRES implementation and the corresponding provinces were:

1. Child protection - birth registration (Kandahar, Helmand, Badghis);
2. Child protection - child marriage (Bamyan);
3. WASH - open defecation;
4. Primary education; and
5. Health - maternal and child health with a focus on the Expanded Programme on Immunization (EPI).

Staff and partners were oriented in the identification of barriers and bottlenecks using the Tanahashi approach and indicators were chosen to monitor the barriers and bottlenecks. The joint roll out and implementation supported a) ownership of the government agencies at the provincial level; b) greater partnership among various stakeholders in identifying the implementation bottlenecks and a collective resolve to seek ways of addressing them; c) use of data and evidence, as well as practical indicators as a means to measure progress and monitor the commitment of various implementation agencies; d) high level commitment in two of the provinces especially at the level of Governor; and e) setting up Level 3 monitoring in two of the most insecure provinces - Kandahar and Helmand.

While these approaches allowed UNICEF and its partners to improve programme planning, implementation and monitoring, in a larger way, they contributed to greater rigour in country programme preparation processes, which impacted all stages of the new programme development. The situation analysis for women and children in Afghanistan took the equity-focused approach and identified critical bottlenecks and barriers that need to be overcome if results are to be achieved. The CPAP and its associated matrices had a clear 'Theory of Change', with full hierarchy of results and indicators at impact, outcome and output levels

together with indicators to monitor progress towards removing barriers and bottlenecks identified jointly with partners.

Summary Notes and Acronyms

AFP	acute flaccid paralysis
AIHRC	Afghanistan Independent Human Rights Commission
ALC	Accelerated Learning Centres
ALCS	Afghanistan Living Conditions Survey
ANAF AE	Afghan National Association for Adult Education
ANC	antenatal care
AV	armoured vehicles
BCP	Business Continuity Plan
BMGF	Bill and Melinda Gates Foundation
BPHS	basic package of health services
BSC	Business Service Centre
C4D	Communication for Development
CBE	community-based education
CBS	community-based schools
CCCs	Core Commitments for Children
CDC	Centres for Disease Control and Prevention
CERT	Community Emergency Response Teams
CES	Coverage Evaluation Survey
CFS	child-friendly school
CGPC	Country Grant and Performance Committee
CLTS	Community-Led Total Sanitation
CME	Community Midwifery Education
CMT	Country Management Team
CPAN	Child Protection Action Network
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CPiE	child protection in emergencies
CPMP	Country Programme Management Plan
CSO	Central Statistics Office
DCT	direct cash transfer
DFAT	Australian Department of Foreign Affairs and Trade
DHS	Demographic and Health Survey
DRR	disaster risk reduction
DSA	daily subsistence allowance
ECHO	European Commission
EiE	education in emergencies
EMIS	Education Management Information System
EmONC	emergency obstetrics and newborn care
EPI	Expanded Programme on Immunization
EPRP	Emergency Preparedness and Response Planning
ETB	emergency trauma bag
EVM	Effective Vaccine Management
EWEA	Early Warning Early Action
EWS	Early Warning System
GER	gross enrolment ratio
GEROS	Global Evaluation Reports Oversight System

GPE	Global Partnership for Education
GPEi	Global Polio Eradication Initiative
HAC	Humanitarian Action for Children
HACT	harmonized approach to cash transfers
HPM	Humanitarian Performance Monitoring
HQ	UNICEF Headquarters
HRBAP	human rights-based approach to programming
HVCA	Hazard Vulnerability and Capacity Assessment
I&CFE	Inclusive and Child-Friendly Education
ICT	information and communication technology
ICN	Immunization Communication Network
IDP	internally displaced person
IFAK	Individual First Aid Kit
IMAM	integrated management of acute malnutrition
IMCI	Integrated Management of Childhood Illness
IMEP	Integrated Monitoring and Evaluation Plan
IPC	interpersonal communication
IPV	inactivated poliovirus vaccine
IT	information technology
IVR	Interactive Voice Response
JRC	Juvenal rehabilitation centre
LD	Literacy Department
LPDs	low performance districts
MDG	Millennium Development Goal
MHM	Menstrual Hygiene Management
MICS	Multiple Indicator Cluster Surveys
MNCH	Maternal, Newborn and Child Health
MoE	Ministry of Education
MoI	Ministry of the Interior
MoJ	Ministry of Justice
MoLSAMD	Ministry of Labour, Social Affairs, Martyrs and Disabled
MoPH	Ministry of Public Health
MoRES	Monitoring Results for Equity System
MOSS	Minimum Operational Security Standards
MoU	Memorandum of Understanding
MRRD	Ministry of Rural Rehabilitation and Development
NESP	National Education Strategic Plan
NFI	non-food items
NGO	non-governmental organisation
NNS	National Nutrition Survey
NRC	Norwegian Refugee Council
NRVA	National Risk and Vulnerability Assessment
ODK	Open Data Kit
OHCHR	Office of the High Commissioner for Human Rights
OPV	oral polio vaccine
ORE	other resources emergency
ORR	other resources regular
PAS	Performance Appraisal System
PCV	pneumococcal conjugate vaccine
PER	Performance Evaluation Report
PPE	personal protective equipment

PPP	programme planning process
PPTCT	prevention of parent-to-child transmission
PSV	peer support volunteers
RAF	Rapid Assessment Form
REMT	Regional EPI Management Team
RMNCH	reproductive, maternal, newborn and child health
ROSA	Regional Office for South Asia
RR	regular resources
SAM	severe acute malnutrition
SE	Supervising Entity
Sida	Swedish International Development Agency
SMART	Standardized Monitoring and Assessment of Relief and Transition
SMS	short message service
SQEAC	Semi-Quantitative Evaluation of Access and Coverage
SRA	security risk assessment
SSAFE	Safe and Secure Approaches in Field Environments
SUN	Scaling Up Nutrition
TISS	Tata Institute of Social Sciences
TLM	teaching and learning materials
UK	United Kingdom of Great Britain and Northern Ireland
UNAMA	United Nations Assistance Mission in Afghanistan
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNDSS	United Nations Department for Safety and Security
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
USAID	United States Agency for International Development
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

Capacity Development

Overall, UNICEF Afghanistan provided critical support to the Government of Afghanistan to develop the capacity of the main line ministries, namely the MoE, the Ministry of Public Health (MoPH), the Ministry of Labour, Social Affairs, Martyrs and Disabled (MoLSAMD) and the Ministry of Rural Rehabilitation and Development (MRRD). In priority provinces, UNICEF also worked to strengthen the capacities of frontline workers and members of the community to articulate and demand services. In 2014, a major gap that was addressed related to nutritional data at the national and sub-national levels for various nutrition indicators. Given the very serious capacity gaps of both duty bearers and rights holders, it will take much longer and major instruments to strengthen national and sub-national capacities. In 2014, UNICEF Afghanistan focused largely on institutional and individual capacity building for partners.

Education: UNICEF Afghanistan provided technical support to build the capacity of the MoE to coordinate emergency planning and response.

Health and nutrition: UNICEF Afghanistan support focused on: 1) strengthening salt quality assessment through training 30 lab technicians from iodized salt factories; 2) conducting three

trainings for 35 representatives from the Government and other entities on Standardized Monitoring and Assessment of Relief and Transition (SMART) and Semi-Quantitative Evaluation of Access and Coverage (SQUEAC); 3) establishing a quality assurance cell on integrated management of acute malnutrition (IMAM) to enhance the capacity of partners implementing the basic package of health services (BPHS) for nutrition.

HIV and AIDS: UNICEF Afghanistan supported the establishment of five sites for prevention of parent-to-child transmission (PPTCT) of HIV in the main regional hospitals, and provided supplies of HIV test kits and training on pre and post-test counselling. Fifty health workers from five regional hospitals were trained on PPTCT guidelines.

Polio: UNICEF Afghanistan focused on community capacity development by strengthening the interpersonal communication (IPC) skills of frontline workers. A total of 11,801 social mobilizers and other frontline workers, including vaccinators, were trained and another 10,517 were orientated on key messages around routine immunization and polio risk factors. This empowered frontline workers to provide information on polio to caregivers, community leaders, mullahs, etc.

In 2014, the capacity of EPI workers and supervisors was strengthened on the inactivated poliovirus vaccine, as well as reducing vaccine wastage. The results will be known in 2015.

WASH: In 2014, capacity development in WASH focused on three areas: 1) enhancing the capacity of the MRRD to implement Community-Led Total Sanitation (CLTS) by expanding the number of trainer teams from 6 to 15 and covering 11 provinces; 2) expanding the capacity of the MoPH health promotion cadres to carry out community mobilizations in 10 districts of five provinces on hygiene and health promotion using IPC; and 3) strengthening the procurement, contracting and contract management capacity of the MoE to support the construction of WASH-in-schools facilities. A training module and plan was also prepared for emergency preparedness, response and contingency planning for staff in 11 provinces classified as highly vulnerable to recurrent natural emergencies (i.e. floods and droughts).

Child protection: 981 religious leaders in six provinces, Helmand, Kandahar, Badakshan, Takhar, Kunduz and Herat, were oriented on child rights and protection from an Islamic perspective.

Evidence Generation, Policy Dialogue and Advocacy

Major highlights in 2014 were: 1) the production of the Situation Analysis of Women and Children, which highlighted the equity gaps both spatially and by gender across a number of sectorial indicators; 2) the release of data and analysis from the recently concluded National Nutrition Survey 2013 on a number of nutritional indicators related to women, children, adolescents and the elderly in 34 provinces, which has generated high level commitments to addressing malnutrition and placed UNICEF as a leader in the fight against child malnutrition; and 3) the finalisation of the Afghanistan Demographic and Health Survey (DHS) with USAID's leadership, to be conducted in 2015. Other areas of support included:

- A desk review on barriers to girls' education in Afghanistan, conducted in 2014 to inform future strategies for promoting girls' education;
- The Afghanistan Every Newborn Action Plan, developed and endorsed in the 2014 World Health Assembly, and the support provided to the revision of the Reproductive Health Strategy and Policy;

- The Government and partners' use of the results of the Coverage Evaluation Survey (CES) as an advocacy tool for focusing on low performing and marginalized areas;
- High-level advocacy with all parties to gain access to Helmand Province to resume the polio campaign and prevent an immunity gap among children.

Partnerships

UNICEF Afghanistan has partnerships spanning many areas, including with international partners within the ambit of the Global Partnerships for Education (GPE), the Global Polio Eradication Initiative (GPEi) and other United Nations agencies for the United Nations Development Assistance Framework (UNDAF).

GPE: UNICEF Afghanistan is the Supervising Entity (SE), the MoE is the Managing Entity and the Kingdom of Denmark is the coordinating agency. UNICEF Afghanistan works closely with all relevant donors, including with the major donors funding the sector: USAID, the Swedish Agency for International Development Cooperation (Sida), the Australian Department of Foreign Affairs and Trade (DFAT), Japan, the Republic of Italy and the Republic of Korea.

GPEi: To nurture the polio programme, UNICEF Afghanistan engaged in essential partnerships with local authorities, village elders and mullahs for safe access and to promote demand for OPV. Effective partnerships undertaken at the national level with the MoPH, WHO, the Bill and Melinda Gates Foundation (BMGF) and the Centres for Disease Control and Prevention (CDC) proved effective in the implementation of the National Emergency Action Plan for the Polio Eradication Initiative.

UNICEF has a long-standing relationship with key donors to Afghanistan, including USAID, the European Union, the European Commission (ECHO), and the Governments of Japan, the Republic of Korea, Canada, the Republic of Finland, Italy, the Kingdom of Denmark, the Federal Republic of Germany, the French Republic, the Kingdom of Norway and the Republic of Turkey. As a part of the development of the new programme, regular consultations were held with these donors and funding for the new programme was strengthened with key donors, including USAID, Japan and the Republic of Korea.

Other actions undertaken in 2014 were partnerships with universities (i.e. Kabul and others) to further develop linkages for advocacy on child rights; collaboration with the Afghan Parliament to strengthen action on combating malnutrition among children and promoting key messages on child health, nutrition, education and protection; and participation with media groups such as MOBY Media Group and the Killid Group.

UNICEF Afghanistan has a number of programme cooperation agreements with major international and national NGOs for programme implementation. Government ministries and departments contract some of these NGOs to implement services in various sectors. UNICEF Afghanistan plans to review its partnership arrangements and examine all modalities of the relationships for the new programme.

UNICEF Afghanistan is an active member of the Development Partners Forums on health and nutrition, education and the just established forum on child protection. In 2014, UNICEF led the humanitarian cluster on nutrition, co-led the protection cluster and supported the health and WASH clusters led by WHO.

External Communication and Public Advocacy

UNICEF Afghanistan was identified as a pilot country office for implementing the new global communication and public advocacy strategy. In line with the recommendations of the country cooperation programme mid-term review, the two major enhancements to the on-going communication and advocacy efforts are a) to increase and improve community engagement through community-based channels such as local radio, television and print media, as well as influences including religious leaders, Shuras and community development committees. UNICEF Afghanistan invested in developing the capacity of staff in Kabul and all zone offices to use Communication for Development (C4D) as an integral aspect of communication efforts to enhance community engagement and increase participation and ownership of actions employed by rights-holders; b) to further enhance the use of digital/social media such as Facebook and Twitter to better communicate critical information and messages on children and women, as well as about UNICEF.

In 2014, 1,074 media reports raising issues related to child rights were recorded. The on-going partnership with MOBY Media Group resulted in the implementation of the agreed media plan for polio eradication. With UNICEF support, 15 press releases and statements were released to the media and ten media events were organized to highlight activities related to women and children in Afghanistan. Approximately 50 interviews were conducted with national and international media to elaborate on the UNICEF mandate and the situation of children and child rights in Afghanistan.

Active partnership with the Afghanistan Cricket Board gave greater visibility to polio eradication efforts. Progress was also made towards establishing relationships with Afghan Parliamentarians to support various initiatives such as a coalition to fight against malnutrition and a child rights law.

South-South Cooperation and Triangular Cooperation

UNICEF Afghanistan supported officials and partners from the MoPH and health institutions to visit the Democratic Socialist Republic of Sri Lanka and the Republic of India and observe good practices related to the maternal and perinatal death review process and the newborn care programme. UNICEF Afghanistan facilitated cooperation between the Afghan Paediatric Association and the National Neonatology Forum of India to build the capacity of health professionals in advanced newborn care. A cooperation agreement for training Afghan experts in cold chain management was signed between the Government of India and the Government of Afghanistan.

In 2014, two cross-border meetings took place between the Afghanistan and Pakistan polio teams to enhance coordination at the district and provincial levels, specifically to 1) synchronize polio campaign dates in border areas; 2) map border villages; 3) share information the missed areas in the border districts; 4) improve vaccination coverage in border villages; 5) support acute flaccid paralysis (AFP) surveillance; and 6) strengthen vaccination posts on the international border. The hope is that these steps will benefit the polio eradication efforts of both countries.

Newly recruited lecturers from the social work department at Kabul University were sent on two study tours to India to visit the Tata Institute of Social Sciences (TISS). Lecturers learned how the social work department should implement the curriculum and gained useful insights into social work in terms of counselling and improving protective environments for children, women

and families. Kabul University and TISS have signed a bilateral agreement for further cooperation.

Identification Promotion of Innovation

Several innovations were piloted this year. The focus of the innovations was to gain real-time access to information, especially from inaccessible areas and promote conversations among field workers so they may better learn from each other.

UNICEF Afghanistan collaborated with the MoPH to introduce a pilot project on maternity waiting homes in selected provinces, namely Badakhshan, Kunar, Laghman, Herat, Kandahar, and Bamyan. A total of 22,010 women and newborns received inpatient care from these maternity waiting homes. A pilot project on community newborn care practices was also initiated in selected districts. UNICEF Afghanistan supported the installation of monitoring devices (data loggers) to improve the quality of cold chain monitoring for EPI in all regions. UNICEF Afghanistan also initiated steps to roll out a pilot project to assess the effectiveness of community transport (Zaranj) for mothers in labour in selected districts of the Central and Southern Regions.

For the polio programme, concerted efforts were made to address children missed due to absenteeism and refusals. Initial discussions were held in the last quarter of 2014 on migrating data collection to Open Data Kit (ODK) and Interactive Voice Response (IVR) platforms and generating sub-national dashboards through a database called PolioInfo. UNICEF Afghanistan also piloted a polio group chat system for communications officers at district and above levels to report on and share information.

In Kandahar, UNICEF Afghanistan is piloting short message service (SMS) based reporting with teachers. Known as EduTrac, the system aims to track and report on district administrations' responsibilities to teachers, namely timely payment of teachers' salaries (a major bottleneck) as well as girls' attendance in schools.

Support to Integration and cross-sectoral linkages

Several studies have shown that early initiation of nutrition education ensures better nutrition outcomes. Towards this end, health and nutrition topics were incorporated into the teaching curricula under the child-friendly schools initiative, supporting the cross sector linkages between the MoPH and the MoE. The synergies between WASH and nutrition, in particular stunting, were identified as opportunities for inter-sector programming in the next programme cycle, as was the provision of WASH services to health centres and juvenile justice centres. The convergence between WASH and education through the WASH-in-Schools initiative will be expanded to include community-based schools as well.

UNICEF Afghanistan leads nutrition cluster coordination and thematic working groups that strengthen the cross-sector linkages in the nutrition response. In addition, UNICEF Afghanistan supported the participation of a team that included national and provincial level staff from the MoPH and the MRRD and media representatives in a regional conference to stop stunting. The conference focussed on reducing stunting by drawing on inter-sector linkages between nutrition and WASH.

Service Delivery

The UNICEF Afghanistan cooperation programme aims to achieve results for children in two different contexts. The first context is the capacity-poor environments at national, provincial and district levels, where many of the basic social services are implemented either by government departments (e.g. education and WASH are implemented by the MoE and MRRD) or by contracted NGOs.

In this context, UNICEF Afghanistan provides critical inputs for improving programme service delivery through its four warehouses. The main terms of supply for which UNICEF is responsible for improving service delivery include: vaccines; water and sanitation points, especially in schools; teaching and learning material for primary education; vitamin A and other micronutrient supplies as well as supplies for therapeutic nutrition to children who are severely malnourished.

These will continue during the new programme cycle for 2015-2019, until such time that the Government of Afghanistan has adequate resources and capacity to procure and distribute.

The second context is humanitarian situations following floods and landslides in the Northern Region and heavy influxes of refugees and internally displaced persons across the eastern border. UNICEF Afghanistan and other United Nations partners have delivered life-saving interventions, including the resumption of primary education, support for shelter, drinking water and sanitation services, as well as psychosocial support and protection services for children and women in affected communities, as per the Core Commitments for Children (CCCs).

The details of humanitarian response are described elsewhere in the report.

Human Rights-Based Approach to Cooperation

After sustained follow-up, efforts to formulate a comprehensive child act for Afghanistan took off and when ready, the final draft will be discussed by the Parliament in 2015. UNICEF Afghanistan will work with the Government and wider stakeholders to support the process of developing the periodic report to the Committee on the Rights of Child in late 2015.

The highlights include:

- Publication of a rights-based Situation Analysis of Children and Women as part of the country programme preparation process. The Situation Analysis includes analyses of inequalities and the capacities of both rights holders and duty bearers to achieve results for children.
- Capacity development of UNICEF staff, with over 70 staff trained in HRBAP as an integral part of the two eight-day PPP training organized in August. The three trainers were acknowledged facilitators on HRBAP. This was in line with Recommendation 13 of the Global Evaluation of UNICEF's application of HRBAP.
- The Country Programme Document (CPD) that was approved by the Executive Board in June 2014 and the CPAP and associated results matrices for the UNICEF programme of cooperation 2015-2019 were developed and signed by the UNICEF Representative and the Minister of Foreign Affairs in November 2014. These documents gave greater attention to the Theory of Change and the MoRES approach for identifying not only the barriers and bottlenecks to achieving results, but also for including appropriate indicators that will help monitor progress of the removal of the barriers and bottlenecks. This was in line with Recommendations 8 and 14 from the Global Evaluation.

- The new programme for cooperation has a geographic focus on 10 priority provinces. These 10 provinces were identified based on a systematic analysis of data from multiple sources that indicated the most vulnerable and disadvantaged families and children in the country. A major challenge is that these provinces are also highly insecure with limited reach not only for United Nations agencies, but also for NGO partners. It is hoped that innovative strategies for both implementing programmes for children and monitoring programmes will gain importance as efforts to address inequities are put in place.

Gender Mainstreaming and Equality

UNICEF Afghanistan prioritised gender mainstreaming and equality as critical normative principles to be integrated into all of its programmes, especially in the cooperation programme for 2015-2019. With that objective in mind, several initiatives were undertaken to lay a strong foundation for implementing a programmes with improved gender mainstreaming.

The focus was on staff capacity and assessment in critical sectors. Two courses of PPP training were conducted in 2014 for over 70 staff members from the main office and all zone offices. The module on gender mainstreaming was an integral part of the course. In addition, an international consultant spent three months at UNICEF Afghanistan to review the state of sector preparedness for gender mainstreaming and develop a staff training for all offices. A two-day training module was developed and seven two-day courses (three courses in Kabul and one course each in Jalalabad, Mazar, Kandahar and Herat) were held for all staff. The content of the course covered various elements of the Gender Action Plan, application of gender mainstreaming tools and actions to be implemented in each office. Following the two-day courses, the offices developed action plans that will be implemented and monitored.

On the programme front, a gender review of the barriers to girls' education in Afghanistan was completed. The findings and recommendations of the review will inform strategies for promoting girls' education in the 2015-2019 programme. Following the national nutrition survey findings, advocacy activities helped UNICEF Afghanistan to prepare a programme for addressing anaemia among adolescent girls in and out of schools. The proposal received donor funding from USAID and will be implemented beginning in 2015. Other initiatives include the preparation of plans for addressing child marriage.

UNICEF Afghanistan has an active gender task force that meets regularly and has guided the work across sectors, including the work of the consultant who prepared a customized training package and conducted staff training. A gender specialist post was established in the Country Programme Management Plan (CPMP) for the new programme and recruitment is in progress.

Environmental Sustainability

Not much progress was made on environment sustainability in 2014. On a trial basis, the WASH programme made use of solar pumps to provide communities with running water, either to their dwellings or to a network of public taps. More sustainable than hand pumps and in the long run, cheaper than diesel powered pumps, solar technology holds considerable promise in Afghanistan where there are an estimated 325 days of sunshine every year.

'Green' office initiatives for recycling paper waste and using energy efficient lamps and electrical fittings are other initiatives that hold considerable promise for reducing the carbon footprint of UNICEF offices in Afghanistan.

Effective Leadership

The Country Management Team (CMT) meets on a regular (monthly) basis and monitors office performance on programme and operations indicators. In 2014, the CMT moved to using system generated performance indicators (through the use of Insight) and thereby avoiding the use of manual and/or alternate system(s).

As of 15 December 2014, 13 of 18 (72 per cent) audit recommendations were closed and implemented to ensure on-going compliance. The audit recommendations related to HACT will be implemented in 2015.

A substantial review of the Business Continuity Plan (BCP) was conducted in 2014 and a new alternate location (New Delhi, India) identified. Due to elections and insecurity UNICEF Afghanistan had the opportunity to test (including using the alternate location) and refine the BCP on several occasions.

Financial Resources Management

A budget review team scrutinised the rolling work plan budget before approval by the CMT. This was done to ensure that the proposed budget adequately addresses office priorities, is comprehensive and realistic with respect to revenue estimates, costs and value for money, and adheres to budgetary ceilings. The contribution management work process was revamped to ensure that funds are promptly and properly utilised. The Budget Unit allocated and monitored funds utilisation in line with the approved budget and the revised workflow and prepared monthly progress reports for the CMT. In the last quarter of 2014, funds utilization was reviewed on a weekly basis and reallocations were made to accommodate critical needs. As a result, the funds utilisation rate in 2014 was good: ORR was 98 per cent, ORE was 98 per cent and RR was 100 per cent.

In light of the large and expanding budget and high-risk programme environment, a major emphasis was placed on financial risk management. The Table of Authority was updated every quarter to meet the needs of the office and high staff turnover. Trainings for budget owners, bank signatories and new staff were conducted to enhance the understanding of financial rules and regulations.

UNICEF Afghanistan streamlined processes and minimized the number of intermediaries involved in funds distribution, especially for the polio programme through the use of a direct disbursement mechanism and phone banking. This increased the transparency of multiple beneficiaries working to implement UNICEF programmes.

On the financial side, the ratio representing a monthly ending balance to disbursement averaged 17 per cent. Bank reconciliation was performed on time every month. UNICEF Afghanistan is still struggling to meet the key performance indicator on outstanding direct cash transfers (DCTs) that are more than nine months old. In July, this hit a record 8.7 per cent but the following month UNICEF Afghanistan managed to reduce it to 1.1 per cent. DCT was addressed in the CMT, Programme Management Team (PMT) and programme section meetings. A DCT report is also regularly distributed to all programme sections.

The focus of the CMT became more strategic in 2014, centring on high-level policy issues as well as monitoring standard quality assurance and efficiency indicators across programme and operations in the CPMP.

Efficient resource management was ensured through routine Programme Budget Allotment (PBA) management meetings and major work processes were consolidated and refined.

Fundraising and Donor Relations

UNICEF Afghanistan refined the roles and accountabilities of staff members involved in donor reporting and codified these as part of a new office instruction. A lead-time of three months is provided for drafting a report and at least two weeks for review and clearance of donor reports. Checklists for the preparation and clearance of donor reports were also updated. All 53 donor reports due in 2014 were submitted and only one report was late. Remedial actions were instituted to ensure that no other report was sent late. The office conducted training on the UNICEF programme planning process as part of an initiative to improve results-based reporting. Deepening the understanding and application of results-based management and reporting will continue in 2015 through the coaching and mentoring of staff in all sections and zone offices.

UNICEF Afghanistan also reviewed quality assurance mechanisms to ensure timely utilization of funds and issued comprehensive office instructions on the development of donor funding proposals and contribution management. One week was set as the benchmark for allocation of any new allotment. Quarterly funds utilization and expenditure benchmarks were also established. No funds remain unspent at the expiration of any grant. The CMT monitored progress on the attainment of benchmarks every month. Training on the use of Insight for better funds utilisation and reporting was provided. Thus, 98 per cent of the CPD OR ceiling was absorbed and 37 grants expired in 2014 with US\$ 5,535 out of the allotted US\$ 88.4 million unspent at the expiration of the grants. The average time lag between allotment and allocation of funds was reduced from 16 days at the beginning of the year to 3 days during the later part of the year.

A fundraising strategy for the new 2015-2019 cooperation programme was prepared as a part of the CPMP. Donor interactions within the country were intensified and fund-raising for new programmes was carried out jointly by section chiefs and senior management, including the Representative and Deputy Representative. In 2014, a total of 15 donor commitments for US\$ 125 million was received and realised for the new programme.

Evaluation

The Integrated Monitoring and Evaluation Plan (IMEP) was managed and monitored quarterly. Progress on IMEP activities was reported to the CMT. UNICEF Afghanistan is currently one of a few country offices piloting the online IMEP, or 'e-IMEP'. Regarding IMEP progress, 6 out of 16 activities were completed (37 per cent completion rate) and 9 out of 16 planned studies are ongoing or will be carried over to 2015.

The action points from the management responses to the evaluation recommendations were tracked using the Global Evaluation Reports Oversight System (GEROS) and the implementation rate of action points was reported to the CMT. Two strategic level evaluations were carried out in 2014, the forward-looking strategic evaluation of the UNICEF-funded female literacy project 2010-2013 and the evaluation of UNICEF strategic positioning in Afghanistan. Both evaluations were managed by the evaluation reference group to ensure objectivity, impartiality and stakeholder participation. Evaluation of the female literacy project was completed and the evaluation recommendations were discussed with key stakeholders (the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the MoE Literacy Department (LD)) for implementation.

UNICEF Afghanistan supported the participation of five national counterparts from the MoE and the Central Statistics Organisation in the Executive Programme on Evaluation for Development at the India School of Business in Hyderabad. From this eight-day training workshop, the participants acquired critical knowledge and newer evaluation methods. This will contribute to improving the evaluation capacity in Afghanistan.

Efficiency Gains and Cost Savings

UNICEF Afghanistan sought ways to gain efficiency and the strategies used will continue into the new programme cycle. In 2014, the Business Service Centre (BSC) became operational and started processing transactions for some programme sections. The centralization of transactions has meant that staff transactions are more proficient and take less time to process, which has freed up time for staff to be more involved in implementing assurance activities for HACT in 2015.

UNICEF Afghanistan analysed the cost of having a secure working space for staff in all locations (excluding salaries and transport). The cost per person per annum (excluding drivers) ranged from US\$ 19,000 to US\$ 104,000. The office sought ways to reduce this and reduced the annual cost of the most expensive locations by US\$ 60,000, bringing the per capita cost down to US\$ 70,000. The office entered into new office sharing arrangements with other United Nations agencies and reviewed charges for non-UNICEF long-term residents in Guest Houses so as to maximize recovery, ensure equitable fees for accommodation and reduce UNICEF costs.

In all office locations the second most expensive budget line is fuel for generators (after armed guards) as almost all locations are totally reliant on power generated through the use of oil-based generators. In 2014, a review of electrical demands and generators was conducted and will lead to a rationalization of generators and size (so they are more fit for purpose) and other measures to improve energy efficiency.

Savings also resulted from the continued emphasis on local procurement (with reduction in transportation costs) and the continued application of ad-hoc daily subsistence allowance (DSA) for those staying in UNICEF accommodations. The rationalization of the fixed assets conducted in 2013 meant that the verification count could be performed in-house, in one week instead of three and did not require a company at a cost of US\$ 16,000 as in previous years.

Supply Management

In 2014, UNICEF Afghanistan continued to focus on local sourcing of essential supplies such as emergency kits (hygiene, family and recreational kits, etc.), school furniture and other items. This was achieved through the use of a systematic supply strategy, which included the development and implementation of a consolidated procurement plan and expanded sourcing at sub-national and provincial levels through field offices (i.e. in Herat, Mazar, Daikundi, Ghor and Bamyan). This resulted in increased efficiency and timeliness of supply inputs and the development of local markets. UNICEF Afghanistan also established a good number of local long-term agreements.

As part of joint efforts to ensure the local availability of essential supplies/commodities, UNICEF Afghanistan actively collaborated with other United Nations agencies on both procurement and logistics. UNICEF Afghanistan played a key role in the joint working groups (i.e. United Nations procurement and logistics coordination), co-organized vendor workshops and procurement

meetings, actively participated in inter-agency solicitation processes and shared information on customs clearance.

UNICEF Afghanistan has improved customs clearance processes and is now able to obtain tax exemption certificates within 10 days and clear vaccine shipments upon arrival. This improvement helped to minimise delays in delivery and reduce demurrages and container detention fees.

Afghanistan is a landlocked country, and Pakistan remains the main transit country for offshore supplies. In light of the continuous challenges with Pakistani customs authorities and security threats, alternative routes and entry points into Afghanistan through northern neighbours and Iran are being explored and tested, in collaboration with the Supply Division. The Iranian port of Bandar Abbas is being considered as an alternative route for offshore consignments.

UNICEF Afghanistan continued to operate five in-country warehouses and provided support to the Government in customs clearance and supply transportation. UNICEF paid considerable attention to building the capacity of partners to strengthen the supply chain.

The UNICEF Afghanistan Supply Division provided procurement services to government counterparts and implementing partners in a timely and efficient manner.

Security for Staff and Premises

In 2014, UNICEF Afghanistan performed a significant review of all security procedures, including the staffing structure required to support the new country programme 2015-2019. A number of changes to existing and operational procedures were introduced to mitigate risks related to implementing activities in a deteriorating security environment.

UNICEF Afghanistan focused on designing a better system to plan, assess risk, and approve and monitor programme activity missions throughout the country. The system was introduced and modified over the course of six months with input from users, the United Nations Department for Safety and Security (UNDSS) and others. The result is a system that can immediately identify the location of all staff members in the field in the event of an emergency.

UNDSS has introduced a number of restrictions on movement in various provinces and in Kabul. Staff tracking in Kabul has improved, as has control of vehicle movements and the clearing of staff movements to and between locations. The increased requirement for security risk assessments (SRAs) for activities that had previously been assessed as safe has meant additional efforts to standardize procedures and formats with UNDSS for better interoperability. Much work has gone into increasing the harmonization between agencies and UNDSS so that mission support is smoother and more flexible. There is more work to be done on standardization but strong progress has been made.

A staff training on emergency trauma bag (ETB) skills was finalized at the end of 2014 and an ETB Instructor Course is confirmed for January 2015. This will give UNICEF Afghanistan the ability to conduct courses for staff members in response to increasing needs, despite the declining training capacity of the United Nations Assistance Mission in Afghanistan (UNAMA). UNICEF Afghanistan will also be authorized to conduct its own Safe and Secure Approaches in Field Environments (SSAFE) training in 2015 for staff members.

UNICEF Afghanistan drivers received specialist training from the UNICEF Middle East and North Africa regional Office in August to increase skills around armoured vehicles (AV). This is especially important in Afghanistan where most movement is in AVs and the ability of drivers to handle every road situation directly impacts staff safety. The skills gained by those who attended the advanced training have been used to improve the skills of all other office drivers.

In 2014, UNICEF Afghanistan also trained three instructors to conduct Individual First Aid Kit (IFAK) training for staff. The kits are being procured centrally by the Regional Office for South Asia (ROSA) and will be issued to all staff members in 2015. This training will complement ETB training and will ensure that staff are not only compliant with the Minimum Operational Security Standards (MOSS) but can also come to the immediate assistance of their colleagues. This is a significant step for UNICEF and for UNICEF Afghanistan as this capability has long been discussed but is now finally in place.

Significant upgrades to the country's bunkers were made in 2014, including in Kabul. Staff in several locations around the country spent significant time in bunkers in 2014. Improvements include toilets and power upgrades as well as communications, power and lighting changes.

The very high frequency (VHF) radio network will cease to operate in mid-2015 and UNICEF Afghanistan has completed the information and communication technology (ICT) and security training on the new digital radio sets that will enter service in early 2015. The procurement process has also been completed. The radios will offer a more reliable emergency communications system for all staff. The effectiveness of the existing VHF radio communications was significantly reduced by the jamming and other signal interference from the large international military contingent operating around the country, particularly in cities such as Kabul and Kandahar.

Thanks to additional funding from UNICEF Headquarters (HQ), UNICEF Afghanistan staff members received upgraded personal protective equipment (PPE) this year. Most staff received improved helmets and flag jackets. Some residual stock will arrive for distribution in early 2015.

UNICEF Afghanistan operates in regions with elevated threat where the risks to staff require constant vigilance. Current resources coupled with the extra security funding available from HQ are sufficient at this stage to cover the critical requirements for allowing safe and secure programme delivery in Afghanistan.

Human Resources

UNICEF Afghanistan has diverse staff, with 39 per cent of international professionals from donor countries and 61 per cent from programme countries. The gender balance ratio, which was 80:20 in favour of males at the end of 2013, is now 82:18 as of 15 December 2014. The new gender ratio is as a result of decreased recruitment of females in 2014 in all the three staff categories (i.e. international professional, national professional and general service). The office gender balance for general service staff is 88:12 in favour of males due to the high number of male staff across all categories among national staff. UNICEF Afghanistan has a large contingent of male drivers in its rolls, further skewing the overall ratios. In preparation for the new country programme, which commences in January 2015, UNICEF Afghanistan submitted a CPMP that resulted in the approval of 80 new posts and the abolishment of 36 existing posts. Staff performance management remains a priority and as of 28 February 2014, 74.5 per cent of 2013 Performance Evaluation Report (PERs) were completed compared to 72.8 per cent in February 2013.

Similarly, priority is given to staff development through the completion of training and other developmental activities. In 2014, 88 per cent of staff completed the mandatory online individual trainings in line with the staff survey work plan. Nine staff members completed the HIV/AIDS training and the office held eight sessions for the 17 peer support volunteers (PSV) countrywide. Group trainings focused on corporate priorities in the areas of gender equality and mainstreaming, PPP (with a focus on HRBA, RBM, gender and HACT) coaching, managing performance for results, HACT, emergency preparedness, ethics, and supervisory skills. In addition, trainings of trainers were completed for first aid and AV driving. The office nominated 15 ethics focal points to serve staff in the country. INSEAD France conducted coaching for 12 CMT members, to enhance their leadership and management skills in line with the staff survey work plan. The office organized a countrywide Early Warning Early Action (EWEA) training with two facilitators from New York to ensure that staff are aware of what to do during an emergency. Eight staff members supported other country offices through missions and surge.

Staff members are familiar with the counselling services available within the United Nations community in Afghanistan through UNAMA and UNDSS, as well as the UNICEF regional counsellors in Nepal and HQ counsellors, and staff members are put in touch with these services when the need arises. In 2014, when UNICEF Afghanistan suffered the terrible loss of two international colleagues, the counselling services were invaluable in assisting staff to cope with the tragedy.

Effective Use of Information and Communication Technology

UNICEF Afghanistan has developed a team website to enhance information sharing and collaboration across all office locations. Lync is increasingly being employed for office-wide video conferencing, content sharing and communication between staff. The office procured 10 Polycom CX5100 Unified Conference Stations that deliver a 360-degree video camera experience, with active speaker tracking to enhance the experience using Lync. The staff data backup policy was revised from a disk-oriented regime to the use of cloud storage via UNICEF OneDrive. In addition, Microsoft Outlook ensures that staff are able to communicate more efficiently when working from home or while on mission or supporting emergency activities.

The office has also reduced its server hardware footprint by 75 per cent following the introduction of Microsoft's Hyper-V. Further, the introduction of cloud-based Microsoft Outlook has led to a downsizing of the complex Lotus Notes infrastructure, which included server clustering over a wide area network (WAN). A major review of user hardware was undertaken and a substantial order placed to upgrade individual laptop workstations as most staff continue to use laptops that are no longer part of organisational standards.

Programme Components from RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 Education of girls and women increased through more equitable access to quality basic education services

Analytical Statement of Progress:

The MoE and all key education stakeholders made significant progress towards increasing children's access to education. Education Management Information System (EMIS) data shows

that enrolment in general education (primary and secondary schools) increased from 6,504,715 (4,081,447 boys and 2,423,268 girls, or 37 per cent girls) in 2009/2010 to 8,203,724 (4,978,145 boys and 3,225,579 girls, or 39 per cent girls) in 2013/2014, demonstrating remarkable progress in access to education. Against the Government's set target of 85 per cent for boys and 74 per cent for girls for 2013, the gross enrolment ratio (GER) for the primary level increased from 75 per cent (86 per cent boys; 63 per cent girls) in 2012 to 79 per cent (90.7 per cent boys, 66.9 per cent girls) in 2013/2014. By 2020, the Government is to increase the target GER rate to 110 per cent for primary education. Survival rate to Grade 5 among those enrolled has also improved significantly, from 34 per cent for girls in 2007 to 64 per cent (66 per cent boys and 44 per cent girls) in 2013/2014 (EMIS). Gender equity remains a challenge. The Gender Parity Index is at 0.74 in favour of boys. The low proportion of female teachers, which has slightly increased from 31 per cent in 2012 to 33 per cent in 2014, is a major hindrance to girls' enrolment and retention. Increased enrolment in primary education is due to an expansion of the community-based education programme. Through the GPE programme, UNICEF Afghanistan, the Government and NGO partners such as Save the Children and the Swedish Committee for Afghanistan have been active in establishing community-based schools to bring education closer to communities.

Despite this progress, over a million enrolled students are permanently absent and over 3.5 million school-age children are out of school. There is also a worrying trend in the upper grades, where the number of students enrolled in schools dwindles significantly due to very high dropout rates, especially among girls. For instance, in 2014, there were 1,148,081 children in Grade 1 but only 692,616 learners (270,674 girls) in Grade 6 and 274,883 learners (99,904 girls) in Grade 12. Preliminary findings from a recent survey on learning outcomes among Grade 6 learners has also shown poor learning levels where only 1 per cent of Grade 6 students can understand and use a range of mathematical tools, 3 per cent of students are able to demonstrate reading literacy beyond the meaning of a single sentence and 8 per cent of students are able to write elaborated texts (MoE 2014 draft report).

Poor access to and retention in primary education is related to both supply and demand. General insecurity in many parts of the country and socio-cultural practices and beliefs that undermine girls' education explain the fragility of school demand. The limited supply is explained by the inadequate number of schools, especially for girls (only 16 per cent of schools are girls' schools), the shortage of qualified teachers, especially female teachers (only 33 per cent of total teachers are female), and inadequate school facilities, such as toilets, drinking water, boundary walls and learners desks. About half (47 per cent) of schools do not have usable buildings; 70 per cent of schools lack boundary walls; 30 per cent of schools lack safe drinking water; 60 per cent of schools lack sanitation facilities; only 42 per cent of teachers are qualified; and the majority of teachers are working in urban areas. The achievement of the Millennium Development Goals (MDG), Education for All and NESP goals will require a high level of investment from sectors. Other barriers to accessing primary education include: long walking distances to schools, inadequate technical and financial capacity at the MoE to undertake EIE, insecurity/lack of access in some districts, and inadequate coordination at national and subnational levels.

The UNICEF Afghanistan Basic Education and Gender Equity programme contributes to Education for All, the achievement of MDGs 2 and 3, and the national targets and objectives set out in the NESP 2010-2014. During the country programme, the Basic Education and Gender Equity programme supported the MoE at all levels to ensure increased access to quality education, particularly for girls and the most marginalized children. With a total budget of more than US\$ 150 million, the programme established CBSs, established ALCs for the youth catch

up programme, carried out school construction, made schools more child-friendly, and carried out female literacy and EiE activities.

The following key strategies were used: 1) capacity building of education officers at national and subnational levels; 2) evidence-based advocacy and social mobilization, working with the School Management Shura and community development committees to identify and support children not enrolled in school, and to protect schools against attacks and help them reopen; 3) service delivery, including provision of TLM to children Grades 1-3 and pre-positioning emergency schooling material; 4) making schools more child-friendly through an integrated approach involving a package of health, water and hygiene education and child protection; 5) strategic partnership with both financial and non-financial partners, i.e., GPE, Sida, Canada, USAID, the German Committee for UNICEF, Japan, the Republic of Estonia, DANIDA, WFP within the framework of CFS, other United Nations agencies and NGOs and use of ICT (EduTrac) for monitoring in insecure areas that were not accessible.

OUTPUT 1: A total of 555,000 primary school age children (60 per cent girls in 346 target districts) will enrol in Community Based Schools (CBE) (125,000), Accelerated Learning Centres (ALC) (30,000) and construction-supported formal schools (400,000) in target districts in 10 priority convergence provinces

Analytical Statement of Progress:

Enrolment is on track. During the country programme cycle 2010-2014, a total of 380,447 out-of-school children (207,361 girls and 173,086 boys) from hard-to-reach areas enrolled in 3,700 community-based schools (CBS) and an additional 100,501 over-aged children ages 9-15 years (62,745 boys and 37,756 girls) were enrolled through 607 ALCs. In total, 132,225 CBS students transitioned from Grade 3 in CBS to Grade 4 in formal public schools. This was accomplished through the provision of technical and financial support to the MoE at national and sub-national levels to strengthen its capacity to increase the number of children, particularly vulnerable children, in school. These interventions resulted in improved access and retention, especially for girls and vulnerable children from hard-to-reach areas.

Safe learning environments were provided to 708,376 children (311,673 girls 396,703 boys) through the rehabilitation and construction of 23 new schools and 180 rehabilitated schools. All newly constructed schools have separate latrines for boys, girls and teachers, water point and boundary walls contributing to the long-term goals of retaining adolescent girls in schools. Teaching and learning modules were procured for 12,525,582 children (4,350,204 girls and 8,175,378 boys) attending CBS. A desk review on barriers to girls' education in Afghanistan was conducted in 2014 to inform future strategies for promoting girls' education.

The main constraints were weak monitoring and supervision of Community Based Education classes (CBEs), and lengthy government procurement processes, which delayed construction. The use of ICT innovations for monitoring (e.g. EduTrac) was piloted in one of the most insecure provinces to overcome security-related challenges. In the new country programme the focus is on improving learning, transition to formal schools and monitoring through the use of innovative tools such as EduTrac.

OUTPUT 2: 1,500 formal schools, in 80 districts in 10 convergence provinces implement comprehensive child-friendly schools package resulting in improved access, retention and learning achievement

Analytical Statement of Progress:

Major progress has been made since the introduction of the Child-Friendly Schools (CFS) initiative at the beginning of the programme cycle. CFS principles were adopted by the MoE in the National Education Strategy Plan (NESP) II 2010-2013 as a strategy for improving both access to and quality of education. An Inclusive and Child-Friendly Education (I&CFE) Department and I&CFE Sector Working Group were established at the MoE to coordinate CFS initiatives. A policy on I&CFE has been developed and implementation guidelines for the I&CFE policy are currently under development. With technical and financial support from UNICEF Afghanistan, the MoE also integrated CFS principles into the school improvement programme. The curriculum is being revised to incorporate CFS principles and to date, 40 textbook titles and teacher guides have been revised and printing is underway.

By the end of the programme cycle, all 1,500 schools had been gradually and continuously improved to meet CFS minimum standards, although no schools meet all five CFS components yet (Baseline Survey Report, 2014). The CFS activities supported at the school level have mainly focused on capacity building to enhance teacher and community member knowledge of CFS methodologies. Overall, 3,750 people, including 1,119 women, were trained on the CFS package; 2,524 teachers, including 1,033 female teachers, were trained on learner centred methodologies. 14 national level core trainers, including 3 female trainers and 193 provincial master trainers, including 21 female trainers; 939 teachers, including 71 female teachers, were trained on teaching using minority languages to promote inclusiveness; and 6,900 teachers, including 2,100 female teachers, and 1,628,000 students, including 607,000 female students, were trained on the WASH package.

As part of the CFS programme, UNICEF Afghanistan supported the printing and distribution of 10,000 copies of the integrated CFS package as reference materials, and procured and distributed 1,500 recreational kits and 4,500 sets of supplementary readers to 1,500 schools. UNICEF Afghanistan also supported increased access to safe drinking water, sanitary latrines and improved hygiene practices for 1,628,000 students (607,000 girls, 1,021,000 boys) and 6,900 teachers in 1,725 schools through the construction of 1,184 water points, 1,601 latrines and 755 hand-washing facilities. Since 2012, Menstrual Hygiene Management (MHM) provisions were included in the latrine design and a total of 280 washrooms and incinerators were constructed in girls' schools.

This output was constrained due to limited financial capacity for improving learning environments to make schools safe and protective.

Under the new programme cycle, CFS will continue to focus on improving the quality of learning for children.

OUTPUT 3 Female literacy programme redesigned and 140,000 female learners of age 15-45 years in current programme complete 9 months literacy course

Analytical Statement of Progress:

Low adult literacy levels, especially among females, are a major challenge in Afghanistan. Only 31.4 per cent (17 per cent of females; 45 per cent of males) of persons aged 15 and above are literate (NRVA, 2013). The MoE LD has put a number of activities in place to improve literacy levels. A major achievement was the finalization and launch of the National Literacy Strategy on 10 December 2013 with support from UNESCO, UNICEF, the Afghan National Association for Adult Education (ANAF AE), and other actors. The Government's target is to raise the literacy level to 50 per cent by 2015.

UNICEF Afghanistan planned to increase the literacy and numeracy skills of 140,000 female learners during the period 2012-2014. The target was met. Overall 181,143 women (129 per cent of target), or 12 per cent of the total number of women enrolled during the same period, completed a nine-month literacy course through the establishment of 7,255 literacy centres. The centres were equipped with Dari and Pashto textbooks, a teacher's guide and stationary for learners. Community participation in the identification of potential learners and female teachers and community contributions of learning spaces for the literacy centres enhanced community ownership and acceptance of the programme. Literacy centre teachers were all trained with the support of UNICEF Afghanistan to enhance their adult teaching methods and skills. UNICEF Afghanistan also supported the LD to develop a module on monitoring and evaluating the literacy programme and so far, 60 LD officials have been trained on monitoring and evaluation and reporting principles. To raise the commitment of stakeholders and duty bearers and demand among rights holders, advocacy and mobilization interventions were implemented annually at national and provincial levels.

A UNICEF-commissioned evaluation of the literacy programme to assess the effectiveness, efficiency, sustainability, impact and relevance of the programme was completed in early 2014. The evaluation findings indicated that the female literacy programme was both relevant and efficient, managing to reach the most vulnerable females and providing them with the equivalent of Grade 1-3 content in nine months and with limited resources. For the next country programme, UNICEF Afghanistan will focus on adolescent girls through Accelerated Learning Centres (ALCs), while engaging with other partners to leverage stronger partnership to ensure the sustainability of the programme in the long run.

OUTPUT 4: Supervising Entity for GPE (2012-2014) in place and functional

Analytical Statement of Progress:

Since the commencement of the GPE Afghanistan Programme in 2013, UNICEF Afghanistan, as an SE, has assisted the MoE to achieve the fundamental GPE goal of increasing and sustaining equitable access to education in 13 provinces, covering 40 remote districts in Afghanistan. As SE, UNICEF Afghanistan has provided the MoE and the MoE GPE Coordinating Unit with the required technical and managerial support, guidance, oversight (the programmatic and fiduciary), as well as advice on the overall planning, implementation and coordination of the GPE programme at all levels. The programme is implemented by the Government and the MoE through the government system.

In addition to its national and international staff, UNICEF has engaged KPMG Afghanistan (an Afghan consulting firm) to assist the MoE and the GPE Coordinating Unit to provide fiduciary oversight and monitoring of the implementation of the GPE programme in the 13 targeted provinces and 40 districts.

In 2014, UNICEF facilitated and assisted the MoE with the revision, incorporation, and submission of its response to the Country Grant and Performance Committee (CGPC), related to the MoE's proposed changes to the operational plan and budget and its request for a no-cost extension to the GPE Board of Directors for their review and approval. In addition, in 2014, with the assistance of UNICEF Afghanistan zone offices, KPMG Afghanistan conducted 13 field monitoring missions in all targeted provinces and produced 13 field monitoring reports, 4 quarterly reports, and one annual report. The key findings and bottlenecks indicated in these reports were shared and discussed with the MoE for further rectification.

OUTPUT 5: Project Costs

Analytical Statement of Progress:

A total of 18 staff positions at national and zone levels were filled to support implementation.

OUTCOME 2: Child and Maternal Mortality are reduced through more equitable access to quality health, nutrition and WASH interventions

Analytical Statement of Progress:

In order to increase the availability of essential health commodities and access to adequately staffed services, 36 mobile health teams provided outreach services in six target provinces (Daikundi, Bamyan, Ghor, Hilmand, Kandahar and Badghis), increasing the total coverage to 86 per cent in the respective areas by reaching 65 per cent of uncovered areas. A total of 53,950 women received at least one ANC visit. In addition, 14,479 women received skilled birth attendance out of the targeted 37,746 women (40 per cent). Supplies were procured based on need and were distributed in a timely manner. In order to improve the capacity of staff, a total of 158 health providers were equipped with the skills to provide EmONC, IMCI and newborn care services. In addition, 19 CME students graduated and were deployed and 24 students were newly enrolled in the programme. The Newborn Care Unit of the Indira Gandhi hospital was refurbished and necessary supplies were procured in order to establish it as a centre of excellence for newborn care. Overall, 94,241 women and children benefited from UNICEF emergency supplies during disasters. In addition, UNICEF Afghanistan-supported emergency response interventions were rolled out in response to 52 disease outbreaks. To strengthen the referral system, 40 health facilities were provided with ambulances. In order to strengthen training capacity for EmONC, five regional training sites were upgraded, the EmONC training package was standardized and 15 national trainers were trained as master trainers. Further, various steps were undertaken to address the policy gaps. The Afghanistan Every Newborn Action Plan was developed and endorsed in the 2014 World Health Assembly. The operational guideline for outreach services was also finalized. Guidelines on maternal and perinatal death reviews and a RMNCH monitoring and evaluation package were also developed.

All districts have updated EPI micro-plans. In addition, 800 vaccinators received refresher training for strengthening immunization skills, standard operating procedures for vaccine store management were reviewed and adopted, 12 national and regional cold chain technicians were trained on vaccine cold chain management, and 14 cold chain technicians (two per region) were trained on multi-data logger equipment. On the supply side, the net capacity of cold rooms increased from 49 cubic metres to 178 cubic metres at the country level, exceeding the set target due to the urgent need to introduce new vaccines such as PCV and hepatitis birth dose. UNICEF Afghanistan supported the construction of the Regional EPI Management Team (REMT) building in the South Region and a cold room at Kabul International Airport.

UNICEF Afghanistan also provided technical and financial support towards the finalization of the National Nutrition Strategy and also to develop a costed action plan. The infant and young child feeding counselling package was adapted and translated into Dari and Pashtu languages and the National Nutrition Guidelines for IMAM were also developed. In line with the efforts to address accessibility, a total of 95,939 children under 5 with SAM, out of the targeted 98,900 children, received treatment through 132 inpatient and 600 outpatient SAM treatment sites. Performance indicators fall within acceptable norms (inpatient SAM: 87 per cent cure rate, 10 per cent defaulter rate, 3 per cent death rate; outpatient SAM: 91 per cent cure rate, 8 per cent defaulter rate, 0.3 per cent death rate). In addition, the UNICEF-supported National Nutrition Survey (NNS) 2013 report was finalized and the findings were disseminated to all partners,

media and nutrition programme stakeholders. According to the NNS 2013, the per cent of children under 5 who are stunted has decreased from 60 per cent (2004) to 40 per cent (2013). Vitamin A coverage among children aged 6-59 months has been maintained at the high level of 96 per cent. UNICEF also supported the salt iodization programme; 30 lab technicians were trained on salt quality assessment. In addition, 113 community health Shuras, 1,283 community health workers and 1,227 school teachers were equipped with skills for the promotion of universal salt iodization in the Central and Eastern regions. The nutrition cluster conducted three SMART and SQUEAC trainings and 35 participants from partner agencies were equipped with the necessary skills. A quality assurance cell on IMAM was also established to enhance the capacity of BPHS implementing partners on nutrition.

Some of the key contributing factors to the current achievements include the improved coordination between United Nations agencies (i.e. WHO and UNFPA), partners, including donors, and BPHS implementers, and the media interest regarding health and nutrition.

However, unfavourable social and behavioural norms need to be addressed more vigorously for improved prevention of malnutrition, increased access and utilization of MNCH services and enhanced male participation in reproductive health care. Seasonal, geographic and security obstacles significantly affected access to MNCH health essential services. Another challenge to increasing coverage was the shortage of qualified female health providers at national and health facility levels.

As compared to last year, 2014 witnessed spikes in wild polio cases, with 28 cases in 19 districts. In 2013, 14 cases were reported from 10 districts. The spikes in wild poliovirus were related to the long, porous border and the high level of population movement across the border, making it easy for the virus to move between the two countries. Almost a million children are vaccinated annually at the two most important cross border points (Torkham in the East and Spin Boldak in the South).

OUTPUT 1: Routine and supplementary immunisation services especially in areas with immunisation coverage below 50 per cent are strengthened

Analytical Statement of Progress:

Progress was made towards EPI targets by reaching the most deprived communities and children. In order to strengthen management and coordination, UNICEF Afghanistan supported micro planning for EPI services. All districts have EPI micro plans, out of which 36 were updated. In order to ensure the validity of data, household listing was piloted in two districts in the South Region, based on which respective micro plans were updated. This exercise facilitated the identification of exact target beneficiaries. This initiative will be scaled up in other districts in 2015. UNICEF Afghanistan also participated in and facilitated coordination between development partners through joint review meetings and coordination forums.

Access to immunization services has also consistently improved. The EPI Coverage Evaluation Survey was finalized with the technical and financial support of UNICEF Afghanistan. The survey revealed that 51 per cent of children are fully immunized. This is in line with the proposed target for the outcome, which envisages reaching 50 per cent of children with all antigens before the end of 2014. However, 17 out of 34 provinces had pentavalent 3 coverage of less than 60 per cent, in which three rounds of accelerated immunization intervention (targeting 105 districts) was conducted. In addition, it is pertinent to note that there is no significant difference in immunization outcomes between girls and boys. Based on reported

coverage of the first two quarters, 17 districts have lower than 50 per cent coverage of measles vaccination, including four districts without EPI facilities.

On the supply side, the net capacity of cold rooms increased from 49 cubic metres to 178 cubic metres. The objective exceeded the target due to the urgent need for the introduction of new vaccines such as the pneumococcal conjugate vaccine (PCV) and the hepatitis birth dose vaccine. UNICEF Afghanistan contributed to the completion of the Effective Vaccine Management (EVM) assessment and the Country-Multi Year Plan.

In order to strengthen community engagement with positive social and cultural practices related to immunization, an evidence-based EPI communications strategy was drafted. UNICEF Afghanistan worked jointly with WHO and the MoPH to develop a new brand (logo and tagline) for the EPI programme. World Immunization Week was also conducted successfully. A large-scale media campaign for routine immunization was supported through six national TV and radio stations and 25 local radio stations. UNICEF also supported the MoPH to ensure the timely procurement of vaccines to avoid stock outs of routine vaccines.

OUTPUT 2: At least 95 per cent of the caregivers especially in 28 high priority districts in 4 priority provinces understand that the threat of Polio is preventable through Polio vaccination

Analytical Statement of Progress:

Afghanistan has a strong and politically neutral polio programme that has successfully reduced the spread of polio, but is yet to reach zero. However, the current situation of only 62 per cent of vaccination campaigns meeting coverage standards in the main polio-infected regions, and continued circulation of Afghanistan's own poliovirus strands, threatens the country's end game target of stopping the transmission of wild poliovirus by 2014.

A campaign-based Immunization Communication Network (ICN) comprised of over 4,800 social mobilizers and religious/community leaders is in place in 44 low performance districts (LPDs) spread across 10 provinces. The ICN has also succeeded in maintaining missed children due to refusals to a low level of 1.5 per cent in 2014, despite having a high percentage of missed children due to all reasons (absentees, teams did not visit and refusals) (5.9 per cent in 2014). In addition, the programme achieved sustained awareness of polio campaigns in the LPDs at an average of 80 per cent and above during all 2014 NIDs.

A total of 35 campaigns were undertaken in Afghanistan between January and December 2014. UNICEF Afghanistan provided timely supply of large quantities of vaccine vials for every campaign. In total, over 83 million OPV doses were distributed to cover supplementary immunization activities. In addition, to support effective vaccine management and services, UNICEF Afghanistan, in 2014, procured replacement cold chain equipment, including 9,000 vaccine carriers, 39 ice pack freezers, 32 deep freezers, and 110,000 ice packs. For the first time in Afghanistan, the inactivated poliovirus vaccine (IPV) was successfully introduced in 11 LPDs during the October 2014 polio campaign.

2014 saw the collection of real time data on frontline workers and community elders in order to monitor receipt of allowances and visits of polio vaccination teams in designated clusters. A large number of different data collection tools/methods and monitoring checklists were also reviewed and streamlined. Preparations are under way to introduce innovative data collection techniques such as ODK, IVR, etc., in a bid to improve the timely collection and use of quality data. In addition, a knowledge, attitudes and practice study, known as the Harvard Poll, was

successfully launched in 2014 to provide independent quality data on social mobilization and communication-related indicators, in order to help improve PEI interventions.

During the reference year, two systems (the direct disbursement mechanism and the M-Paisa) were established to ensure direct payments to frontline workers.

OUTPUT 3: In 10 priority provinces, in partnership with BPHS 60 per cent of pregnant women, newborns and under -five children have access to quality, community based minimum package of health, nutrition services and mothers with complicated pregnancies have access to quality emergency obstetrics and newborn care services

Analytical Statement of Progress:

Maternal and child health and nutrition interventions have been accelerated with special emphasis on newborn care. The Afghanistan Every Newborn Action Plan was developed by the MoPH and endorsed in the World Health Assembly. A national comprehensive newborn implementation plan is also currently being drafted. The MoPH Reproductive Health Strategy and Policy was also revised; the Child Survival Countdown study and Situational Analysis of the Health Sector was finalized; and the operational guidelines for outreach services, maternal and perinatal death reviews and the RMNCH monitoring and evaluation package were developed. In addition, Safe Motherhood Initiative (SMI) Day, Women's Day and World Pneumonia Day were celebrated at national and provincial levels to mobilize public support for MoPH health interventions.

In order to increase the availability of essential health commodities and access to adequately staffed services, 36 mobile health teams provided outreach services in six target provinces (Daikundi, Bamyan, Ghor, Hilmand, Kandahar and Badghis), reaching 65 per cent of uncovered areas. A total of 53,950 women received at least one ANC visit. In addition, 14,479 women received skilled birth attendance out of the targeted 37,746 women (40 per cent). Supplies were procured based on need and were distributed in a timely manner. In order to improve the capacity of staff, a total of 158 health providers were equipped with the skills to provide emergency obstetrics and newborn care (EmONC), Integrated Management of Childhood Illness (IMCI) and newborn care services. In addition, 19 Community Midwifery Education (CME) students graduated and were deployed and 24 students were newly enrolled in the programme. The Newborn Care Unit of the Indira Gandhi hospital was refurbished and necessary supplies were procured in order to establish it as a centre of excellence for newborn care. Overall, 94,241 women and children benefited from UNICEF emergency supplies during disasters. In addition, UNICEF Afghanistan-supported emergency response interventions were rolled out in response to 52 disease outbreaks. Pentavalent 3 coverage reached 69 per cent as a result of three rounds of accelerated immunization interventions and TT2 coverage increased from 29 per cent to 73.8 per cent.

A national EmONC needs assessment was carried out and more than 100 health facilities were equipped with essential supplies and medicines. To strengthen referral system, 40 health facilities received ambulances, with the support of a contribution from Japan. In order to strengthen capacity, five regional training sites were upgraded, the EmONC training package was standardized and 15 national master trainers were equipped with necessary skills.

The development of the RMNCH communications strategy and operational research on community newborn care was also initiated.

OUTPUT 4: In 10 provinces, 30 per cent under five children and pregnant and lactating women have access to and utilise quality community and facility based interventions for the prevention and management of malnutrition (Acute severe malnutrition, stunting and micronutrient deficiencies).

Analytical Statement of Progress:

In nutrition, emphasis was placed on improving multi-sectorial approaches to maternal and child nutrition, with particular focus on stunting reduction while maintaining progress on emergency nutrition. UNICEF provided technical support for the finalization of the five-year National Nutrition Strategy, which aims to address bottlenecks and implement evidence-based interventions to reduce stunting. In the new programme of cooperation that will begin in 2015, the focus will be on addressing anaemia in adolescent girls.

Parallel to the efforts to address stunting, treatment of children with SAM continued to address the huge SAM burden in the country, as identified by NNS 2013. UNICEF Afghanistan supported the treatment of 95,939 children under 5 with SAM (out of the targeted 98,900 children) through 132 inpatient SAM treatment facilities and 600 outpatient SAM treatment sites. This represents a very small proportion of the total annual treatment burden for children with SAM, which is 517,596. In 2015, UNICEF and the MoPH will make every effort to enhance the capacity of partners and mobilize resources for SAM treatment. The percentage of children aged 6-59 months receiving vitamin A at least once a year has been maintained at a very high level - 96 per cent.

UNICEF Afghanistan supported the Public Nutrition Department to develop national nutrition guidelines on IMAM. The guidelines were translated into local languages and have been disseminated to all partners in the country. UNICEF also supported 34 provincial nutrition departments to conduct two national nutrition review meetings with participation from all public nutrition departments and BPHS implementers.

Quality assurance is one of the key areas of work for the nutrition cluster. The nutrition cluster conducted three trainings on SMART and SQUEAC methodologies and 35 participants from partner agencies were equipped with relevant skills. UNICEF Afghanistan also supported regional cluster coordination, thematic working groups and strategic advisory meetings, which enhanced the nutrition emergency response.

OUTPUT 6: Support to Government results in increase to access to water and sanitation and hygiene among rural population (252, 273) from 39 per cent to 45 per cent and 30 per cent to 36 per cent, respectively.

Analytical Statement of Progress:

Despite the fact that UNICEF Afghanistan WASH programmes were underfunded in 2014, the target for reaching people with new and rehabilitated drinking water supplies was surpassed. The CLTS campaign, which was successfully introduced in 2011, has created a cadre of 130 master trainers and community mobilizers. However, to work at scale and end open defecation by 2025, a new strategy needs to be devised that involves a much larger group of actors carrying out community outreach. In that regard, the MRRD and the MoPH will increase their collaboration on sanitation by expanding their community mobilization capacity for ending open defecation.

Capacity was increased for drinking water quality testing, both at the MRRD and the MoPH, at the central level in Kabul as well as in two provinces. This supported the establishment of two national laboratories in the MoPH and MRRD. However, little attention has been given to

mitigation measures when water quality test results come back with positive results for faecal or chemical contamination. The MRRD and MoPH division of responsibilities for water quality monitoring and mitigation needs to be made clearer in the coming years to ensure sustainable access to actually safe drinking water.

2014 saw the birth of a hygiene education programme in 10 districts of five provinces.

Drinking water interventions are largely driven by demand from local authorities, and are insufficiently needs based. Access to the most vulnerable communities is often restricted because of security concerns. About half of the population reached in 2014 benefitted from rehabilitated supplies, indicating poor sustainability of services. Integration of WASH interventions at the community level is poor, with sanitation and hygiene interventions taking place in different communities than where drinking water interventions are taking place.

For 2015, WASH interventions will be prioritized based on high open defecation prevalence and to the extent possible, WASH interventions will be planned in the same communities.

OUTPUT 8: Project Costs

Analytical Statement of Progress:

This output is for the staff cost to support the implementation of the outcome on social inclusion and PME number 16. A total of 56 staff positions at the national and zone levels were filled to support implementation. Cross-sectorial staff, including coordination, is included in this output.

OUTCOME 3: Children and young people are better protected from violence, exploitation, discrimination, abuse and neglect

Analytical Statement of Progress:

The comprehensive Child Act development process under the leadership of the Ministry of Justice (MoJ), with the wide participation of relevant ministries and civil society organizations, started in early 2014. The structure of the Child Act was approved by the Inter-Ministerial Technical Committee and several thematic groups were established to support the drafting committee. Consultation was conducted with children and adults at the sub-national level in order to ensure that the views of children and adults are reflected in the Act.

MoLSAMD officially launched the mapping and assessment of the child protection system with the participation of the nine relevant ministries and 15 civil society organizations. The mapping tool was contextualized and a national team was trained to conduct the mapping. The mapping process is underway in selected provinces, as planned. The child protection system mapping and assessment will result in the development a national action plan, the implementation of which will support a stronger, more systematic approach to the prevention of and response to the violence and abuse of children.

In the field of justice for children, the implementation of a letter of agreement concerning the detention of minors was strengthened. The Ministry of Justice brought the Ministry of Women, the MoPH and the National Directorate of Security on board as well.

Overall, 8,520 conflict and emergency-affected children benefitted from psychosocial support and protection services. Psychosocial and case management support was provided to 338 children (10 girls and 328 boys) in detention; 115 families received joint counselling with

children; and 26 staff working in juvenile detention facilities (5 of them females) were trained in psychosocial and social work matters.

UNICEF Afghanistan supported to the establishment of new birth registration centres in seven major cities in the country through the provision of required training/orientations and improved monitoring. A modern database and improved reporting mechanism for village, district and province levels, including entry of backlog data into the system, was implemented. A national plan of action informed by the findings and recommendations of a birth registration system mapping was developed.

The ability of the AIHRC to monitor grave child rights violations in all provinces was strengthened through additional staff and the capacity building of twenty monitors. In 2014, the AIHRC registered 307 violations. In addition, 90 children were prevented from recruitment into the Afghan National Security Forces. Age assessment procedures were established with major stakeholders and a draft guideline on age assessment is available and will need to be endorsed in 2015.

Community mobilization messages around child protection reached 45,792 community members (33,146 male and 12,646 female), including youth. In addition, 650 religious leaders were trained on child rights in Islam. A countrywide campaign on early and child marriage was launched in partnership with the Government and media spots aired for six months.

Regarding emergencies, the child protection sub-cluster has 25 regular active members that met on a regular basis during the year to assess the capacities of civil society and develop a plan for providing training on rapid assessment and response in all regions. Training for about 34 government and NGO workers was undertaken to roll out the CPiE minimum standards. In addition, 1,996 children displaced by conflict and/or natural disasters (1,317 boys and 679 girls) were able to access child-friendly spaces, other protective environments and protection services in IDP sites.

OUTPUT 1: Children in contact with law have received legal protection services in at least 15 provinces

Analytical Statement of Progress:

Although some progress was made in the drafting of a comprehensive Child Act, this was not completed as originally planned. Recommendations from the consultation process, involving professionals, community elders/religious leaders and children, fed into the drafting of the Act. The structure of the Child Act was approved by the Inter-Ministerial Technical Committee in 13 chapters and so far, 205 articles have been drafted. The process is planned to be completed during the second quarter of 2015.

To enhance due process for children in conflict and in contact with law, UNICEF Afghanistan focused on strengthening coordination and collaboration among justice actors.

Coordination and collaboration in the security sector has improved, including through building the capacity of the police. In close collaboration and coordination with the United Nations Development Programme (UNDP), UNICEF Afghanistan developed a comprehensive concept note, operating procedures and professionalism guidelines for the police force, including for community policing. These policy documents will guide the work of not only UNICEF and UNDP, but also of all other actors that supporting the capacity building of the Afghan National Police. The concept note in particular focuses on juveniles and women.

UNICEF Afghanistan supported the training of 184 law enforcement officials and legal professionals (i.e. police, prosecutors, judges and defence lawyers) from the Eastern and Southern Regions on child rights, child protection and child justice standards and norms. A total of 1,248 children in conflict with the law were supported through the provision of legal aid, diversion and use of alternatives to detention. Among these, 383 cases were diverted and a total of 670 social inquiry reports were produced in the Central Region alone.

OUTPUT 2: The rate of birth registration is increased to 60 per cent of newborn nationwide including in the most conflict-affected and remote areas

Analytical Statement of Progress:

Between 2010 and 2014, a total of 1,301,839 children under 1 were registered and received birth certificates in all 34 provinces, during the reporting period (Ministry of the Interior (Mol) Vital Statistics Department).

Information technology (IT) infrastructure for the birth registration database was installed in the Civil Registration Department with funding from the Mol. In collaboration with the MoE, plans for increasing birth registration in urban settings and the registration of primary school children have been finalized and implementation has started in the Eastern Region.

As a result of continuous advocacy, the Mol agreed in principle to link the birth registration database with the electronic identification and passport databases and to issue birth certificates to all those who get the new electronic identification. The Mol IT Unit is assessing the technical details of this linkage and some companies have assisted the Mol in designing the databases.

In order to make registration accessible, 1,390 new registration centres (970 in the North Region, 105 in the South Region, 258 in the Central Region and 57 in the East Region) were established and are functional.

In order to improve the quality of registration data and the overall management of the process, including timely and regular reporting, 1,918 registrars were trained, including both newly appointed registrars and those already on board but having difficulty with their work (264 in the South Region, 570 in the Central Region, 340 in the Western Region and 744 in the Eastern Region).

The establishment of centres and the trainings have resulted in a 16 per cent increase in the registration of new births across the country, compared to the previous year.

OUTPUT 3: Monitoring and Reporting Mechanisms on Children and Armed Conflict are strengthened for evidence based advocacy to increase accountability of parties to the conflict.

Analytical Statement of Progress:

Child casualties have been increasing at an alarming rate. There was over 30 per cent of increase in 2013 compared to 2012, according to the annual Report of the Secretary-General, released in May 2014. There was a more than 34 per cent increase in the number of child casualties that took place in the first six months of 2014, compared to the same period in 2013, with 1,071 recorded casualties (295 children killed and 776 injured). The leading cause of casualties was ground engagements, which almost doubled during the transition period with the reduction of international military forces.

Children were significantly affected by the devastating impact of conflict on education and health. UNICEF Afghanistan and partners advocated for limiting the use of schools and clinics as polling centres during the 2014 presidential elections. UNICEF recommended that the Independent Electoral Commission remove some 115 schools from the polling centre list, due to previous attacks and high vulnerability. While not all schools were removed from the list, advocacy efforts helped increase vigilance and brought increased security measures. More than 93 schools were reopened in the south, in a few cases with direct UNICEF support and advocacy. Over 400 schools remain closed, however.

UNICEF Afghanistan continued to support national organizations to provide psychosocial support to children in detention in Kabul and Kandahar JRCs through a strengthened case management capacity. In 2014, 338 children (10 girls and 328 boys) were supported, including many children detained on national security related charges. The Afghanistan Independent Human Rights Commission (AIHRC) was also supported to monitor child rights in all provinces.

Through joint efforts by UNICEF, AIHRC and other partners, more than 600 actors, including security personnel, provincial and district authorities, religious and traditional leaders, civil society, education personnel, health workers and members of CPAN were sensitized on grave violations of children's rights in armed conflict and approaches to reporting and prevention in respective regions. Such outreach activities enabled the strengthening of monitoring, reporting, referral and prevention mechanisms, especially in insecure areas with limited United Nations access.

The Inter-Ministerial Steering Committee on Children and Armed Conflict endorsed the long pending compliance road map for expedited implementation of the 2011 Action Plan to prevent and end underage recruitment. Following official endorsement of the road map, the Government, UNAMA, the Office for the High Commissioner for Human Rights (OHCHR) and UNICEF discussed and identified priority actions for immediate implementation and support.

Significant progress was made in regard to at least three of five priority actions: 1) the presidential decree criminalizing underage recruitment was drafted and endorsed by both houses of Parliament and is awaiting signature by the President; 2) age assessment practices are being strengthened through the development of national guidelines for age assessment with support from UNICEF; and 3) the National Birth Registration Strategy was endorsed by the MoI.

Main bottlenecks in the implementation of the Action Plan and the Road Map remain, however, including inadequate treatment of children detained on national security charges and lack of measures for protection, reintegration and support in the post-release period; fragmented and unclear strategies for pre-service and on-the-job training for various segments of the national security forces; and insufficient coverage of child protection and children and armed conflict issues in the current curricula. UNICEF and partners will further support the government to address these challenges.

OUTPUT 4: Most at risk vulnerable (including children affected by AIDS) children receive coordinated prevention and response and impact mitigation services, including emergency response in at least 15 provinces

Analytical Statement of Progress:

CPAN is now functional in 31 provinces and 63 districts. In 2014, CPAN responded to 3,851 cases of child protection violations involving both boys and girls. These included rape and sexual abuse, physical abuse, trafficking, child marriage, hazardous labour, children in conflict

with the law, children separated from families, and children associated with armed conflict. All of those who survived the violence were referred to appropriate services. Also in 2014, CPAN expanded from 52 to 63 districts in 31 provinces. Ten village CPANs were established in Badghis as model, with the active participation of community leaders.

All CPAN monitoring and reporting tools were reviewed and updated in a national workshop with the participation of CPAN members from 31 provinces. CPAN activities were reviewed and a provincial action plan was developed to address the challenges ahead. Regarding institutionalization and mainstreaming, CPAN and MoLSAMD created a child protection secretariat and additional positions under the secretariat, including a position for child protection Information Management Support (IMS).

In December 2014, a programme cooperation agreement was signed on a project with the NGO War Child on street working children. The aim is to mitigate the root causes of children working on the streets through the provision of family and community support and by integrating the children with their families and communities.

Regarding the prevention of abuse, violence, neglect and exploitation, 981 religious leaders received training in Helmand, Kandahar, Zabul, Badakhshan, Takhar, Kundoz, Herat, Badghis and Urozgan on child protection, using an Islamic lens. A campaign on early and child marriage was launched in partnership with the Government, and media spots aired for six months. Community mobilization messages around child protection, issued through various media channels, reached 45,792 community members (33,146 male and 12,646 female), including youth. As a result of community dialogue, community and religious leaders in Faizabad District decided not to participate in child marriage or never espouse child marriage.

In partnership with the National Skills Development Programme, a certificate course on social work for child protection (200 hours and 23 credits) was launched in 2013. In 2014, this training was conducted in collaboration with Save the Children in four additional provinces (Mazar, Jawzjan, Saripul and Nangarhar) for both government and non-government social work practitioners. As a result, 180 social workers from government and NGOs in six provinces received a certificate course in social work for child protection. The Department of Social Work was inaugurated in the Faculty of Psychology and Educational Sciences of Kabul University in April 2014. This led to the initiation of a four-year bachelor programme in which a first batch of 30 students is already enrolled.

OUTPUT 6: Project Costs

Analytical Statement of Progress:

This output is for the staff cost to support implementation of the outcome on child protection, number 15. A total of 25 staff positions at national and zone levels were filled to support the implementation.

OUTCOME 4: The capacity of UNICEF and partners is increased for research, monitoring and evaluation, data collection and analysis to inform the development of social protection policies and evidence-based programming for all children and families in Afghanistan

Analytical Statement of Progress:

There were 22 programme outputs in Insight as of November 2014. Based on the gender marker, 14 outputs were marked as principle and seven were marked as significant. The

achievement in gender mainstreamed into programme stands at 96 per cent in UNICEF Afghanistan. Most staff members have successfully undergone gender training.

UNICEF Afghanistan forged strong partnerships with development partners and other United Nations funds and programmes to collect data on children disaggregated by geography, locality and gender. UNICEF resources were used to build the capacities of the CSO and other line ministries in data analysis and dissemination. UNICEF Afghanistan partnered with UNFPA and the National Statistics Board of the Philippines to strengthen the capacity of the CSO in data analysis and to learn from the Philippine National Statistics System. Several CSO and government staff members were trained in development evaluation methods. With support from UNICEF, the CSO widely disseminated Afghanistan MICS in all regions and most provinces. An AfghanInfo section was established in the CSO and management of AfghanInfo was transferred to the CSO, including all data to their servers. UNICEF Afghanistan is also an active member of the Data for Development group engaged in harmonizing indicators and metadata in the country.

The Situation Analysis of Children and Women in Afghanistan was finalized. This synthesis of current evidence on children and women was articulated from rights-based and gender perspectives and aims to unpack the key social, environmental and governance challenges that influence the delivery and utilization of services. Given the dearth of research and analysis that focuses specifically on boys, girls and women, the Situation Analysis and background papers form a foundation of quality secondary research that UNICEF, the Government and other stakeholders will use to inform their programming and policy approaches. The Situation Analysis was used to develop a background policy paper to support the development of the National Youth Strategy. This is a key document that will operationalize the National Youth Policy supported by UNICEF Afghanistan.

Knowledge management was more deliberately integrated as a strategy to improve the generation, acquisition, organization, sharing and use of information, evidence and knowledge. Orientations and consultations were conducted on knowledge management and information management. Support was provided to improve documentation focused on lessons learned and good practices and support on-going research, as well as to package newly produced research for different audiences. Information management efforts were also strengthened, including improved information management related to partnerships, routine capture and sharing of new research and establishing geographic information system mapping capacities within the office.

UNICEF Afghanistan worked at different levels to better advocate for the social policy agenda in Afghanistan. At the policy level, UNICEF worked with the Government to develop a social policy framework that will identify a wider range of social protection instruments for key target groups and also identify financing mechanisms to support social safety net initiatives. UNICEF is also an active member of the Social Policy Working Group under the leadership of the former Education Minister of Afghanistan. The Government is keen to promote social protection initiatives under a broader social policy framework because it increasingly sees social protection as an appropriate and affordable response to long-term poverty and vulnerability. There is a growing recognition among international donors and national governments that long-term welfare safety nets may be key components of social protection strategies and that they may themselves have positive impacts on growth and development. Social protection has also been presented as an agenda that can strengthen the legitimacy of the state by allowing it to re-shoulder the responsibility for ensuring the basic survival of its citizens and in so doing, contribute to reducing political fragility and reducing the risk of a lapse back into crisis. Social

protection can have the dual objective of addressing both economic and social risk and vulnerability.

It is through this approach that UNICEF Afghanistan is committed to undertaking a cash pilot initiative with a multi sector approach, potentially in four districts in Balkh province. The programme will target children under 5, children subjugated to child labour, female-headed households, and the chronically poor, marginalised and vulnerable. Before the designing phase begins, a consultant conducted a study assessing the vulnerability of the four districts and to better understand what the socio-economic conditions are. The study findings were discussed at length and will feed into the designing and planning of the pilot. UNICEF Afghanistan has partnered with the World Bank and MoLSAMD to design and roll out the cash transfer programme. While designing the programme UNICEF will also consider the following:

- a. Mechanisms – how to expand the range of instruments available for social protection in Afghanistan;
- b. Financing – how to provide longer term, more harmonised and predictable funding for social protection in Afghanistan;
- c. Actors and delivery capacity – which actors or combination of actors could deliver social protection at scale in different contexts of fragility (governments, NGOs, United Nations agencies, private sector).

OUTPUT 1: UNICEF's M&E mechanism is strengthened to provide timely data on and knowledge of children and women for evidence-based programming and decision making

Analytical Statement of Progress:

Following the re-emphasis on the importance of monitoring in the mid-term review, UNICEF Afghanistan reviewed monitoring indicators according to a revised country programme structure and has continued to focus on improving timely reporting on country programme monitoring indicators. UNICEF Afghanistan has institutionalized the use of indicators in its reporting requirements. In 2014, the ability to report on monitoring indicators across all reporting levels was maintained at acceptable levels, at around 70 per cent. The reporting status was presented to the CMT. In 2012, the UNICEF Afghanistan monitoring system was set up and in 2014, the system was enhanced (upgraded to version 4) with additional data disaggregation functions. This enhancement is expected to facilitate the creation of a new country programme monitoring database for the rolling workplan (RWP) 2015-2016.

The Situation Analysis final report was completed with new datasets from the National Nutrition Survey, the EPI coverage survey and the NRVA 2011-12. The report informed the formulation of the UNICEF Afghanistan CPD and CPAP, the Afghanistan UNDAF 2015-2019, as well as the development of national policy approaches and strategies.

The implementation of field monitoring through mobile technology and third party monitoring was piloted despite the challenging environment in Afghanistan. The Central Region Zone Office initiated third party monitoring in insecure Paktia and Paktika provinces to determine if the targeted population benefited from nutrition, community-based education (CBE) and WASH service delivery.

In 2014, PME contributed to the process of adapting Humanitarian Performance Monitoring (HPM) in Afghanistan, as well as the 2014 Emergency Preparedness and Response Planning (EPRP) training. Initial rollout activities will be continued in 2015. Stocktaking on HPM and Humanitarian Action for Children (HAC) indicators, specifically on monitoring and reporting challenges and opportunities, was carried out by identifying different needs in the collection of

humanitarian indicators associated with HPM and the HAC. Humanitarian assessment and monitoring tools were examined in line with the CCCs to determine which to prioritize as part of HPM. A cross-sectorial internal committee was established to take forward action on formats and processes and to support the zonal offices in the implementation of the agreed indicators. To ensure issues related to children are part of the inter-agency humanitarian assessment, UNICEF is contributing to revision of the Rapid Assessment Form (RAF).

In 2014, UNICEF Afghanistan strengthened its evaluation capacity through two evaluations: of the UNICEF female literacy programme and of UNICEF strategic positioning in Afghanistan. The UNICEF Afghanistan plan for implementing the ROSA Evaluation Strategy has been in place since November 2013 and an evaluation reference group was set up for each evaluation to ensure neutral processes, as well as to promote the participation of relevant stakeholders.

OUTPUT 2: Updated situation analysis and disaggregated data on children and women, and on priority programme performance reflecting existing disparities available for planning

Analytical Statement of Progress:

In 2014, dissemination of the MICS report was completed. Data on 78 indicators on the situation of children and women in Afghanistan are now updated in AfghanInfo.

With the support of UNICEF Afghanistan, the Central Statistics Office (CSO) enhanced the AfghanInfo database (version 7) and created an online dashboard for easy dissemination of data. The database has 120 socio-economic indicators with national data and data disaggregated by gender and urban/rural location; 57 indicators with provincial level data; and 9 indicators with district level data. The database is trilingual, in Dari, Pushtu and English, for easy use by national and sub-national personnel. The AfghanInfo Task Force was established under the initiative of the CSO, and is composed of line ministries, in order to ensure use of the database for programming and policy/strategy formulation by the respective sectors.

A child deprivation analysis was conducted and used in the 2014 Situation Analysis and the new UNICEF Afghanistan CPAP. Led by the CSO with UNICEF support, provincial profiles were produced to display changes in social and economic development between 2007-2008 and 2011-2012, using data from the National Risk and Vulnerability Assessment and Afghanistan Living Conditions Survey (NRVA/ALCS). These will be finalized and disseminated in 2015.

The main strategies used in the programme of cooperation between UNICEF Afghanistan and the CSO were:

- Capacity development: The capacities of the CSO and line ministries were developed in data collection, processing, analysis and dissemination;
- South-south cooperation: The Philippines National Statistics Board provided the CSO with technical assistance in data analysis and statistical report writing and the India School of Business provided training and technical assistance to develop national capacities in evaluation. Around 1,775 national and sub-national staff benefited from various M&E training;
- Partnership: Strong partnerships were developed with the United Nations Population Fund (UNFPA), the World Food Programme (WFP), ECHO, the World Bank, the Department for International Development (DFID), the German Federal Enterprise for International Cooperation (GIZ) and USAID around statistics system development and situation monitoring. Partnerships were also advanced with key ministries (MoE, MoPH, MoLSAMD and MRRD) and their sub-national departments, and Departments of Economy, to produce and use data, and coordinate performance monitoring. UNICEF

zonal offices played important roles in building the capacity provincial counterparts in planning, monitoring and evaluation.

OUPTUT 3: Social Protection Strategy for children and women developed with a view to reduce disparity in access to services, entrepreneur opportunities, livelihoods at local/community levels that use transformative and social change approaches

Analytical Statement of Progress:

Progress has been slow on planned activities due to the inability to recruit suitable national and international consultants.

UNICEF Afghanistan is developing a social protection programme with a specific focus on children, within the already existing framework developed by the World Bank and MoLSAMD. With the end goal of articulating children-sensitive programming with the World Bank's own safety net programme in mind, the first step is to launch a pilot programme in Balkh to test the best programming modalities for covering children's social protection needs in Afghanistan. In the longer run, both organisations aim to increase the scale of interventions, with the Government eventually taking ownership of the system. In order to support the design of this pilot, UNICEF Afghanistan commissioned Samuel Hall Consulting to conduct informative research in five districts that will be targeted.

While building on the findings of the study, UNICEF is keen to also analyse how constraints related to conflict can affect social protection policies and the link to UNICEF's multi-sector work. In particular, given the Government's limited ability to provide services and assistance, especially to vulnerable, marginalised and chronically poor children and orphans, there is a need to explore innovative solutions while also building on existing coping mechanisms and using country systems where possible.

The President of Afghanistan is encouraging a social investment approach in its social and economic development policies. Social investments will target marginalized and vulnerable population groups, such as women, children, the elderly and the chronically poor. Moreover, this new policy focus is now increasingly put forward from the perspective of inclusive welfare and the social inclusion, including issues related to social investment framed in terms of intergenerational equity, social and economic sustainability, and economic democracy. UNICEF has been an active member of the Social Policy Working Group.

In December 2014, UNICEF Afghanistan and a representative of the MoE attended a global workshop on social protection in Arusha, Tanzania. While the workshop provided an opportunity to share lessons learned and expand on the understanding of how to roll out social safety nets, it also discussed the World Bank's approach to repositioning the traditional areas of social protection (i.e. labour market intervention, social insurance and social safety nets) within a framework that includes strategies for addressing risk (i.e. prevention, mitigation and coping).

OUTCOME 5: Partnerships, resources and public support are mobilised to promote, advocate for and fulfil child rights

Analytical Statement of Progress:

The perception study was designed based on the mid-terms review and the goal was to: provide a baseline against which media campaigns would be implemented and an end line assessment to measure the impact of the campaign.

The perception study was implemented primarily in the 10 UNICEF focus provinces, as well as in four major urban centres for comparative purposes (Herat, Jalalabad, Kabul, and Mazar-e Sharif). The study incorporated a mixed-methods design, including a quantitative perception survey conducted with 3,584 local community respondents across all 14 provinces, and 297 qualitative interviews in the 10 focus provinces and in Kabul. These qualitative interviews included: in-depth interviews with government officials (province and district governors, and representatives of provincial line departments), NGO partners (UNICEF provincial offices, other United Nations agencies, and other NGO partners), and local stakeholders (school teachers/principles, media representatives, doctors, maliks, and elders/religious leaders); focus groups with adolescent girls and boys, and men's and women's groups; and key informant interviews with senior government and NGO officials in Kabul. The first phase has been completed; however, the second phase of the survey will take place at the end of the child rights campaign.

On the international level, major international media covered the situation of children in Afghanistan and the UNICEF Afghanistan areas of strategic support. Major media outlets such as the BBC, Al Jazeera, Agence France Presse and Xinhua reported on UNICEF activities in Afghanistan with a focus on child protection, polio and nutrition.

On 4 November 2014, the Inter-Parliamentary Union and UNICEF, with the support of Scaling Up Nutrition (SUN), organized a three-day regional workshop on promoting child nutrition. The National Assembly of Lao PDR hosted the workshop, which was attended by a delegation of four members of the Afghan Parliament from the Health Committee (2), the Human Rights and Civil Society Committee and the Communication Committee. The team moderated two sessions of the workshop and committed to taking serious action to support child nutrition. The experience will be an asset to Afghanistan in the generation of political commitment to support Afghan children and implement the Government's nutrition policies. The Afghan delegation committed to bringing child nutrition to the national political agenda.

The resource mobilization strategy has been drafted and new donors will be approached based on an action plan. UNICEF Afghanistan organized a joint media event with major donors, such as Japan, to highlight the importance of their contributions.

A two-year initiative that used community dialogue and participatory theatre generated wide public support for the prevention of child abuse. Anecdotal but not insignificant episodes of averted child marriages were noted in several regions, and statements by community members, including mothers, pointed to the tremendous readiness among people and the potential for social change. Hygiene promotion efforts were initiated at scale in 10 districts of five provinces, while a strategy for behavioural and social change for immunization was drafted; and a strategy on RMNCH was initiated. Most significantly, analysis of these experiences led to the formulation of coherent, cross-sectorial and strategic C4D interventions in the CPAP 2015-2019 that focus on creating sustainable community commitment and ownership of child outcomes. This approach is being detailed in the RWP 2015-2016 based on in-depth sectorial consultations. Intensive technical C4D orientations were held with UNICEF staff in the regions with the most deprived focus provinces. These locations will be targeted in the next Country Programme, in preparation for the implementation of the RWP.

OUTPUT 1: Awareness raised and public support built for the fulfilment of child rights, through evidence-based and strategic advocacy and communication materials, key partnerships, and a sustained public discourse on prioritized issues

Analytical Statement of Progress:

The communications strategy that was developed included strategies for media engagement, partnership, production and fundraising. UNICEF Afghanistan is piloting the development and implementation of the UNICEF global communications strategy. Communication and advocacy have actively contributed to the development of the new global strategy. The capacity of UNICEF Afghanistan senior management, including chiefs of zones and sections and officers in charge, have been built on media interaction and engagement, especially during emergencies.

A total of 1,074 media reports on children mentioning UNICEF were recorded in 2014. A total of 60 journalists were trained on ethical reporting on children in Kabul, Nangarhar and Ghor. The on-going partnership with MOBY Group resulted in the implementation of the agreed media plan for polio. In total, 15 press releases and statements were sent out to the media and 10 media events were organized to highlight the activities of UNICEF in Afghanistan. Around 50 interviews were conducted with national and international media to talk about the UNICEF mandate and the situation of children in Afghanistan.

OUTPUT 2: Public understanding of UNICEF's mandate built to ensure that the organization has the community support and safe access it needs to effectively deliver results for children.

Analytical Statement of Progress:

The Afghanistan Cricket Board highlighted polio eradication in Kabul and in selected provinces. A partnership was established with Mili University and a public academic symposium was held on child malnutrition in the third quarter. Progress was made in partnership discussions with Kabul University. Overall, since the beginning of 2014, 200 religious leaders in Helmand and Kandahar were briefed on child rights and UNICEF. Exploratory meetings were held with the Ministry of Tribal Affairs to reach non-aligned religious and community leaders. Progress was made towards the establishment of relationships with selected Afghan Parliamentarians.

The production plan for communications and advocacy materials is on track, with six films, five briefing sheets, and a key facts document produced on priority programme issues. Folders, newsletters and the Situation Analysis At a Glance document were also produced. Since the beginning of 2014, there has been a significant increase of more than 50,000 new Facebook fans, as well as steady growth in the number of Twitter and Instagram followers.

The first phase of a perception survey on UNICEF and the situation of children was completed. Three television spots, three radio spots and three billboard designs were produced and broadcast through a child rights multimedia campaign. The campaign, which is designed under the theme 'every child has value', has already designed sub-campaign themes around 'protection', 'capability' and 'prioritizing'. Preparations have begun for the fourth phase of the campaign. UNICEF Afghanistan is piloting the Global Communication Strategy and during a visit by the Deputy Director of the Department of Communications in the second quarter, a thorough review was conducted of existing strategies and a plan made for improvements. As a result of these recommendations, standard operating procedures are being developed to plan key communications products and events.

OUTPUT 3: Families and communities adopt essential and safe household practices and are motivated to utilise health, nutrition, sanitation & hygiene and education services in provinces where health, nutrition, water and sanitation, education and CP programmes are implemented

Analytical Statement of Progress:

The C4D area of work was affected by repeated structural changes. Although being embedded in technical sections provided strong focus, this also prevented synergies and learning across sections. In addition, although a large number of C4D activities were generated, without technical oversight, these activities had uncertain strategic value. However, in the latter half of the year, preparations for the new country programme provided opportunities for developing sustainable community-owned interventions.

An assessment of a two-year intervention to prevent child abuse using community dialogue, participatory theatre and the involvement of religious leaders, which was implemented in all five regions and reached 45,791 members, pointed to clear, although anecdotal, evidence of potential impact. Averted child marriages were reported in several regions, even as the assessment revealed conceptual and operational limitations. A more systematic, better trained, better structured, and harmonised approach linked with other sectors such as education and health would lead to measurable prevention of child abuse.

A reproductive, maternal, newborn and child health (RMNCH) social and behavioural change strategy was initiated and an insightful desk review pointed to the critical role of deep-seated social norms, such as gender, in maternal and neonatal mortality. Nutrition and immunisation surveys also pointed to the extent to which underlying social norms prevent women from accessing services or even support from peers. Similar factors prevent girls from accessing schools. While an advocacy campaign for girls' education launched in five focus provinces and the immunization communication strategy will address the barriers to accessing services, systematic efforts will be needed to address social norms. Intensive hygiene promotion in 10 districts in five provinces, using multiple channels of persuasion through a recruited cadre of provincial and district health promoters, will provide invaluable lessons.

Drawing from these sector-specific C4D activities, a cross-sectorial, integrated and convergent approach to social and behavioural change was developed for the new CPAP, and will focus on catalysing community commitment and ownership. Inter-sectorial teams of mobilisers trained in appreciative inquiry and gender-sensitive community engagement skills will facilitate the process, with overall leadership provided by sensitized ministries. To prepare for this, C4D orientations were held in the Southern and Western Regions, which are home to most of the deprived and focus provinces.

The Ebola outbreak in West Africa catalysed planning for risk communication. Technical support was provided to the Health Promotion Department of the MoPH, along with WHO, to develop and implement a plan for strengthening its risk communication capacity.

OUTPUT 4 Public understanding of UNICEF's mandate built to ensure that the organization has the community support and safe access it needs to effectively deliver results for children.

Analytical Statement of Progress:

This output is for the staff cost to support the implementation of the outcome on Communication and Advocacy, number 17. A total of four staff positions at national and zone levels were filled to support the implementation.

OUTCOME 6: Timely emergency preparedness is improved and timely response is provided

Analytical Statement of Progress:

In 2014, major flooding and landslides in the Northern Region and the cold weather affected more than 750,000 people, mostly women and children. According to UNOCHA, about same number of people endured prolonged displacement by conflict. Armed conflict and terrorist attacks killed about 6,000 civilians, including 520 children, in the first half of 2014. This represents a 25 per cent increase over the same period in 2013. Infrastructure was not spared by the conflict. A total of 175 schools (serving over 87,500 children) that were used as polling stations during the presidential elections were attacked and closed for a long period of time. Conflicts also continue to cause widespread disruption to health and other services. In Afghanistan, an estimated 45 per cent of all child deaths are linked to malnutrition. Those suffering from SAM have a higher risk of death from common childhood illness such as diarrhoea and pneumonia.

To prevent death and acute respiratory infection due to severe cold weather (winterization), which occurs annually between November and March, UNICEF Afghanistan continued to work closely with other United Nations agencies to provide NFIs, health-related kits and medicine for over 40,000 families comprised mostly of children aged 0-18 years across 13 provinces. The focus of the current response is the provision of NFI kits, health supplies and WASH/hygiene kits to families vulnerable to the severe weather. Overall, more than 15,000 individuals were reached with winter items through the UNICEF zonal offices working with government and partners.

During the reported period, the WASH section, working across the five zonal offices, provided water and sanitation facilities to over 700,000 affected people. The support included water supply schemes, water trucking, water treatment, construction of emergency latrines and hygiene promotion, including distribution.

A total of 691 boys and 479 girls affected by landslides and floods in Badakhshan and Baghlan received psychosocial support and recreation activities through the establishment of eight CFSs in June 2014. Furthermore, 10 girls and 328 boys, including a large number of children detained for alleged suicide attacks and other national security related charges, received case management and counselling in two JRCs in Kabul and Kandahar cities, both with the largest caseloads. UNICEF Afghanistan also advocated for mitigating the risk of attacks on schools used as polling centres during the presidential election, which resulted in the removal of some schools at high risk.

Nutrition interventions were provided in 28 provinces, including the emergency-affected provinces of Khost, Paktiya, Paktika and Helmand. Thirty-one cluster partners treated 71 per cent of targeted SAM children in 622 therapeutic feeding centres. UNICEF Afghanistan supported the provision of newborn and family clean delivery kits and paediatric medicines through provincial public health directorates. The skills of 600 community health workers from South, West and Central Regions were enhanced through community counselling. Two measles campaigns were conducted in response to the displacement caused by floods and landslides and sporadic outbreaks in June and August. Special focus was given to the Central Region because of the influx of refugees from Pakistan. From the onset of the emergency, UNICEF Afghanistan supported the two provincial directorates of public health with over 17,000 vials of OPV, reaching over 32,000 children. Over 4,000 children were reached with measles vaccines.

UNICEF Afghanistan supported the MoE to strengthen its capacity in EiE in a number of ways: provided TLM to 38 schools affected by floods and landslides in the northern region; established 11 CBSs for out-of-school children in Grades 1-3 in conflict-affected areas in the Eastern

Region; in partnership with NRC, provided education to 2,089 Pakistani refugees (31 per cent girls) in Khost Province; rehabilitated 13 schools in emergency-affected areas, covering over 6,500 children; advocated for the reopening of 20 schools in Farah, benefitting over 10,000 children; supported psychosocial services through the establishment of CFSs in the Northern Region, benefitting 11,900 children (including 4,165 girls) and 138 teachers in 36 schools, as well as 1,974 internally displaced children in Kunar and Nangarhar provinces. UNICEF Afghanistan received the majority of funding for this work through the 2014 HAC appeal and the Central Emergency Response Fund (CERF).

The challenges that UNICEF Afghanistan faced included insecurity, lack of access in many of provinces, low government capacity and insufficient funding, all of which made it difficult to fully achieve set targets for health and nutrition in 2014.

OUTPUT 1 During emergencies, children and women have access to and utilize Child Protection, Education, Health, Nutrition and WASH services.

Analytical Statement of Progress:

- A total of 12,808 children, including 4,510 girls, affected by floods and landslides in the Northern Region received education as part of emergency assistance. Teaching and learning materials (TLM) were provided to students and teachers to facilitate the continuation of learning. A total of 38 schools affected by floods and landslides were supported through the provision of 125 tents, 256 TLM kits, 78 blackboards and 138 teacher kits. In addition, 11 CBSs were established through the provision of tents and TLMs in conflict-affected areas in the Eastern Region where there were no formal schools, to facilitate education for 135 girls and 181 boys. These efforts ensured the restoration of education within a short period of time.
- The draft proposal for capacity building of MoE staff in emergency preparedness and emergency response was submitted and is pending finalization.
- The MoE and partners held regular monthly coordination meetings on education in emergencies (EiE) on time.
- Overall, 1,700 student start-up kits, 474 student top up kits, 670 teacher kits and 237 school tents were pre-positioned in five UNICEF zone offices. The procurement of 530 tents, 3,000 floor mats and 1,500 blackboards is underway

OUTPUT 2 Children and women benefit from early recovery and DRR support in identified high risks areas through Child Protection, Education, health & Nutrition and WASH.

Analytical Statement of Progress:

- Through partnership with Save the Children, 60 Community Emergency Response Teams (CERTs) and community-based early warning systems established in six districts of three Northern Region provinces (Balkh, Jawzjan and Saripul). Trainings on disaster risk reduction (DRR), first aid and search and rescue were conducted and response kits were provided in all CERTs.
- In total, 1,202 community members (800 male, 282 female, 120 children) trained on DRR. In addition, 157 (140 male, 17 female) local government authorities and civil society members, as well as 133 village religious leaders, trained on DRR and child protection in emergencies (CPiE).
- Disaster risk analysis completed for selected communities and hazard maps printed and displayed in each village. Out of 60 planned small-scale mitigation projects, 59 were completed, with one project postponed to 2015 due to insecurity.

- Six DRR key messages and 144 banners distributed in all 27 schools where a DRR awareness raising campaign was undertaken (10 in Balkh, 9 in Jawzjan and 8 in Saripul province), benefiting 9,324 children.
- Terms of reference for carrying out a situational and capacity analysis to develop an advocacy strategy for promoting and scaling up DRR completed.
- Female community participation in project activities was challenging, particularly in trainings and surveys.
- Coordination and mobilization with relevant government authorities successfully conducted. Save the Children established a Memorandum of Understanding (MoU) with the Afghanistan National Disaster Management Authority (ANDMA) at the national-level.
- Selection of 120 targeted villages and 52 schools completed, in coordination with provincial NDMA and relevant district authorities, and in accordance with the selection criteria.
- Hazard Vulnerability and Capacity Assessments (HVCA) conducted in 120 communities and 120 CERTs established. These included a total of 2,400 members (1,200 male, 1,200 female). All CERT members developed skills and knowledge through capacity building training sessions on emergency preparedness and response, DRR, CPiE, first aid and life-saving skills.
- Early warning system (EWS) training completed in all 120 communities and 52 schools and 172 sets of EWS equipment, such as loud speakers with sound systems provided.
- Training on EPP conducted in 120 communities and the preparation of EPP document is digitally printed and installed.
- DRR and CPiE trainings conducted in Balkh, Jawzjan and Saripul, benefitting 240 Mullahs.
- In total, 52 Children Councils established in 52 targeted schools and communities, and DRR and CPiE trainings conducted for Children Council members, benefitting 20,800 children.
- In total, 52 School Disaster Management Plans were developed, including school evacuation plans.
- DRR and CPiE messages printed on banners to disseminate key messages to children/school HVCA maps and school evacuation maps.
- Situational Analysis and advocacy strategy finalized and shared with the team and donor. These focus on three potential ministries, NDMA, MRRD and MoE.
- The government-led DRR Working Group at the province level (Balkh, Jawzjan and Saripul) established and functioning.
- Six case studies (three in Balkh and three in Jawzjan) focusing on CERTs, CCs produced.
- In total, 4,000 DRR cartoon book produced and distributed to schools in Balkh, Jawzjan and Saripul.
- The existing village, district province level structure (CERTs, CDC, CC, Child Protection Action Network (CPAN)) strengthened and linked with a provincial level sustainability mechanism and the continuation of risk reduction in their development agenda.
- In total, 65 community mitigation projects and 45 school mitigation projects completed.
- The institutional capacity assessment on the MoE to better integrate DRR into the education sector completed.
- CCDRR video clip that focuses on the past Jawzjan flood situation and the children's programme produced.

OUTCOME 7: Effective & efficient programme management & operations support

Analytical Statement of Progress:

UNICEF Afghanistan continued to improve its efficiency and effectiveness by streamlining transactions, establishing a BSC and clarifying and reviewing office instructions, which ensure that programmes are running smoothly and delivering results for children in Afghanistan.

An internal audit of UNICEF Afghanistan was conducted in October 2013. Of the 18 recommendations, 13 were closed by the end of 2014. It is anticipated that almost all recommendations will be closed by the end of the first quarter of 2015.

The action points from the management responses to the evaluation recommendations have been tracked on GEROS and the implementation rate of action points is reported to the CMT quarterly. Overall, 63 per cent of management responses to the evaluation of social work coaching projects carried out in 2011 are complete.

A HACT mission from HQ took place and work started on the development of assurance plans.

OUTPUT 1: Effective and efficient governance and systems

Analytical Statement of Progress:

The Table of Authority and Delegation of Authority were updated on a quarterly basis and staff trainings were conducted on financial controls, limits and the role of budget owners. ICT systems were well maintained and there were no major outages. A major review of user equipment was undertaken and a considerable order of laptops placed so as to replace old and obsolete equipment.

Committees were revised on a regular basis and statutory committee meetings held as required.

OUTPUT 2: Effective & efficient management and stewardship of financial resources

Analytical Statement of Progress:

DCTs that were outstanding for over nine months were continually reviewed to ensure that key performance indicators were addressed. However, there were still challenges in ensuring that DCTs outstanding for over nine months remained at less than 1 per cent.

The office prepared for the January 2015 launch of the Travel to Field system, developed by UNICEF Sri Lanka, which is expected to streamline the travel authorization process.

The vehicle fleet upgrades continued so as to bring the fleet up to date and ensure there are sufficient vehicles in each location.

A concept was developed for the approval and financing of US\$ 1.5 million for the construction of 12 additional Guest House units in 2015.

Substantial renovations and upgrades were undertaken in the offices, guest houses and bunkers. These included painting, refurbishing, double glazing and improvements of facilities in the bunkers.

OUTPUT 3: Effective & efficient management of human capacity.

Analytical Statement of Progress:

In 2014, UNICEF Afghanistan developed the new Country Programme for 2015-2019 and submitted the CPMP for the new cycle. Recruitment started for the new programme as well as to replace staff that had left, particularly in the latter half of 2014 when there was a lot of staff movement. Identifying suitably qualified and skilled staff, particularly females and internationals willing to work in a hardship, non-family duty station, remained a challenge in 2014. Some posts needed to be advertised several times. Female representation among international staff is more balanced (65 per cent male, 54 per cent female) than among national staff (82 per cent male, 18 per cent female).

Overall, 90 per cent of staff members had their 2013 Performance Appraisal System (PAS)/Performance Evaluation Report (PER) work assignments completed on time by the end of February 2014. In addition to the official performance appraisals, staff members also had regular feedback discussions with managers and supervisors to discuss their work, aspirations, challenges and career opportunities.

OUTPUT 4: Project Cost**Analytical Statement of Progress:**

This output is for the staff cost to support implementation of outcome programme support result # 12. A total of 128 staff positions at national and zone level filled in to support the implementation.

OUTPUT 5: Guest house Operations**Analytical Statement of Progress:**

UNICEF Afghanistan continued to improve on its booking and income management for the guest houses and the guest house software was made available to all zone offices. Occupancy was good despite travel and security constraints related to the elections. Guest house renovations were undertaken in Kabul and Jalalabad and the construction of 12 new units in Kabul was approved, financed and will commence in 2015.

Document Centre

Evaluation

Title	Sequence Number	Type of Report
UNICEF's Upstream Work in Basic Education and Gender Equality 2003-2012: AFGHANISTAN Country Case Study	2014/001	Evaluation

Other Publication

Title
BBC story books (43 for CFS and CBS) and 10 for female literacy courses , 2 teacher guidebooks grade1-3
Maternal, newborn and perinatal death review operational guideline to analysis causes of deaths – guideline developed for health providers and community health worker,

Afghanistan Key Data Booklet, UNICEF
2. Situation Analysis of Children and Women in Afghanistan, UNICEF
Convention on the right of the child in Dari and Pashto

Lessons Learned

Document Type/Category	Title
Lesson Learned	After-action emergency review for effective capacity development on the CCCs: Experience from the Northern region, Afghanistan