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Short-duration country programme document

Islamic Republic of Afghanistan

Summary

The short-duration draft country programme document for Afghanistan is presented to the Executive Board for discussion and approval. The Board is requested to approve the aggregate indicative budget of \$30,168,000 from regular resources, subject to the availability of funds, and \$60,884,000 in other resources, subject to the availability of specific-purpose contributions, for the year 2009.

* E/ICEF/2008/9.

The situation of children and women

1. The *Afghanistan Human Development Report 2007* indicates that the country remains one of the least developed countries, ranking 174 out of 178 in the human development index. Forty two per cent of the total population lives under the cost of basic needs poverty line.¹ While significant progress has been made, humanitarian assistance and service delivery for development and reconstruction to the Afghan population has been constrained, due to the lack of adequate security and political stability. In addition, with over half the population under 18 years of age,² it is a tremendous challenge to fast-track human capital development for the creation of a qualified and resilient workforce to take development process forward.³ Therefore, investment in children for long-term development is a top priority.

2. Despite the on-going conflict in some parts of the country and a challenging programming environment, Afghanistan has made fair progress towards the Millennium Development Goals, particularly Goals 2, 3 and 4. In 2007, over 4.67 million children were enrolled in primary schools, as compared to 4.26 million children in 2005, but disparities still exist between rural (36 per cent) and urban areas (53 per cent). There is a stark gender disparity between urban, rural and socially excluded groups. The net enrolment in primary education stands at 53 per cent for urban children, whereas it is only 6 per cent for nomadic children.⁴ There is almost a 1:1 ratio of girls and boys attending school in urban areas, but in rural areas, only half the number of girls attends school as compared to boys. Girls have limited access to education due to restricted movement, cultural barriers, shortage of female teachers and poor facilities.

3. Remarkable progress has been made towards achieving Goal 4. The under-five mortality rate (U5MR) has come down from 257 per 1,000 live births in 2001 to 191 per 1,000 live births in 2004.⁵ The infant mortality rate came down from 165 per 1,000 live births in 2001 to 129 per 1000 live births in 2004. A number of key factors have contributed to the decline in mortality among children: overall socio-economic progress; multiple rounds of measles immunization campaigns; biannual nationwide vitamin A supplementation to children under five; tetanus immunization campaigns targeting women of reproductive age; and increased access to and utilization of basic health services and routine immunization. However, despite this major decline, Afghanistan's mortality rate remains among the highest in the world. Afghanistan continues to be one of the four polio-endemic countries in the world, and will continue to need substantial investment of resources in its eradication efforts. With an estimated maternal mortality ratio (MMR) of 1,600 per 100,000 live births,⁶ Afghanistan has one of the highest MMRs in the world.⁷ Despite

¹ Afghan National Development Strategy (ANDS), *Social Protection Strategy*, 2008. This figure is an estimate of poverty headcount rates based on the cost of basic needs poverty line.

² These are the best estimates of social indicators for children in Afghanistan, 1990-2005.

³ National Risk and Vulnerability Assessment (NRVA), 2005.

⁴ NRVA, 2005.

⁵ Estimates are based on *The State of the World's Children* and a 2006 maternal health survey.

⁶ Linda A. Bartlett *et al.*, "Where giving birth is a forecast of death: maternal mortality in four districts of Afghanistan, 1991-2002", *Lancet* 2005; 365: 864-70.

⁷ Based on World Health Organization (WHO)/UNICEF/United Nations Population Fund (UNFPA) and the World Bank estimates, which adjust the ratio for underreporting and misclassification of maternal deaths.

encouraging trends in basic services utilization, the access to and use of emergency obstetric care is still extremely limited.

4. Environmental degradation continues to make a significant impact on the availability of and access to safe drinking water. Poor hygiene practices as well as lack of access to sanitation and clean water contribute to poor health and high prevalence of diarrhoea, a major cause of child mortality in Afghanistan. Despite development projects focusing on providing access to safe drinking water, coverage has only marginally increased, from 21 per cent in 2003 to 27 per cent in 2005. Only 8 per cent of households have access to latrine facilities.

5. Afghanistan has yet to implement standards and norms embodied in international laws and treaties it has committed to. The rights of children in conflict with the law are routinely violated at all stages of the criminal justice process. Increasing numbers of children are victims of the on-going armed conflict and displacement, especially in the southern region. There is no systematic support for psychosocial recovery of conflict-affected children and youth. An estimated three million Afghans still reside in neighbouring countries. During the first eight months of 2007, more than 300,000 Afghan refugees returned.⁸ However, there is continuing pressure of actual or threatened closure of camps and settlements in the neighbouring countries where they sought refuge. There is thus a persisting and unpredictable risk for an increasing number of vulnerable returnee children.

The country programme 2009

Summary budget table*

<i>Programme</i>	<i>In thousands of United States dollars</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Basic education and gender equality	6 760	22 308	29 068
Health and nutrition	6 308	20 816	27 124
Water and environmental sanitation	3 596	7 140	10 736
Child protection	2 306	3 570	5 876
Advocacy and programme communication	1 753	2 500	4 253
Social policy analysis, planning, monitoring and evaluation	1 645	2 200	3 845
Cross-sectoral cost	7 800	2 350	10 150
Total	30 168	60 884	91 052

* Additional funds for emergency response may be raised if necessary. Health and nutrition funds include funds for continuing polio eradication efforts.

Reasons for short-duration programme

6. The proposed one-year extension of the 2006-2008 country programme by another year is due to the decision of the United Nations Country Team to align programme cycles supported by the United Nations with the Afghanistan National

⁸ United Nations Office of the High Commissioner for Human Rights (UNHCR) Afghanistan.

Development Strategy (ANDS) framework, which will commence in 2010. To this end, structural adjustments have been made to strengthen UNICEF support for social policy analysis and dialogue in order to inform the ANDS framework.

Goals, key results and strategies

7. The goal of the short-duration country programme is to create an enabling environment for the progressive realization of the rights of children and women to survival, development, protection and participation. The country programme aims to contribute to the following strategic results by the end of 2009, as measured from the baseline set in the country programme 2006-2008: (a) a 20 per cent decrease in U5MR; (b) a 15 per cent decrease in MMR; (c) the virtual elimination of iodine deficiency disorders; (d) a 30 per cent decrease in underweight children below three years of age; (e) a 50 per cent increase, from the baseline figures of 2005, in literacy rates among females 15-49 years old; (f) a 20 per cent increase, from the 2005 baseline, on primary school net enrolment for girls; (g) a 20 per cent increase, from 2005 baseline, on access to sustainable safe drinking water; (h) a 20 per cent increase in access to improved sanitation; (i) a strengthened nationwide capacity to monitor and report violations of children's rights; (j) an enhanced capacity for social policy analysis and policy dialogue; and (k) a strengthened national capacity for emergency preparedness and response, aimed at reducing suffering, preventing abuse and minimizing the loss of lives. Other than adjusting reduction targets for U5MR and MMR in order to align them with the ANDS, the other key results mentioned above will remain the same as that of 2006-2008 country programme.

Programme components

8. The **basic education and gender equality** programme aims to reduce disparities in relation to geography, gender and ethnicity and improve quality of primary education by supporting implementation of the Five Years National Education Strategic Plan of the Ministry of Education. There are a number of key areas of support: develop a comprehensive teachers training system, enlarge the pool of female teachers, develop textbooks for primary and lower secondary grades, and offer appropriate learning opportunities with a focus on out-of-school girls. Communities will receive support to protect schools and to establish community-based schools.

9. The programme will aim to contribute in achieving 80 per cent girls' enrolment in one hard-to-reach province to create a successful model for other partners to follow. In addition, it will support implementation of a plan of action for expanding adult literacy classes for women. The programme will also take part in monitoring of results defined in the National Strategic Plan for Education to pave the way to engage in an evidence-based policy discourse on education.

10. The **health and nutrition programme** aims to contribute to the reduction of infant and child mortality by scaling up coverage of a high-impact child survival intervention package,⁹ especially in the hard-to-reach areas, through child health days and community-based management of malnutrition. Special focus will be on

⁹ High-impact intervention will include interventions shown to have had impact in the *Lancet* series of articles on child survival and the current UNICEF medium-term strategic plan. These would include, among others, oral rehydration salts and zinc for treatment of diarrhoea, measles and tetanus, toxoid immunization, vitamin A supplementation and breastfeeding promotion.

the unreachable areas of Diakundi, Badghis, Nooristan and Nimroz provinces. To address the high maternal and neonatal mortality, community-based maternal and neonatal care interventions will be introduced and community midwives training will be scaled up. Emphasis will be put on community mobilization to support routine and supplementary immunization to contribute to polio eradication. Together with other sectors, a comprehensive School Health Programme, consisting of hygiene education and life skills emphasizing adolescent health and development, will be implemented, as part of a joint programme of the Government of Afghanistan and the United Nations. With significant new funds from the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNICEF will focus its support to the National AIDS Control Programme, providing technical assistance for the improvement of management practices and the introduction of prevention of mother-to-child transmission and paediatric HIV treatment services into maternal and child health and reproductive health.

11. The **water and environmental sanitation (WES) programme** will prioritize development and implementation of strategies for community-based operation and maintenance of services and infrastructure and for developing national and subnational capacity for decentralised implementation of WES activities. Efforts will be made to address water-quality issues and support water quality testing, mapping and concurrent monitoring. The programme will continue efforts to promote effective use of household toilets and proper hand-washing practices at the family level. Innovative community-based approaches for the promotion of sanitation and hygiene will be demonstrated in partnership with Community Development Councils in selected provinces. In addition, the programme will demonstrate model clean villages in all provinces and aim to achieve universal coverage of key hygiene and sanitation practices in selected remote provinces.

12. The **child protection programme** will continue to strengthen national and subnational systems and expand interventions to protect children against violence, exploitation and abuse, and reduce their vulnerability to drug use and HIV infection, in partnership with child protection action networks (CPAN). The programme will build on pilot experience and lessons learned from CPAN to influence the on-going legislative and policy dialogue in juvenile justice, child welfare and social protection. UNICEF will assist in the continued development of mechanisms for monitoring and reporting child rights violations, especially those related to the Security Council resolution 1612 (2005) on the use of child soldiers and border-based exploitation of children. In partnerships with technical ministries, United Nations agencies and the Afghan Red Crescent Society, UNICEF will establish youth networks in provinces and develop their capacity to promote gender-appropriate knowledge, skills and access to services.

13. The **advocacy and programme communication** component aims to contribute to an increased awareness of and respect for the situation and the rights of Afghan women and children, and to provide technical input and assistance in behavioural and social change communication for all the key results of the country programme. Integrated communication strategies for behaviour development and change to improve child and maternal survival, through community participatory processes in six pilot districts in 2008, will be evaluated and strengthened. Innovative social marketing approaches to reach youth and their families, with key messages covering all programme priorities, will be implemented through the mass media. Data-driven social mobilisation for increased knowledge and acceptance of

the polio eradication campaign will be strengthened in high-risk areas, based on an integrated monitoring process.

14. The **social policy, planning, monitoring and evaluation programme** will establish a social policy dialogue to frame key issues and discuss them in the public domain. The country programme will invest in strengthening capacity for research and documentation to inform social policy analysis and dialogue. The programme will build capacity of government counterparts to monitor progress made against the ANDS framework, the Millennium Development Goals and other national development priorities. UNICEF will provide technical input and support to the Government to report on international conventions, including the Convention on the Rights of the Child and the Millennium Development Goals. Efforts will focus on data analysis for evidence-based decision-making for children and supporting government institutions in strengthening monitoring and evaluation systems and information exchange mechanisms among line ministries and development partners. A mid-year and end-year review meeting will be organized to track the progress to be made against the planned programme target.

Emergency response

15. Given that Afghanistan is disaster-prone, emergency preparedness and response interventions will be prominent across all programmes, with defined results and indicators included in the country programme results matrix (key results 1.6, 2.4 and 4.4). In line with the UNICEF Core Commitments for Children in Emergencies and the United Nations cluster approach to emergency preparedness and response, UNICEF will continue to prioritize emergency preparedness and response in collaboration with the Government of Afghanistan and other partners. The priority will be to strengthen humanitarian information management systems, emergency mitigation and stakeholder coordination. Preparedness and response planning will be guided by participatory threats analysis and strategic prepositioning of relief supplies at national and provincial levels. The underserved provinces of Badakshan and Diakundi will be special focus areas for emergency management.

Major partnerships

16. UNICEF will continue to engage in strategic partnerships with the Ministry of Public Health, the World Health Organization (WHO), the United Nations Population Fund (UNFPA) and the United Nations Development Fund for Women (UNIFEM) in a joint programme for maternal mortality reduction; with the World Food Programme (WFP), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNIFEM in a joint programme for women's functional literacy; with the Ministry of Public Health, the Ministry of Education, WFP, WHO and UNESCO in the Healthy School Initiative; and with UNFPA, the United Nations Development Programme (UNDP) and United Nations Volunteers (UNV) in a national joint youth programme. In the education sector, UNICEF will continue to engage in a strategic partnership with the World Bank, the United States Agency for International Development, UNESCO, the Japanese International Cooperation Agency, the Danish International Development Agency and various national and international non-governmental organizations (NGOs), and support the Government of Afghanistan to implement the Five Years Education Strategic Plan 2006-2010. The **health and nutrition programme** will strengthen partnership with the NGOs implementing the Basic Package of Health Services for Afghanistan

under contract with the Ministry of Public Health. UNICEF will work closely with the Ministry of Rural Rehabilitation and Development and other development partners to develop the capacity of the Community Development Councils to implement community-based interventions. UNICEF will invest in promoting stronger partnerships and developing capacity of professional bodies, such as the Bar Association, the Obstetric and Gynaecological Society, the Afghan Midwives Association and similar bodies, to influence policy changes and champion the rights of women and children. Emergency preparedness and response will be coordinated through the Afghanistan National Disasters Management Authority at the national level and the provincial disaster management committees at the provincial level. To contribute to the monitoring of national development benchmarks, UNICEF will partner with the Central Statistics Office and ANDS to establish a solid data management, analysis and reporting system at the national level.

Country programme management

17. The country office will monitor the progress of implementation of the country programme through country management team meetings and programme coordination meetings, to be organized on a monthly basis. The country programme will make efforts to implement relevant recommendations of the organizational review during the one-year period, particularly while the next longer-term country programme is developed. The short-duration country programme for 2009 will focus on strengthening capacity for planning, implementation and monitoring at the subnational level, using a decentralised approach through its zone offices and provincial outposts. Taking note of the deteriorating security situation, the office will maintain a strong business continuity plan, support alternative approaches to programme delivery, demonstrate models for replication and invest in staff security and safety to ensure uninterrupted programme delivery for the children and women of Afghanistan in a challenging security situation.
