

Afghanistan

Executive summary

Various regional powers continue to extend diplomatic backing to the President of Afghanistan, who has been in power since September 2014, which should help to promote stability. However, the ongoing insurgency campaign, carried out by various groups, adversely affected political stability. In recent months, rising tensions among rival factions of the Taliban leadership have intensified the unrest. The security situation remains unstable. Enhancing security and economic development continues to be the focus of both policy-making and aid efforts.

Weak infrastructure in inaccessible areas (due to geographic and terrain issues) and high insecurity have made populations in rural and remote areas highly vulnerable. The Government is re-considering the takeover of some basic social services, including health. The triple transition involving the political, economic and security spheres has had mixed results. In 2015, the United Nations Children's Fund (UNICEF) Afghanistan began implementation of the new country programme with the finalization and signing of the rolling work plans for 2015–2016 well into the second quarter of 2015, which delayed the start of the programme. In many ministries, the late swearing-in of new cabinet ministers and other leadership changes undermined the initiation of programmes.

Significant achievements of 2015 include:

- The Afghanistan Ministry of Public Health (MoPH), UNICEF Afghanistan and the United States Agency for International Development (USAID) conducted a high-level meeting, 'Call to Action: Renewing the Promise for Maternal and Child Survival'. The Kabul Declaration for Maternal and Child Health was one of the key outcomes of the event, which was signed and includes targets for reducing maternal, newborn and child mortality by 2020. As a follow-up, quarterly reproductive, maternal, newborn and child health (MNCH) scorecards for all provinces and districts were published and used to review the progress of programme implementation and various targets.
- In the final quarter of 2015, the Emergency Response Centre for Polio Eradication was established and started functioning in Kabul. Three sub-national emergency response centres were also established and have begun functioning.
- In regards to the education programme, UNICEF supported community-based education (CBE), and accelerated learning centres (ALCs) begun to make making a dent in the 13 provinces facing high proportions of out-of-school girls. While the enrolments suggest that this effort is off to a good start, it remains to be seen how these students will eventually be integrated into the formal schooling system in higher grades.
- UNICEF Afghanistan has begun to fully implement the new harmonized approach to cash transfers (HACT) guidelines, and programme visits, spot checks, audits and other assurance activities are now integral components of the assurance plan. The quality assurance unit established for the new programme provides support and guidance to all offices and assurance activities are being progressively strengthened.
- The overall implementation rate of the UNICEF Afghanistan programme of cooperation was considerably enhanced, especially during the second half of 2015, and utilization

rates across all funds exceeded 95 per cent for UNICEF regular resources and other resources regular. The gender ratio of international staff in the country office improved considerably during the year. The gender ratio among national staff only experienced a marginal improvement.

The notable setbacks of 2015 included:

- In regards to the Polio Eradication Programme supported by UNICEF and the World Health Organization (WHO), among others, although the active immunization communication network comprising more than 5,000 social mobilizers in 65 low-performing districts maintained the missed/refused child levels at 1.5 per cent and below, there were 19 reported cases of polio in 2015 compared with 28 in 2014. Some of the new cases were found in the western region, including in Farah and in the north, posing additional challenges to ongoing polio eradication efforts in Afghanistan.
- Although the school construction programme made greater progress than in 2014, 35 out of 70 schools still need to be completed in the first six to nine months of 2016. Progress has been particularly challenging in 14 schools in Daikundi Province and three schools in Bamyan Province. It is hoped that the Ministry of Education (MoE) will considerably strengthen its oversight of the contractors and improve the speed of construction when the winter season is over.
- New promises and hopes for 2016 include the introduction of chlorhexidine for newborn care in the health system, the launch of weekly iron and folic acid supplements for adolescent girls, and the launch of the adolescent-focused programme to strengthen education for girls and delay the age of marriage in 33 districts of nine provinces.

Humanitarian assistance

The conflict between the Afghan National Security Forces and anti-government entities escalated in 2015. Violence increased in the relatively secure northern and central regions in 2015, which significantly affected the UNICEF-supported programme. During the year, flooding, avalanche and earthquake also affected the people of Afghanistan. An estimated 197,000 people were displaced due to conflict and natural disasters in areas where assessment was successfully conducted by the end of September 2015. These numbers are expected to increase following a new conflict in the southern and eastern regions, where assessments are still in progress, particularly in contested and other remote areas where humanitarian access is severely restricted. A bottleneck analysis and localized coverage assessments conducted by UNICEF Afghanistan found that effective chronic malnutrition (stunting) treatment coverage in the country was only 30 per cent.

The 2015 Humanitarian Response Plan for Afghanistan estimated that 3.5 million people were in need of emergency water, sanitation and hygiene (WASH) services. Of this total, more than 1 million were refugees/returnees, and more than 500,000 people were affected by natural disasters. The ongoing conflicts have significantly impacted the provision of basic health services, as well as other services, which has further increased the vulnerability of children in many parts of the country. At the end of the year, more than 29 health facilities had been closed due to fighting and threats against health workers, particularly in Helmand, Nangarhar, Paktia and Uruzgan provinces. Many children continue to live in areas that are out of government control and do not have access to basic health services such as routine immunizations against measles and polio. Increased conflict, criminal activity and general insecurity have exacerbated already low school enrolment in some of the regions, such as the western, eastern and southern regions, where many schools have reportedly closed.

As part of its humanitarian response in 2015, UNICEF was able to reach 1.69 million out of the targeted 2.62 million beneficiaries. Treatment of severe acute malnutrition (SAM) reached 81 per cent of the planned targets. Although this is a marked improvement in the number of children reached compared with last year, more remains to be done to increase access to treatment services by increasing the number of health facilities providing SAM treatment (only 30-40 per cent of health facilities currently provide SAM treatment). The protection cluster covered 64 per cent of the prioritized mine/explosive remnants of war decontaminations within 5 kilometres of a school, health facility or internally displaced persons (IDP) settlement, while mine risk education was provided to only 22 per cent of the targeted caseload due to inadequate funding (UNICEF reached 10,571 children). Out of 25,000 children targeted with child protection in emergencies activities, only 24 per cent, or 5,931 individuals, were reached with UNICEF support.

In response to the avalanches, earthquakes, mudslides and the conflicts in the central, northern and southern regions in early 2015, the UNICEF Afghanistan WASH programme was able to reach more than 300,000 people with safe drinking water, adequate household latrines and basic hygiene education. Additional funds provided through the Central Emergency Response Fund and concerted efforts with other United Nations agencies enabled the provision of basic services such as water, health and emergency, psychosocial support and education for more than 150,000 Afghan refugee and returnee children from Pakistan settled in Khost and Paktika provinces.

As part of preparedness plans for rapid response to various threats, UNICEF Afghanistan prepositioned stocks of pre-selected emergency items in 32 locations in the country. This helped to improve UNICEF's response time for reaching affected populations with critical WASH, health, nutrition, child protection and education assistance, including non-food items. In 2015, more than 31,560 families (263,536 individuals) affected by conflict and natural disasters, including significant numbers of children, received direct support.

Mid-term review of the Strategic Plan

Under the Afghanistan Country Programme of Cooperation 2015–2019, 2015 is the first year of full application of the UNICEF Strategic Plan 2014–2017. The Country Programme includes six out of the seven Strategic Plan outcomes and has also fully adopted the Gender Action Plan 2014–2017.

Changes in programme coding, such as the restriction of activity coding to only those that are related to the targets of the respective programme area and outcome, resulted in the inadequate representation of the actual country level expenditures to the Strategic Plan. For example, the Afghanistan Country Programme of Cooperation does not have an outcome related to HIV/AIDS. There are, however, some nominal expenditures for prevention of mother-to-child transmission or for other prevention elements integrated into the child and maternal mortality reduction objectives of the health programme. Until 2013, at the country office level, it was possible to accurately code expenditures so that global estimates for various outcomes were more accurate.

Summary notes and acronyms

ACLs	accelerated learning centres
BBC	British Broadcasting Corporation
BCP	Business Continuity Plan

BPHS	Basic Package of Health Services
BRAC	Bangladesh Rural Advancement Committee
C4D	Communication for Development
CBE	community-based education
CBS	community-based schools
CFS	child-friendly school
CLTS	Community-Led Total Sanitation
CNN	Cable News Network
CPAN	Child Protection Action Network
ECHO	European Commission Humanitarian Aid and Civil Protection department
EPI	Expanded Programme on Immunization
GPE	Global Partnership for Education
GPEPCU	Global Partnership for Education Programme Coordinating Unit
HACT	harmonized approach to cash transfer
ICT	information and communication technology
IDP	internally displaced person
IMAM	Integrated Management of Acute Malnutrition
IYCF	infant and young child feeding
MNCH	maternal, newborn and child health
MoE	Ministry of Education
MoLSAMD	Ministry of Labour, Social Affairs, Martyrs and Disabled
MoPH	Ministry of Public Health
MRRD	Ministry of Rural Rehabilitation and Development
NGO	non-governmental organization
OMP	Office Management Plan
ORS	oral rehydration salts
PED	Provincial Education Department
PND	Provincial Nutrition Department
RMNCH	reproductive maternal, neonatal and child health
SAM	severe acute malnutrition
SMART	Standardized Monitoring and Assessment of Relief and Transition
SMS	short message service
SOP	standard operating procedures
UNAMA	United Nations Assistance Mission in Afghanistan
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
USAID	United States Agency for International Development
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization
WinS	WASH in Schools

Capacity development

In 2015, UNICEF Afghanistan provided critical support to the Government of Afghanistan to develop the capacities of ministries, primarily the MoE, the MoPH, the Ministry of Labour, Social Affairs, Martyrs and Disabled (MoLSAMD) and the Ministry of Rural Rehabilitation and Development (MRRD). The focus was on institutional and individual capacity building on child

rights.

The skills of 450 health providers were enhanced on MNCH, and 40 paediatricians were trained on advanced newborn care. The knowledge of 900 vaccinators was also enhanced. The quality of the cold chain system was improved through training, equipment and procedure revisions.

In the area of nutrition, a comprehensive training package with standard operating procedures (SOPs) was developed and capacity building of health providers was completed in 11 provinces to improve services, including the integrated management of acute malnutrition (IMAM), infant and young child feeding (IYCF) and micronutrient programmes.

UNICEF Afghanistan advocated for the revision of the National Rural WASH Policy and supported the formulation of the National Strategy to End Open Defecation. Six partners completed a WASH-in-Schools (WinS) course conducted by Emory University.

UNICEF Afghanistan enhanced the skills of 457 school principals on child-friendly schools (CFS) and school improvement plans. UNICEF Afghanistan also supported the MoE to provide provincial trainings to accelerate the implementation of the Global Partnership for Education (GPE).

UNICEF Afghanistan also developed capacity for case management, monitoring and reporting, coordination, quality referrals and mapping of services through the Child Protection Action Network (CPAN). UNICEF Afghanistan upgraded the Child Protection Information Management System and held trainings at national and sub-national levels. In addition, 50 civil registrars received training on the birth registration database and 738 community level registrars received training on the birth registration process.

Social protection workshops conducted for MoLSAMD resulted in enhanced awareness and commitment to revise the existing social protection strategy. Some 100 partners were trained on AfghanInfo and its mobile application, which is expected to enhance equity-based planning and policy-making.

Evidence generation, policy dialogue and advocacy

In 2015, the first year of the new Country Programme, UNICEF Afghanistan held a high-level maternal and child survival event and contributed to generating new evidence and focused advocacy on the subject.

UNICEF Afghanistan, the MoPH and USAID conducted one of the largest public health events in Afghanistan's history, 'Call to Action: Renewing the Promise for Maternal and Child Survival', which attracted more than 400 participants. Evidence on its potential impact led the MoPH to introduce new interventions (e.g. chlorhexidine and oral rehydration salts (ORS)/zinc) and scale-up existing health interventions. Quarterly reproductive maternal, neonatal and child health (RMNCH) scorecards describing the performance of MNCH and nutrition indicators were released to improve accountability.

UNICEF Afghanistan and the Harvard School of Public Health conducted a knowledge, attitudes and practices study on polio. Partnership with the British Broadcasting Corporation (BBC) Media Action generated data on knowledge and practice gaps in communities.

UNICEF Afghanistan supported the MoPH to establish a National IMAM Quality Assurance Cell

for oversight and quality standards. A bottleneck and barrier analysis was introduced, priority provinces were identified and planning was undertaken to improve coverage, as well as the quality of supplies and services.

UNICEF Afghanistan and Emory University initiated a study on menstrual hygiene management with the MoE and MoPH. Advocacy from the Call to Action contributed to the development of the Ending Open Defecation Strategy and increased funding for sanitation.

UNICEF Afghanistan advocated for the inclusion of the CFS approach in the pre-service teacher education curriculum, which is currently under revision. In addition, UNICEF Afghanistan sustained advocacy on girls' education, reviving the Girls' Education Working Group and agreeing with the MoE to develop a comprehensive policy and strategy.

UNICEF Afghanistan supported research on children in situations of migration from Afghanistan with UNICEF Belgium, UNICEF Netherlands and UNICEF Sweden. The report was launched in an expert meeting to guide the best-interest identification on asylum procedures in Europe for Afghan children.

A formative study was completed in Balkh Province in advance of a cash transfer pilot project.

Partnerships

UNICEF Afghanistan continued key partnerships in 2015 and initiated new partnerships with stakeholders invested in the child rights agenda in Afghanistan.

The Call to Action, on which UNICEF Afghanistan, the MoPH and USAID collaborated, brought together policy-makers, implementers, partners and other stakeholders to reaffirm the high-level commitment to maternal and child survival. A key partnership outcome was the signing of the Kabul Declaration for Maternal and Child Health by all development partners, led by the MoPH and MoLSAMD, with targets to reduce maternal, newborn and child mortality as well as stunting by 2020. The Government of Afghanistan also committed to the new Global Strategy for Women's, Children's and Adolescents' Health.

UNICEF Afghanistan, WHO and the MoPH created the Emergency Operations Centre, which will be the command centre for all Afghanistan polio operations. Partnerships were also created with the Afghan Cricket Board as well as Pact Communications, which produces radio soap operas in Pashto.

For humanitarian action, UNICEF Afghanistan coordinated the nutrition and WASH clusters. UNICEF Afghanistan is an active member of the Water and Sanitation Sector Group chaired by MRRD. In 2015, UNICEF Afghanistan established an informal WASH donor group to attract more funding to the WASH sector. Afghanistan successfully campaigned to represent South Asia on the Steering Committee of the Sanitation and Water for All initiative.

UNICEF Afghanistan collaborates with the MoPH, provincial nutrition departments (PND), and MRRD on supporting the implementation of the CFS approach. As supervising entity for the GPE, UNICEF supported the MoE to apply for the next round of funding. As part of the overall GPE strategy, key partners at the sub-national level were included in the provincial/district education directorates for programme implementation.

External communication and public advocacy

The Global Communication and Public Advocacy Strategy rollout influenced structural changes to the communication team. External communications and Communication for Development (C4D) are combined so that behaviour and social change interventions inform and influence policy dialogue and public advocacy as well as community and media engagement.

Recruitment for key international professional and national posts in both Kabul and in the zone offices were ongoing for much of 2015. A roster of writers, photographers and videographers was developed to capture children's voices in multiple formats and in remote locations where insecurity limits staff access.

A two-year partnership forged with the Afghan Cricket Board will leverage the game's popularity to raise awareness of polio and child rights. Cricketers sharing social media messages helped to increase UNICEF Afghanistan's Facebook engagement levels from 1 per cent in April to 9.7 per cent by the end of 2015 and boost the fan base by 69 per cent to more than 84,500 fans by November 2015.

UNICEF Afghanistan's initial Twitter response following the earthquake that took place on 26 October 2015 garnered more than 87,000 impressions (compared with the usual 500-2,000 impressions) and was picked up in the United States by well-known digital media websites and the Cable News Network (CNN).

Daily media monitoring demonstrates that stories related to child rights are gaining traction, with a 28 per cent increase (1,370) over 2014. In addition, launch and campaign events (e.g. the Call to Action and Global Handwashing Day) attracted a high level of traditional media coverage. UNICEF Afghanistan supported the MoPH to set up a dedicated website for the Call to Action and engaged with young Afghans on Facebook.

More than 312 media personnel (78 female) were trained on child rights issues and ethical reporting on children. Polio-specific media briefings for 200 Kabul-based reporters led to a noticeable spike in polio media coverage.

South-South cooperation and triangular cooperation

In 2015, UNICEF Afghanistan continued to support existing and new South-South collaboration opportunities to strengthen priority technical areas for Afghanistan.

For MNCH, a broad framework for collaboration was established between the MoPH, the Afghan Paediatric Association, the National Neonatology Forum of India and UNICEF Afghanistan to strengthen newborn care in Afghanistan. Through this framework, Afghanistan and India share knowledge, skills, expertise and resources to meet their development goals for reducing neonatal mortality.

As part of this cooperation, Afghanistan adapted India's newborn toolkit to the Afghan national context, and the capacities of 24 professionals were strengthened in the area of newborn care. Afghanistan now has a group of master trainers to replicate this facility-based newborn care training. Indira Gandhi Institute of Child Health was selected as a centre of excellence for newborn care. To improve and standardize newborn care in this hospital, a team of health service providers working in newborn units were sent to India to receive training on non-invasive procedures.

UNICEF Afghanistan supported the MoE to visit Zambia to study their national system for learning assessment; the Deputy Minister for General Education led the delegation. The modality for ongoing cooperation between the two countries on learning assessment systems is under development. In addition, UNICEF Afghanistan facilitated the participation of the Minister of Education at the Asia-Pacific Regional Early Childhood Development Conference in Beijing. This engagement led the MoE to request support for developing pre-school education programmes in Afghanistan.

In the area of child protection, UNICEF Afghanistan initiated an academic cooperation between Kabul University and the Tata Institute of Social Sciences of India. This included two academic tours to the Institute and the signing of an official bilateral Memorandum of Understanding in Kabul in late 2015.

MoE staff participated in international learning exchanges related to WinS. Staff from the MRRD also participated in the Pakistan Conference on Sanitation.

Identification and promotion of innovation

UNICEF's innovative measures in Afghanistan include the use of mobile technology, the initiation of new pilot projects and the expansion of successful pilot projects.

As part of the Polio Eradication Initiative, UNICEF Afghanistan used mobile technology in several ways in 2015:

1. Outbound messages were sent via mobile operators to promote public awareness and knowledge of polio campaigns a few days prior to a campaign. Three rounds of outbound messages were implemented with a total of 3.6 million received by mobile phone users.
2. Telephone surveys of front-line workers (social mobilizers) were conducted to monitor payment and supervision. Two surveys conducted to support 13 sub-national and national polio campaigns reached some 4,000-5,000 people per campaign.
3. PolioChat and RapidPro short message service (SMS) chat for provincial and district communications officers were scaled up to share information and feedback among polio programme field personnel. Some 3,000 SMS were exchanged between polio provincial communications officers and polio district communication officers.
4. The Ringback Tones service was activated in November 2015. Through this system, some 15,000 subscribers heard polio messages while the phone rang on the destination end.
5. UNICEF Afghanistan produced animated television ads, which have seldom been used for televised public health service announcements.

Other technologies used included a new web-based database for registering births and deaths in real-time and an AfghanInfo mobile application, which makes socioeconomic data on Afghanistan easily available on smart phones.

To promote clean energy, UNICEF supported a workshop on solar pumps for rural water supply in Afghanistan. The workshop was designed as a first step towards the expansion of solar power use in rural Afghanistan.

Increased attention to the life-saving potential of specific health interventions led to the introduction of chlorhexidine for newborns, the introduction of mobile ambulances for maternal

and child health emergencies and the development of plans for using demand-side financing (conditional cash transfers) for improving the utilization of services.

Support to integration and cross-sectoral linkages

The additional emphasis that UNICEF placed on cross-sectoral linkages in the Country Programme of Cooperation 2015-2019 was evident in the first year of implementation.

Hygiene education, health promotion and WinS all remained key areas of inter-sectoral collaboration, particularly in the context of the CFS approach. UNICEF Afghanistan supported the MoE in coordination with other line ministries such as the MoPH and the MRRD.

In 2015, UNICEF Afghanistan, PND and the MoE laid the groundwork for weekly supplementation of iron folic acid, which will begin in 2016.

Internally, UNICEF Afghanistan focused its programming on adolescents. One example of inter-sectoral work in line with UNICEF Afghanistan programme cooperation guidance was the gathering of evidence for the prevention of child marriage. The IKEA Foundation and the Government of the United States supported design and implementation arrangements for programming around adolescent girls (gender), which will be a key platform for inter-sectoral collaboration aimed at reducing early/forced marriage and enhancing school/education outcomes.

Sectors also came together in the area of social inclusion through support to various national surveys and compilation and analysis tools (demographic and health surveys, AfghanInfo), capacity building measures and advocacy on child rights.

Improving inter-sectoral linkages and integration will be a major agenda item, particularly in the 10 priority provinces. This will be addressed through various initiatives aimed at further strengthening community demand and dialogue, including through application of C4D strategies.

Service delivery

UNICEF Afghanistan provided substantial support to basic service delivery across the country, focusing on deprived provinces. Highlights for 2015 include:

Health:

- Fifty facilities in 10 provinces were equipped with necessary MNCH equipment/supplies.
- Nearly 800,000 pregnant women and children in 10 provinces were reached by 45 mobile teams.
- Through the construction of a regional vaccine storage facility in Kandahar, 742,570 children and the same number of women in five provinces accessed vaccination programmes.
- Some 1.2 million children under 1 year and some 6 million women accessed immunization services through the timely supply of vaccines and non-vaccine supplies.

Polio:

- Some 85 million doses of polio were delivered to the Expanded Programme on Immunization (EPI) centres.

- No doses arrived late and the wastage rate of polio vaccines decreased by approximately 15 per cent.

Nutrition:

- The National Nutrition Cluster mechanism functioned well.
- Health facilities providing any SAM services increased from 635 in 2014 to 752 in 2015.
- Of those 125,076 children treated for SAM, 57,386 were boys and 67,690 were girls. The cure rate was 87 per cent, the death rate was 0.5 per cent and the default rate was 13 per cent.
- UNICEF Afghanistan reached 210,595 children (36 per cent) with micronutrients, and 703,285 mothers/caregivers were reached with IYCF messages.

WASH:

- The National WASH Cluster mechanism functioned well and transitioned back to UNICEF Afghanistan from WHO.
- The WASH programme supported the Government in successfully strengthening structures, planning, supervising and monitoring systems

Education:

- UNICEF Afghanistan reached 45,000 out-of-school children (41 per cent girls) through CBE.
- In 33 provinces, 2.9 million children received teaching and learning materials.
- UNICEF Afghanistan trained 450 school principals on the implementation of school improvement plans.

Child protection:

- CPAN responded to 6,331 child protection violations (4,393 boys and 1,938 girls). 326,706 newborns (53 per cent boys and 47 per cent girls) were registered and issued birth certificates.
- Free legal support was provided to 413 children (354 boys and 59 girls).
- 150 children under 13 years reintegrated into formal education classes and accelerated learning.

Human rights-based approach to cooperation

In 2015, UNICEF Afghanistan emphasized human rights-based approaches in service delivery, including both humanitarian and development assistance, and in its advocacy agenda.

For humanitarian response, UNICEF Afghanistan supported life-saving interventions. For example, nearly 61,000 mothers and children benefited from crucial supplies and services during emergency situations. Emergency newborn kits that included warm clothes were distributed to 10,000 newborns, and impregnated bed-nets for preventing malaria were distributed to 10,000 pregnant women displaced in Gulan Camp of Khost Province. As a result of the armed conflict in Kunduz Province, severely ill children and pregnant women were referred to neighbouring provinces.

The component of the WASH programme aimed at ending open defecation focused exclusively on marginalized and remote communities, which had higher open defecation prevalence rates.

An estimated 3.5 million children (70 per cent girls) are out of school. UNICEF Afghanistan

supported the MoE to establish more than 1,700 community-based schools in 10 priority provinces and deprived districts of other select provinces.

Through CPAN, 29,283 community members (15,810 male and 13,473 female), including influential community leaders, women's groups, adolescents and children, were reached through 934 community dialogue sessions. This approach allows community members to understand and discuss child rights as well as the prevention and appropriate responses to abuses of child rights. To ensure sustainability and local acceptability, 550 provincial and district CPAN members and an additional 320 women shura members were trained on community dialogues in 10 provinces. In addition, 577 religious leaders were trained on child rights in Islam in order to educate communities through Jumaa prayers in 10 provinces.

Gender mainstreaming and equality

UNICEF Afghanistan integrated elements of the Global Gender Action Plan into the Country Programme by developing an Afghanistan-specific gender action plan for both programmes and management, including staff capacity development. Three gender-focused initiatives made major headway in 2015.

As part a multi-country initiative supported by the IKEA Foundation, UNICEF Afghanistan strengthened its youth and adolescent programme by introducing a project aimed at increasing the self-efficiency of adolescents, particularly girls, to reduce their vulnerability to violence perpetrated through harmful practices and to nurture their ability to act as agents of change in their communities. Similarly, UNICEF Afghanistan successfully fundraised US\$6.9 million from the Government of the United States to implement a programme to reduce the incidence of child marriage, mitigate its consequences and increase the agency of adolescent girls in 20 districts of five provinces. These cross-sectoral initiatives are multi-sectoral by nature.

The WinS Programme also has a strong gender-equity dimension. Toilet facilities in schools are gender-segregated, and dedicated washrooms are added to the girls' toilets for menstrual hygiene management. The hygiene curriculum in schools provides ample attention to menstrual hygiene management. Community WASH interventions are commonly done by male/female teams of partners or relatives because female staff are not allowed to engage in outreach activities otherwise. This has been highly effective for reaching women, most of whom are not allowed to talk or engage with male non-relatives.

Through the community dialogue campaign, child protection programme has successfully influenced harmful social norms and earned communities' support for the protection of boys and girls. At least 15 child marriages were prevented through the use of this tool in at least 15 cases of child marriage in Ghor and Badghis provinces.

In addition, staff participated in specific capacity-development initiatives in Kabul and Herat, as well as with partners, especially from the MoE.

Environmental sustainability

UNICEF Afghanistan's main environmental initiative was scaling up the use of solar-powered community water supply schemes through the WASH programme. In 2015, UNICEF Afghanistan and the MRRD held a workshop on solar-powered water supply, which was attended by 66 participants from implementing agencies, solar companies and other ministries such as the MoE and the Ministry of Water and Energy. To date, a total of 185 solar water pumping schemes have been installed across Afghanistan by various agencies. UNICEF

Afghanistan plans to implement 42 solar systems in 2015–2016. These installations will be at schools, health centres and in communities across all the regions. UNICEF Afghanistan also plans to undertake an assessment of the systems installed so far to gain a clear understanding of users' perspectives and the functionality status of the systems.

In the area of operations, UNICEF Afghanistan replaced its office windows with energy efficient double-glazed windows and replaced lights in corridors with energy efficient LED or low-energy bulbs, thereby reducing the carbon footprint of UNICEF Afghanistan operations. Other initiatives are being thought through as part of the 2016 Office Management Plan (OMP).

Effective leadership

As of 15 July 2015, 100 per cent of the audit recommendations (18 of 18) had been closed and corrective actions for recommendations were being continually addressed to ensure ongoing compliance. One of the audit recommendations was related to the implementation of HACT. To better implement HACT, UNICEF Afghanistan established the Risk Assurance Unit in January 2015 that provides oversight for HACT and risk management. With the migration to the Global Services Support Centre in January 2016, two additional finance assistants will start their activities in the unit, which will make it even more effective.

The Risk Assurance Unit and the Finance Unit conducted several spot checks to the extent that security permitted to ensure compliance with the rules and regulations. The closer oversight also provided a lower level of outstanding direct cash transfers, which is a more efficient use of assets.

In terms of business continuity, the office had the opportunity to utilize the Business Continuity Plan (BCP) for staffing on several occasions and further refine it to ensure operational efficiency during times when there were fewer staff members. The security situation makes the BCP a dynamic document because national staff members are frequently required to work from home.

The Country Management Team met on a regular basis and all mandatory committees were established, and staff members serving on the committees were oriented on their functions periodically.

To further strengthen ethical practices in the office, all staff in Kabul, in zone offices and in outposts underwent both the online course and a face-to-face orientation-training course conducted by the Global Ethics Adviser.

Financial resources management

UNICEF Afghanistan continued to pay attention to financial risk management, especially at the start of the new Country Programme, with a larger budget compared with the previous one.

HACT was fully implemented beginning in January 2015, and the quality-assurance unit relied more on the comprehensive monitoring of direct cash transfers to reduce outstanding advances, which can be challenging to follow up on due to difficult terrain and insecurity. UNICEF Afghanistan maintained outstanding direct cash transfers over nine months at 0.4 per cent, which met the UNICEF global key performance threshold of less than 1 per cent.

Efficient resource management was ensured through the programme budget allotment monitoring system. Biweekly programme budget allotment monitoring reports were distributed to reinforce accountability for efficient resource management. By the end of 2015, regular resource

and other resource regular fund utilization matched planned figures in the rolling work plans.

UNICEF Afghanistan's table of authority was updated every quarter to meet the needs of the office and high staff turnover. In November 2015, the frequency of these updates was increased to once per month. Training for budget owners, bank signatories and new staff was conducted to enhance understanding of financial rules and regulations.

UNICEF Afghanistan streamlined processes and minimized the number of intermediaries involved in funds distribution through the use of a direct disbursement mechanism and phone banking. This tool has increased the transparency of multiple beneficiaries working for UNICEF Afghanistan.

The ratio of monthly opening balance to disbursement averaged 22 per cent. Bank reconciliation was performed on-time every month. UNICEF Afghanistan managed to close all bank accounts in the zones in line with the transition to the Global Services Support Centre, maintaining only one local currency and one United States dollar account for all offices. All transactions, including zonal office transactions, were centralized in the Business Service Centre, which helped staff to concentrate on managing programme activities. The Centre also improved processing time and reduced errors.

Fundraising and donor relations

UNICEF Afghanistan intensified advocacy and approached new donors for funding in 2015. Concerted efforts were made to strengthen the relationship with existing donors through regular and frequent contacts. As a result, 15 donors made new contributions in 2015 that totalled US\$101 million. The new funding, together with the funds re-phased from 2014, provided a total allotment of US\$232 million to the Country Programme. Thus, 51 per cent of planned other resource requirements for the new Country Programme have already been mobilized.

The fundraising targets for health, nutrition and education for the five-year programme appear to be on track. WASH programme prospects also appear to be good. Child protection and social protection programmes have not had good fundraising traction as yet to achieve the level of results targeted in the Country Programme Action Plan.

To ensure the optimal utilization of available funds, UNICEF Afghanistan instituted monthly review meetings involving all sections and field offices to make sure that: 1) no other resource funds were lost due to the expiration of grants; 2) funds were fully utilized and, where necessary, reallocations or reversal of expenditures from grants expiring in 2016 and beyond were carried out; 3) close follow up was conducted to close or adjust all open commitments including those from 2014; 4) closer examination was carried out of outstanding direct cash transfers likely to exceed six months, and initiating actions were carried out with partners to liquidate them on an urgent basis; 5) the donor reporting situation was reviewed and appropriate corrective action taken. During the last quarter of 2015, these meetings were conducted every two weeks.

The overall utilization rates for both regular resources and other resources regular for 2015 were very good. A consultant assessed the quality of the donor reports submitted in 2014 and 2015, and the office will use the recommendations of the assessment to further strengthen the quality and timeliness of donor reports in 2016.

Evaluation

UNICEF Afghanistan's Integrated Monitoring, Evaluation and Research Plan was used to effectively track monitoring, evaluation and research activities and supported results-based programme planning and management. At present, the Plan contains 37 activities for 2015–2016 with an estimated budget of US\$4.43 million. Nearly 20 per cent of the budget was allocated for six evaluations in the areas of social inclusion, child protection, disaster risk reduction and WASH.

The UNICEF Afghanistan office in Kabul re-established the Committee for Research, Evaluation and Studies. The purpose of the Committee is to ensure the high quality of studies, research, evaluations and publications generated or commissioned by UNICEF Afghanistan. By ensuring the quality of outputs, the Committee is contributing to office-wide knowledge management, which provides evidence for policy advocacy, fact-based planning with equity and decision-making on programmes and strategies.

Two of the evaluations completed in 2014 were rated by the Global Evaluation Reports Oversight System as being of high quality. The UNICEF Afghanistan office in Kabul has decided that fewer but higher-quality utilization-focused evaluations will take priority.

UNICEF Afghanistan is currently implementing strategic evaluations on child-centred disaster risk reduction and the CPAN. Each evaluation has a steering committee composed of representatives of line ministries, UNICEF Afghanistan and implementing partners. In addition, Afghanistan is part of a multi-country formative research initiative on menstrual hygiene management.

UNICEF Afghanistan is leading the formation of an evaluation society and developing an evaluation policy framework in collaboration with the Afghanistan Evaluation Society, a non-governmental organization (NGO) recently established by national evaluation specialists.

Efficiency gains and cost savings

In 2015, the consolidation of all transactions for polio, education and health into the Business Service Centre, which streamlined transaction processes at the country office level, helped to boost efficiency. Consolidation of the majority of the processes also improved the efficiency of transaction processing so that the transactions were completed more quickly and with fewer mistakes.

UNICEF Afghanistan has taken measures to improve office energy efficiency by installing blanket insulation between the ceilings and roofs in guesthouses. All the windows in the guesthouses and offices were also replaced with double-glazed windows, which are particularly efficient and conserve fuel during the cold winter months. UNICEF Afghanistan continued to share its premises with other United Nations agencies, and the security, maintenance and utilities were divided, which lowered costs for the small offices with fewer staff. The approach was intended to move away from sharing offices with the United Nations Assistance Mission in Afghanistan (UNAMA) due to the very high security costs and agendas that can put UNICEF Afghanistan staff at risk.

To minimize travel and thereby save costs, meetings and seminars were often conducted with all of the zonal offices using video conferencing. A major outcome after the review of the procurement and Contract Review Committee processes was the streamlining and efficiency improvements that resulted in shorter processing times.

The office piloted the software, Travel-to-Field, which improved efficiency by creating temporary assignments for domestic travel.

In 2015, a new medical centre was established within the UNAMA compound, resulting in better medical facilities for staff who now pay for treatment using their Cigna insurance cards, which has generated savings of approximately US\$110,000.

Savings ensued from the replacement of the large generator in Kabul with a more fuel efficient generator and from the substantially lower fuel costs - about \$2,200 was saved as of 15 November 2015.

Supply management

Supply functions continued to improve over previous years. The implementation of the Supply and Logistics Strategy developed in 2013–2014, which focuses on local/regional sourcing of education materials, emergency kits, school furniture, etc., allowed UNICEF Afghanistan to reduce delivery time and significantly reduce port demurrage and container detention fees in Pakistan, the transit country. UNICEF Afghanistan established 69 local long-term agreements for the procurement of goods and services. In 2015, UNICEF Afghanistan made a strategic shift in the procurement of education materials and school bags from China to Afghanistan based on the results of local market research. This initiative aims to improve the quality of supplies, reduce delivery time, transport costs and demurrage accumulated at the port of entry and transfer all risks related to lost and damaged goods to vendors.

UNICEF Afghanistan continued to cooperate closely with the World Food Programme (WFP) in their logistics hubs. UNICEF Afghanistan-controlled warehouses have been established within WFP logistics hubs in Mazar-e-Sharif, Herat and Jalalabad. Decentralization of UNICEF-controlled inventory in three main logistics hubs ensured the uninterrupted flow of supplies to UNICEF-supported projects and emergency response countrywide despite growing insecurity, armed clashes and the closure of main roads connecting Kabul with provincial centres.

In 2015, the UNICEF Supply Division facilitated procurement services for the MoPH, WFP, the United Nations Development Programme (UNDP), World Vision, Deutsche Gesellschaft für Internationale Zusammenarbeit and the Aga Khan Foundation.

UNICEF Afghanistan continued to support the Government of Afghanistan in the clearance of supplies from customs and other in-country logistics. UNICEF Afghanistan paid considerable attention to the capacity building of government partners to strengthen the national supply chain. UNICEF Afghanistan constructed a 105-cubic-metre cold-storage facility at Kabul International Airport, improving the functionality of the National EPI Department.

UNICEF Afghanistan continued to actively collaborate with United Nations agencies on common procurement. UNICEF Afghanistan played a key role in joint working groups on procurement and logistics coordination, co-organized procurement meetings and actively participated in inter-agency solicitation processes and the sharing of local long-term agreements.

Security for staff and premises

With the departure of foreign forces and the transfer of major security responsibilities to the Afghan National Security Forces and the Afghan National Police, the overall security environment in the country has become unstable. In addition, the transition of the Taliban

leadership in the country, with the appearance of Daesh (the Arabic phrase al-Dawla al-Islamiya al-Iraq al-Sham (Islamic State of Iraq and the Levant)). Elements in the eastern part of the country, has posed new challenges for the secure and safe operation of the Country Programme.

The Afghanistan component of the Global Staff Survey clearly showed that UNICEF Afghanistan staff rate staff security in the country as a major concern. The office in Kabul and the four zonal offices in Herat, Mazar, Jalalabad and Kandahar continue to operate in Minimum Operating Security Standards-compliant premises. The frequent changes in the security situation and the declaration of 'white' or 'grey' city alerts in various parts of the country continue to compromise UNICEF Afghanistan's work. The BCP has been revised to assure minimally effective operations and flexible working arrangements for local staff when necessary.

A duty-of-care survey was conducted, and its findings have further updated the staff security and counselling measures for all staff.

UNICEF Afghanistan continued to avail itself of the UNAMA/United Nations Department for Safety and Security (UNDSS) counselling services periodically in 2015 in both Kabul and the zonal offices and outposts.

Human resources

UNICEF Afghanistan worked to ensure that an appropriate organizational structure was in place in order to achieve results for children. There were 106 vacancies at the beginning of 2015 and 59 vacancies by the end of November 2015 due to the high turnover of international and national staff members. The number of completed recruitments by the end of November was 73.

The office diversity ratio is now 40 per cent international professionals from donor countries, compared with 39 per cent in January 2015. The gender ratio in favour of males was 82 to 18 in January 2015 and is now 77 to 23.

Performance management reporting remains one of the primary office objectives. UNICEF Afghanistan had 51 per cent of 2014 performance evaluation reports completed by the end of February 2015, compared with 74.45 per cent of 2013 reports completed as of February 2014.

Staff development activities were completed throughout the year. Due to insecurity, a number of group trainings were cancelled. Given that staff counsellors from UNDSS were involved with counselling services for staff, only 45 per cent of planned development activities were realized. In 2015, 56 per cent of staff completed the mandatory online individual trainings.

The 2014 Global Staff Survey results indicated that UNICEF Afghanistan performed in the top 25 per cent of country offices in the Regional Office for South Asia. Out of 16 dimensions surveyed, UNICEF Afghanistan responses were higher than the Regional Office for South Asia and global responses in 14 dimensions. Ten staff members completed HIV/AIDS training and four sessions were held for the 17 peer support volunteers countrywide. Group trainings focused on corporate priorities in the areas of gender sensitivity, programme, policy and procedure, coaching, managing performance for results, HACT, emergency preparedness, ethics, competency-based interviews and supervisory skills. Training was completed for first aid and armoured vehicle driving. Five staff members supported other country offices through missions and surge.

Effective use of information and communication technology

The information and communication technology (ICT) team played a key role in the United Nations migration to a 'One UN' digital radio network, which improved the coverage and quality of radio communication across Afghanistan. UNICEF Afghanistan provided a common digital radio network for the United Nations system at seven locations in Afghanistan, and WFP networks were used at the six locations where WFP is present.

The bandwidth upgrade on local Internet service provider very-small-aperture terminals and the bandwidth management policies implemented on routers installed at each outpost location led to better connectivity and more collaboration among staff and facilitated remote administration and support by ICT personnel to offices with no dedicated ICT staff. The upgrade, which was at a re-negotiated and reduced price-per-megabyte, also resulted in cost savings of approximately US\$66,000 per annum.

The ICT section collaborated with the knowledge management unit to develop an Afghanistan SharePoint site, which improved staff access to vital records and documents.

To meet global standards, 100 non-standard laptops were replaced and the operating system on all user workstations was upgraded to the more secure and robust Windows 8. The enforcement of data security measures through the systematic update of virus signatures and operating systems ensured mission-critical data was always available to staff whenever needed. The electrical installation in the server room was remodelled for staff safety and data security.

The universal Wi-Fi solution was deployed by merging office and guesthouse bandwidth into one link at each office location. The links are now accessible to UNICEF Afghanistan-authorized users at United Nations compounds in Kabul and in the four zones. This improvement enhanced connectivity at the guesthouses and reinforced staff capacity to telecommute for business continuity purposes.

Seventy learning events on telecommunications and standard UNICEF systems/applications were organized and 675 participants were trained on new and existing technologies to build their capacity, improve efficiency and ultimately increase productivity.

Programme components from the Results Assessment Module

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 Improved access and increased utilization of quality and equity focused MNCH and immunization services for mothers, new born, under-five children and adolescent girls in most deprived provinces and areas

Analytical statement of progress:

The health outcome is on track for its first year of implementation under the new Country Programme of Cooperation. Efforts have been made to critically examine and enhance MNCH service delivery and respond to emergencies with life-saving interventions and targeted efforts in health systems strengthening. Priority actions include the promotion of community-based integrated MNCH service packages, continuous support to national priority programmes, such as the Basic Package of Health Services (BPHS), and increasing coverage and utilization of facility-based RMNCH services, with a focus on equity.

The MoPH, UNICEF Afghanistan and USAID conducted a high-level meeting, 'Call to Action:

Renewing the Promise for Maternal and Child Survival'. Key outcomes of the event included:

- The Kabul Declaration for Maternal and Child Health was signed with targets to reduce maternal, newborn and child mortality by 2020.
- RMNCH scorecards were developed and released to improve accountability for key indicators down to the district level, which will improve public accountability of the health sector.
- Attention to the life-saving potential of specific interventions led to the following main shifts in 2015:
 - The introduction of chlorhexidine for newborns and weekly iron/folic acid supplementation for adolescent girls
 - Focus on newborn care through the Every Newborn Action Plan, which includes community and facility-based newborn care
 - Scale-up of ORS and zinc use in the management of diarrhoea
 - Further expansion of mobile ambulances for maternal and child-health emergencies
 - High-level commitments by Afghanistan for the Secretary-General's Global Strategy for Maternal, Newborn, Child and Adolescent Health 2016–2030.

The availability and quality of MNCH services have improved in some areas. However, the shortage of skilled and trained health staff, especially female workers, continued to be a barrier. The quality of care in hospitals needs to be further improved using national standards for maternal and paediatric care to strengthen infection prevention, communication and counselling. During the 12 months of implementation, a national, comprehensive newborn care plan and toolkit were developed. Based on the MNCH supply assessment, procurement of equipment in 10 priority provinces was completed. In addition to the good centre for newborn care in Kabul, UNICEF Afghanistan supported an additional neonatal intensive care unit in Herat Province to provide referral care for sick newborns.

Approximately 1.2 million children under 1 year and some 6 million women of child-bearing age accessed life-saving immunization services. The programme also met the needs of some 8.3 million children under 5 years as part of the polio eradication programme through the distribution of vaccines (78,668,600 doses). The polio programme also assisted the Government in the preparation and operationalization of the 2015–2016 National Emergency Action Plan. A new communication action plan is being rolled out and aims to reduce the number of children who have not received immunization.

To improve service delivery, UNICEF Afghanistan used targeted approaches to increase coverage, particularly for hard-to-reach groups. In 2015, almost 800,000 pregnant women and children under 5 years in focus provinces (out of an estimated 1,000,000 women and children in under-served areas) benefited from life-saving interventions in their villages through 45 mobile teams. Mini ambulances in Zaranj were distributed to 50 community health workers and these will further strengthen the referral systems in 250 villages in Bamyan, Badghis and Kandahar provinces. In addition, in 2014–2015, 46 health facilities received equipment and ambulances for the timely referral of women and children.

UNICEF Afghanistan also worked to integrate advocacy, communication, social mobilization and health promotion activities into the delivery of planned interventions. UNICEF Afghanistan took various approaches to addressing principle bottlenecks such as social and cultural practices and social norms surrounding women's decision-making, mobility, care during and after pregnancy, and the consequent low levels of accurate knowledge and agency, as well as

indifferent health worker-family interactions. Notably, UNICEF Afghanistan developed an RMNCH communication strategy to address several bottlenecks, including those related to gender.

The knowledge and skills of 450 MNCH health care providers were enhanced on basic concepts of MNCH and 40 paediatricians were equipped with skills on advanced newborn care. UNICEF Afghanistan conducted these trainings in collaboration with international and national professional organizations. Continuous incremental capacity building of vaccinators at the service delivery level ensured that qualified health personnel immunized targeted children.

Existing humanitarian needs intensified in 2015 due to violent conflict and the widespread occurrence of natural disasters during the year, which resulted in large-scale displacements of people. Almost 61,000 mothers and children benefited from key services during emergency situations. Emergency newborn kits, including warm clothes, were distributed to 10,000 newborns, protecting them from hypothermia, a main cause of newborn mortality.

In regards to resource mobilization, UNICEF provided technical assistance for a four-year GAVI Alliance Health Systems Strengthening 3 proposal for US\$40 million. The programme also secured funds for improved management of childhood diarrhoea with zinc and ORS through community health workers. In addition, an RMNCH joint proposal was developed through the consultative process for funding under the RMNCH trust fund.

OUTPUT 1 Deprived provinces and other focus areas have skilled healthcare workers, especially females, to provide quality and equitable MNCH services that meet minimum national standards.

Analytical statement of progress:

Increasing coverage of MNCH services by reaching every newborn, child and woman of childbearing age is one of the main strategies in the current programme cycle. The following are the priority actions: 1) promoting a community-based integrated outreach MNCH service package by introducing and scaling up high-impact mother/infant/child survival initiatives including information, education and communication, particularly aimed at under-served districts; 2) continuously supporting national priority programmes such as the BPHS; 3) increasing coverage and utilization of facility-based reproductive health/maternal and child health services.

Post-training follows-ups and programme monitoring were strengthened at all levels through regular field visits and follow-up meetings.

Provincial MNCH action plans in 8 out of 10 provinces (80 per cent) were developed and approximately 1 million under-served children under 5 years and women of childbearing age benefited through the timely implementation of MNCH action plans. The mapping of outreach services and provincial training as well as supply needs assessments was also completed. Newborn supplies are under procurement.

Capacity development of health care service providers was one of the key priorities of the MNCH programme in 2015. The knowledge and skills of 450 MNCH health care providers were enhanced on basic concepts of MNCH, and 40 paediatricians were equipped with skills on advanced newborn care in India. These trainings were conducted in collaboration with international (i.e. National Neonatology Forum of India) and national professional organizations (i.e. Afghan Paediatric Association) reflecting a strong partnership in MNCH. These capacity-

building exercises improved the quality of newborn care at the Indira Gandhi Institute of Child Health and helped to operationalize a special care newborn unit in Herat Province.

UNICEF Afghanistan also secured funds for improved management of childhood diarrhoea with zinc/ORS through community health workers by reaching the unreached population throughout the country. The MoPH and UNICEF Afghanistan are working on an ORS and zinc co-packing strategy with a community distribution mechanism.

In addition, an RMNCH joint proposal was developed through a consultative process involving the MoPH, UNICEF Afghanistan, the United Nations Population Fund (UNFPA) and WHO to secure funding under the RMNCH Trust Fund. Planned activities are on track. The community-based newborn care package was developed and implementation has been initiated. Monitoring visits to Kandahar and Bamyan were conducted, and feedback and recommendations were shared with respective colleagues.

The availability and quality of maternal and newborn health services have improved in some areas. However, the shortage of skilled and trained health staff, especially female health workers, continued to be a barrier in 2015. Furthermore, in tertiary/referral hospitals, the quality of care requires further improvement through adopting standards for care, strengthening infection prevention measures and carrying out communication and counselling. Improving access and utilization to comprehensive emergency obstetric care and basic emergency obstetric care services must be strengthened to reduce further maternal and newborn mortality. This requires coordinated community outreach with integrated maternal and child health services and established 24-hour, seven-day services at all tertiary care facilities.

OUTPUT 2 Health facilities and outreach services in deprived provinces and other focus areas have relevant equipment, supplies and adequate infrastructure to provide quality essential MNCH services.

Analytical statement of progress:

Project design, needs assessment, monitoring and evaluation and capacity building all require a great deal of coordination at the national and implementation levels. Community-driven interventions in MNCH programmes have greater potential for promoting local ownership and project sustainability.

In 2015, UNICEF Afghanistan supported the development of the national comprehensive newborn operational plan and toolkit. Based on the MNCH supply assessment, UNICEF Afghanistan completed the procurement of equipment in Kandahar, Helmand, Urozgan, Zabul, Ghor, Badghis, Bamyan, Paktika, Paktia and Daikundi provinces, and distribution is underway. MNCH equipment and supplies for improving the quality of maternal and newborn services were distributed to 150 facilities when necessary.

In 2015, almost 800,000 pregnant women and children under 5 years in focus provinces benefited from life-saving interventions in their villages through 45 mobile teams.

The Indira Gandhi Institute of Child Health Hospital was further supported as a centre of excellence for newborn care in Afghanistan and quality services were made available for nearly 2,000 sick newborns in 2015. In addition, Malalai, Rabia Balkhi and Khair Khana hospitals were upgraded for the provision of standard MNCH services.

Maternal and perinatal death review committees were also established in the Indira Gandhi

Hospital and strengthened in Malalai and Rabia Balkhi hospitals. Almost 145 newborn and maternal deaths were reviewed and follow-up actions were taken at the facility level.

A total of 50 community health workers received mini ambulances in Zaranj, which will further strengthen the referral system from home to facility in 250 villages in selected provinces (Bamyan, Badghis and Kandahar). In addition, 46 health facilities received equipment and ambulances for the timely referral of women and children to better care services in 2014–2015.

At the national level, the delay in the finalization and signing of the health rolling work plan with the MoPH set back the implementation of first- and second-quarter activities. Greater efforts are needed to fast track the development of a comprehensive monitoring and evaluation mechanism, using standard tools and indicators to allow for comparability and ease of data collection.

Insecurity remains a pervasive constraint impacting all MNCH programme areas, with continued threats and direct attacks against health centres and health workers (e.g. one outreach team in Helmand Province was kidnapped and later released). The deterioration in security has reduced access to the majority of project sites for community consultation, planning, supervision and monitoring. Restrictions on mobility have made it very difficult for women and children to access services for their development and well-being.

Difficulties in the recruitment of female health workers related to security and cultural barriers have limited outreach services to women in remote areas. Female community health workers have been a key resource in the provision of health education, notwithstanding the fact that the majority of community health workers are illiterate.

OUTPUT 3 Deprived provinces and other focus areas have qualified EPI service providers (including primary healthcare workers for outreach, especially females) for quality and equitable immunization services that meet minimum national standards

Analytical statement of progress:

UNICEF worked with the MoPH to enhance the necessary knowledge and skills of 900 vaccinators on vaccination procedures. This included ensuring quality maintenance of the cold chain system by equipping 18 cold chain technicians to act as trainers, training 23 cold chain technicians, EPI supervisors and managers on the newly developed SOPs for cold chain; training 14 technicians on the installation of solar refrigerators and digital temperature monitoring devices across the country. World Vaccination Week was celebrated at the national and provincial levels. The National EPI Strategy document was revised to incorporate important elements aimed at human resources capacity improvements in EPI.

Afghanistan has introduced five vaccines in the last 10 years and is planning to introduce three additional vaccines in the near future. Continuous incremental capacity building of vaccinators at the service delivery level has ensured that qualified health personnel immunize targeted children. Although the EPI surveillance system is not particularly robust in Afghanistan, there were fewer incidences of adverse events following immunization, which significantly affect the routine EPI programme. Increasing the use of refrigerator tags and other advanced temperature monitoring instruments helped to ensure the potency of vaccines when they eventually reach the children.

Other planned activities such as new vaccine introduction and nationwide measles campaigns were used as opportunities to reinforce EPI knowledge and skills, not only in regards to these

specific activities, but also in regards to important elements of the routine immunization programme.

OUTPUT 4 Health facilities in deprived provinces and other focus areas have cold chain, vaccine and adequate infrastructure to provide routine immunization services

Analytical statement of progress:

Approximately 742,570 children under 1 year and the same number of women of child-bearing age living in five provinces in the south region accessed quality vaccination programmes through the construction and establishment of a regional vaccine storage facility in Kandahar. This also supported more than 3 million children under 5 years as part of the polio eradication programme.

The process of handling the emergency vaccine shipments at the national level was further improved through the establishment of a cold chain facility at Hamid Karzai International Airport in Kabul, which is the entry point for all vaccine shipments into the country.

All children under 1 year benefitted from the multi-antigen campaign against vaccine-preventable diseases in 110 districts, and women of childbearing age and high school girls will be immunized against tetanus in 25 districts and 34 provincial capitals, respectively. Implementation of the tetanus campaign is ongoing, and a report will be available in the first quarter of 2016.

Children and women have increased access to EPI service delivery following the establishment of 43 new EPI centres across the country in 2015.

UNICEF Afghanistan also supported the operating costs of vaccine storage facilities, including monthly staff incentives for cold chain technicians across the country. Standard cold chain equipment was procured for health facilities and vaccine storage centres.

OUTPUT 5 National and subnational procurement and supply chain management system for pharmaceuticals, vaccines and equipment improved to manage stock-outs

Analytical statement of progress:

Approximately 1.2 million children under 1 year and some 6 million women of child-bearing age continuously accessed immunization services through the timely supply of life-saving vaccines and non-vaccine supplies.

Proper forecasting and planning for the procurement and distribution of vaccines and non-vaccine supplies resulted in no stock-outs during the reporting period.

Due to the unavailability of an institution with appropriate expertise, the establishment of a real-time vaccine logistics management system was delayed. Efforts remain underway to meet this need.

The negotiation with MoPH leadership about the MoPH taking over the responsibility of co-signing for vaccine and non-vaccine shipments was not successful because the MoPH did not have the capacity within their system. In addition, the MoPH does not have the requisite financial resources to cover the tax on the shipments. The complete handover of this responsibility from UNICEF Afghanistan to the MoPH may therefore take a few more years.

UNICEF also provided technical assistance to support the development of the GAVI Alliance Health Systems Strengthening 3 proposal. The proposal successfully leveraged US\$40 million in resources for immunization for four years. Of this amount, approximately US\$14 million will be channelled through UNICEF Afghanistan, primarily for cold chain strengthening and communication for EPI.

OUTPUT 6 Individuals, families and communities, especially from deprived provinces and other focus areas have the relevant knowledge, demand key MNCH services and appropriate behaviours

Analytical statement of progress:

UNICEF Afghanistan took various approaches to addressing major bottlenecks such as social and cultural practices and social norms related to women's decision-making, mobility, care during and after pregnancy, and the consequent low levels of accurate knowledge and agency, as well as indifferent health worker-family interactions. An RMNCH communication strategy was developed based on a thorough literature review of existing assessments, policies and related documents, in-depth qualitative field research, and wide-ranging consultations. The strategy espouses comprehensive communication policies which, when implemented in 2016, will address several bottlenecks in the area of MNCH, including those related to gender inequities.

Awareness around immunization and specific vaccines was enhanced through multimedia campaigns on measles vaccines and the new inactivated polio vaccine as well as during the accelerated immunization campaign. These campaigns contributed to reducing knowledge gaps within households and making households more likely to access vaccination and other RMNCH services. Activities for addressing various bottlenecks related to access, utilization and demand were included in funding proposals for GAVI Alliance and Canada's Department of Foreign Affairs, Trade and Development. Findings from a qualitative research study on the potential of female community health workers informed the proposals. These projects will be implemented in 2016.

A comic strip-based pictorial leaflet aimed at illiterate and semi-literate mothers was designed to be distributed within the ORS/zinc co-package throughout the community health worker networks. This activity will be followed up by community health worker orientations and community dialogues on prevention. Chlorhexidine will also be similarly popularized.

Critical preparations for the Golden Village intervention were completed to ensure its launch in January 2016. This intervention aims to generate, through the use of appreciative inquiry, community commitment to achieving 100 per cent immunization, as well as 100 per cent skilled birth attendance at the village level. Key health promotion/MoPH and MRRD officials undertook a mission to Nepal in March 2015, where they received training in and first-hand exposure to the appreciative inquiry methodology for achieving full immunization in village development committees and districts.

OUTPUT 7 National capacity is increased for polio vaccine management and social mobilization to maintain sustained interruption of wild poliovirus transmission

Analytical statement of progress:

In 2015, the UNICEF Afghanistan Polio Eradication Programme continued to assist the Government with communication, social mobilization, procurement and management to reduce the number of children missed by supplementary immunization activities. UNICEF Afghanistan continued to support the preparation and operationalization of the 2015–2016 National

Emergency Action Plan for Polio Eradication. The programme actively supported the establishment and operationalization of emergency operations centres at the national and sub-national levels, including by assisting the establishment of five key working groups to support the implementation of the Action Plan. A new communication action plan was developed and is being rolled out to generate demand for polio vaccination and reduce the number of missed children.

In 2015, the first wave of the Harvard Knowledge, Attitudes and Practices Poll was completed. The poll will provide important new evidence to guide the programme. Informed by the findings, communication approaches shifted from maintaining high levels of awareness about polio vaccination campaigns to generating demand with an increased emphasis on using the media to create a sense of urgency about vaccination. The Poll emphasized partnerships with local groups and involved local influencers and spokespersons to deliver regional and district-specific messages. The strategic use of radio for increasing awareness and knowledge was enhanced via new partnerships with the BBC, Voice of America and local media. Production of a range of programmes featuring local influencers, including soap operas and debates, is underway. The training and orientation of local reporters has also started. As a result, unpaid coverage of polio in the media has increased substantially within the country from 18 stories in January 2015 to 203 stories in October 2015.

The Immunization Communication Network was expanded to cover lower performing districts to help the programme reach the most at-risk populations. In 2015, the Network deployed some 5,000 social mobilizers for each campaign in 65 districts, including all 27 low-performing tier 1 districts and 23 low-performing tier 2 districts. Social mobilizers were trained on interpersonal communication prior to every campaign in order to appropriately deliver accurate messages on polio and routine immunization during their house-to-house visits and via megaphone announcements ahead of the vaccination teams. In August and September, UNICEF Afghanistan commissioned research to assist the Government and Polio Eradication Initiative partners to assess the potential role of community health workers in the programme, given the need to increase the number of female front-line workers. A consensus was eventually reached with the Government on the need to strategically engage this cadre of workers in social mobilization and vaccination. UNICEF Afghanistan is leading this integration.

The polio programme provided ongoing assistance to the National Expanded Programme for Immunization in the planning and implementation of the supplementary immunization activities, including planning polio campaigns, vaccine procurement and vaccine management. The quantity of vaccines required for the scheduled activities (78,668,600 doses) was procured and distributed in a timely fashion to provinces prior to campaigns. The programme also assisted the Provincial Emergency Management Team to strengthen its capacity.

OUTPUT 8 National and provincial implementing partners have the capacity to collect, analyse and disseminate data relevant for development and monitoring of the health and immunization programme

Analytical statement of progress:

The quality of service delivery improved at Malalai, Rabia Balkhi and Indira Gandhi hospitals through the establishment of maternal and perinatal death review processes by addressing system deficiencies. A standard toolkit on newborn care was adapted to the country context and disseminated. The toolkit will support improvements in the quality of facility-based newborn care services throughout the country. The implementation of evidence-based newborn interventions was strengthened through analysis, costing and prioritization under the Comprehensive

Newborn Action Plan. The Afghanistan Call to Action webpage was regularly updated and used to raise awareness among key stakeholders and programme managers at all levels. In addition, the provincial RMNCH scorecards facilitated the tracking of key maternal and newborn child indicators, which led to healthy competition between provinces and a review of the quality of data reported in the Health Management Information System.

Regional and provincial EPI review meetings were conducted and recommendations acted on accordingly. The report of EPI sessions, which are monitored throughout the year, has not yet been compiled. Based on MoPH recommendations, the household listing exercise was modified using the Reach Every District/Community Strategy for microplanning, which is included in the GAVI Alliance/Health Systems Strengthening 3 proposal to be implemented in 2016. Due to the unavailability of the local expert institution, the establishment of a real-time vaccine logistics management system was delayed. Efforts remain underway to make this happen in the near future.

The national census of Afghanistan has not been updated since 1979. This has led to inaccurate denominator values for programming, which has resulted in many discrepancies in EPI and MNCH coverage reports. In addition, numerous assessments revealed errors in the EPI reporting system. With the support of key EPI partners, several technical workshops were conducted inside and outside of the country to address this issue. Ultimately, all recommendations of these discussions were put into a multi-year proposal aimed at improving the quality of EPI data in Afghanistan. Implementation of this project will start in early 2016.

OUTPUT 9 Increased country capacity for evidence-based policy dialogue and advocacy with special focus on improving coverage and quality of MNCH and immunization.

Analytical statement of progress:

In collaboration with the MoPH and USAID, UNICEF Afghanistan conducted the national Call to Action on MNCH. The 'Call to Action: Renewing the Promise for Maternal and Child Survival' brought together policymakers, implementers, partners and other stakeholders to reaffirm high-level commitment to achieving the country's targets for 2020. Key outcomes of the event included:

- The Kabul Declaration for Maternal and Child Health was signed with targets to reduce maternal, newborn and child mortality, as well as stunting, by 2020.
- RMNCH scorecards were released to improve accountability for key indicators down to the district level, which will improve the public accountability of the health sector. These scorecards have been very well received by provincial authorities, and the use of simple traffic light colours to signal performance against agreed upon benchmarks has spurred healthy competition and initiated discussions on the quality of data.
- Attention to the life-saving potential of specific interventions led to:
 - Introduction of chlorhexidine for newborns and weekly iron/folic acid supplementation for adolescent girls
 - Focus on newborn care through the Every Newborn Action Plan, which includes both community- and facility-based newborn care to address the three major causes of newborn deaths: infection, asphyxia and prematurity/low birth weight.
 - Scale-up of ORS and zinc use in the management of diarrhoea and the treatment of severe and acute malnutrition
 - Introduction of mobile ambulances for maternal and child health emergencies

- Development of plans for using demand-side financing (conditional cash transfers) to improve the utilization of services focused on getting mothers to health facilities for delivery care
- Data analysis and advocacy led to high-level commitments by Afghanistan in regards to the Secretary-General's Strategy for Maternal, Newborn, Child and Adolescent Health 2016–2030.

The Safe Motherhood Day event was also commemorated at national and sub-national levels.

Advocacy was successfully carried out on high-impact evidence-based RMNCH interventions through analysis of current BPHS and the Essential Package of Health Services delivery models. UNICEF Afghanistan also initiated operational research on community newborn care through home visits using the concept of nine contact points in four districts in Bamyan and Kandahar provinces. This approach will enable the delivery of community-based essential newborn care services in rural remote areas.

In addition, exposure visits were organized to India (advanced newborn care), Nepal (appreciative inquiry) and Sri Lanka (maternal death audit) to build the capacity of MoPH staff in key areas of MNCH and also learn best practices from neighbouring countries.

OUTPUT 10 Increased national and sub-national capacity for resilience plan and to deliver health services for preventing excess mortality among children and women in humanitarian situations

Analytical statement of progress:

Protracted conflict, recurrent natural disasters, chronic poverty and underdevelopment continue to undermine the survival, livelihood and dignity of Afghans. The existing humanitarian needs were intensified due to violent conflict and the widespread occurrence of natural disasters in 2015, which resulted in large-scale displacements of people where the limited availability of essential services significantly increased vulnerability and deprivation, particularly for women and children. Conflicts continued to cause widespread disruption to health and other services in 2015. Measles remained a major cause of child deaths in refugee and IDP camps.

Almost 61,000 mothers and children benefited from necessary supplies and services during emergency situations. In addition, monitoring systems for use during emergencies were strengthened with the introduction of a joint monitoring and evaluation tool of the health cluster. Emergency newborn kits including warm clothes were distributed to 10,000 newborns, and 10,000 bed nets were distributed to 10,000 displaced pregnant women in the Gulistan Camp of Khost Province. Newborn kits protected newborns from hypothermia, which is one of the main causes of newborn mortality. The armed conflict in Kunduz Province also led to the referral of severely ill children and pregnant women to neighbouring provinces of Takhar, Baghlan and Balkh. Approximately 8,000 children under 5 years and 1,500 pregnant women benefited from medical supplies and medicine sent to conflict-affected provinces.

The earthquake in the northeast affected Badakhshan, Takhar, Kunar and Nangarhar provinces. Approximately 10,000 children under 5 years and 3,000 pregnant women benefited from the provision of medicines and medical supplies as part of the earthquake response.

A total of 237,000 children aged 9 months to 5 years affected by emergencies or measles outbreaks were vaccinated against measles. This resulted in high measles immunization coverage of greater than 90 per cent among affected children.

OUTCOME 2 Improved and equitable use of safe drinking water, sanitation, and healthy environments and improved hygiene practices in deprived provinces and vulnerable areas.

Analytical statement of progress:

The National Rural WASH Policy 2010–2020 was updated and was ready for approval by the three relevant ministries in December 2015. The updated policy, which was revised by water and sanitation sector group members, covers 2016–2020 and better reflects the normative and oversight roles of the relevant ministries. It also provides specific guidance to WASH implementing partners on how to maximize the impact of integrated WASH services. The updated policy is in line with the new MRRD's Citizen's Charter approach, which aims to strengthen community self-reliance by further empowering the community development councils through an integrated basic services and employment stimulus. The policy also includes an increased focus on targeting marginalized populations and underserved areas. In 2016, the updated policy will be complemented with revised strategies to support implementation.

The management and oversight structures in MRRD and MoE for the community WASH and WinS programmes, respectively, have been reviewed. As of January 2016, a new structure will be put into place that will increase the number of government staff working at the regional, provincial and district levels in order to improve programme effectiveness and oversight.

A draft strategy to end open defecation in Afghanistan by 2025 was developed following an inclusive consultation among key partners on accelerating sanitation coverage. The successfully-introduced Afghan Context Community-Led Total Sanitation (CLTS) approach will be scaled up under the leadership of the MRRD with independent oversight by the MoPH. Three-quarters of the programme will be implemented through NGOs, while the MRRD continues to manage 12 CLTS mobilization teams and provide training and technical oversight to NGO partners. The MoPH will be responsible for the certification and maintenance of open defecation-free status at the community level.

The concept and importance of integrating the behavioural-change interventions related to sanitation, hygiene and nutrition are now supported by a wide range of stakeholders. Cross-cutting issues such as gender are now fully integrated into the programme, and in the local committees (Shurah) and family action groups, women are able to express their ideas and take part in planning WASH facilities. This will be operationalized in early 2016, in part through a new five-year, US\$100 million grant from USAID implemented through NGOs in 11 high-stunting-prevalence provinces and in part through a concerted effort of the MRRD and MoPH supported by UNICEF WASH, nutrition and health sections.

Community water supply interventions supported by UNICEF Afghanistan, which are currently almost completely implemented by the Ministry of Rural Rehabilitation and Development /Provincial Rural Rehabilitation and Development, will increasingly target underserved areas and marginalized populations in 2016. As agreed by the MRRD, the UNICEF-supported rural water supply programme will increasingly aim for convergence with the sanitation, hygiene and nutrition programmes. This will considerably reduce political interference in targeting, which has significantly impacted the programme in the past. To promote increased sustainability and community ownership, the proportion of new systems that provide a higher level of service through public taps and house connections will be steadily increased from 28 per cent of the population served by gravity-fed or solar powered systems in 2015 to 70 per cent by 2019. UNICEF Afghanistan remains the largest single donor to the rural water supply programme in

Afghanistan and will continue to advocate for a comprehensive operation and maintenance policy and strategy.

The WinS Programme is still plagued by quality concerns and slow implementation in some parts of the country. The MoE Infrastructure Department has exercised a higher level of oversight and most works, some of which originated in 2012, have been completed or will be completed early 2016. Agreement was reached with the MoE to revise the approved school toilet design. The design is very expensive and has some flaws that seriously complicate proper use, operation and maintenance. As a result, many school toilets are unhygienic due to improper use or lack of use. The WinS Programme in the rest of the country will switch its focus to the rehabilitation of existing WinS facilities and finding appropriate operation and maintenance modalities involving both the private sector (for periodic emptying) and school shuras for cleaning and maintenance. The health and hygiene behavioural change part of the programme, which includes a successful menstrual hygiene management component, will be scaled up in 2016.

Ninety per cent of the WASH management information system at the MRRD has been populated by MRRD and WASH partner projects of roughly the past 10 years. More than 30 WASH partners gained accessibility by entering their data into the system. In 2016, the main challenge will be to make the management information system useful to WASH sector partners beyond being merely an information repository. The targeting of WASH intervention areas will be strengthened by mining the 2014 Afghanistan Living Conditions Survey data and district and community level data from the socio-economic development surveys. A formal evaluation of the WinS Programme has been postponed until early 2016. Long-term agreements with third-party monitoring partners have been developed and will address concerns regarding the construction quality of rural water supply systems.

OUTPUT 1 Strengthened capacity of government departments at all levels to cost-effectively deliver sustainable drinking water and sanitation services.

Analytical statement of progress:

With the project-based approach of the last 10 years, many government positions are project-funded against salaries that are competitive with the local NGO and private sector (development) market. The WASH section currently supports 60 positions across the three ministries involved in the implementation of the WASH programme (MRRD, MoPH and MoE). The majority of these are based in Kabul. The implementation and oversight capacity within the provincial departments of all three ministries remains low. At the national level, staff capacity is generally good; however, at lower administrative levels, staff capacity under the department director level is often lacking. UNICEF Afghanistan has agreed with all three ministries to strengthen sub-national capacity by moving some positions to regional hubs to cover multiple provinces (MRRD and MoE) and to contract additional staff to strengthen the integrated hygiene, sanitation and nutrition behavioural change programme component. Talks are underway between the President's office and the MRRD to merge the five MRRD development programmes. This would likely result in an expanded role for the Rural Water Supply and Sanitation Programme, which will also become responsible for the WASH interventions currently funded by the National Solidarity Programme. Although this is unlikely to happen in 2016, it is encouraging that such discussions are taking place. Annually, the Rural Water Supply and Sanitation Programme receives approximately US\$2 million from the Ministry of Finance, almost all of which is invested in larger rural water supply schemes. In addition to UNICEF Afghanistan, which supported the Rural Water Supply and Sanitation Programme in 2015 with a budget of approximately US\$3.3 million, the Programme receives some funding from Norplan for

hydrogeological mapping in Faryab and from UNDP for some water supply systems in the north. The Norplan project is ending in 2015, but the MRRD signed a new agreement with UNDP. Discussions with the World Bank have resumed in regards to a US\$100 million on-budget grant for rural WASH works.

OUTPUT 2 Increased access and use of improved drinking water supply and sanitation facilities by deprived and vulnerable populations

Analytical statement of progress:

The implementation of community water supply and sanitation programming effectively began in mid-2015. The construction of 474 community water supply systems was undertaken in 2015. By the end of November 2015, 177 systems serving 61,000 people across 24 provinces were completed. The remaining 297 are still under construction and will be finalized in early 2016, serving another 71,000 people. Nine out of 10 systems (434 systems) are boreholes with hand pumps that serve 216 people on average; 23 are gravity-fed systems with a piped distribution network with public taps serving 1,140 people on average; nine solar systems serve 1,240 people on average per system. The average cost per gravity-fed system and per solar system is comparable (US\$20 per capita for construction only), whereas the average cost per borehole with hand pump is about US\$10 per capita. In 2015, UNICEF Afghanistan supported five CLTS mobilization teams consisting of both male and female team members in six provinces: Badghis, Bamyan, Daikundi, Helmand, Kunar and Uruzgan. A total of 487 communities covering 202,000 people were targeted. Although open defecation-free certification only happened in 10 communities due to a late start, more than 150 other communities are ready for certification. In 2015, 2,631 new latrines were constructed under the CLTS programme, and 7,259 existing facilities were upgraded to improved sanitation facilities by families without household subsidies. The Afghan Context CLTS also includes a hygiene behavioural change component that focuses on improving people's handwashing behaviour. A community is only declared open defecation free when every latrine has a provision for washing hands. Following a one-week logical framework workshop involving 25 Water and Sanitation Sector Group partners and representatives from both the MRRD and the MoPH and aimed at devising a plan to end open defecation in Afghanistan by 2025, the Ending Open Defecation Strategy was developed and presented at World Toilet Day. Alongside the MRRD, which will continue to operate several CLTS mobilization teams, NGOs will be encouraged to create their own CLTS mobilization teams and take responsibility for delivering open defecation free districts. The MRRD will lead planning, master training, supervision and monitoring, while the MoPH will lead the independent verification and certification of open defecation-free status of communities and the maintenance of open defecation-free status after certification. A national steering committee will be created to oversee the Ending Open Defecation Plan. Since the CLTS teams are couples working in tandem, men as well as women are reached and given the opportunity to express their needs. As part of water supply interventions, the gender aspects will be emphasized during the assessments, implementation and operation and maintenance arrangements at the community level, aiming for gender equality in the community. UNICEF will provide technical assistance and will advocate on behalf of the MRRD, the MoPH and NGO partners for more financial donor support.

OUTPUT 3 Deprived and vulnerable populations demonstrate improved hygiene behaviour (washing hands at critical times, safe disposal of child faeces, safe handling and storage of food and use of smokeless stoves).

Analytical statement of progress:

The MoPH community dialogue programme continued in eight districts across four provinces. The end-of-project survey is planned for the end of 2016 and will be used to assess the effectiveness of the programme by the MoPH. The scaling-up of the Afghan Context CLTS Programme, which includes a hygiene behavioural change component, offers a huge opportunity to increase the reach of this programme component. This will require an increase in the number of provincial-level supervisors who can provide direct support to the community health workers and family health action groups that are responsible for maintaining the momentum on hygiene behavioural change and sanitation after the CLTS triggering process is completed and villages have become open defecation free. In 2015, 1,951 male and female community members attended 129 community-dialogue sessions, and trained community health workers visited 64,098 houses to share hygiene behavioural change messages.

OUTPUT 4 Impact on child health, nutritional status and education is optimized through increased convergence of WASH programming within WASH and in other UNICEF supported programs (polio, nutrition and education).

Analytical statement of progress:

Over the course of 2015, momentum was built for increased convergence activities between WASH and nutrition, WASH and polio and WASH and health centres. The Call to Action meeting in June strongly emphasized the sanitation-malnutrition link and generated political support among senior-level policy makers in the MoPH and MRRD, as well as donors and development partners. Convergence of community outreach programmes aiming to bring about behavioural change in hygiene and nutrition has not yet been implemented. Work is underway to integrate outreach materials and the community health worker curriculum.

Initial talks on convergence between hygiene/sanitation programming in low-performing polio-affected districts progressed, and initial activities are planned for early 2016. Talks have been initiated between the MoPH, WHO and UNICEF Afghanistan on improving WASH services and practices in health centres. The challenge is to bring the BPHS implementing partners and the relevant MoPH departments to the table to operationalize the gradual improvement of WASH services in health centres.

OUTPUT 5 Increased access for gender-sensitive and integrated WASH services in schools and health centres.

Analytical statement of progress:

Under the WinS Programme, the construction of new toilets and water systems was completed in 122 schools. Facilities were rehabilitated in another 23 schools. Some of this work was initiated in 2012. There were disputes with contractors about the poor quality of the construction and the non-completion of a series of works. Most of these disputes have been resolved, and projects that began in 2012, 2013 and 2014 have now mostly been completed. The exception is in Uruzgan, where works have not yet been completed in 16 schools. Serious concerns were raised about the design of toilet facilities, which complicates use, operation and maintenance. It has been agreed with the MoE to review and revise the toilet design before engaging in large-scale new construction programmes. Monitoring visits have shown that operation and maintenance of WinS facilities is of huge concern and that rather than rehabilitating existing facilities, NGOs and the MoE have built new facilities in many schools. It has therefore been agreed with the MoE that the emphasis of the hardware part of the UNICEF-supported WinS Programme in 2016 will focus on the rehabilitation of existing facilities and on establishing viable operation and maintenance arrangements. In addition, the software component of the WinS programme, the teaching of the hygiene behavioural change curriculum, the promotion of

handwashing and the re-introduction of the Three-Stars Approach in Afghan schools will take precedence. The successful introduction of the menstrual hygiene management component of the WinS programme will be expanded and scaled-up further. Formative research on menstrual hygiene management is ongoing in 12 schools (six provinces) in different geographic and ethnic areas to gain a better understanding about menstrual hygiene management in Afghanistan, the results of which will be used to improve the programme. To ensure that girls stay in school, menstrual hygiene management has become a major focus, and the teachers raise awareness on the subject through the curriculum of girls' schools.

OUTPUT 6 Increased national and sub-national capacity for resilience plans and delivery of services to children and women for protected and reliable access to sufficient safe WASH facilities in humanitarian situations.

Analytical statement of progress:

To a large extent, the needs for humanitarian WASH interventions in 2015 were effectively met in a timely manner. Only the refugee/returnee situation in the east presented a problem due to the sudden onset and scale of the situation; however, the needs were effectively met once the Central Emergency Response Fund and the European Commission Humanitarian Aid and civil Protection (ECHO) department funding was made available. The provincial disaster management committees and rural rehabilitation departments have increasingly taken on a coordinating role in the emergency and the WASH responses with UNICEF Afghanistan and local cluster partners. Given the limited scale of the humanitarian crises in 2015, UNICEF Afghanistan and WASH cluster partners still have adequate emergency WASH stocks pre-positioned throughout the country. In response to the avalanches and mudslides that took place in early 2015 in Badakhshan, the UNICEF Afghanistan WASH programme provided water trucking and distributed jerry cans and hygiene kits to 45,000 people. UNICEF Afghanistan supported the rehabilitation and provision of boreholes with hand pumps for a large area in Helmand that recently came under government control, benefiting 5,600 people.

Using Central Emergency Response Fund funding provided through UNICEF Afghanistan, WASH cluster partners provided Afghan refugees/returnees from Pakistan settling in Khost and Paktika provinces with drinking water points, emergency and household sanitation and hygiene behavioural change interventions, benefiting 36,000 people. Water trucking was provided for a large population of 44,000 people temporarily affected by drought in Takhar Province, and 4,450 hygiene kits were distributed to internally displaced persons from the Kunduz conflict and people affected by the October earthquake in Badakhshan. UNICEF Afghanistan secured funding for the WASH cluster coordinator and information management officer positions for two years starting in 2016. In addition to leading the cluster, the coordinator will guide the transition of the WASH cluster leadership to a national cluster coordinator at the MRRD over a two-year period. Emphasis will be placed on increasing sub-national coordination mechanisms in high-vulnerability provinces using the elaboration of WASH contingency plans as the entry point. Humanitarian WASH in 2016 will be targeting 855,000 people out of a total unique population of 3.5 million people in need of humanitarian assistance. This includes 127,000 refugees/returnees and 315,000 people affected by conflict or natural disasters. The remaining target population is either affected by child malnutrition or living in areas outside of government control where regular government services are not delivered.

OUTCOME 3 Improved coverage and increased utilization of quality and equitable nutrition services for under-five children, adolescent girls and mothers in most deprived provinces and areas.

Analytical statement of progress:

The UNICEF Afghanistan nutrition programme is guided by the National Nutrition Policy and Strategy 2009-2013 and the updated National Nutrition Strategy, which is in the final stages of approval. In 2015, the first year of the UNICEF-supported programme, the nutrition programme contributed to scaling up the SAM treatment programme. The nutrition programme will contribute to improved IYCF practices, micronutrient nutrition, and the nutrition of adolescent girls and women. The programme influenced all nutrition-related policies and strategies and improved access to supplies. UNICEF Afghanistan reinforced programme planning and monitoring, as well as data collection, analysis and dissemination systems on the nutrition situation of women and children at the national and provincial levels. The nutrition programme also supports humanitarian action in response to natural disasters and the ongoing conflict.

Overall capacities for the nutrition programme are weak in Afghanistan, with poor coordination and limited focus on nutrition interventions. UNICEF Afghanistan supported four national technical assistants in PND-MoPH at the national level to improve overall coordination and fast-track implementation. Efforts were also made to improve coordination at the national level through regular nutrition cluster meetings and National Nutrition Programme Committee meetings. The Supply Chain Management Study was completed, and draft SOPs, which will improve supply chain management, are in place.

Given that anaemia is a key challenge for adolescent girls and women of reproductive age, UNICEF Afghanistan supported the finalization of a major initiative for weekly iron and folic acid supplementation and bi-annual deworming for adolescent girls. During the preparatory phase that took place in 2015, most of the work related to policy and coordination between multiple stakeholders was completed and the programme for school-going adolescents is ready for launch in early 2016. Nutrition activities are still a low priority among BPHS NGOs due to limited capacities and understanding of nutrition interventions. To build their capacities and improve the quality of services, a harmonized training package was developed with all stakeholders. UNICEF Afghanistan contracted Action against Hunger to complete a capacity-building exercise in 11 provinces for all cadres of health care providers at the facility for all BPHS NGOs. This will improve services related to IYCF, micronutrient nutrition and IMAM.

Efforts were made to improve planning, monitoring and accountability through the National Nutrition Surveillance System, bottleneck and barrier analysis, and by advocating with the MoPH to increase nutrition indicators within the Health Management Information System. UNICEF Afghanistan supported PND-MoPH to maintain a database for IMAM performance indicators, which feeds into all decision-making processes for nutrition cluster activities.

UNICEF Afghanistan plays a significant role in supporting humanitarian response for nutrition. The national nutrition cluster mechanism functioned well in 2015 with both a strategic advisory group and a fully functional taskforce. The localized nutrition assessments conducted in Afghanistan in 2015 indicated a slight reduction in levels of acute malnutrition in many parts of the country, except in Gulistan Camp in Khost, which is inhabited by refugees, flood-affected areas of Ghor, conflict-affected areas of Nuristan and avalanche-affected areas of Panjshir. Despite an overall improvement in acute malnutrition, chronic malnutrition/stunting remains high with levels between 30 per cent and 60 per cent. The main priority will be to provide nutrition services to refugees, conflict-affected internally displaced persons, returnees, and populations affected by natural hazards. The nutrition cluster identified 22 priority provinces for humanitarian action in 2016. The UNICEF-supported bottleneck analysis and localized coverage assessments highlighted that effective coverage of IMAM interventions in the country was only 30 per cent. UNICEF Afghanistan will continue to advocate with cluster members to increase

access to nutrition services through inclusion of nutrition services in health facilities as per the BPHS guidance.

Between January and September 2015, a total of 125,076 children aged 0 to 59 months (57,386 boys and 67,690 girls) were treated for SAM in Afghanistan. This was 81 per cent of the 2015 target of 155,279. The cure rate was 87 per cent, the death rate was 0.5 per cent and defaulter rate was 13 per cent. All of the performance indicators were in line with the Sphere Standards. UNICEF Afghanistan is the sole supplier of all nutrition commodities and equipment to partners for SAM treatment. Although there was a marked increase in the number of children reached in 2015 compared with 2014, more needs to be done to increase access to treatment services by increasing the number of health facilities providing SAM treatment, which still stands at 30–40 per cent. A total of 210,595 children aged 6 to 23 months (36 per cent of target) were reached with micronutrient powder supplementation, and 703,285 mothers/caregivers (greater than 100 per cent of target) were reached with IYCF promotion messages within the emergency programme.

Afghanistan is still considered an emergency country and therefore most of the funding received is short-term and not appropriate for development programming. The country suffers from the double burden of undernutrition (i.e. both stunting and wasting). Child stunting should be addressed through a comprehensive strategy aimed at improving food security in poor households, providing quality counselling and support for good feeding and care practices and emphasizing community-based nutrition programming. To achieve IYCF targets and better nutritional outcomes related to stunting, long-term funding will be the key to success.

OUTPUT 1 Service providers (including community networks and community health workers) in deprived provinces and other focus areas have adequate equipment, supplies and infrastructure to deliver essential information, counselling, support services to children under 5, adolescent girls and mothers.

Analytical statement of progress:

To enhance the capacities of PND-MoPH, four out of the five planned staff were recruited and placed with the nutrition department. The four staff in place are covering IYCF, SAM and emergencies, micronutrients, including the weekly iron/folic acid programme for adolescents, and capacity building and coordination. This added capacity will improve overall coordination and management of nutrition activities at the national level. In order to improve coordination within the ministries, UNICEF Afghanistan worked closely with PND-MoPH to revise the terms of reference of the Nutrition Programme Coordination Committee and expanded the membership to make it more inter-sectoral and include donors and key international NGOs. Four meetings were held throughout the year. Two national nutrition coordination workshops were conducted with BPHS NGOs to emphasize the nutrition interventions and improve coordination between provincial nutrition officers and BPHS NGOs. The terms of reference of the five technical working groups, their membership and their working methods were also revised.

The revised National Nutrition Strategy was submitted to the MoPH technical advisory group for review. It is now awaiting formal approval.

The management of nutrition supplies was reviewed and the report finalized. One of the recommendations was to develop an SOP to improve the procedures for removing bottlenecks related to the supply chain. The global Supply Division supported UNICEF Afghanistan in Kabul to develop a draft SOP in consultation with all stakeholders. The draft is currently under review.

As per the bottleneck analysis conducted in Afghanistan, 60 per cent of the health facilities providing SAM treatment did not experience a stock-out of more than two weeks between January and June 2015. The SOP, once finalized, will address some of the bottlenecks.

Progress has been made on the Weekly Iron Folic Acid Supplementation Programme, which is aimed at school-aged adolescent girls. With UNICEF Afghanistan support, a coordination mechanism was established between the MoE and MoPH; technical and communications working groups were formed; protocols, guidelines, implementation plans, training guidelines, and a C4D strategy for school and community mobilization were drafted. The communications materials are currently being finalized. Community mobilization and teacher training will begin in early 2016 and the programme will be launched in 14 provinces in March 2016.

UNICEF Afghanistan supported PND-MoPH to strengthen SAM services through the provision of essential supplies, equipment and technical inputs in the areas of policy and strategy. In 2015, 125,075 children (67,690 girls and 57,386 boys) were treated, out of the targeted 155,279. Of these, 87,052 were cured, 5,470 defaulted and 731 died. The number of health facilities providing any SAM treatment increased from 635 to 752 in 2015.

OUTPUT 2 Individuals, Families and communities especially in deprived provinces and other focus areas have relevant knowledge demand key nutrition services and adopt appropriate behaviours.

Analytical statement of progress:

In 2015, UNICEF Afghanistan provided vitamin A supplementation and deworming tablets as well as information on vitamin A supplements and deworming during polio vaccination campaigns. Approximately 8 million children received vitamin A supplementation, and 5.5 million children received deworming tablets through the polio National Immunization Day campaigns in 2015. Household feeding practices remain poorly informed on locally available options, the importance of early and exclusive breastfeeding and the use of essential micronutrients. Efforts were made to build knowledge and improve practices around infant and young child nutrition through multimedia campaigns on vitamin A and deworming, dissemination of multiple micronutrient powder+1000 days material and celebration of World Breastfeeding Week.

To improve the quality of IMAM services, including IYCF practices, UNICEF focused on developing and implementing a harmonized comprehensive training package/SOP in 11 provinces (Balk, Farah, Helmand, Ghor, Paktika, Zabul, Khost, Kunar, Nuristan, Paktia, and Kabul city). A total of 32 master trainers and four regional managers received a training of trainers, and 511 health staff (doctors, midwives, nurses and community health workers) out of 1,824 targeted for October were trained in five provinces (Kabul, Kunar, Paktika, Nuristan, and Ghor). The rest of the provinces will be covered through various other organizations, such as Save the Children, Agha Khan Development Network, Micronutrient Initiative, World Vision and System Enhancement for Health Action in Transition, with the objective of providing quality training materials and trainers that are consistent with country needs.

To further improve the community's understanding of anaemia and the critical importance of consuming iron and folic acid, a communications strategy was developed to support the roll-out of the Weekly Iron and Folic Acid Supplementation Programme for adolescent girls in secondary schools in 14 provinces. An action plan with a clear timeline and coordination mechanism was developed. Engagement with the MoE School Management Shura/Social Mobilization Directorate aimed to bring together two outreach structures in the two ministries to complement their expertise in reaching and engaging parents and community elders.

OUTPUT 3 Implementation partners at national and sub-national levels have capacity to collect, analyse and disseminate data on nutrition programmes.

Analytical statement of progress:

In 2015, the National Nutrition Surveillance System was implemented in five pilot provinces and expanded to the first, second and third scale-up phase provinces. The pilot phase of the National Nutrition Sentinel Site Surveillance Programme was evaluated in late 2014 and evidenced slow implementation and several challenges during the initial phase. The National Nutrition Surveillance Systems road map and guidelines were revised. A total of 174 health facility-based sentinel sites in 34 provinces were trained in five batches of one-day sentinel site selection workshops and 933 community-based sentinel sites in 33 provinces were selected and trained in four batches of one-day sentinel site selection workshops.

A total of 128 (10 female and 118 male) master trainers and 701 (410 female and 291 male) facility-based sentinel site health staff members were trained in 34 provinces. In addition, 75 health staff members (56 female and 19 male) participated in National Nutrition Surveillance System refresher training. Almost 600 community health workers and community health supervisors (261 female and 333 male) were trained on mid-upper-arm circumference and the use of community surveillance tools. So far, 125 health facility sentinel sites in 25 provinces and 124 community sentinel sites cover the reporting needs for nine provinces. A coverage evaluation survey was conducted in one of the targeted five provinces. A workshop was conducted with the Government and partners to identify bottlenecks on reports and corrective action is being taken. A web-based database was developed and reports were generated on a quarterly basis.

The Public Nutrition Department and Provincial Nutrition Officers conducted several monitoring and supportive supervision visits to monitor IMAM programmes in health facilities. Overall, 100 in-patient department and out-patient department sites (health facilities) were monitored in 19 out of 29 provinces. For better planning and monitoring with an equity focus, UNICEF Afghanistan supported the PND to establish a National IMAM Quality Assurance Cell for oversight and to establish quality standards in IMAM service delivery. To operationalize the Cell, the bottleneck and barrier analysis methodology was introduced. The bottleneck analysis was carried out in consultation with all stakeholders, and key priority provinces were identified to improve the quality of supply, coverage and services. One of the key bottlenecks identified was human capacities. For example, only 44 per cent of health care providers were trained on the new IMAM guidelines. Based on the bottleneck analysis, priority areas for action were identified, an action plan was developed and implementation was closely monitored.

OUTPUT 4 Effective and coordinated nutrition cluster with improved information management at national and sub-national levels in humanitarian situations.

Analytical statement of progress:

The national nutrition cluster mechanism, which includes the Strategic Advisory Group's working groups and taskforces, is fully functional. By November 2015, a total of 11 (100 per cent) of national cluster meetings had been conducted with participation from NGO partners, United Nations agencies, the Government and donors. Minutes with action points were systematically developed and shared with partners. The Strategic Advisory Group, as well as the technical review committee on resource mobilization, supported the cluster with the prioritization of resources.

A National Nutrition Programme Coordination Committee was initiated as a forum for discussion of developmental nutrition issues. The Cluster Coordinator represented the cluster at this Committee and also represented the cluster in inter-cluster coordination meetings, Humanitarian Country Team meetings and donor meetings. At the sub-national level, a total of 16 cluster coordination meetings were conducted in 2015. The meetings were jointly co-chaired by UNICEF Afghanistan nutrition officers and representatives of the Government and NGOs. Minutes were prepared and shared with national level clusters for action and follow-up.

UNICEF Afghanistan conducted trainings and consultations and supported the development of contingency plans in all five zones. The contingency plans was endorsed at the national level cluster meeting and takes into account all man-made and natural hazards likely to occur in Afghanistan. UNICEF Afghanistan committed itself to providing additional contingency stocks to all partners on a quarterly basis to address any new emerging needs, and all five zonal offices and the national office will have contingency stocks in place in the warehouses for emergency situations. For all nutrition emergencies, UNICEF Afghanistan zonal nutrition officers are the de facto focal points.

A total of 13 BPHS partners were trained in rapid nutrition assessments, Standardized Monitoring and Assessment of Relief and Transition (SMART) surveys, coverage assessments and participated in on-the-job assessments. A total of four Rapid Nutrition Assessments, eight SMART surveys, nine SQAUC, three Semi-Quantitative Evaluation of Access and Coverage and one national BNA were conducted in 2015, providing nutrition information for planning and decision-making. There remains a gap, however, in terms of the capacities of partners to conduct timely assessments on their own. Building this capacity will be a key area of focus in 2016.

A total of 23 partners (74 per cent) are implementing IMAM and meeting the Sphere Standards. There are, however, some districts or health facilities within the well-performing provinces that still are not meeting the Sphere Standards. Among those not meeting the Standards, issues of insecurity and stock-outs have been highlighted. To address stock-outs, UNICEF Afghanistan is supporting the Government to develop SOPs and train partners so that supply requests will be understood by all stakeholders and submitted on time.

OUTPUT 5 Increase national and sub national capacity for nutritional security and resilience plans as well as to deliver essential nutritional services for children and women in humanitarian situations.

Analytical statement of progress:

Training on the emergency/contingency plan was provided to 17 out of the 34 Provincial Nutrition Officers: four in the west, nine in the north and four in north-eastern regions. Although the target has been met, there is a need to increase the scope to all 34 provinces. In 2015, a comprehensive plan was developed jointly with WFP to improve coordination for managing SAM and moderate acute malnutrition in the provinces. With the support of BPHS NGOs, the number of outpatient moderate acute malnutrition sites was increased to match the number of outpatient SAM sites. All 25 provinces have both moderate acute malnutrition and SAM treatment programmes running concurrently. There remain discrepancies at sub-national levels in some provinces due to existing System Enhancement for Health Action in Transition contracts for BPHS implementation. In the future, coverage levels need to be agreed to at the district level for better outreach and coverage.

Approximately 113 per cent of caregivers targeted (703,285 out of 624,554) received IYCF

messages. There were constraints in obtaining accurate data and the proposal is to include an outcome level indicator that can be collected during the next national nutrition survey (planned for 2018) and to change the indicator for output level to proportion of health/community workers who have capacity (trained in IYCF) to provide IYCF counselling services to communities. About 36 per cent of children aged 6 to 23 months (210,965 out of 594,036) received micronutrient powders.

A priority for multiple micronutrient powder is to develop a strategy that will be integrated with community IYCF behaviour change communication to ensure appropriate distribution and utilization and to improve the quality of reporting. Community-level malnutrition screening remains a challenge as community health workers are voluntary and not committed to carrying out nutrition work for free. There are discussions on how this could be addressed using a performance-based incentive system.

OUTCOME 4 Girls and boys of school age especially vulnerable children in deprived provinces and areas, access primary education that is progressively child-friendly and demonstrates improved learning outcomes.

Analytical statement of progress:

An estimated 3.5 million children are out of school in Afghanistan, the majority of whom are girls (70 per cent). The ongoing security situation in some parts of the country and natural disasters (floods and earthquakes) have exacerbated the situation. A major focus of the education programme is to reach the most marginalized children, especially girls, through community-based mechanisms and formal schools. Community-based education was identified as a key strategy, especially for girls. Efforts are also being made to improve school conditions and make schools child-friendly. UNICEF Afghanistan engages through the donor coordination mechanism and is an active member of the relevant technical working groups (i.e. teacher education, CBE), which provides an opportunity for policy advocacy. As the supervising entity for the GPE, UNICEF Afghanistan can focus on strengthening systems for the delivery of primary education. As part of the process of developing the application for the next phase of GPE, UNICEF Afghanistan has co-lead at both the policy and strategy levels, including with the development of the National Education Strategic Plan-III.

In 2015, the education programme got off to a slow start mainly due to the transition in the Government and the MoE. A new minister was named at the end of April and other positions are still in various stages of transition. This resulted in the late signing of the work plan and uncertainty regarding the key technical positions during the transition. Despite this, there have been significant achievements and progress made in the implementation of the work plan. As supervising entity for GPE, UNICEF Afghanistan assisted the MoE in a successful submission for the second no-cost extension request to the Country Grant and Performance Committee.

UNICEF Afghanistan successfully initiated the long-pending external audit by the Supreme Audit. UNICEF Afghanistan supported the MoE and provincial education directorates in 17 provinces to establish 1,768 new CBE centres for out-of-school children, reaching 48,497 children (50 per cent or 24,496 girls). This was more than the planned target for 2015 of 40,360 children. As an active member of the CBE Working Group, UNICEF Afghanistan successfully advocated for the introduction of quality standards and the focus on learning in CBEs.

Another significant achievement was the finalization and release of the School Improvement Plan Guidelines to improve the learning environment and make schools child-friendly. The CFS module was developed and is now being integrated into Afghanistan's teacher-training

curriculum. A scholarship programme was launched that resulted in the enrolment of 254 female teachers in the teacher-training centres. Work began to establish a national system for learning assessment for early grades.

Sustained advocacy resulted in the revival of the Girls Education Working Group and the agreement to develop a comprehensive strategy that is expected to address the issue of gender disparities in education. UNICEF Afghanistan also successfully advocated for the establishment of a technical working group on pre-school education that resulted in approval of the guidelines by the MoE, which had been pending for two years.

School construction continues to be a major challenge and has been escalated to the highest levels in the Ministry. It is anticipated that the project can be completed in 2016. Another major challenge is the transition of children, especially girls, from community-based schools to hub schools in Grade 4 and Grade 7. Inadequate central and provincial education directorate budgets for this transition continue to be a key constraint. For girls, socio-cultural norms act as additional barriers to continuing school. The education programme is closely involved with adolescent programming and the prevention of child marriage under the guidance of UNICEF's Programme Coordination Unit. Planned activities include the introduction of self-learning packages, including the use of technology, for continuing education for girls.

In 2016, UNICEF Afghanistan, the nutrition section and the PND will initiate a programme for weekly iron/folic acid supplementation. Hygiene education, health promotion and WinS continue to be key areas of inter-sectoral collaboration, especially in the context of CFS.

Major challenges have included monitoring and quality assurance, due to the dynamic security situation. UNICEF Afghanistan is working to improve the reliable verification of programme activities by engaging a third-party mechanism and using technology. This will be fully deployed in 2016.

In 2016, key areas of support to the MoE include the application for GPE funds, promoting interventions for girls' education, such as transition from CBEs to the next level of schooling, including secondary; quality standards in CBE, cost-effective models for pre-school education, a comprehensive policy on girls' education and the establishment of a national learning assessment system.

UNICEF Afghanistan engages with partners such as the Bangladesh Rural Advancement Committee (BRAC), the Department for International Development, USAID, the Swedish International Development Authority, the Canadian International Development Agency, the Aga Khan Foundation and Save the Children through the donor coordination mechanism. This has allowed UNICEF Afghanistan to influence ongoing work on the National Education Strategic Plan-III and CBE policy revision and pre-school education.

OUTPUT 1 Access to primary education for girls and boys in deprived provinces and other focus areas scaled up to meet the minimum defined standards for Afghanistan.

Analytical statement of progress:

In regards to the provisioning of schools within 3 kilometres of the community, the output is on track against the planned target. UNICEF Afghanistan supported the MoE and provisional education directorates in 17 provinces to establish 1,768 new CBE centres, reaching 48,497 children (24,496 girls or about 50 per cent girls). This exceeded the planned target of 40,360 children for the year 2015. These centres were provisioned with the requisite teaching and

learning materials, and teachers were trained on pedagogy. UNICEF Afghanistan initiated discussions with the Directorate of School Management Shuras (school management committees) on developing a plan for engaging with these groups to mobilize parents to send girls to schools. At the end of 2015, 110,055 children (45,379 girls) were being reached through CBE.

UNICEF Afghanistan actively engaged in the CBE Working Group and round table and successfully advocated with the MoE and development partners for the development of quality standards for CBEs. Key ongoing challenges include the low enrolment rate of girls (41 per cent) in the CBE schools against the planned target of 70 per cent and the weak capacity of Provincial Education Department (PED) to implement and monitor the CBEs. The MoE was also unable to provide textbooks to children in the CBEs as agreed earlier in the year due to a shortage of textbooks.

School construction remained a major challenge in 2015, with problems experienced with the contract and the low capacities of contractors at the sub-national level. To date, 29 schools (264 classrooms) have been constructed, benefiting 12,813 students (4,379 girls and 8,434 boys). A total of 41 schools are still being constructed and handed over to the MoE.

Support was also provided to ensure the education of more than 20,000 children affected by emergencies, including floods, conflict and earthquake.

The issue of out-of-school children has been significant and is being given prominent space in the National Education Strategic Plan-III. The Government discussed with the GPE the prospect of expanding support for this issue from 13 provinces to 34.

In 2016, the focus will be on finalizing the quality standards in consultation with the MoE and the CBE Working Group and facilitating their inclusion as part of the CBE policy revision. UNICEF Afghanistan has already begun to discuss initiating the revision of the teacher training curriculum for CBE, in terms of content and duration with the CBE unit.

OUTPUT 2 National and sub-national education authorities (MoE) have management and financial capacity to progressively manage CBE and ensure higher transition rate from Grade 3 to Grade 4 for girls and boys (including education in emergencies).

Analytical statement of progress:

Progress towards this output was constrained. With UNICEF support, more than 45,000 children in Grade 3 in the community based schools (CBSs) (run by PEDs) in 14 provinces were transitioned. However, challenges continued both at the national and sub-national levels in terms of the budgets available for CBE.

In Afghanistan, aside from those CBEs implemented using GPE funds, CBE is primarily implemented through donor support. In addition, lengthy distances to schools remains a challenge for children who have completed Grade 3 from CBS. For girls, barriers included additional supply issues such as lack of girls' schools and female teachers. A small step towards making self-learning opportunities available for children is being carried-out through the development of lessons on compact discs and media players in the CFS component. These will be also be used in the accelerated learning centres that primarily serve out-of-school girls.

UNICEF Afghanistan advocated with the MoE to undertake a study on out-of-school children using the conceptual and methodological framework developed by UNICEF and the United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute of Statistics based on the five 'dimensions of exclusion' (pre-primary age children, primary age children, lower secondary age children – all of whom are out of school, and the primary and lower secondary schools, who are at risk of dropping out of school). A concept note was shared with the MoE regarding the possibility of merging a survey, which is currently advocated for by the Ministry, and using the 'dimensions of exclusion' which is outlined in the out-of-school children approach. The findings are expected to facilitate better planning for community-based schools and alternative learning pathways.

In 2016, UNICEF Afghanistan will work with the MoE and other partners to develop mechanisms for alternative learning pathways for children, especially for girls who cannot transition to the next level of schooling. The MoE and PEDs will also be supported to improve the ability of hub schools to prepare for receiving children from community-based schools. The development of the new education strategic plan and the application for the next round of funding for GPE will also be used as opportunities to leverage CBE allocations. Monitoring will be strengthened by expanding EduTrac and third party mechanisms.

OUTPUT 3 GPE in Afghanistan leveraged for resources and results to meet national education objectives.

Analytical statement of progress:

UNICEF supports Afghanistan's education programme and serves as the supervising entity for the GPE. UNICEF Afghanistan supports the MoE to achieve the GPE's fundamental goal of increasing and sustaining equitable access to education in 13 provinces, covering 40 remote districts in Afghanistan. Since the GPE is a fully 'on-budget' programme, the MoE implements it through the government system. The MoE is responsible for the overall fund utilization and management of the GPE fund in line with the bilateral agreement. UNICEF Afghanistan serves as supervising entity with funding support received from USAID, MoE serves as the implementing agency, and USAID serves as the acting coordinating agency.

In 2015, as supervising entity, UNICEF Afghanistan provided the MoE and the GPE Programme Coordinating Unit (GPEPCU) with the required technical and managerial advising, guidance, support, and oversight on the programmatic and fiduciary aspects of the programme as well as on the overall planning, implementation, and coordination of the GPE programme. In addition, UNICEF Afghanistan extended the engagement of the fiduciary adviser, KPMG (an international fiduciary firm), to continue to perform the fiduciary role on behalf of UNICEF Afghanistan by assisting the MoE and GPEPCU with providing fiduciary oversight and monitoring of programme implementation in GPE-targeted provinces (Badghis, Daikundi, Farah, Ghor, Helmand, Khost, Kandahar, Nuristan, Nimroz, Paktia, Paktika, Uruzgan, and Zabul).

In 2015, as supervising entity, UNICEF Afghanistan supported the MoE to advance its 'Education for All' goal in the GPE-targeted provinces and districts by improving inter-departmental coordination and the MoE monitoring and evaluation system. In its capacity as supervising entity, UNICEF Afghanistan: 1) assisted the MoE with the preparation, revision and submission of its second no-cost extension request to the GPE Country Grant and Performance Committee for their review and approval, which was later approved with the assistance of the UNICEF no-objection document; 2) initiated the high-level coordination meeting to strengthen inter-departmental coordination at the MoE; 3) generated the GPE lessons learned documentation as evidence and knowledge relating to the implementation of the GPE programme in Afghanistan; 4) provided substantial support to the MoE's Planning Department and the GPEPCU for the development of key programme documents, including the programme guideline, monitoring and evaluation plan, revised provincial operational plan and budget; 5) through KPMG, conducted monitoring and fiduciary oversight of the programme in the GPE-targeted provinces and districts, including monitoring of the procurement and disbursement of activities on a quarterly basis; 6) assisted the MoE's Finance and Accounting Department and the GPEPCU with developing and reviewing the revised operational plan and cash forecast for 2015; 7) through KPMG, developed the 2014 annual and 2015 semi-annual reviews, two quarterly progress reviews, and 13 field-monitoring reports and shared these with the MoE for further action; 8) financed GPE-related workshops at sub-national level to enhance the capacity of staff at provincial levels, particularly female social mobilizers; 9) assisted the Supreme Audit Office of Afghanistan to initiate the GPE external audit after a two-year delay.

OUTPUT 4 Strengthened national and subnational capacity to implement CFS especially in targeted schools in deprived provinces and other areas

Analytical statement of progress:

The Harmonized School Improvement Plan Guideline was developed as a strategy for supporting schools to become child-friendly. Based on the guidelines and with UNICEF Afghanistan support, the capacities and skills of 457 school principals and teachers (128 female) were enhanced on how to develop school improvement plans for their schools. Based on guidelines, 85 CFS received grants to improve the learning environment for 32,918 students (20,825 males and 11,963 females). The CFS module was developed and is in the process of being integrated into the teacher training curriculum.

UNICEF Afghanistan supported the launch of a scholarship programme for girls to support them through teacher education courses. A total of 254 girls have been enrolled in the first cohort. The strategy was adopted to increase the number of female teachers, who are essential to girls' education Afghanistan. A mentoring system was also established for these girls. A module was developed on gender-responsive pedagogy, and 25 lecturers and MoE staff members (of whom seven are female) have been oriented.

As part of service delivery, UNICEF Afghanistan supported the printing and distribution of 4,500 sets of 40 titles of teacher guidebooks in both Dari and Pashto to 1,500 CFS in UNICEF's 10 focus provinces. In addition, the Handbook of Academic Supervision was translated into English.

In the area of capacity building, a total of 1,351 teachers (345 females) from 110 schools in Bamyan, Zabul and Ghor provinces, as well as four provinces in the northern zone, were trained in literacy enhancement, which improved their teaching skills in comprehensive reading and

writing. A total of 1,661 teachers, including 107 female teachers, gained capacity on learner-centred teaching methodologies and were oriented on teacher guidebooks for Grades 1-3. In addition, 216 teachers (81 females) were trained on the hygiene education package provided by the WASH unit in Jawzjan and Balkh. A total of 384 teachers/headmasters, school management committee members and students were trained/oriented on the CFS package in Jawzjan and Sari Pul provinces. Some 1,600 teachers (560 females) gained the capacity to provide psychosocial support to children affected by conflict and floods in the north. A key constraint has been the slow progress on the revision of the teacher-training curriculum, which impacted all capacity building activities.

OUTPUT 5 National capacity strengthened to develop and operationalize a system for monitoring of learning achievements and setting of national standards in core subjects for primary grades.

Analytical statement of progress:

Overall, the output is rated as in progress.

As per the Rolling Work Plan, an international institution was to be identified to support the development of a national primary education assessment system. Terms of reference were developed in consultation with the MoE, advertised twice and globally disseminated. However, very few institutions showed interest in the bid due to the security situation. It was agreed with the MoE to advertise for a third time and seek support from the Regional Office for South Asia. In the interim, the MoE Academic Supervision Department was nominated to coordinate the learning assessment activities. UNICEF Afghanistan proposes this plan to be carried over to 2016.

The second component has two aspects: conducting a learning assessment study for children who have completed Grade 3 in priority provinces using early grade maths assessment and early grade reading assessment and building the capacity of teachers on the continuous assessment of children in the classroom. Discussions with USAID indicated that they were conducting a large-scale assessment for children who have completed Grade 3 and results would be available by next year. UNICEF Afghanistan therefore decided not to go ahead with a planned learning assessment to avoid duplication. UNICEF Afghanistan will continue supporting the MoE to build the capacity of teachers on learning assessment methods, in particular formative assessment methods, in order to improve the quality of education. The terms of reference has been finalized and an international consultant will be hired to develop training materials in close consultation with the Teacher Education Department and Academic Supervision Department.

For the third component, UNICEF Afghanistan supported a delegation from the MoE, led by the Deputy Minister, to conduct a study visit to Zambia. Recommendations based on lessons learned during the study visit will inform the development of the national education strategic plan. It was also agreed to create a long-term relationship for cooperation with Zambia on supervision, teacher education and the examination board.

OUTPUT 6 Girls' education and community based early childhood care and education developed and demonstrated in selected communities in deprived provinces and other focus areas

Analytical statement of progress:

Overall, the output is on track.

According to MoE data, an estimated 3.5 million children, 70 per cent of whom are girls, are out of school. Although providing access to girls' education is a key priority of the MoE under Article 44 of the Constitution, Afghanistan does not have a comprehensive policy on girls' education. Various interventions are in place to address challenges related to girls' education, however.

UNICEF Afghanistan successfully advocated for reinstating the Girls' Education Working Group, which has not functioned for more than two years. UNICEF Afghanistan is also a co-chair of this working group. An agreement was reached with the MoE to support the development of a comprehensive policy and strategy on girls' education. In 2016, the comprehensive policy will be developed in collaboration with members of the working group, which includes the Aga Khan Foundation, Save the Children, BRAC, the International Rescue Committee, Girls Education Challenge and USAID. The plan to roll out a C4D strategy on girls' education to address social norms, such as child and early marriage, was also constrained due to a staff vacancy in UNICEF Afghanistan.

Given that 2015 was the first year of the new UNICEF Afghanistan Country Programme, the year was devoted to preparatory work in early childhood education. In early childhood development, joint advocacy by UNICEF Afghanistan and the Aga Khan Foundation resulted in initiating a technical working group on pre-school education comprising partners such as BRAC, Save the Children and the Aga Khan Foundation. This resulted in the MoE approving the guidelines on pre-school education, which had been pending since 2013. UNICEF Afghanistan initiated work to harmonize the pre-school education curriculum and will continue this work in 2016. UNICEF Afghanistan also proposes to develop and implement cost-effective models of pre-school education and link them to the existing CBE programme in 2016.

OUTCOME 5 Girls and boys vulnerable and exposed to violence, abuse and exploitation are better protected by institutional (formal and informal) and legislative frameworks which include services and systems.

Analytical statement of progress:

Afghanistan remained unstable for most of 2015 from a security perspective. Conflict continued to intensify during the latter part of the year, with escalating violence in the northern, southern, and eastern regions. Populations in Faryab (July), Kunduz (May onward with peaks in July and September), Helmand (August) and Nangarhar (continuous from June/July onwards) experienced large-scale displacement into surrounding provinces, as well as towards Kabul. Further violations of human rights and international humanitarian law reportedly occurred during military offensives. Of particular note is the temporary takeover by Afghan Special Forces (AGEs) of Kunduz city in late September, leading to a protracted military engagement within the city and resulting in a large-scale displacement crisis with increased humanitarian and protection needs.

Out of 25,000 children targeted with child protection in emergencies services, UNICEF Afghanistan only supported 24 per cent (5,931 children). This was mostly due to lack of funding and difficulty accessing the emergency locations due to high security restrictions.

Despite all of these restrictions and the volatile situation, the child protection section did make some achievements in regards to its policy and legal work. A draft child act with 12 chapters was completed. The chapters include general provisions, children's health care, social care, education of children, child labour and mother labour protection/care, disabled child's care and

his/her empowerment, child culture, prohibition of child employment in armed conflicts and protecting children from commercial sexual exploitation. Awaiting the validation process of the new legislation for children, 232 lawyers were trained on legal aid. A total of 413 children received legal aid support through the implementation of the present law's disposition for children in the Penal Code.

In terms of the child protection system, a comprehensive mapping was implemented between December 2014 and November 2015. UNICEF Afghanistan also prioritized the issues that need to be strengthened within available services. The next step will be to integrate and align with the overall social protection strategy that MoLSAMD is currently developing.

CPAN, an essential collaboration body that UNICEF began supporting in 2006 and that is functional in 31 provinces and 100 districts, responded to 6,331 cases of child abuse in 2015 (69.39 per cent boys and 31.61 per cent girls). This is an increase of 47.75 per cent compared with 2014. UNICEF and MoLSAMD are undertaking a comprehensive evaluation of CPAN in 2016, the findings of which will be deployed to further strengthen this network.

In addition, UNICEF reached 29,283 community members (13,473 female) including key influential community leaders, school teachers, religious leaders, youth, women's groups, adolescents and children through 934 community dialogue sessions. All of these efforts are aimed at enhancing the communities' appreciation and understanding of children's rights and parental duties.

UNICEF supported a substantive strengthening of the birth registration system. The system is now computerized in 28 provinces (out of 34) and connected to a central database, which provides online registration. This has led to a rise in overall birth registration. In 2015, 326,706 infants (53.76 per cent boys and 46.34 per cent girls) were registered through the routine birth registration system.

In summary, the child protection agenda is largely on track and on solid footing, though some significant challenges and bottlenecks remain. Key among these is chronic underfunding of child protection activities in the Government's budget, which undermines the sustainable implementation of key programmes. Work on financial benchmarks is planned for 2016 to produce data on child protection expenditure by all actors. This will inform the launch of evidence-based advocacy for the development of policies that protect the rights of the children.

OUTPUT 1 National and sub national institutional management capacity strengthened for child protection systems and services for most vulnerable children.

Analytical statement of progress:

The Street Working Children, an innovative model project aimed at enhancing protection and development was implemented in Kabul. The project is being implemented through an international NGO (War Child) with the cooperation of CPAN, the Ministry of Labour, Social Affairs, Martyrs and the Disabled, the Ministry of Education, and a consortium of local NGO partners. Three hundred children and their families were identified as 'most vulnerable', and, of those, 150 children under 13 years of age were reintegrated into formal education classes and accelerated learning with the support of the Ministry of Education. Children older than 13 years of age (290 children) were introduced to the accelerated learning programme to support their reintegration into high school. The families of the 300 children received small business and vocational trainings in skills/trades such as tailoring, mobile repairing and hairdressing.

UNICEF Afghanistan supported the newly established Child Protection Secretariat with the upgrade of the Child Protection Information Management System, Ministry Department of Labour, Social Affairs, Martyrs and the Disabled on uploading child protection information onto the web-based Information Management System at their provincial offices. Essential equipment was provided for all 21 provinces and the uploading of national data is ongoing. UNICEF Afghanistan developed an SOP for the new Child Protection Secretariat and conducted a training needs assessment of department staff.

The Birth Registration System was computerized and 28 out of the total 34 provinces are now connected to the main server in Kabul through the Internet. These 28 provinces have initiated real-time data entry using the database. A total of 326,706 newborns (53.76 per cent boys and 46.34 per cent girls) were registered through routine birth registration between January and the end of October 2015. There has been a 3 per cent increase in the registration of newborns compared with 2014 when 317,009 newborns were registered. Some 162 new community-level birth registration centres were established in the western, southern and central regions, and 738 registrars were trained in the western, southern and eastern regions.

UNICEF Afghanistan also conducted a police capacity gap analysis and mapping of the existing system and structures and produced a detailed report that will be used to inform the development of a comprehensive police capacity building package in 2016.

OUTPUT 2 Key stakeholders participate in, and contribute to strengthened coordination towards a multi-sectoral child protection system/programme.

Analytical statement of progress:

UNICEF Afghanistan established 10 new letters of agreement for provincial coordination groups and oriented 227 government officials on the letter of agreement and use of the Social Inquiry Report.

The capacities of 46 CPAN national technical assistants/officers in 31 provinces were developed through a series of trainings. The trainings covered case management, monitoring and reporting, coordination and the establishment of a quality referral mechanism, as well as service mapping that will be required to address child protection issues in provinces so that children can refer to the appropriate services based on their needs.

Child protection system mapping was conducted in 2015. The findings, based on the inputs provided by duty bearers, parents and children were compiled and the final report will be completed using the completed child protection system mapping toolkit by the end of 2015.

OUTPUT 3 Government and non-government functionaries and care givers in contact with children have the responsibility to prevent and respond to violence, abuse and exploitation of children.

Analytical statement of progress:

A team of national experts, including legal drafters from the Legislation Department of the Ministry of Justice produced the zero draft of the Child Act. Inputs from consultations with legal professionals, community elders/religious leaders, relevant civil society organizations and children themselves conducted in different parts of the country were used in drafting the Act. The draft will be further refined through local consultations with relevant stakeholders and through the recruitment of an international legal expert who will also ensure that the contents

are in conformity with international norms and standards.

A total of 232 lawyers were trained on legal aid in the eastern and southern regions, and 413 children (354 boys and 59 girls) received legal aid in the eastern and western regions. Seven of the cases supported were child marriage cases. Five children were referred to alternatives to detention in the northern region, and 12 cases were diverted away from the formal system in the eastern region.

From January to November 2015, 29,283 community members (15,810 male and 13,473 female), including key influential community leaders, school teachers, religious leaders, youth, women's groups, adolescents and children were reached through 934 community dialogue sessions. To ensure sustainability and local ownership, 550 provincial and district CPAN members and 320 women shura members were trained on community dialogue in Kandahar, Helmand, Nimroz, Bamyan, Diakundi, Paktika, Paktya, Ghor, Badghis and Herat provinces. Community dialogue is becoming a very powerful tool among communities for changing harmful social norms and generating support for child protection. Immediate results of the campaign included the prevention of 10 child marriages in Ghor and five in Badghis.

Communities identified many child protection issues, such as child marriage, *baad* (giving away the girl for addressing dispute among families), rape and sexual abuse of children, *Bacha Bazy* event (dancing boy), child engagement before birth (womb endowment, so-called *Shikam Bakhshi*), sending children abroad for work, children affected by armed conflict, child labour, corporal punishment, drug abuse, and violence against children. Due to sensitivities around the issue, child sexual abuse only came up in a few sessions, while several other issues were repeated in almost every community as an area of grave concern.

In addition to the above, 577 religious leaders were trained on child rights in Islam in order to educate communities through *Jumma* prayer in 10 provinces. UNICEF Afghanistan is also supporting CPAN to produce and broadcast radio messages in Kandahar and Helmand.

OUTPUT 4 Monitoring, reporting and referral capacity within child protection system for children affected by humanitarian situations including armed conflict, is improved and fully functional.

Analytical statement of progress:

The Monitoring and Reporting Mechanism continued to function country-wide with dedicated UNICEF Afghanistan officers and coordination through regional task forces co-chaired by UNAMA and with the participation of relevant United Nations agencies and the Afghanistan Independent Human Rights Commission. A special country report covering the period 2010–2014 was prepared and published.

The Government continued to implement the Action Plan to prevent and end child recruitment. With United Nations support, a decree criminalizing child recruitment was enforced in February 2015. The Ministry of Interior issued a special directive banning the use of children at checkpoints and in other support roles. The Ministry of Justice formally translated and crosschecked the draft age assessment guidelines to harmonize these with national legislation and await endorsement by the Inter-Ministerial Steering Committee on Children and Armed Conflict. UNICEF Afghanistan successfully advocated with the Ministry of Public Health to endorse the age assessment guidelines. As part of the implementation of the road map, UNICEF Afghanistan supported a familiarization visit for Ministry of Interior officials to the CPU in Herat Province. The Ministry of Interior has agreed to replicate the model in other provinces.

The child protection in emergencies sub-cluster undertook a country-wide rapid assessment on child protection in emergencies, gender-based violence and emergency education that identified major trends in child protection in emergencies. This will be used as a baseline for resource mobilization and advocacy efforts. The assessment findings will provide qualitative information on child protection key issues in nine areas and enable the prioritization of the key issues of landmines, unexploded ordnance, children with disabilities, drugs and substance abuse, child labour, physical violence, child marriage, physical well-being and education. The joint rapid assessment (child protection in emergencies, gender-based violence, education in emergencies and mine action), led by the child protection and gender-based violence sub-cluster, was conducted in emergency (conflict-affected and displacement) areas, including rural and urban settings, at 272 hotspots in five regions and 24 provinces in May–June 2015. UNICEF Afghanistan partners for the joint rapid assessment were Children in Crisis, Save the Children, INTERSOS and the Human Resource Development Agency.

The sub-cluster successfully accessed the Common Humanitarian Fund for two partnering NGOs for the first time. Minimum Standards for Child Protection in Humanitarian Action was translated into the two main national languages in 2015 and will be contextualized and rolled out in 2016.

OUTCOME 6 Child rights and gender equality prioritized in evidence-based public discourse, national policies, budget allocations, legislation, and social protection systems and progressively promoted and protected in social and cultural attitudes, practices and norms, with a focus on the most vulnerable.

Analytical statement of progress:

In 2015, UNICEF Afghanistan launched its developmental effort to further social inclusion within its programming in an explicit and concerted way. UNICEF registered several firsts in extremely challenged contexts, characterized by conflict, low capacity, weak governance and ministries grappling with emerging political operators/entities and thus further complicating the process of policy consensus.

Within this challenging governance context, the work on data and evidence received a fillip with the launch of the AfghanInfo mobile app and the training of trainers of an initial batch of more than 100 national and sub-national government functionaries and development colleagues. This led to a further cascade of more than 500 professionals. UNICEF Afghanistan and the Afghanistan Central Statistics Office will eventually launch mass media communications to popularize this application and promote an enhanced understanding of the provinces, districts, villages and communities left behind and requiring priority attention. Equity is a central focus of this effort. UNICEF Afghanistan also agreed with the Central Statistics Office to build their capacity on equity-focused analysis. An umbrella partnership with the Ministry of Economy on enhancing national monitoring systems is slated for 2016 to ensure the monitoring of outcomes for the bottom quintile. To strengthen the national evaluation culture, UNICEF Afghanistan played a seminal role in the establishment of the Afghanistan National Evaluation Society.

The knowledge management arm of the social inclusion programme was successfully deployed to strengthen the dissemination and utilization of data and evidence for advocacy, policy making and planning, especially through strong support to initiatives like the Call to Action (for maternal and newborn survival). The knowledge management arm helped to conceive and generate a technical review of the local health interventions through a survey of health professionals and using the lives saved tool to project the number of lives that can potentially be saved by introducing and scaling up low-cost, high-impact interventions.

With respect to social protection, the initial ambition of designing a community-based, Government/MoLSAMD-led cash transfer project went ahead, crossing a series of challenges and negotiations with the Government. Having the Government of Afghanistan in the lead has ensured a larger national uptake and policy impacts for the planned national social protection strategy. Traction on this approach of focusing on national ownership and linking it to setting up a national social protection strategy has paved the way for UNICEF Afghanistan's support to the development of a national strategy, as well as strengthening Government-donor coordination on this important agenda.

On social budgeting, an agreement was made with the Ministry of Finance and MoLSAMD to undertake an analytical and capacity building exercise. Within an overall analysis of how pro-poor and pro-child the national and sub-national budgets are, the outcome of this exercise is expected to inform and influence the budgeting guidelines and develop capacities within the Ministry of Finance and provincial budgeting units to better address equity concerns.

Gender results largely consisted of enhancing UNICEF Afghanistan-level processes and understanding. A small-scale effort implemented in Herat aimed at influencing national policies and practices was appreciated.

UNICEF Afghanistan is incrementally developing partnerships with stakeholders who hold public trust and influence to advocate for child rights and is creating an enabling environment for behaviour and social change and youth participation. Media training led to a noticeable improvement in media coverage for polio, and daily media monitoring demonstrated a significant 28 per cent increase in coverage of child rights issues.

Capacity building of officials from the MoPH and the MoE increased their understanding of social norms-based and gender-sensitive approaches to engaging communities through their front-line workers. Officials also gained capacity to rollout an inter-sectoral intervention to gain community commitments to end harmful practices.

UNICEF Afghanistan supported the Deputy Ministry of Youth Affairs to develop a national youth strategy and has begun to work with influencers within parliament, the community (Maliks and religious leaders), universities and sports organizations as child rights advocates. This has helped to amplify UNICEF Afghanistan's child rights messages via social media. This also contributed to a 69 per cent increase in UNICEF Afghanistan's Facebook fan base in 2015, reaching almost 85,000 Afghans with posts promoting child rights and behaviour change. Engagement levels are also high, although it has been difficult to reach female and adolescent audiences in a country where almost 98 per cent of Internet users are male.

Moving forward, the prospects for social inclusion appear inextricably linked to the developing political and security context. Within an overall approach to diversifying strategies and adapting programmes to the fragile context, social protection, in addition to the current priorities, will pay greater attention to developing an Afghanistan Country Office and a national approach to social protection in emergency/fragile contexts, including possible use of cash to support WASH, child protection and even education. The use of mobile technology is expected to strengthen data generation/utilization and thereby promote an overall enabling environment. Starting in 2016, UNICEF Afghanistan's programme for adolescents will therefore work to increase young people's knowledge of social media and skills in social networking. The emphasis will increasingly be on enhancing the enabling environment by strengthening governance and partnership and bringing a larger partner base into the fold. In this context, the nascent effort to

strengthen national evaluation capacity in partnership with the Afghanistan Evaluation Society, Ministry of Economy and other development partners, such as Deutsche Gesellschaft für Internationale Zusammenarbeit, will be instrumental and will present a model, along with cash transfers (in Balkh Province), for deepening and broadening the pursuit of various items on the social inclusion agenda.

OUTPUT 1 Government and civil society have the capacity to generate and use data and knowledge on child deprivation and disparities; and to establish child rights monitoring and reporting structure.

Analytical statement of progress:

In 2015, the situation of children and women was monitored using secondary sources of data such as the Afghanistan Living Conditions Survey and the Socio-Demographic and Economic Survey, as well as routine national data collection systems, namely the Health Management Information System and the Education Management Information System. In addition, technical support was provided for the successful implementation of the ongoing national Afghanistan Demographic and Health Survey by the MoPH and CSO. As a result, data on key indicators of children's and women's well-being will be available at the national and provincial levels in 2016. Within the office, technical support on the key performance indicators, sample size and sampling methodology were provided to the baseline survey for the impact evaluation of the IKEA Adolescent Health Programme, which aims to increase the self-efficacy of adolescents, particularly girls, to reduce their vulnerability to violence perpetrated through harmful practices and nurture their ability to act as agents of change in their communities. Technical support was also provided to the MNCH Baseline Survey, which is underway.

In 2015, use of data by programme implementers both at the national level and within UNICEF Afghanistan for evidence-based programme reviews, implementation and planning purposes was greatly enhanced. This result was achieved mainly by making data available on the AfghanInfo platform from various secondary sources and enhancing the capacity of approximately 250 data users to view and understand the information using the AfghanInfo online database. Access to statistics, data visualization and the availability of national and provincial profiles has been further simplified with the AfghanInfo application for mobile phones.

In order to facilitate the real-time data collection and field monitoring of programme interventions, a process for establishing a third-party monitoring system was finalized in 2015, with long-term agreements established with three agencies. Efforts were also made to advocate with the data producers not only to collect but also to publish sex-disaggregated data to the extent possible. At least four major data producing entities (Afghanistan Living Conditions Survey, Afghanistan Demographic and Health Survey, Education Management Information System and Health Management Information System) are collecting and publishing estimates by sex.

Monitoring and evaluation plans for key interventions such as the GPE and the IKEA Adolescent Health Programme were prepared so that key indicators on programme implementation can be reported periodically by sub-categories, such as sex, age, etc.

In order to enhance the understanding of UNICEF Afghanistan programming, a programme, policy and procedures training workshop was conducted for approximately 25 new staff members.

The progress towards this output was on track in 2015. Efforts to promote the use of data at

national and sub-national levels will be continued in 2016 by supporting the dissemination of Afghanistan Demographic and Health Survey results in the provinces and through capacity development of data users on the AfghanInfo online database and mobile application.

OUTPUT 2 Support the government to develop evidence-based inclusion policies and plans; and to establish social protection systems at the national and subnational levels

Analytical statement of progress:

UNICEF Afghanistan's social protection work was on solid ground in 2015, with three main strands: support to policy development, the cash transfer pilot, and equity and child-focused budgeting. Child-focused budgeting is under discussion and will be taken up in 2016.

UNICEF Afghanistan supported MoLSAMD to design a multi-sectoral cash transfer pilot targeting the poorest households with children under 10 years. MoLSAMD is implementing the pilot in the Charkent district of Balkh Province. The pilot aims to compare conditional cash transfers with unconditional cash transfers by providing these to comparable, eligible households that will be selected based on a set of poverty and vulnerability criteria, including health and education status. A team of national technical experts have been hired and the targeting process is set to commence through a cohort of social mobilizers. The project team has been instituted nationally at MoLSAMD and at the district level in Charkent.

With regard to policy and programme coordination, following UNICEF Afghanistan advocacy, the Government set up a United Nations-Government Task Force on Social Policy that would be responsible for drafting the social policy strategy. UNICEF Afghanistan is set to provide technical assistance to this policy development process by hiring a senior international technician.

As a first step towards making public finance more responsive to child rights, UNICEF Afghanistan has agreed to undertake a comprehensive analysis and capacity building in 2016 with MoLSAMD and the Ministry of Finance to strengthen equity and child-relevant planning and budgeting processes nationally and provincially, in line with MoLSAMD's National Strategy for Childre-At-Risk.

OUTPUT 3 Government and partners have the capacity to identify and respond to gender equality concerns across all areas of UNICEF programme of cooperation.

Analytical statement of progress:

This is a new output for the Country Programme Action Plan 2015–2019 and is in line with UNICEF's Global Gender Action Plan. Following the gender analysis work carried out in 2014, concerted efforts have been undertaken to enhance gender responsiveness and understanding among UNICEF staff and partners. This includes an initial effort towards analysis of UNICEF Afghanistan programmes to establish gender responsiveness and identify measures to bolster it.

The UNICEF Afghanistan Gender Action Plan was finalized and its progress has been monitored through the UNICEF Afghanistan Gender Task Force. This has enhanced gender mainstreaming with UNICEF Afghanistan programmes and operations. This work was further reinforced by two trainings of 37 UNICEF staff in a tailor-made gender course. Efforts at enhancing governments' and partners' capacities were commenced with a gender and pedagogy training for 35 senior MoE staff in Kabul and 33 senior government officials in Herat. As a follow-up action, UNICEF Afghanistan supported the creation of the Girls' Education Task

Force within the Directorate of Girls' Education at the MoE. Within cross-United Nations efforts at gender sensitizing, UNICEF Afghanistan supported the workings of and provided critical inputs to the gender based violence sub-cluster of the protection cluster, towards the creation and acceptance of a partnership framework for United Nations joint country support for GBV response. UNICEF Afghanistan also advanced efforts to form a partnership with UNFPA on the subject of child marriage. UNICEF Afghanistan is an active participant in the United Nations Gender Working Group, where knowledge was shared through presentations of particular initiatives and support was provided for activities and events.

UNICEF Afghanistan raised critical resources to support the aforementioned efforts, including US\$6.9 million from the Government of the United States to reduce child marriage rates in 20 districts in five provinces.

As a cross-cutting issue, gender responsiveness remains a constraint for development outcomes. The year 2016 will focus on the implementation of the adolescent/child marriage reduction projects, funded by the United States Government and the IKEA Foundation, in addition to the review of the country programme and its response to gender equality results based on new tools and guidance from UNICEF Headquarters in New York. Efforts aimed at enhancing gender responsiveness will continue in the next rolling work plan for UNICEF Afghanistan staff and partners at national and sub-national levels. The priority will be to conduct the comprehensive gender review of the WASH programme and results will be used for sector policy and programme advocacy. The Gender Action Plan will continue to guide and influence both internal and external efforts in gender responsiveness and participation in United Nations activities will continue.

OUTPUT 4 Communication platforms and evidence based tools are produced for advocacy and engagement to promote, protect and fulfil child rights especially for the most vulnerable.

Analytical statement of progress:

In line with the Global Communication and Public Advocacy Strategy, UNICEF Afghanistan is connecting with Afghan millennials (17 to 34 year olds), the middle class and 'influencers' to increase the organization's leadership voice on child rights and the platforms promoting those rights. Although the communications team was recruiting for most of the year, UNICEF Afghanistan increased website page views from 6,000 in 2014 to 15,000 in 2015 and boosted its social media fan base by 78 per cent from 50,000 Facebook fans in 2014 to 89,000 in December 2015 with 44 per cent of these fans in the 18 to 24 age group and 37 per cent in the 25 to 34 age group. While the fan base is heavily skewed towards males (84 per cent), this reflects the national profile in which men are more likely to have a Facebook profile than women. However, efforts will be made to find ways to increase social media engagement with adolescents aged 13 to 16 and females.

Efforts that contributed to increased Facebook engagement, which was 1 per cent in April 2015 and 9.7 per cent in November 2015, included more visually appealing social media posts, links to the social media fan bases of Afghan influencers including local sports celebrities (e.g. cricketer Mohammad Nabi on polio eradication and Taekwondo champion, Nesar Ahmad Bahave for Global Handwashing Day), connecting to existing online trends (e.g. #ThrowbackThursday), and interactive quizzes. The main themes that drove Facebook engagement included girls' education, WASH, child marriage and polio.

As evidence of UNICEF Afghanistan's social media reach, in the immediate aftermath of the 26 October earthquake, UNICEF Afghanistan's initial social media response on Twitter garnered

more than 87,000 impressions, with 168 retweets and 127 favourites (compared with the usual average of between 500 and 2,000 impressions). The Facebook post on the situation on 27 October reached close to 15,000 people, and subsequent coverage peaked with photo albums and posts that reached nearly 27,000 people.

Media training on child rights issues and ethical reporting on children took place throughout the year in conjunction with the Nai Supporting Open Media organization with 312 journalists trained (78 of them female). Polio-specific media briefings for some 200 Kabul-based reporters in advance of National Immunization Day campaigns led to a noticeable spike in polio coverage.

Daily media monitoring of 48 media outlets (national and provincial print media, web media, television channels and radio stations) demonstrated that stories on child rights issues are gaining traction, with a 28 per cent increase in UNICEF-related stories (1,370) over the last year. Campaign events (e.g. Global Handwashing Day) and launches (e.g. the Call to Action Conference) also attracted a high level of traditional media coverage.

The recruitment of additional staff and media consultants, which is in process, will facilitate the development of multimedia tools and issue briefs in 2016 to support policy and public advocacy on key child rights issues.

OUTPUT 5 Decision makers, civil society, academia, youth groups, religious and community leaders mobilized to support the fulfilment and protection of most vulnerable children and support the participation of children and youth in decisions that effects their lives.

Analytical statement of progress:

Partnerships were developed using various issues as entry points for mobilization around child rights. While these had positive outcomes, a more strategic approach to partnership-building (e.g. mapping stakeholders' influence, interests and importance) will be undertaken in 2016 with clear advocacy 'asks' and specific benchmarks to achieve the output targets.

As a result of the 2014 Perception Survey, which identified community leaders as highly trusted sources of information in rural areas, a partnership was developed with the National Maliks Association to conduct training to end open defecation and raise child rights issues at the community level. In coordination with the WASH section and the MRRD, two workshops held in Bamyán and Paktia provinces reached some 100 Maliks and 100 religious leaders. Participants pledged to end open defecation, construct quality toilets and advocate on this issue in their communities (at least 420,000 people) resulting in more than 600 new toilets built, including 110 built exclusively for women and children and 506 built in homes.

The popularity of cricket and the success of the national team catapulted Afghanistan cricketers into the limelight as heroes and potential role models, especially among Pashto communities where polio is prevalent. UNICEF Afghanistan maximized its unique position to raise awareness of child rights by developing a two-year formal partnership with the Afghan Cricket Board. Players have since shared 'end polio' messages in televised public service announcements, print materials, social media, news interviews, and during the televised 10-day national tournament in November, with an estimated viewership of 6 million.

The capacity and interest of the Ghalib University medical faculty in coordinating and engaging students, faculty and civil society to advocate for child rights resulted in a partnership aimed at highlighting child malnutrition. Two academic symposia held at Ghalib campuses in Herat and Kabul involved at least 620 students (300 female and 320 male). Students and faculty

developed a declaration and recommendations to improve the level of public awareness of child malnutrition and continue to organize scientific meetings and conferences with other institutions. Wide coverage of the symposia by major national media, Voice of America, Radio Television Afghanistan and the BBC gave public visibility to this issue.

Four members of the Afghan Parliament (three female and one male) mobilized to advocate on nutrition issues and briefed the Parliamentary Health Committee and the MoPH on key areas of concern following their attendance at a global nutrition workshop in Vietnam in February. Having participated in the national Call to Action Conference in May and the Ghalib University Symposium in November, these members of Parliament are now supporting advocacy for an inter-sectoral coordinated response to malnutrition, the prioritization of nutrition issues within the MoPH, budget allocations for nutrition interventions in the BPHS and dedicated human resources for nutrition at facility and community levels.

OUTPUT 6 Enhanced capacity to eliminate practices harmful to children, adolescent and youth through promotion of positive social norms among families and communities.

Analytical statement of progress:

In 2015, progress was made towards building the capacity of various ministries to engage communities through front-line workers. Intensive advocacy for effective and integrated social norms-based approaches for social and behavioural change with key stakeholders in multiple ministries resulted in a steady increase in their understanding of these approaches, including the gender dimension.

Departments responsible for outreach in relevant social sector ministries were identified and efforts were made to build trustful relationships between them. Nine national and provincial level officials from the Health Promotion Department in the MoPH and the Hygiene Promotion Department in the MRRD, along with two UNICEF staff, undertook a landmark observation and training mission to Nepal to witness first-hand how the innovative methodology of 'appreciative inquiry' achieved 100 per cent immunization of children under 1 year. The ministries are now working to develop the Golden Village intervention by adapting appreciative inquiry to the Afghanistan context and applying it to motivate front-line workers to achieve community commitments in five key result areas at the village level: full immunization of every child under 1 year; optimal growth for all infants under 2 years; all pregnant women delivering with skilled birth assistance; all girls under 15 years in school; and no marriages before 18 years of age. This ambitious intervention has great potential and will involve inter-sectoral provincial and district teams working in coordination with village shuras, mothers' groups and school shuras to elicit community ownership of and commitment to the five results. Implementation is scheduled to begin in January 2016 in tandem with adolescent programming across sectors at community and policy level to address harmful traditional practices, including child marriage. Discussion with the MoLSAMD has been initiated on the potential of using community-based appreciative inquiry interventions in the prevention of child marriage.

Dialogue was also initiated with the MoE, Academic Supervision Directorate and the School Management Shuras/Social Mobilization Directorate on capacity building of the country-wide cadre of provincial and district social mobilizers. As part of the Golden Village intervention, they would work in inter-sectoral teams to engage communities to support community-based and girls' education. Two officials from Basic Education and Academic Supervision Directorates attended a global conference on C4D in education in Dhaka, Bangladesh, where they presented a case study on the achievements of the unique government-employed network of social mobilizers. The case study is included a UNICEF global compendium of case studies

exemplifying C4D in education. The event also enhanced their understanding of effective community engagement approaches. The Directorates' concrete plans and a public declaration have led to discussions to support a national social mobilization strategy that is now in development. It is envisaged that School Management Shuras/Social Mobilization Directorates and the Health Promotion Department of the MoPH will collaborate on the weekly iron-folic acid supplementation programme to engage parents and communities.