

22 July 2009

United Nations Children's Fund

Executive Board

Revised country programme document

Afghanistan (2010-2013)

The draft country programme document (CPD) for Afghanistan (E/ICEF/2009/P/L.15) was presented to the Executive Board for discussion and comments at its annual session of 2009 (8-10 June). The Executive Board approved the aggregate indicative budget of \$157,668,000 from regular resources, subject to the availability of funds, and \$243,536,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2010 to 2013.

In accordance with Executive Board decision 2006/19, the present document was revised and posted on the UNICEF website no later than six weeks after discussion of the CPD at the annual session. The revised CPD will be approved by the Executive Board at its second regular session of 2009.

Basic data[†]

(2007, unless otherwise stated)

Child population (millions, under 18 years)	14.5
U5MR (per 1,000 live births)	257
Underweight (% , moderate and severe, 2003-2004)	39
Maternal mortality ratio (per 100,000 live births, 1999-2002)	1 600 ^a
Primary school enrolment/attendance (% net, male/female, 2007)	74/46
Survival rate to last primary grade (% , 2003)	90 ^b
Use of improved drinking water sources (% , 2006)	22
Use of improved sanitation facilities (% , 2006)	30
Adult HIV prevalence rate (%)	—
Child labour (% , children 5-14 years old, 2003)	30
GNI per capita (US\$)	— ^c
One-year-olds immunized with DPT3 (%)	83
One-year-olds immunized with measles vaccine (%)	70

[†] More comprehensive country data on children and women are available at <http://www.unicef.org>.

^a The 2005 estimate developed by WHO/UNICEF/UNFPA and the World Bank, adjusted for underreporting and misclassification of maternal deaths, is 1,800 per 100,000 live births. For more information, see <http://www.childinfo.org/areas/maternalmortality/>.

^b Survey data.

^c Low income (\$935 or less).

Summary of the situation of children and women

1. Afghanistan has some of the lowest socio-economic indicators in the world due to decades of ongoing conflict. Poverty is endemic, and the overwhelming majority of the population lacks access to basic infrastructure and services. The status of women and girls in Afghanistan continues to be compromised, particularly in education, health and employment. Only an estimated 12.6 per cent of women are literate, compared with 32.4 per cent of men. Recurrent disasters have exacerbated humanitarian needs in parts of the country, perpetuating high levels of vulnerability.

2. Afghanistan's human development index ranking stood at 174 out of 178 countries in 2007. An estimated 42 per cent of Afghans live below the poverty line, and many have become more vulnerable by the global food crisis. Some 1.2 million children under five and 550,000 pregnant and lactating women living in 22 drought-affected provinces were at high risk of malnutrition in 2008. The country continues to depend on external aid, with nearly half of public expenditures of the year 2007-2008 coming from external budget.

3. Afghanistan has made fair progress towards the Millennium Development Goals 2 and 3. Enrolment in primary schools increased, from 4.26 million children in 2005 to 4.77 million in 2008, of which over 1.78 million were girls. Despite this progress, great disparities persist among the different groups (for example, net enrolment in primary education stands at 53 per cent for urban children against 6 per cent for nomad children¹).

¹ *National Risk and Vulnerability Assessment 2005*, p. 14.

4. Afghanistan has the second-highest maternal mortality ratio in the world (1,600 per 100,000 live births). Infant and under-five mortality are also high, at 129 per 1,000 live births and 257 per 1,000 live births, respectively. Prevalence of diarrhoeal diseases resulting from poor hygiene practices continues to impair child health and survival. Only 8 per cent of rural households have access to sanitary toilets and 23 per cent to clean water. Afghanistan is one of the four polio-endemic countries in the world, with confirmed cases concentrated in the conflict-affected areas. Access to, and utilization of, emergency obstetric care (EmOC) is extremely limited. The reported HIV prevalence remains low, but population displacement, the low status of women, as well as increasing drug use and inadequate blood safety and injection practices, coupled with low awareness, create a risk for potential HIV/AIDS epidemic.

5. Afghanistan ratified the Convention on the Rights of the Child (CRC) in 1994, and the Government is currently preparing its first report to the Committee on the Rights of the Child. The rights of children in conflict with the law are routinely violated at all stages of the criminal justice process. An estimated 3 million Afghans still residing in neighbouring countries face closure of refugee camps and settlements. Long-term internally displaced persons, estimated at 129,000, reside in camp-like situations, particularly in the conflict-affected areas of the south. There is no systematic approach to provide psychosocial support to conflict-affected children.

6. An estimated 68 per cent of the population in Afghanistan is under 25 years old, with the majority disenfranchised and lacking educational or employment opportunities. A significant portion of rural girls marry young, **due to cultural and religious beliefs and poverty**, and experience early pregnancy, **which is detrimental to their health and development. Since the establishment of Child Protection Action Networks (CPAN) in 2007, some communities have begun reporting child marriage, which is facilitating advocacy and prevention against the practice, as well as action, in some cases, taken to cancel marriages. Youth Information and Contact Centers (YICC) have also been used for raising awareness against this practice.** While the aspirations and hopes of young people can help build Afghanistan, disillusioned and alienated youths are a potentially destabilizing factor for the country.

7. The security situation in Afghanistan has further deteriorated since 2005. Geographic, ethnic and social fragmentation is a key underlying cause of the conflict and contributes to its devastating effects. More than 140 of the 328 districts (43 per cent) are considered high- or extreme-risk areas. In 2008, the total number of security incidents exceeded 8,893, the highest since 2001. Attacks against aid workers, convoys and facilities increased, with 198 incidents in 2008. A total of 283 school attacks were reported in 2008, 89 of which were arson and 78 involved explosives. Humanitarian aid, development assistance and reconstruction are severely constrained by inadequate security and institutional capacity. The security situation might deteriorate further ahead of the forthcoming presidential and provincial council elections in Summer 2009.

8. The humanitarian country team has formulated a humanitarian action plan using the cluster approach, with linkages to the Afghanistan National Development Strategy (ANDS), particularly for education, health and nutrition, food security and water and sanitation — all areas where the relationship between relief, recovery and development needs to be strengthened.

Key results and lessons learned from previous cooperation, 2006-2009

Key results achieved

9. The 2006-2008 country programme contributed to the national goals defined in the interim ANDS and the United Nations Development Assistance Framework (UNDAF), focusing on integrated early childhood development, girls' education, child protection and emergency preparedness and response. It contributed to the following key results.

10. **Health and nutrition.** Antenatal care coverage increased from 5 per cent² to 16 per cent³ and delivery by skilled birth attendants from 6 per cent to 14 per cent, according to the *State of the World's Children 2009*. Coverage of polio vaccine increased from 89 per cent to 95 per cent through four national immunization rounds per year and intensive community mobilization. Consumption of iodized salt at the household level increased from 41 per cent in 2005 to 53 per cent in 2008, through production of quality iodized salt, social mobilization and improved surveillance.

11. **Education.** Primary school enrolment of girls increased from 402,427 in 2006 to 1.78 million in 2008, achieved through the provision of teaching and learning materials to 10.39 million children (grades 1-3) and over 270,000 teachers countrywide. Construction of furnished cost-effective schools provided an improved learning environment to 65,300 students. Access increased for 148,340 children in remote areas through the provision of community-based schools. Some 156,525 females enrolled in literacy courses in 2007 and 2008, and over 48,000 females enrolled in 2006 completed a nine-month literacy course, contributing to women's empowerment in the country.

12. **Emergency.** Emergency preparedness was reinforced through the roll-out of the cluster approach. UNICEF is the lead agency in nutrition and water, sanitation and hygiene (WASH) clusters and a co-lead in the education cluster.

13. **Protection.** Progress has been made in monitoring and reporting on violations of children's rights in armed conflict (Security Council resolution 1612) through the Country Taskforce for Monitoring, Reporting and Response Mechanism. The Child Protection Action Network (CPAN) was expanded to 23 provinces, resolving 1,500 cases in 2008. The National Strategy for Children at Risk was adopted. The Government, with support of UNICEF (**providing financial and technical assistance to the Ministry of Foreign Affairs to facilitate the preparation process and overall coordination of the exercise**), is currently preparing its first State Party report to the Committee on the Rights of the Child. Specialized legal aid for children was initiated, serving over 1,200 children in 2008. Youth Information and Contact Centres were introduced in 14 provinces.

14. **WASH.** A national strategy and plan of action on control of diarrhoeal diseases, national policy guidelines on community-based management of water systems and national guidelines on the decentralized implementation of the rural WASH were jointly developed. More than 980,000 schoolchildren and 1.3 million childcare givers gained sustainable access to safe drinking water and sanitary toilets and benefited from improved hygiene practices. Access to safe water increased by

² MICS 2003.

³ MICS 2003.

5 per cent since 2006. Disaster response improved through the provision of safe drinking water for 700,000 drought-affected people.

15. **Programme communication.** An integrated package of eight positive behaviours was promoted at the household and community levels through participatory processes in six pilot districts. Some 15,000 people (half of them women) were empowered to be agents of behaviour change to improve maternal and newborn health.

16. **Planning, monitoring and evaluation.** The establishment of the first Afghan socio-economic database using DevInfo technology provided partners and stakeholders with access to a centralized repository of data, enabling monitoring of progress towards the Millennium Development Goals and the ANDS.

Key lessons learned from previous cooperation 2006-2008/2009

17. The following are key lessons learned from the current country programme: (a) Where access is difficult due to insecurity or geographical constraint, third-party arrangements are an alternative mechanism to enhance quality assurance of programme delivery as well as community ownership. **The detailed joint planning by the Government of Afghanistan and UNICEF – including routine interviews and cross-checking of information of implementation status through various available sources, as well as mid-year and year-end monitoring reviews, combined with relevant stakeholders at provincial and national levels – provide for relatively acceptable verification of results within the current country context;** (b) **Construction of boundary walls and water and sanitation facilities in schools contribute to an effective strategy to promote girls’ attendance and retention, including in insecure areas.** (c) Community mobilization through school management committees is a major strategy to ensure protection of schools and provide an enabling environment for girls’ education; (d) Participatory community processes, in line with communication for development strategies, are resourceful approaches in bringing about sustained behaviour change at household level for maternal and child health.

The country programme, 2010-2013

Summary budget table*

Programme	<i>(In thousands of United States dollars)</i>		
	Regular resources	Other resources	Total
Health and nutrition	32 040	84 309	116 349
Basic education and gender equality	30 232	90 129	120 361
Water, sanitation and hygiene	23 126	29 031	52 157
Child protection and youth empowerment	22 745	25 399	48 144
Advocacy, external relations and communication for development	10 699	5 349	16 048
Social policy, planning, monitoring and evaluation	12 036	4 012	16 048

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Cross-sectoral cost	26 790	5 307	32 097
Total	157 668	243 536	401 204

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

Preparation process

18. The United Nations country team has aligned the UNDAF cycle with the ANDS and has identified three priority areas to support the implementation of the ANDS: (a) governance, peace and stability; (b) sustainable livelihoods; and (c) basic social services, including health, education, water and sanitation. **United Nations agencies will work on these three areas, according to their comparative advantage. UNICEF will contribute to all the three priorities, with a special focus on basic social services, including health, education, water and sanitation.**

19. Under the leadership of the Ministry of Foreign Affairs, the country programme was developed through consultations with United Nations agencies, line ministries, civil society, donors and development partners. The key results are in line with the ANDS, the UNDAF and the UNICEF medium-term strategic plan (MTSP) for 2006-2013, with emphasis on human capital, stability and marginalized groups. The overall CPD process was based on a workplan, prepared in November 2008 and updated in January 2009.

Goals, key results and strategies

20. The country programme supports the Government of Afghanistan in its effort to realize the rights of children to survival, development, protection and participation, in line with the ANDS, the UNDAF and the Millennium Development Goals, thus contributing to a consolidation of the peace and the reconstruction process. Given the deteriorating security situation and recurring natural disasters in the country, the programme will aim to fast-track high-impact interventions in support of the MDG in selected accessible but highly disadvantaged communities, while making provisions to respond to humanitarian needs, focusing on the Core Commitments for Children in Emergencies (CCCs). **Hence each programme component incorporates provisions for emergency preparedness and response within the emergency cluster approach mechanism.** The programme will contribute to a reduction in child vulnerability through meaningful social inclusion and by supporting the scale-up of evidence-based integrated programmes. The achievement of these results depends on accessibility and the evolving security situation. Therefore, the Country Office will consider various options for the programme, based on possible security scenarios. The Multiple Indicator Cluster Survey (MICS) 2009 will provide the baseline for the results planned at the national and sub-national levels. **MICS 2009 will strengthen the baselines on gender-disaggregated key indicators, complementing the gender analysis provided in the UNDAF, which guided formulation of the country programme document.**

21. **Health and nutrition.** Drawing on a 2008 country assessment that informed a UNICEF Asia Pacific Representatives Meeting (APRM), the health and nutrition

programme will prioritize community-based strategies that will enhance newborn and child survival, growth and development, as well as maternal health. UNICEF support will contribute to achieving the following results: (a) health and nutrition policies and strategies are evidence-based and support high-impact, measurable interventions through a continuum-care approach to achieve the Millennium Development Goals; (b) in four provinces,⁴ 75 per cent of pregnant women, newborns and children under five have access to the integrated community minimum package of health and nutrition services, and 50 per cent of pregnant women have access to skilled birth attendants, antenatal care and infant and young child feeding services; (c) a 20-per cent decrease in underweight children under three years of age; (d) reduce the burden of immunization preventable diseases among children under five by 80 per cent; (e) at least 90 per cent of households have consume iodized salt; (f) all known HIV-positive babies and pregnant women requiring antiretroviral therapy receive treatment and have access to comprehensive services for the prevention of mother-to-child transmission (PMTCT) of HIV; and (h) over 90 per cent of children are covered by life-saving interventions during emergencies.

22. Basic education and gender equality will contribute to the following results: (a) appropriate policy, legislation and budget allocations aimed at universal school readiness and primary school; (b) **at least** 20-per cent increase in primary school enrolment for girls; (c) over 60 per cent of girls enrolled in grade one reach grade 5 in year five of the education cycle; (d) at least 30 per cent of primary schools are child-friendly; (e) a 50-per cent increase in literacy rates among females between the ages of 15 and 24; and (f) emergency response is provided to ensure continuity of schooling, **including protection of schools against attacks, through the following interventions: (i) gather data on school incidents and respond immediately for the reactivation of the school through provision of supplies and rehabilitation of the school buildings or provision of school tents, as needed; (ii) mobilize local communities through school management *shura* (committees), community elders and religious leaders to prevent future attacks; (iii) encourage communities in the conflict-prone zones to sign memorandums and commitments to protect schools in their areas.**

23. Water, sanitation and hygiene (WASH) will contribute to the following results: (a) national budgets, policies, strategies and plans prioritize vulnerable groups to reduce disparities in access to WASH; (b) a 15-per cent increase in access to safe drinking water; (c) a 20-per cent increase in access to household toilets; (d) a 70-per cent increase in awareness on sanitation and hygiene and the links to health, and at least 60 per cent of families adopt sustainable hygiene practices; (e) some 80 per cent of schools have sustainable water and sanitation facilities; (f) the capacity of implementing partners developed; and (g) effective emergency preparedness and response plans (EPRPs) are developed and implemented with WASH partners.

24. Child protection and youth empowerment will contribute to the following results: (a) children are protected through more effective policies, legislation and child protection systems; (b) families and communities are better informed to protect children from abuse and exploitation, especially gender-based violence and harmful practices; (c) effective child-protection monitoring and reporting mechanisms developed to ensure evidence-based advocacy; (d) some 60 per cent of

⁴ Target provinces are Bagdhis, Daikundi, Nimroz and Nooristan.

youth, including all most-at-risk adolescents, have access to the information and services necessary to protect themselves from HIV/AIDS, sexually transmitted infections and drug-use; and (e) effective EPRPs developed and implemented with the child protection sub-cluster.

25. **Social policy, planning, monitoring and evaluation.** Within the framework of a human rights-based approach to programming, using reliable disaggregated data, the programme will contribute to the following results: (a) articulate UNICEF inputs into key national processes, with a view to positioning children and women at the centre of Afghanistan’s development agenda, **through evidence-based advocacy**; (b) influence (i) formulation of policies **and scale-up of best practices, based on lessons learned from the implementation and monitoring of projects on the ground, and (ii) development of** the legal framework, to reflect the rights of women and children; (c) leverage allocation of national and international resources to invest in children; and (d) articulate issues of social exclusion and marginalization to promote the social protection programmes.

26. **Advocacy, external relations and communication for development** will contribute to the following results: (a) bring visibility to women’s and children’s rights, issues affecting children and women, and support fundraising through advocacy, the media and communication interventions; (b) encourage positive behaviour change in family and community practices to accelerate maternal, newborn and child health; (c) create demand for social services, especially among excluded and marginalized groups, through community participation in development processes; (d) link voices of youth, children and women from underserved communities with social policy development; and (e) build technical capacity in communication for development among government counterparts and partners.

Strategies

27. The current situation calls for a strategy that strikes a balance between normal development programming, effective emergency planning and response, and proactive approaches to access new areas. The following strategies are guided by this overall strategy:

(a) Promote programme convergence by integrating basic health and nutrition interventions and hygiene interventions in communities;

(b) Strengthen existing cross-border interventions and information exchange with neighbouring offices to respond to polio eradication, child protection, returnees and the security situation;

(c) Strengthen and sustain positive behaviour change by integrating communication for development across programmes, using community participation and “Facts for Life”;

(d) Enhance girls’ enrolment and retention by advocating the recruitment of female teachers and supporting the creation of enabling learning environments for girls so that they achieve their full learning potential;

(e) Reinforce the capacity of the Government and civil society to ensure responsive service delivery at the national and subnational levels to address the most vulnerable women and children;

- (f) Advocate for implementation of child-friendly procedures to prevent rights violations and provide quality responses;
- (g) Empower youth with by providing knowledge and skills enabling them to make positive choices for their future;
- (h) Enhance coordinated and rapid responses to emergencies, **using the cluster approach and formulation of yearly emergency preparedness plans.**
- (i) Use innovative approaches to increase access and enhance effectiveness of third-party monitoring of UNICEF-assisted programmes in insecure areas (**more than 140 of the 328 districts – 43 per cent – are considered high-risk or extreme-risk areas**). In these areas, service delivery will be carried out through community-based organizations, NGOs and, more recently, with Community Development Councils (in WASH), as well as by using volunteers within the communities (vaccinators), community mobilizers and access negotiators (e.g. polio). More third-party arrangements will be used for monitoring, involving local communities (school management committees for reporting school incidents, school construction, community-based school performance) and local NGOs working with communities.
- (j) Promote, in line with the UNDAF approach of integrated service delivery in selected provinces, cross-sectoral linkages amongst various programme components (health and nutrition, education, child protection, youth empowerment and WASH) to create synergy and maximize the impact of interventions.

Relationship to national priorities and the UNDAF

28. The key results of the country programme will contribute to the achievement of the Government priorities outlined in its five-year plan (ANDS 2008-2013), the UNDAF and other sectoral and multisectoral strategies, emphasizing access to basic services and a protective environment for vulnerable children and families.

Relationship to international priorities

29. The programme design has been guided by the CRC, the Convention on the Elimination of All Forms of Discrimination against Women, *A World Fit for Children*, the Millennium Development Goals and the Millennium Declaration. Despite all efforts, due to the challenging environment, Afghanistan is lagging behind with regard to several of its targets for the Goals. The results will contribute to all five UNICEF MTSP focus areas.

Programme components

30. **Health and nutrition** will contribute to reaching Goals 4 and 5, in line with the Afghan National Health and Nutrition Sector Strategy 2007-2013, through three projects: (a) maternal, newborn and child health; (b) expanded programme on immunization; and (c) nutrition and early childhood care. The programme will, in convergence with other UNICEF programmes, support health system strengthening, delivery of existing services and the scaling-up of low-cost high-impact interventions to reduce maternal, newborn and child mortality.

31. The maternal, newborn and child health project will enhance availability of skilled birth attendants through the Basic Package of Health Services (BPHS) providers countrywide; roll out community-based maternal, newborn and child care

in four provinces through community health workers and community support groups; establish a community-managed maternal and newborn referral system to ensure access to EmOC when complications occur; and enhance provision of targeted services in underserved areas through BPHS providers to achieve equity.

32. The expanded programme on immunization project will support National Immunization Days campaigns to eradicate polio, reduce measles mortality and eliminate neonatal tetanus in Afghanistan. Routine immunizations will be enhanced through the Reaching Every District approach and a strengthened cold chain system.

33. The nutrition and early childhood care project will contribute to the reduction by 20 per cent of underweight children under the age of three and reduce micronutrient deficiencies. Community health workers and community support groups will provide infant and young child feeding counselling and management of severe acute malnutrition at the household level, and promote micronutrient supplements and de-worming drugs, use of fortified foods, hygiene practices and access to safe drinking water. Low prevalence of HIV/AIDS will be maintained through PMTCT and behavioral change communication. The CCCs will be integrated into the programme.

34. **Basic education and gender equality** aims to reduce the (geographical, ethnic and gender) disparities in education, increase enrolment and retention, especially for girls, boost female literacy rates, provide quality education and ensure schooling during emergencies. The programme will be delivered through four projects: (a) access and retention; (b) quality improvement; (c) female literacy; and (d) emergency and conflict situations.

35. The access and retention project will contribute to (a) **increased enrolment and retention through (i) improvement of learning environments; (ii) a child-centred approach; (iii) provision of supplementary learning materials; (iv) involvement of local communities in school management; (v) establishment of community-based schools that provide learning opportunities for out-of-school children; (vi) establishment of a cohort tracking system in schools, to strengthen monitoring of school drop-outs, retention and completion, thus enabling the Ministry of Education to collect data on these three key indicators for girls and boys; (b) increased enrolment and retention of girls through (i) increased opportunities for female teachers, including training and recruitment; (ii) establishment of appropriate learning spaces, which include the construction of boundary walls and water and sanitation facilities, to attract and retain girls in school; (iii) promotion of other strategies, such as community-based schools, to provide schooling for hard-to-reach areas; (iv) accelerated learning, especially in insecure areas where a normal curriculum cannot be implemented; (v) provision of learning for over-age and out-of-school girls; (vi) female literacy, focusing on 15–24 age groups; (vii) the Afghanistan Girls' Education Initiative, which brings all stakeholders in education under the leadership of the Ministry of Education, to discuss how to support girls' education and the strategy and mechanisms required at various levels; and (viii) linkages with the health and nutrition, WASH and child protection programmes, to prevent children's rights violations, particularly against girls, who are the most vulnerable.**

36. The quality improvement project will support the Government in developing textbooks, implementing pre-service and in-service teacher education packages and creating an inclusive policy framework, with focus on girls, children with

disabilities and children in hard-to-reach areas, as well as promoting child-friendly approaches. A strategy for enlarging the pool of female teachers will be supported. Development of a policy, curriculum and teacher training package for early childhood education will be supported.

37. The female literacy project will support literacy courses and work with partners to promote adult literacy through joint literacy programmes.

38. The emergency and conflict situations project will support interventions to restore education in emergencies, in collaboration with key partners of the emergency education cluster. Children in conflict-affected areas will have access to psychosocial support, recreation kits and alternative education.

39. The **WASH** programme will prioritize hygiene and sanitation. The programme will be delivered through three projects: (a) institutional strengthening, policy development and advocacy; (b) behavior change for improved hygiene, water safety and environmental and sanitation practices; and (c) water and sanitation services for households, communities, schools and health care facilities.

40. The institutional strengthening, policy development and advocacy project will aim at refining existing national sector policies and strategies to achieve the Millennium Development Goals. Evidence-based advocacy and technical assistance will be provided to the Government to develop and scale up innovative approaches. Water-quality testing and mapping will be institutionalized.

41. The behavior change for improved hygiene, water safety and environmental and sanitation practices project will support effective hygiene education among families and communities as well as schools and health care facilities. Cross-sectoral approaches, community processes and behavior change communication packages will be adopted to encourage social changes for improved hygiene practices.

42. The water and sanitation services for households, communities, schools and health care facilities project will aim to increase sustainable access to safe water sources and sanitary toilets and hand washing facilities in households and at institutions. Innovative community-based approaches will be adopted to empower communities to manage their WASH interventions.

43. **Child protection and youth empowerment** will contribute to the realization of commitments made under the Millennium Declaration through (a) policy, legislation and system reform; (b) protection of the most vulnerable; and (c) knowledge-base, monitoring and reporting.

44. The policy, legislation and system reform project will focus on harmonizing legislation, policies and regulations on vulnerable children with the CRC and other international standards. Efforts will focus on bringing children's concerns into rule of law discussions. Child protection regulatory mechanisms will be developed in coordination with the ongoing social protection reform.

45. The protection of the most vulnerable project will strengthen CPAN and expand interventions to protect children and reduce their vulnerability (including to HIV infection) by further **reinforcing the capacity and collaboration of all relevant actors in the area of child protection**. UNICEF will support capacity-building of service providers to ensure quality referrals and support community-based measures

to address gender-based violence and harmful practices. UNICEF will support the development of youth networks and youth volunteer programmes

46. The knowledge-base, monitoring and reporting project will aim to improve the knowledge-base on child protection. UNICEF will assist strengthening mechanisms for monitoring and reporting child rights violations (Security Council resolution 1612), and will ensure that emergency preparedness is well coordinated and the local capacity is developed.

47. **Advocacy, external relations and communication for development** will be convergent, cross-cutting and integrated into emergency programming, in line with the CCCs. It includes four projects: (a) the media, advocacy and communication; (b) convergent behaviour change communication, using 'Facts for Life'; (c) social marketing, innovation and community participation; and (d) sector-specific technical support.

48. The media, advocacy and communication project will advocate women's and children's rights, bring visibility to issues affecting them, and support fundraising.

49. The convergent behaviour change communication project will accelerate outcomes for maternal, newborn and child health, child-friendly schools, improved hygiene practices and prevention of children's rights violations in the family and the community.

50. The social marketing, innovation and advocacy project will create an environment for positive and sustainable behaviour and social change through public service broadcasting partnerships.

51. **Social policy, planning, monitoring and evaluation** component is cross-sectoral, with both oversight and supportive functions. The programme will be delivered in two projects: (a) social policy, planning and budget and (b) monitoring and evaluation.

52. Social policy, planning and budget project will promote the use of data to inform social policy dialogue and influence decisions at national and subnational levels on (a) children's and women's rights and investment in children and women; (b) social protection and inclusion of marginalized groups; (c) strengthening capacity at national and subnational levels for design and implementation of social protection programmes.

53. The monitoring and evaluation project will strengthen monitoring systems, **which currently suffer from limited up-to-date and reliable data**; facilitate information exchange among line ministries and development partners; strengthen use of AfghanInfo; and **working closely with partners (multilateral and bilateral donors) to build the capacity of the Government to generate up-to-date statistical data (MICS 2009, led by Central Statistics Organization, and expected Maternal Mortality Study 2010 by Ministry of Public Health)** to monitor and report progress against the key priorities.

54. **Cross-sectoral** costs will cover the management and support of the overall country programme, including planning and coordination, staff and operating expenses related to supply, logistics, administration and finance, fundraising and media outreach. Regular resources will be utilized for policy-level support, advocacy and technical support for planning, monitoring and evaluation in all programmes. Other resources will support the expansion of integrated initiatives.

Major partnerships

55. Under the leadership of the Government, partnerships will include (a) the United Nations Assistance Mission in Afghanistan and other United Nations agencies guided by UNDAF, as UNICEF is full member of the United Nations Country Team; (b) the Asian Development Bank and the World Bank, as well as bilateral and other multilateral partners within different frameworks; for instance, the existing relationship with the EQUIP programme will be further strengthened in education for (i) construction of schools, involving local communities; (ii) training of school management shuras, which is critical to all aspects of schooling, such as access, retention and school protection; (iii) in-service training of teachers; and (iv) development of textbooks. In addition, WASH activities will be undertaken in close collaboration with the United States Agency for International Development; (c) international and national NGOs and civil society organizations, human rights groups and youth associations; (d) regional and subregional bodies, such as the South Asia Forum; (e) the private sector, to support service delivery and sustainability; and (f) the media, including national and subnational communication forums, to raise awareness of children's rights.

56. UNICEF will forge strong partnerships with professional bodies, such as the Bar Association, the Obstetric and Gynaecological Society and the Afghan Midwives Association, to develop their capacity 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 and the provincial disaster management committees. UNICEF will support monitoring of national development benchmarks, helping civil society organizations and the ANDS secretariat to establish a system for data management, analysis and reporting. The communication for development strategies will be implemented in partnership with concerned line ministries, community development councils, NGOs, community-based organizations and support networks, and the mass media.

Monitoring, evaluation and programme management

57. The monitoring framework for the Integrated Monitoring and Evaluation Plan (IMEP) of the country programme will be consistent with the UNDAF and the ANDS monitoring matrices. The IMEP and CPD results matrix will include key child development indicators to assess progress against expected results. Indicators to track results will be included in major national surveys (MICS 2009 and the 2013 census, progress reports on the Millennium Development Goals, thematic studies and surveys, routine monitoring systems and field visits). Periodic evaluations, undertaken jointly with United Nations agencies and partners where appropriate, will be built into the annual workplans and reflected in annual IMEPs. Evaluations with donors will be conducted as required. Where access is difficult, third-party monitoring will be used. The programme will be managed through the oversight of a multisectoral Steering Committee jointly convened by the Ministry of Foreign Affairs and UNICEF. Mid-year and annual reviews with sectoral ministries and other government bodies, donors, NGOs and United Nations agencies will be coordinated by the Ministry of Foreign Affairs. Periodic coordination meetings will take place. UNICEF is working in collaboration with the other United Nations Development Group Executive Committee agencies to operationalize the Harmonized Approach to Cash Transfers by 2010.