Executive Summary

Despite some progress, Afghanistan has a long way to go to fully meet the needs of its citizens, particularly its children. Politically, the National Unity Government faces significant challenges, both from within and from outside, with security and political stability among the most important issues. Civilian casualties increased in 2016. An estimated 50–55 persons were killed every day in Afghanistan in 2016. Casualties among children increased by 18 per cent. Worsening security forced about 1,000 schools to close, more than double last year's total. Some 3.5 million children of primary school age are out of school, 75 per cent of them are girls.

In November 2016, the lower house of Parliament dismissed seven ministers for underspending their development budgets. The Government made a peace agreement with Hezb-i-Islami in September. Although informal talks were held with the Taliban, a peace agreement is not imminent.

The international community renewed its support to Afghanistan, both at the Warsaw Summit, which reaffirmed support to the security sector until 2020, and at the Brussels Conference on Afghanistan, where donors pledged US$15.2 billion in aid to support the Government’s commitment to tackle corruption. A framework agreement was signed with the European Union (EU) for the return of thousands of asylum seekers from Europe, many of whom are unaccompanied minors.

Another challenge was the increasing number of people displaced by conflict, largely resulting from the 500,000 Afghans returning from Pakistan since July 2016. While the numbers decreased in December, it is estimated that returnees in 2017 will reach 1.2 million; more than half of whom will be children.

According to the World Bank, annual gross domestic product growth fell from 14.4 per cent in 2012 to 1.5 per cent in 2015. The growth estimate for 2016 is in the range of 1.5 to 2 per cent, due to the international military drawdown, political instability and deteriorating security.

Afghanistan has made progress in polio eradication. The country drew closer to polio eradication in 2016, with 13 polio cases compared with 20 in 2015. Several of the year’s cases were from the same region.

UNICEF Afghanistan continues to support polio eradication efforts and routine immunization. Approximately 1.2 million children less than 1 year of age and 6 million women of childbearing age continuously accessed immunization services. UNICEF Afghanistan provided vaccines, strengthened the cold chain and supported the dispatch of mobile medical teams in high-risk districts. At the community level, a network of 7,700 social mobilizers worked to raise awareness of polio vaccination, routine immunization and breastfeeding. Partnership for polio eradication was enhanced through the newly established polio emergency operations centres (EOCs), which provide oversight and coordination at national and regional levels and bring together UNICEF, the World Health Organization (WHO), the Bill & Melinda Gates Foundation and Rotary International.
In nutrition, UNICEF Afghanistan is spearheading the shift from an emergency focus to a development mode by moving away from treatment of children with severe acute malnutrition (SAM) and towards malnutrition prevention. A total of 163,605 children were treated for severe acute malnutrition with support from UNICEF through October 2016, making it one of the largest cohorts of children treated for malnutrition by UNICEF globally. The proportion of children who were successfully treated met global performance standards. Health facilities providing treatment for severe acute malnutrition increased from 714 in January 2016 to 977 by October 2016.

In education, the Government developed and adopted the National Education Sector Plan III with an increasing interest in addressing girls’ education. UNICEF Afghanistan procured and distributed teaching and learning materials to more than 1.3 million students (grades 1–3) and 34,476 teachers. Strong advocacy on girls’ education places UNICEF Afghanistan and its partners in the country in a leadership position in this regard.

In child protection, a comprehensive legal document, the Child Act, is under preparation and once adopted, will represent an important milestone for children.

UNICEF Afghanistan was instrumental in organizing the First Afghanistan Conference on Sanitation (AFCOSAN-I), which brought together representatives from five ministries to discuss how to accelerate sanitation programming to achieve an open defecation free (ODF) Afghanistan by 2025. UNICEF Afghanistan partnered with 11 non-governmental organizations (NGOs) on accelerating progress towards an ODF Afghanistan by 2025. Four partners are linked to the Initiative for hygiene, sanitation and nutrition (WASH)/nutrition package.

UNICEF Afghanistan scaled up its emergency response and responded to a total of 16 major humanitarian situations, including natural disasters, conflict-related displacements (about 250,000 people) and the massive flow of Afghan refugees returning from Pakistan and Iran.

**Humanitarian Assistance**

A major humanitarian crisis that hit Afghanistan in 2016 was the huge number of Afghans returning from Pakistan on a scale not seen in a decade, with nearly 500,000 returnees since July 2016. A majority of returnees came from Khyber Pakhtunkhwa Province. Some 377,000 of these returnees were registered as refugees with Pakistani authorities and the United Nations High Commissioner for Refugees (UNHCR), and 244,000 were undocumented. UNICEF responded to this crisis along with sister United Nations agencies and other humanitarian partners.

UNICEF support to returnees included setting vaccination posts for polio and measles along the borders; screening children for severe acute malnutrition and providing initial therapeutic feeding and referral services; administering vitamin A; and providing information about education services. Support was delivered at the eastern borders in Torkham and the southern borders in Spin Boldak; screening and referral facilities were also provided in the UNHCR encashment centres where documented returnees were receiving their financial reintegration packages and in International Organization for Migration (IOM) transition centres along the borders. In addition to vaccination, malnutrition screening and referral services at the IOM transit centres, UNICEF Afghanistan provided non-food items (NFIs), notably family hygiene kits, tarpaulins and sanitation kits for families, in addition to the food and other non-food items provided by IOM and the World Food Programme (WFP). These were delivered to returning families as one package.
The number of returnees decreased as of mid-December 2016, but is expected to peak again in March 2017 with favourable weather conditions.

Among the key challenges to this humanitarian assistance was the absence of a unified package of support and assistance for all returnees. Another challenge was the divide between documented and undocumented cases in regards to assistance; documented cases receive financial support, whereas only a small portion (an estimated 20 per cent) of undocumented cases received food and NFIs because they are classified as vulnerable (this includes female-headed households, families with people with disabilities, etc.). The rest of the undocumented cases (80 per cent) did not receive any form of assistance. Efforts are underway to unify the assistance package to be provided to returnees in 2017 and to have a unified registration system.

To better respond to the Afghan returnees from the Pakistan crisis, UNICEF Afghanistan temporarily mobilized staff from its Kabul and other zonal offices, as well as surge staff from UNICEF Regional Office for South Asia (ROSA), other country offices and standby partners. UNICEF Afghanistan also hosted visits from the Associate Director of Nutrition and the Regional Emergency Team to review and strengthen the response. An emergency preparedness and response training was conducted for 40 professional staff in October 2016, after which the 2017 Returnees Response Plan was drafted. Additional emergency preparedness and response training is planned for early 2017.

In addition to responding to the crisis of Afghans returning from Pakistan, UNICEF Afghanistan responded to 15 other smaller-scale humanitarian situations, including natural disasters, conflict-related displacements (affecting approximately 250,000 people) and the flow of Afghans returning from Iran. UNICEF continued to support the 175,000 Pakistani refugees who had fled insecurity due to military operations in Waziristan, Pakistan in 2014.

In 2016, 12,174 children received psychosocial support, largely through child-friendly spaces (CFS) established in partnership with NGO partners. Of these children, 1,110 were referred for follow up and case management. UNICEF Afghanistan also provided safe and protective learning spaces for more than 42,000 displaced and at-risk children. In 2017, additional advocacy will be needed to address the education issues of returnees, internally displaced persons and other children affected by armed conflict.

UNICEF Afghanistan provided 112,500 affected people with water and 30,700 with sanitation facilities. A total of 285,000 affected people (including 74,337 girls, 77,690 boys, 71,093 women and 64,706 men) were assisted with non-food items such as hygiene kits, family kits, tarpaulins, winter clothes and blankets to protect them against harsh winter weather. The WASH response to the returnee crisis in the eastern part of the country has been particularly successful due to joint efforts with implementing partners with the capacity to deliver work.

Several responses to measles outbreaks in different parts of the country due to emergency situations culminated in the vaccination of 250,000 children against measles.

UNICEF Afghanistan supported the treatment of more than 100,000 children with SAM. More than 23,000 children among those returning from Pakistan received vitamin A and were screened for SAM.

**Emerging Areas of Importance**

As mentioned earlier, since June 2016, Afghanistan has been facing an escalating humanitarian crisis with a large influx of Afghan returnees from Pakistan. UNHCR and IOM estimate that by 15 March 2017, the deadline imposed by the Government of Pakistan for
voluntary return and repatriation, Afghanistan will have received 1–1.5 million returnees. An estimated 60 per cent of the returning population is children. In support of the Government’s efforts, UNICEF has been scaling up its humanitarian response with IOM, WFP, UNHCR and other partners. By the end of 2016, more than 500,000 persons had crossed the borders from Pakistan into Afghanistan. Most of these returnees are settling in eastern Afghanistan, mostly in and around the city of Nangarhar, which in recent years has already been host to large numbers of conflict-affected internally displaced persons, exacerbating its problems and stretching its coping capacity.

Despite the pledges of aid and the promises of land allocation to returnees, many are left to fend for themselves. Many lack housing, jobs and support. Returnees’ humanitarian needs are immense and include protection of civilians in transit to safe and secure areas and provision of basic services such as immunization, maternal and neonatal care, shelter, water and sanitation and education. It is feared that if these problems are left unattended, the situation of children in Afghanistan will become even more precarious.

Issues related to reintegration are a big challenge in Afghanistan. Lack of adequate and affordable education in the areas of return could spur child recruitment in a country heavily affected by armed conflict. Although there is currently no separate cluster for education in Afghanistan, UNICEF is strongly pushing for the establishment of an education cluster to ensure improved coordination and programmatic prioritization in this area.

The borders with Iran are also witnessing the return of Afghans, many of whom are under 18 years of age. In collaboration with government authorities and other implementing partners, UNICEF Afghanistan has supported the identification of children under 18 among those returning from Iran and the provision of a minimum package for their reintegration and family tracing services. For the time being, the response has focused on the borders in Herat; another response mechanism needs to be set up on the borders in Nimroz. Towards the end of the year, UNICEF was working to better coordinate the action for the Afghan minors returning from Iran among all the national and international actors involved.

It should be noted that while most returnees from Pakistan are heading to Nangarhar and Kabul, a substantial portion, as well as those returning from Iran, are settling down in Kandahar, Herat, Balkh, Ghazni, Baghlan and Kunduz provinces. Most of these locations are high-risk areas subject to frequent armed group attacks, which is further complicating humanitarian access and programme delivery. The size of these combined influxes will likely present important challenges to the Government and international humanitarian response capacity in 2017.

Another challenge facing Afghanistan in terms of refugees and migrants is the fate of the 80,000 Afghans who face deportation back into Afghanistan from the EU in the coming six months following the signature of the Joint Way Forward agreement between the EU and the Government of Afghanistan in October 2016. For the past few years, Afghanistan has ranked as the second most common country of origin (after the Syrian Arab Republic) with the highest number of asylum seekers in the EU. In addition, Afghan children make up almost 80 per cent of all unaccompanied children in EU countries. UNICEF will continue to advocate for returns from Europe to be in line with the best interests of the child, for family tracing to be affected in-country and for care-taking arrangements to be established before the return of unaccompanied minors—all within the framework of a strengthened child protection system. This heightened programmatic focus on protection systems strengthening will also be addressed during the UNICEF Afghanistan mid-term review planned for September 2017.
### Summary Notes and Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AFCOSAN-I</td>
<td>First Afghanistan Conference on Sanitation</td>
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<td>ALCS</td>
<td>Afghanistan Living Conditions Survey</td>
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<td>BPHS</td>
<td>Basic Package of Public Health Services</td>
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<td>C4D</td>
<td>Communication for Development</td>
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<td>CBE</td>
<td>community-based education</td>
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<td>CCNPP</td>
<td>Citizens’ Charter National Priority Programme</td>
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<td>CFS</td>
<td>child-friendly space</td>
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<td>CHW</td>
<td>community health worker</td>
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<td>CLTS</td>
<td>Community-Led Total Sanitation</td>
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<td>CMT</td>
<td>Country Management Team</td>
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<td>CPAN</td>
<td>Child Protection Action Network</td>
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<td>DACAAR</td>
<td>Danish Committee for Aid to Afghan Refugees</td>
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<td>DFID</td>
<td>Department for International Development</td>
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<td>DRR</td>
<td>disaster risk reduction</td>
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<td>ECD</td>
<td>early childhood development</td>
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<td>EIE</td>
<td>education in emergencies</td>
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<td>EMIS</td>
<td>education management information system</td>
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<td>EOC</td>
<td>emergency operations centre</td>
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<td>EPI</td>
<td>Expanded Programme on Immunization</td>
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<td>EU</td>
<td>European Union</td>
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<td>GPE</td>
<td>Global Partnership for Education</td>
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<td>GSSC</td>
<td>Global Shared Services Centre</td>
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<td>HACT</td>
<td>Harmonized Approach to Cash Transfers</td>
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<td>ICN</td>
<td>Immunization Communication Network</td>
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<td>ICT</td>
<td>information and communication technology</td>
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<tr>
<td>IEC</td>
<td>information, education and communication</td>
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<td>IFA</td>
<td>iron and folic acid</td>
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<td>IMERP</td>
<td>Integrated Monitoring, Evaluation and Research Plan</td>
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<td>IOM</td>
<td>International Organization for Migration</td>
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<td>IYCF</td>
<td>infant and young child feeding</td>
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<td>LTA</td>
<td>long-term agreement</td>
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<td>MHM</td>
<td>menstrual hygiene management</td>
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<td>MNCH</td>
<td>maternal, neonatal and child health</td>
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<td>MNP</td>
<td>multiple micronutrient powder</td>
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<td>MoE</td>
<td>Ministry of Education</td>
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<td>MoF</td>
<td>Ministry of Finance</td>
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<td>MoLSAMD</td>
<td>Ministry of Labor, Social Affairs, Martyrs and Disabled</td>
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<td>MoPH</td>
<td>Ministry of Public Health</td>
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<td>MRRD</td>
<td>Ministry of Rural Rehabilitation and Development</td>
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<td>NESP</td>
<td>National Education Strategic Plan</td>
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<td>NFI</td>
<td>non-food items</td>
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<td>NNSS</td>
<td>National Nutrition Surveillance System</td>
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<td>NTA</td>
<td>National Technical Assistance</td>
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<tr>
<td>NGO</td>
<td>non-governmental organization</td>
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<tr>
<td>OCHA</td>
<td>Office for the Coordination of Humanitarian Affairs</td>
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<tr>
<td>ODF</td>
<td>open defecation free</td>
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<tr>
<td>ORS</td>
<td>oral rehydration salts</td>
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<tr>
<td>PND</td>
<td>Public Nutrition Department</td>
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<tr>
<td>PED</td>
<td>provincial education department</td>
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<tr>
<td>RMNCH</td>
<td>reproductive, maternal, neonatal and child health</td>
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<tr>
<td>ROSA</td>
<td>Regional Office for South Asia</td>
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<tr>
<td>Ru-WatSIP</td>
<td>Rural Water Supply, Sanitation and Irrigation Program</td>
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<td>SAM</td>
<td>severe acute malnutrition</td>
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UNICEF Afghanistan undertook several actions, including training, support to policy development and data analysis. It also sponsors several national technical assistance positions in key ministries to improve planning, organization, monitoring and evaluation capacity. The midterm review of the current programme, planned for 2017, will address the creation of a capacity development strategy covering individual and institutional capacities as well as the enabling environment to meet the demands of the Government and contribute to sustainability.

To enhance access of mothers and their newborns to health care, 1,060 maternal, neonatal and child health (MNCH) care providers were trained on basic MNCH concepts. The training course was accredited and can be used in the future. UNICEF Afghanistan also supported the pre-service training of 24 community midwives in Kandahar (south) selected in line with government criteria, and 80 paediatricians were trained in India on advanced newborn care. All graduate midwives were deployed, and all health facilities in Kandahar Province now have a midwife, which has increased the number of 24-hour per day/7-day per week MNCH services. Midwives are now paid through existing Ministry of Public Health (MoPH)/Basic Package of Public Health Services (BPHS) contracts.

To ensure the effective implementation of the Weekly Iron Folic Acid Supplementation (WIFS) programme, training was organized for 5,625 teachers, 2,284 school management shura members, 1,047 religious leaders and 341 academic supervisors in 10 provinces of Afghanistan. Support was also provided to 11 provincial trainings on the nutrition comprehensive package, reaching a total of 3,400 health staff.

To ensure the sustainability of community-led total sanitation (CLTS) in a decentralized way, 35 staff from the Ministry of Rural Rehabilitation and Development (MRRD) and the MoPH and 130 staff from NGO partners received training on CLTS.

UNICEF Afghanistan organized two regional workshops for more than 160 government employees from 13 provinces on how to use the AfghanInfo mobile app to retrieve, visualize and disseminate data for evidence-based planning and decision-making.
Evidence Generation, Policy Dialogue and Advocacy

With support from UNICEF Afghanistan, the MoPH produced reproductive, maternal, neonatal and child health (RMNCH) scorecards on a quarterly basis and held dissemination workshops at the sub-national level. These scorecards have been recognized within the MoPH as a key accountability tool to continue to use and improve upon, with indicators covering RMNCH, the Expanded Programme of Immunization (EPI) and nutrition.

With strong advocacy with the MoPH and the World Bank, on-budget funds were leveraged for hiring a nutrition counsellor in every health facility for essential and primary health care services and for SAM supplies in 2017. This has increased the Government’s on-budget support for the nutrition sector.

UNICEF Afghanistan was also instrumental in the organization of AFCOSAN-I, which brought together representatives from five ministries to discuss how to accelerate sanitation programming to achieve an open defecation free Afghanistan by 2025. The conference was timely, as earlier in the year, UNICEF had successfully advocated for the inclusion of sanitation under the Citizens’ Charter National Priority Programme, a 10-year, multibillion-dollar basic services programme. More than 150 people attended the three-day conference, which received extensive media coverage.

In response to a request by the Ministry of Labor, Social Affairs, Martyrs and Disabled (MoLSAMD), a model project to support children working on the street and their families in Kabul was implemented and benefited 300 children. UNICEF co-published with the United Nations Assistance Mission in Afghanistan the publication, *Education and Health at Risk Report: Key trends and incidences affecting children’s access to healthcare and education in Afghanistan*. The publication was used as an advocacy tool for the protection of civilians, including the protection of children from armed conflict.

A key strategic change was the development of the National Education Strategic Plan 2017–2021. UNICEF Afghanistan successfully advocated for prioritizing girls’ education and institutionalizing community-based education/accelerated learning programmes in the plan.

Partnerships

Afghanistan’s newly established polio emergency operations centres (EOC) continued to lead the implementation of the National Polio Eradication Emergency Plan, providing oversight and coordination efforts at national and regional levels. Under government leadership, the centres bring together partners, including UNICEF, WHO, the Bill & Melinda Gates Foundation and Rotary International to address gaps in polio reduction efforts. Partnerships with the Afghanistan Cricket Board and the Pact Communications Group resulted in the integration of messages into various radio programmes and public events. Partnering with BBC Media Action has also led to the production and broadcast of 35 weekly radio shows with integrated polio and vaccination messages reaching 4 million people.

UNICEF Afghanistan partnered with 11 NGOs on accelerating progress towards an ODF Afghanistan by 2025. Four partners, including the MRRD and the MoPH are linked to a US$75 million project, the Initiative for Hygiene, Sanitation and Nutrition, that targets the 10 provinces with the highest stunting prevalence with an integrated package of nutrition and WASH interventions.

In partnership with Ministry of Religious Affairs, 846 religious leaders in eight provinces were trained on child rights in Islam. An Ulema Conference was also conducted in Herat with the participation of 121 senior and influential religious leaders from four provinces. Participants signed a resolution to demonstrate their commitment to child protection.
UNICEF Afghanistan also initiated a new partnership with Afghan parliamentarians. A study tour was conducted for parliamentarians ahead of the drafting of the Child Act. This activity was conducted at the EU Parliament in May 2016 to share information and legislative experiences on child rights.

UNICEF Afghanistan supported the Ministry of Education (MoE) to coordinate and build key partnerships with donors and other development actors to ensure the functioning of the sector. This was done by co-leading thematic working groups, including on girls’ education, out-of-school children, early childhood development (ECD), education in emergencies (EiE) and learning assessment.

**External Communication and Public Advocacy**

Greater outreach through UNICEF’s social media platforms, more human interest stories demonstrating programme impact, collaboration with influencers including the Afghanistan Cricket Board and prominent Afghan writers, and a no-cost partnership with Radio Free Europe/Radio Liberty, increased awareness of child rights, thus creating an enabling environment for social change and building engagement for action. Radio partnerships with BBC Media Action, Pact Communications and Voice of America resulted in polio-related coverage that encouraged families in remote locations to immunize children.

UNICEF Afghanistan has grown its Facebook fan base from 50,000 in 2014 to more than 174,000 by November 2016. Online competitions, increased visual storytelling and features about female role models helped to expand female and adolescent audiences. Several global campaigns were successfully adapted to the local context including the Global Climate Chain and Tiny Stories for UNICEF’s 70th Anniversary. Daily monitoring of 48 media outlets revealed that UNICEF had a 23 per cent share of voice on child-related issues. Seventy-six per cent of coverage included key child rights messages.

An unprecedented social media boost came in February when UNICEF Afghanistan capitalized on a trending story to fulfil the dream of a 5-year-old to own a genuine Lionel Messi football jersey. The gift presentation resulted in a viral story with online media coverage reaching more than 3.5 billion people globally. However, the subsequent migration of the child’s family to Pakistan following alleged threats also exposed risks of high visibility media initiatives in such an insecure environment.

Sharing materials from our digital platform has enabled UNICEF to reach a diverse audience outside of Afghanistan, notably UNICEF National Committees, governments and individuals. A Norwegian National Committee for UNICEF mission to western Afghanistan enabled the production of a video on child labour and community-based education to support Norway’s national fund-raising telethon in November.

**Identification and Promotion of Innovation**

The polio programme successfully introduced the use of smartphones and Open Data Kit applications for monitoring and reporting in 47 very high-risk districts. Open Data Kit data provided real-time information on performance and challenges and enabled the UNICEF Afghanistan team to take timely action to enhance the performance of the immunization communication network of mobilizers and to address issues. An interactive voice response system was also introduced to collect data directly from intra-campaign monitors via simple mobile phones. Thus, the National Emergency Operations Centre received daily monitoring data from 80 per cent of districts for timely decision-making on recovering missed children and addressing the performance of front-line workers.
UNICEF Afghanistan successfully advocated with the Central Statistics Organization of Afghanistan to include the new field-based microbiological water quality tests in the ongoing Afghanistan Living Conditions Survey (ALCS). The water quality testing module, which was only recently developed by the Data and Analytics Section and Multiple Indicator Cluster Survey team at UNICEF Headquarters in New York is being implemented by enumeration teams in 11 of the 34 provinces. Results are expected by April 2017. The Central Statistics Organization has indicated its intention to include the module in the next ALCS in January 2018 if the experience is positive.

Support to Integration and Cross-Sectoral Linkages

Communities from 129 villages in Bamyan Province and Government sectoral departments committed to jointly achieving five measurable and integrated cross-sectoral results within a specified timeframe, including full immunization, safe deliveries, adequate nutrition, school enrolment and prevention of child marriage. The Golden Villages Initiative launched in May 2016 inspired communities and the Provincial Government to adopt an integrated approach to achieving results for children and demonstrating impact through Golden Village declarations. The early outcomes of the process are showing signs of providing evidence to inform policy dialogue for out-of-school children and immunization microsystems.

In September 2016, collaboration began between the polio programme and the health and nutrition programmes. A polio task force was established and included members of those programmes. The task force meets monthly and aims to harness the resources available in the polio programme to promote messages related to routine immunization, breastfeeding and vitamin A using the large network of polio social mobilizers available throughout the country (7,700 persons). At the same time, the resources available within the health programme such as the mobile medical teams will be used to provide services in those hard-to-reach areas without fixed health structures and facilities, hence enhancing polio vaccination. This work is mirrored in the field in southern and eastern Afghanistan, where specific action plans have or are being developed. In 2017, efforts will be made to bring this convergence to the Government and WHO, the latter of which is already recruiting a senior position on routine immunization. Efforts will also be made to ensure the participation of the health programme routine immunization team in expert meetings for polio eradication. This will also enable the better transition of the polio programme in the future.

Service Delivery

In a context of national institutional fragility, increased forced population movement and expanding conflict, UNICEF Afghanistan continued to be a main basic social services provider.

Approximately 1.2 million children under 1 year of age and 6 million women of childbearing age gained access to immunization services, largely due to UNICEF efforts; UNICEF Afghanistan’s inputs included vaccines, cold chain equipment and social mobilization. UNICEF Afghanistan supported a network of mobilizers in high-risk districts; 7,700 community workers undertook mobilization on polio vaccination and raised awareness about routine immunization, proper hygiene and nutrition. UNICEF Afghanistan supported the MoPH to organize mobile medical teams in some high-risk polio areas without fixed health facilities. UNICEF Afghanistan hired third-party monitoring (TPM) companies to verify that the work supported by UNICEF takes place.

The target for severe acute malnutrition treatment in 2016 was 171,770. Of those, 163,605 children (87,365 girls and 76,240 boys) were treated. The number of health facilities providing services for SAM increased from 714 in January to 977 by the end of 2016. UNICEF Afghanistan was the sole provider of nutrition supplies for SAM treatment.
Given the high prevalence of anaemia among women of childbearing age, an initiative was launched in 2016 through which 81 per cent of school girls in 10 provinces received iron and folic acid (IFA) supplements on a weekly basis, deworming twice a year and nutrition messages. Vitamin A and deworming tablets were provided as part of polio campaigns, with 8,076,488 children aged 6–59 months (94 percent) (3,876,714 boys and 4,199,774 girls) receiving one dose of vitamin A in the first round and 6,640,166 boys and girls aged 6–59 months (77 percent) receiving one dose of vitamin A in the second round. In addition, 4,692,168 children aged 24–59 months (2,284,884 boys and 2,407,284 girls) received deworming tablets (89 percent) in the first round and 5,059,260 boys and girls aged 24–59 months (89 percent) received deworming tablets in the second.

Human Rights-Based Approach to Cooperation

In May 2017, the Government of Afghanistan is supposed to submit its second periodic report to the United Nations Committee on the Rights of the Child. UNICEF Afghanistan is providing technical support to the Ministry of Foreign Affairs in this regard. The preparation process was launched by the Ministry of Foreign Affairs in what is expected to be a consultative and participatory process.

UNICEF Afghanistan has been advocating with and supporting the Government in the development of a comprehensive Child Act. A semi-finalized draft of the Child Protection and Rights Law, also referred to as the Child Act, which aims to govern the rights of girls and boys (including articles related to gender-based violence), currently exists and is undergoing a final review and edit by the Ministry of Justice.

The Government of Afghanistan has adopted the child-friendly school approach based upon the human rights-based approach to programming, which focuses on inclusiveness, child-centred learning and the provision of a safe, healthy and protective learning environment with active community participation. In 2016, UNICEF Afghanistan successfully advocated for child-friendly school quality standards, and they have also been included through the National Education Sector Plan 2017–2021 Quality Sub-Working Group and the new curriculum reform proposal being led by the United Nations Educational, Scientific and Cultural Organization (UNESCO). At the request of the MoE, UNICEF Afghanistan dedicated support to intensive teacher training to improve quality learning based on CFS principles.

Access to the population living in areas not under government control is an issue that is gaining importance in Afghanistan, particularly because of the deteriorating security situation. This subject will be further addressed in 2017, and additional advocacy will be carried out as part of the peacebuilding process.

Gender Equality

In 2016, UNICEF Afghanistan continued to advance gender equality as part of the country programme, in line with UNICEF’s gender action plan.

To prevent child marriage, UNICEF Afghanistan supported efforts to influence gender norms through training of religious leaders, community dialogue campaigns and awareness raising activities to enhance capacity to identify child protection issues. This led to the prevention of 42 cases of child marriage in four provinces in the Western Region and the reporting of 38 cases of sexual abuse of boys and girls in 32 provinces.

UNICEF Afghanistan worked to advance girls’ education through the establishment of 2,504 new community-based education centres, community-based schools and accelerated learning centres and support to 2,676 existing centres, reaching a total of 71,474 girls in 18
provinces. An additional 2,492 girls continued to access accelerated learning in six provinces. UNICEF Afghanistan also supported the development of a roadmap that is expected to feed into a national girls’ education policy.

Formative research on menstrual hygiene management (MHM) in schools was completed and has informed the implementation of the WASH-in-Schools (WinS) programme. New toilets and water systems were constructed in 42 schools in three regions, and 180 schools had facilities upgraded or rehabilitated. Across all provinces, master trainers were trained on MHM. Results of a gender assessment of the WASH programme are expected in early 2017.

UNICEF Afghanistan supported adolescent health (particularly for girls, who are at greater risk of anaemia) through WIFS. In 10 provinces, teachers, school management shura members and academic supervisors were trained in WIFS implementation, and a total of 618,069 girls received IFA tablets.

Gender capacity development workshops were undertaken for UNICEF Afghanistan staff in two regions and for government partners from 12 provinces of the Central Region, culminating in commitment to gender mainstreaming.

**Environmental Sustainability**

Afghanistan has extensive development and climate adaptation needs and currently, low levels of greenhouse gas emissions. Afghanistan is also highly prone to natural disasters throughout its 34 provinces. Climate change is expected to increase the incidence of extreme weather events, including heat waves, floods and droughts, as well as climate change-related disasters such as glacial lake outflows. Afghanistan submitted its Intended Nationally Determined Contribution to the United Nations Framework on Climate Change in October 2015, just ahead of the United Nations Climate Change Conference in Paris. According to its Intended Nationally Determined Contribution, Afghanistan is ranked among the most vulnerable countries in the world to climate change and is already beginning to experience its impacts.

UNICEF Afghanistan completed an external summative evaluation of a child-centred disaster risk reduction (DRR) project that was implemented by Save the Children in the Northern region. The project aimed to build the resilience of communities to natural disasters through a community-led child-based approach to disaster risk reduction. The project covered 12 districts of three northern provinces over 29 months. It reached out to 120 disaster-prone communities and 52 schools and built the capacities of the Government and civil society organizations at provincial and district levels.

The evaluation found the project to be “highly relevant to the Afghanistan development and disaster risk context”. The UNICEF-Save the Children partnership was also considered to be “unique in carrying huge potential to capitalize on [their] comparative strengths and advantage”. Recommendations were made that will be further reviewed in the 2017 midterm review.

UNICEF Afghanistan’s greening actions are described in Section 3.5.

**Effective Leadership**

In July 2016, management indicators monitored by the country management team (CMT) were reviewed to incorporate global indicators and key performance indicators. Office-wide priorities for the remainder of 2016 were defined with indicators and responsibilities; monitored by senior management and the country management team; and updates were shared with staff.
Two key actions were taken to improve coordination across the office and clarify responsibilities. The first was to introduce a new system for identifying and tracking the zonal office needs for technical support from the Kabul office, with the CMT regularly reviewing progress. The number of field visits undertaken by country management team members are now part of management indicators monitored by the team on a quarterly basis. The second was the development and validation of the accountability framework delineating responsibilities and roles at the main office, zonal offices and outpost levels in a consultative manner. Zonal office chiefs attended CMT meetings in Kabul on quarterly basis.

The operating environment in Afghanistan is unique given limited government spending capacity, lack of access to many areas due to prevailing security and the absence of a reliable system for identifying and assessing NGO capacity. In July 2016, UNICEF Afghanistan engaged three companies to conduct third-party monitoring for its programme work in inaccessible areas. The companies were orientated on the work and monthly meetings were organized. More efforts are necessary to review experience, draw lessons and take corrective actions.

The minutes of country management team and joint consultative committee meetings were shared with staff and posted on a shared drive, and a monthly general staff meeting was held after each CMT meeting. The Representative’s trip reports were shared with all staff. The performance of statutory committees will be reviewed in early 2017. Standard operating procedures (SOPs) were developed for supply, travel, warehousing and direct cash transfers. The business continuity plan was tested in May.

Financial Resources Management

UNICEF Afghanistan paid strong attention to risk management, putting adequate controls in place given the high-risk operating environment, as related to institutional governance.

UNICEF Afghanistan successfully transitioned to the Global Shared Services Centre (GSSC) in January 2016 and three training sessions were organized for staff. Three operations staff provided three months of support to the GSSC team in Budapest.

The 7,000 payment requests submitted to the Finance Section in 2016 were processed within the limits set by GSSC.

UNICEF Afghanistan established a harmonized approach to cash transfers (HACT) committee in the second half of 2016; the committee did not meet regularly, however, and more efforts will be made in 2017. Oversight of HACT was conducted through the programme and CMT meetings, and a presentation of HACT findings over one quarter was made to the CMT in October 2016. This will become a regular feature of programme and CMT meetings in 2017.

The rate of completion of HACT activities was 100 percent for programme monitoring visits and 84 per cent for spot checks. The scheduled audits planned for 2016 through a long-term agreement (LTA) company based in India did not happen due to the company pulling out. More rigorous measures will be followed in 2017 to ensure micro-assessment of all partners getting more than US$100,000 and scheduled audits are carried out.

Programme Management Team meetings were more frequent during the second half of 2016. At the end of December 2016, direct cash transfer performance stood at 6.2 per cent for six to nine months and 0.8 per cent for greater than nine months.

Fundraising and Donor Relations

The other resources target for the Country Programme 2015–2019 is currently 65 per cent funded with US$294.5 million received against a target of US$455.5 million. A total of US$76.1 million is confirmed in the pipeline for 2017, bringing the funded level to 81 per cent.

In 2016, a total of US$14.5 million was available for emergency interventions. Despite this overall high level of funding, there is a variance among the outcome areas. Education and WASH are nearly fully funded. However, nutrition continues to struggle to secure multi-year other resources funding. Child protection and social inclusion outcomes are also underfunded. Many grants in the health programme will expire in 2017, necessitating a focused resource mobilization effort. The polio programme is well funded for 2017, but efforts should continue to ensure funding until eradication is achieved.

The governments of Japan, the Republic of Korea and the United States of America are UNICEF Afghanistan’s top donors. Efforts were made to strengthen these partnerships through continuous local dialogue and engagement, including field visits, addressing common concerns, elaboration of investment cases and partnership briefs. Quality donor reporting and donor recognition are areas to further improve. Occasional low utilization of funding and the high number of no-cost extensions for specific contributions continue to be a challenge. A paradigm shift towards a more programme-based mind set, as opposed to the project/contribution focus will help to make partnership discussions with donors more strategic.

UNICEF Afghanistan has taken strides to improve oversight and enhance capacity on contribution management based on the recognition of the criticality and interconnectedness of this issue to fundraising efforts. Contribution management products and systems have been streamlined through regular programme management team reviews and trainings held with the aim to ensure that funding is fully utilized in line with donor conditions.

Evaluation and Research

Social Policy, Planning, Monitoring and Evaluation section manages the implementation of the integrated monitoring, evaluation and research plan (IMERP) in collaboration with programme sections through tracking and updating the progress of planned activities on a quarterly basis. IMERP includes 31 activities, and its current implementation rate is 77 per cent.

The evaluations of Child-Centred Disaster Risk Reduction, the Child Protection Action Network (CPAN) and WinS are expected to be completed by February 2017. These evaluations have delivered results that will contribute to enhancing the child protection system to ensure equal treatment of all children in need; improving evidence-based strategies to strengthen hygiene practices and find sustainable solutions to ODF; and developing capacity development for strengthening the resilience of communities to natural disasters. The knowledge and skills that families and children gained through the child-centred DRR project helped them take necessary action during the last major earthquake of 7.5 magnitude in October of 2015. Based on the findings of evaluations of CPAN and WinS, recommendations are expected to revolve around capacity development, sustainability and behaviour change.

The evaluation function continues to contribute to significant progress towards increasing access to education for children through tracking and monitoring the management response.
to the evaluation findings of the Let Us Learn Accelerated Learning Centre programme. A major shift was found in the attitudes of communities, from being against girls’ education to encouraging girls to continue their studies, demonstrating the programme’s potential to generate long-term positive social change.

In regards to national evaluation capacity development, UNICEF Afghanistan provided technical and financial support to the Afghan Evaluation Society to deliver trainings for local monitoring and evaluation organizations and individuals. Promoting the Voluntary Organization for Professional Evaluation (VOPE) and enhancing the evaluation network in Afghanistan are works in progress. In this regard, in February 2017, UNICEF Afghanistan is planning to organize a workshop involving international and national monitoring and evaluation partners on the role of VOPE and national evaluation capacity development in Afghanistan.

**Efficiency Gains and Cost Savings**

UNICEF Afghanistan is developing plans for greener power generation for its five offices throughout the country. As the work is highly technical and specialized, the office worked with a local consultant on an initial proposal and subsequently initiated discussions with the WFP engineering team based in Dubai and Rome, which had done previous electrical infrastructure assessments of UNICEF Afghanistan offices. A proposal was developed to install synchronized generators that would reduce over-generation of electricity, fuel use and carbon emissions by up to 30 per cent. The proposal would also add 126 kilowatt peak of renewable solar electricity generation. UNICEF Afghanistan is currently in discussions with the UNICEF Supply Division to determine the best partnering strategy given that the office would not have the technical expertise to manage such a highly technical project. The project savings are estimated at US$326,700, and a carbon dioxide reduction of 598 metric tons per year. Savings and carbon reductions of this magnitude are a major goal for 2017.

The UNICEF Afghanistan information and communication technology (ICT) section has built its capacity to develop sophisticated workflow automation within the UNICEF corporate standard SharePoint platform. The processes of mission planning, requesting transport services, office surveys, and staff requests for rest and recuperation are currently automated. UNICEF Afghanistan is also in discussions with UNICEF ROSA to implement an asset barcoding system as well as a payment management system known as Push-and-Track. These process automations will yield significantly faster submission and clearance of all types of administrative requests.

Following a client satisfaction survey across several areas of operations, and for administrative simplification, the operations team developed 12 new standard operating procedures (SOPs). Especially with the office’s high turnover, these SOPs make many high volume and recurring processes clearer and more user friendly.

**Supply Management**

In 2016, procurement increased by more than 30 per cent across services, offshore and local supplies. Twenty-one schools were constructed and completed nationwide, as was a new guest house in Kabul.

<table>
<thead>
<tr>
<th>Afghanistan 2016</th>
<th>Value of all supply inputs (goods and services) (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme supplies</td>
<td>55,594,882.54</td>
</tr>
<tr>
<td>Operational supplies</td>
<td>2,357,277.67</td>
</tr>
<tr>
<td>Services</td>
<td>16,843,223.02</td>
</tr>
</tbody>
</table>
A targeted market survey was undertaken to identify suppliers of high-value commodities and institutional contracts. The local market continues to be constrained with little manufacturing and a further weakening of the exchange rate. New modalities for payments to counterparts and implementing partners were put in place through mobile banking and event organizing of service providers. More than 90 LTAs were put in place or extended, of which 16 are being used by other United Nations agencies.

<table>
<thead>
<tr>
<th>Afghanistan 2016</th>
<th>Value of locally managed procurement (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme supplies</td>
<td>10,615,438.84</td>
</tr>
<tr>
<td>Operational supplies</td>
<td>2,111,634.37</td>
</tr>
<tr>
<td>Services</td>
<td>16,986,154.03</td>
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</tbody>
</table>

UNICEF Afghanistan continued to share and benefit from other agencies' LTAs for security services, and UNICEF entered a LTA for the provision of fuel with members of the United Nations Joint Procurement Working Group, based on WFP's new contracting process. Through assignment of a large value procurement to UNICEF China, potential cost savings of US$700,000 were realized.

UNICEF Afghanistan continued its cooperation with WFP through the provision of storage facilities in Mazar-e-Sharif, Herat and Jalalabad and maintained its two central warehouses in Kabul and a zonal warehouse in Kandahar. The decentralization of UNICEF-controlled inventory to the zonal offices played an important part in ensuring supply availability for emergencies. WFP supported the temporary increase of storage space in Mazar for a winterization campaign and provided additional storage space in Jalalabad to support UNICEF's response to the returnee emergency. Supplies worth more than US$40 million were dispatched to implementing partners. UNICEF Afghanistan reduced the cost of in-country transportation by one third due to a new bidding process that took advantage of reduced fuel prices and a more competitive market.

<table>
<thead>
<tr>
<th>Afghanistan 2016</th>
<th>Value of receipts, dispatches and inventory (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warehouse receipts</td>
<td>44,845,233.94</td>
</tr>
<tr>
<td>Warehouse dispatches</td>
<td>41,166,099.83</td>
</tr>
<tr>
<td>Current inventory</td>
<td>9,869,782.88</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Afghanistan</th>
<th>Inventory breakdown (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme supplies</td>
<td>7,639,848.15</td>
</tr>
<tr>
<td>Pre-positioned supplies</td>
<td>2,229,934.73</td>
</tr>
<tr>
<td>Total inventory</td>
<td>9,869,782.88</td>
</tr>
</tbody>
</table>

Procurement services were facilitated for the MoPH, WFP and the United Nations Development Programme (UNDP), and the value of supplies remained constant. UNICEF continued to support the Government in the clearance of supplies from customs.
### Security for Staff and Premises

With the continued withdrawal of international military forces and transfer of major security responsibilities to the Afghan National Security Forces and the Afghan National Police, the overall security environment in Afghanistan has continued to decline, with 2016 exceeding any previous year’s records in terms of the number of serious security incidents. Uncertainty surrounding the Taliban leadership and the conduct of attacks claimed by the Islamic State in Khorasan in several parts of the country have further complicated the understanding of the potential threat environment.

The main office in Kabul and the four zonal offices in Herat, Mazar, Jalalabad and Kandahar continue to operate in Minimum Operational Security Standard-compliant premises. However, frequent changes in the security situation and the declaration of security restrictions continued to impact how UNICEF delivered its programme across the country. The business continuity plan was revised again to assure effective operations and flexible working arrangements for local staff when necessary. Staff counselling services were in use and in-house security awareness was increased. UNICEF leads several inter-agency security working groups, as well as security assessment missions to recently access-compromised areas to successfully reopen direct United Nations programme delivery, particularly in response to the recent humanitarian crises in the eastern and southern parts of the country.

The United Nations Department of Safety and Security (UNDSS) and SIOC security advisories are systemically shared with all staff in a timely manner. Radio checks are conducted daily with international staff and the response is strictly monitored. UNICEF is a member of the Security Management Team and actively contributes to its discussions to promote the ‘stay and deliver’ agenda.

Additional effort will be made in 2017 to ensure effective tracking of mandatory security trainings are taken by staff across the main and zonal offices. Attention will also be given to security training, especially for female staff.

### Human Resources

Given high turnover of international staff due to the two-year tour of duty, a total of 110 vacancies were managed, of which 74 (67 per cent) were filled. Included in those are a few positions relating to the scale-up of the emergency response following the returns of large numbers of Afghans from Pakistan. Forecasting additional demands for programme delivery, a mail poll programme budget review in November 2016 resulted in the creation of posts in education and human resources.

In response to global staff survey results and the pursuant action plan, staff were encouraged to pursue higher level opportunities. Four national staff went on international assignments and seven staff went on stretch opportunities overseas.

The diversity ratio for international professional staff members remained like previous years at 40 per cent from donor countries. The overall male to female ratio remains in favour of
males, though it slightly improved from 77/23 at the end of 2015 to 75/25 in 2016. Continuous efforts were made to attract, recruit and retain qualified female staff. Gender awareness training was carried out in two zonal offices for a total of 45 staff. The overall social environment remains very challenging for women, however, including in terms of the job market.

With respect to performance management, 67 per cent of performance evaluation review planning phase was on 30 June 2016; performance evaluation reviews for 2016 stood at 70 per cent in-progress by the end of 2016.

There were 210 completions of mandatory online individual trainings in Agora and in person, including in the following trainings: basic security in the field, advanced security in the field, safe and secure approach to field environments, ethics and integrity, United Nations Cares-HIV in the Workplace, funding authorization and certificate of expenditure and HACT. A total of 1,170 enrolments in Agora for non-mandatory courses was recorded, of which 52 per cent were completed or in progress by December 2016. Forty staff completed individual training in 2016 compared with 19 in 2015; and 35 staff participated in the Emergency Preparedness and Response Training held for two days in October.

**Effective Use of Information and Communication Technology**

UNICEF’s digital radio network was setup in Kabul as a backup to the OneUN network. This extended network coverage improved the quality of radio communication in places that previously had limited network coverage. The migration from very-small-aperture terminal to microwave technology at all eight outpost locations across Afghanistan resulted in a more stable Internet link for better collaboration and increased productivity at the outposts. Increased reliability of the Internet service led to further reduction in operational costs since more interactions and virtual meetings took place over Skype for Business. High resolution scanners connected to a newly installed central storage system were setup at each outpost to facilitate the preparation and submission of electronic documentation to the GSSC.

To improve efficiency and effectiveness and in line with the global ICT strategy, several work processes were automated on the Microsoft SharePoint platform. These included requesting ICT services and approval of field missions, electronic voting for staff association elections and an online operations client satisfaction survey. Technical advice and guidance was provided to the programme sector at various stages of ICT for the development projects, including the vaccine management/tracking/storage system and the birth registration system for the health and child protection sections, respectively.

For disaster preparedness and business continuity purposes and to ensure the availability of online corporate resources, a second firewall was installed at each zonal office and a memorandum of understanding was signed with WFP for hosting UNICEF’s business continuity plan sites on their premises across Afghanistan. A second Memorandum of Understanding with UNICEF India was signed for hosting UNICEF Afghanistan’s out-of-country business continuity plan alternate site. More than 4,500 service calls were treated locally by the ICT helpdesk; 78 learning events on telecommunications and standard UNICEF systems/applications were organized; and 639 participants were trained on new and existing technologies to develop their capacity, improve efficiency and increase results for children.
ANALYSIS BY OUTCOME AND OUTPUT RESULTS

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

Analytical statement of progress:
The health outcome is on-track in 2016 through targeted technical support, advocacy and direct inputs to all health system building blocks. Priority was given to scaling up proven high-impact interventions to save children’s lives and build on previous investments in quality MNCH and EPI at the national and provincial levels.

UNICEF Afghanistan directly contributed to finalizing Afghanistan’s new National Health Policy (2016–2020) and the associated strategy, ensuring priority areas such as newborn health and health systems strengthening were incorporated. UNICEF also contributed to developing the MoPH RMNCAH Strategy and finalizing the costed Comprehensive Newborn Care Plan and the National Pneumonia and Diarrhea Action Plan. As a necessary step towards operationalizing newborn health interventions at the community level, UNICEF and the MoPH finalized community-based integrated MNCH service packages and held a consultative workshop on newborn home visits, releasing a new policy statement in line with the global WHO/UNICEF joint statement.

A multi-year plan was completed for EPI, and UNICEF provided continuous support to the national priority primary health care programme, BPHS. More than 1.2 million children under 1 year were vaccinated and 6 million women of childbearing age were able to continuously access immunization services through the timely provision of vaccines and non-vaccine supplies. UNICEF supported the MoPH for quality maintenance of the EPI cold chain by training 184 staff (supervisors, cold chain technicians and managers) on vaccine cold chain management across the country. Afghanistan also successfully completed the switch from trivalent oral poliovirus vaccine to bivalent oral poliovirus vaccine in 2016. To improve and maintain reliable vaccine supplies, UNICEF and the MoPH undertook a forecasting and planning exercise to procure and distribute vaccines and non-vaccine supplies, which resulted in having no stock-outs during the reporting period.

UNICEF Afghanistan supported 11 polio campaigns and six case responses, working closely with the Government, WHO and EOC partners. UNICEF led implementation of the National Communication Strategy, in which household and community engagement in high-risk areas were key pillars. Support was provided to operationalize EOCs and strengthen governance within the renewed National Emergency Plan.

The full-time Immunization Communication Network (ICN) was operationalized in 2016, deploying more than 7,000 mobilizers in 45 of 47 very high-risk districts. Campaign data shows progress towards reducing the number of missed children from 7.0 per cent in 2015 to 6.2 per cent overall and in ICN districts from 8.7 per cent to 6.5 per cent by October. The percentage of children missed due to misperception declined from 0.2 per cent in 2015 to 0.1 per cent as of October 2016. The quality of campaigns continues to improve with the proportion of lots having greater than 80 per cent coverage in lot quality assurance surveys, increasing from 68 per cent in 2015 to 79 per cent in October 2016.

To improve service delivery in MNCH, targeted approaches were used to improve coverage, especially for hard-to-reach groups. In 2016, nearly 754,183 pregnant women and children under 5 in focus provinces benefited from life-saving interventions through 54 mobile teams.
In addition, 260 health facilities received equipment and ambulances for the timely referral of women and children. Approximately 127,000 pregnant women, newborns and children under 5 benefited from the UNICEF health programme’s emergency response nationally in 2016.

Based on a supply assessment conducted by a UNICEF consultant specializing in neonatology, newborn equipment was procured and distributed to 108 health facilities in 10 provinces.

Capacity development of healthcare service providers continued. The knowledge and skills of 1,060 MNCH providers were enhanced on basic concepts, 24 community midwives graduated from the Community Midwifery Education programme in Kandahar and 80 paediatricians gained skills on advanced newborn care in India.

UNICEF Afghanistan considered its health systems strengthening inputs more deliberately and invested more in information management and strategic topics for implementation research. For example, UNICEF and the United States Agency for International Development (USAID) are supporting Jhpiego on a national quality of care assessment for basic and comprehensive emergency obstetric and neonatal care. Data from this survey will be critical to identifying areas for improvement and system-wide issues related to maternal and neonatal readiness and quality of care at facilities.

Multiple modalities of improving MNCH knowledge and practice and increasing the utilization of essential services (immunization and maternal health) and life-saving supplies (zinc, oral rehydration salts (ORS) and chlorhexidine) were implemented or are being actively researched and planned for launch in 2017.

In addition, in 2016, UNICEF followed through on recommendations from Afghanistan’s high-level advocacy event, ‘Call to Action: Renewing the Promise for Maternal and Child Survival’, conducted last year by the MoPH, UNICEF and USAID. Some of the key results from 2016 included:

- Three RMNCH scorecards were developed and formally released to improve accountability for key indicators down to the district level. These were recognized throughout the Ministry as an important tool for viewing performance on specific indicators by location. UNICEF directly supported the Reproductive Health Directorate to organize review workshops at the provincial level, resulting in provincial action plans to address lagging areas. Chlorhexidine for umbilical cord care was previously not in the BPHS, and 250,000 tubes of chlorhexidine were procured and distributed to pregnant women to ensure clean cord care for newborns.

- An ORS and zinc co-packing strategy was developed, along with health promotion materials and a community distribution mechanism. One million co-packs were procured for scaling up ORS and zinc use in the management of diarrhoea. Mobile ambulances for maternal and child health emergencies were scaled up and demand-side financing (conditional cash transfers) for institutional delivery were introduced through cash incentives for women and for community health workers (CHWs).

**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 to reach 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 (IEC) particularly aimed at underserved districts; 2) continuously supporting national priority programmes such as BPHS; and 3) increasing coverage and utilization of facility-based reproductive health and maternal and child health services.

Changing the health behaviours of individuals, providers, community/religious leaders and communities is key to achieving results. In 2016, considerable efforts were made to integrate advocacy, communication, social mobilization and health promotion activities into the delivery of planned interventions. Post-training follow ups and programme monitoring activities were also strengthened at all levels through regular field visits and follow-up meetings.

Provincial MNCH action plans in 9 out of 10 provinces were developed, and approximately 1.5 million underserved persons (children under 5 and women of childbearing age) benefited from the timely implementation of MNCH action plans. Mapping of outreach services and provincial training and supply needs assessments were also completed.

Capacity development of health care service providers was one of the key priorities of the MNCH programme in 2016. The knowledge and skills of 1,060 MNCH providers were enhanced on basic concepts, 24 community midwives graduated from the Community Midwifery Education programme in Kandahar and 80 paediatricians gained skills on advanced newborn care in India. These trainings were conducted in collaboration with National Neonatology Forum of India, 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 also helped to operationalize special care newborn units in Herat and Jalalabad provinces.

The MoPH and UNICEF completed the final draft of a comprehensive national newborn action plan, community-based counselling training package for CHWs and an advanced newborn care training package for service providers. UNICEF also began to support the MoPH to continue the costing of the comprehensive newborn action plan.

The MoPH and UNICEF jointly developed an ORS and zinc co-packing strategy and IEC and behaviour change communication materials, including a community distribution mechanism, during the reporting period. Zinc tablets and ORS sachets as co-packs are under procurement and will eventually enable CHWs to improve the management of childhood diarrhoea with zinc/ORS by reaching unreached populations throughout the country.

In addition, implementation of the RMNCH Trust Fund was successfully completed by the MoPH, UNICEF, WHO and the United Nations Population Fund (UNFPA). The community-based newborn care package was developed, and implementation has been initiated. Monitoring visits to Kandahar, Paktia, Badghis, Ghor, Balkh, Nangarhar and Bamyan provinces were conducted, and feedback and recommendations were shared with respective colleagues.

Key MNCH partners were trained on HACT, including four organizations and five MoPH departments.
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:
Newborn health is a neglected area in the current health system in Afghanistan, which UNICEF and relevant departments in the MoPH are trying to address. Programme design, needs assessment, monitoring and evaluation and capacity building require extensive coordination at the national and implementation levels. Community-driven interventions in MNCH programmes have greater potential for promoting local ownership and project sustainability.

The national comprehensive newborn operational plan and toolkit was further developed during the 12 months of implementation in 2016. Based on the MNCH supply assessment, procurement of newborn equipment for 10 provinces (Kandahar, Helmand, Urozgan, Zabul, Ghor, Badghis, Bamyan, Paktia, Paktika and Daikundi) was completed, and equipment was distributed. A total of 108 facilities were equipped with necessary equipment and supplies for improving the care of mothers and newborns.

During one year of implementation in 2016, almost 754,183 pregnant women and children under 5 in focus provinces benefited from life-saving interventions in their villages through 54 mobile teams.

The Indira Gandhi Institute of Child Health Hospital was further supported as a centre of excellence for newborn care in Afghanistan. Quality services were made available for some 2,105 sick newborns over the six-month period. In addition, in Malalai Maternity Hospital, the Kangaroo Mother Care Unit was established and inaugurated by the Minister of Health.

Maternal and perinatal death review committees were established at Indira Gandhi Institute of Child Health Hospital and strengthened in Malalai Maternity and Rabia Balkhi Women’s hospitals, and almost 178 newborn and maternal deaths were reviewed and follow-up actions were taken at the facility level.

More than 2,000 complicated cases were referred by 50 CHWs who received mini ambulances (Zaranj) in 250 villages of selected provinces, namely Bamyan, Badghis and Kandahar, in 2016. In addition, 20 health facilities were equipped with ambulances to provide timely referral of women and children for receiving better care services.

A total of 250,000 tubes of chlorhexidine (7.1 per cent) were procured and distributed to pregnant women through community-based and facility-based channels.

Difficulties in recruiting female health workers due to security and cultural barriers limited outreach services to women in remote areas. Female CHWs have been a key resource in the provision of health education, notwithstanding the fact that a majority of the CHWs 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 Afghanistan has been working with the MoPH to enhance necessary knowledge and skills and has ensured quality maintenance of the cold chain system by equipping 184 EPI staff (supervisors, cold chain technicians and managers) to carry out vaccine cold chain
management across the country. World Vaccination Week was celebrated at the national and provincial levels. Installation of the latest version of the temperature monitoring device is in progress. This has assured the potency of vaccines for 1.2 million children under 1 year of age and 2.5 million women of childbearing age.

Afghanistan has successfully completed the switch process from trivalent oral poliovirus vaccine to bivalent oral poliovirus vaccine into the routine schedule. Preparation for the introduction of a rotavirus vaccine is underway. A contribution was also made in the initiation of data quality improvement activities. Although the EPI surveillance system is not very robust in Afghanistan, adverse events following immunization incidences, which significantly affect the routine EPI programme, were not noted in significant numbers.

Other planned activities like new vaccine introduction and measles campaigns in low-performing districts were used as opportunities to reinforce EPI knowledge and skills not only focused on these specific activities but also on important elements of the routine immunization programme.

Three EPI staff (two UNICEF and one government) attended the training/workshop on procurement services and planning for vaccine forecasting and management at the UNICEF Supply Division.

**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:**
A total of 2,430,824 children aged 9 months to 10 years have received the measles vaccine in a campaign implemented in 82 selected districts with 104 per cent reported coverage and 95 per cent coverage confirmed by post-campaign assessment. All schoolgirls from grades 9–12 in all provincial capitals have received the tetanus toxoid vaccine. Compilation of its coverage is in process. All 34 vaccine storage facilities were kept fully functional to maintain and deliver vaccines and non-vaccine supplies by providing operation and running costs including monthly staff incentives for cold chain technicians. Standard cold chain equipment (15 solar fridges, 15 voltage regulators, 350 stabilizers, 3,000 free tags, two generators, 18 toolkits, 10 ice lined, 12 cooking units, 1,223 fridge tags, 33 computers, 10 sets of multilog, 2,80 log tags for temperature study, 1,900 irreversible freeze indicators and spare parts as planned) were procured for health facilities and vaccine storage centres. Multi-antigen vaccine campaigns were planned in some low-performing districts, and their implementation will start soon.

Cold chain management SOPs were finalized and translated. They are being printed for wider distribution in all facilities across the country. Eighty-four per cent of effective vaccine management recommendations have been addressed/met.

**OUTPUT 5** National and sub-national 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 of age and 6 million women of childbearing 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 having no stock-outs during the reporting period.
The establishment of a real-time vaccines logistics management system was successfully contracted. The first prototype is available and is expected to be completed by March 2018.

The negotiation with MoPH leadership to take over the responsibility of being the consignee for vaccine and non-vaccine shipments has not yet been successful because the MoPH does not see the capacity in their system. In addition, they do not have the requisite financial resources to cover the tax of the shipments and other required expenses such as customs clearance and handling costs. Hence, it may take more time for complete handover of this responsibility from UNICEF to the MoPH.

UNICEF Afghanistan also provided technical assistance towards the development of the GAVI Alliance Health System Strengthening3 proposal. The proposal successfully leveraged US$40 million in resources for immunization for four years. Of this amount, approximately US$19 million is being channelled through UNICEF, mainly for cold chain strengthening, communication and construction of vaccine storage facilities for EPI. UNICEF has also secured US$3.8 million for the provision of traditional vaccines and communication and US$700,000 for technical assistance and communication through the partnership engagement framework funding proposal (GAVI Alliance) in support of the routine EPI programme. In addition, UNICEF is contributing to the development of the Cold Chain Equipment Optimisation Platform funding proposal to GAVI Alliance to fill gaps in the cold chain.

**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:**

To influence and empower households to adopt healthy child care practices, the Golden Villages Initiative was designed to demonstrate an effective approach to motivating health workers and communities to mobilize entire villages to ensure every child in their village is fully immunized and all deliveries are attended by skilled birth attendants, along with other inter-sectoral indicators. Six hundred key mobilizers, including 154 CHWs and health service providers, participated in appreciative inquiry-based workshops.

Having publicly committed to ensuring 100 per cent immunization and safe deliveries in their respective villages, communities from all 129 villages organized themselves into village coordination committees and scanned 8,000 households to list all children under 1 year of age and their immunization data, as well as all pregnant women, to serve as a baseline. One hundred and sixty children under age 1 with missed doses were tracked, and micro-plans to close the gap through social mobilization were developed.

In parallel, a C4D strategy, action plan and audio-visual/print materials for zinc/ORS/chlorhexidine and community-based newborn care guidelines, among others, were developed to improve household knowledge and care practices about critical life-saving actions and to prepare CHWs as active counselling agents. Zinc/ORS C4D IEC materials (posters, storybooks, training guidelines for CHWs and radio/television spots) will accompany the distribution of actual co-packs through CHWs. Seventy-six community health supervisors and health workers from 10 deprived provinces received a training of trainers on community newborn care, which will be replicated by CHWs at the provincial level in 2017 to improve the practices of individuals, families and communities on basic newborn care.

The MoPH is receiving technical support to finalize the RMNCH Promotion Strategy and provincial actions plans are to be submitted to the board for approval. An MNCH handbook
is also being developed with consolidated messages and home-based records in one convenient package.

An extensive media campaign on routine immunization was also mounted with the airing of radio spots (16,810 times) and television spots (4,639 times) and the distribution of 2.3 million leaflets, 40,000 posters and 1,500 flex banners across the country to improve the knowledge and practice of immunization.

An agency is being contracted to develop tools to conduct a knowledge, attitude and practice study (under the Health Systems Strengthening 3grant) to fully understand the behaviours and normative practices of caregivers and communities in relation to immunization of children under 2 years of age and women of reproductive age. The study will help develop an evidence-based social and behavioural change strategy and action plan for immunization.

Technical support is being provided to the MoPH to strengthen health promotion through the development of a proposal to enhance qualified staff and develop a branding campaign to promote the MoPH. The MoPH National Advocacy and Public Relation Strategy is also under development. The Afghan returnees in Jalalabad are being supported with consolidated messages delivered through polio social mobilizers.

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:
There has been progress in Afghanistan’s polio eradication effort, with transmission limited to small geographical areas, improved population immunity and vaccine reach in high-risk areas. In 2016, UNICEF Afghanistan supported 11 polio campaigns and six case responses working closely with the Government, WHO and EOC partners. UNICEF led the implementation of the National Communication Strategy, in which household and community engagement in high-risk areas were key pillars. Support was also provided to operationalize EOCs and strengthen governance within the renewed National Emergency Plan.

The full-time ICN was operationalized, deploying more than 7,000 mobilizers in 45 of 47 very high risk districts. Mobilizers were trained on skills for building trust and effectively communicating the importance of immunization. Mobilizers conducted household visits before, during and after campaigns to register eligible children, provide information and recover missed children. Mobilizers also supported routine immunization, hygiene promotion, nutrition and maternal health. Mobilizers covered 70 per cent of the remaining missed children in ICN districts after the November campaign. The ICN contributed to improved awareness in very high-risk districts, from 72 per cent in 2015 to 84 per cent in October 2016. A performance management system was established where real-time data provided critical inputs for immediate actions.

Partnerships were expanded to increase demand and trust in immunization. More than 300 religious influencers now support polio immunization through their teachings and communications with communities. Partnerships with the Afghanistan Cricket Board and Pact Communications resulted in polio public service announcements broadcasted on 28 television and 45 radio stations during campaigns and a two-week cricket tournament. Partnering with BBC Media Action led to the production and broadcast of 35 weekly radio shows with polio messages reaching 4 million people. Mentoring of radio journalists placed additional emphasis on earned media coverage in addition to paid media campaigns. By October 2016, approximately 500 polio news segments were broadcasted per month through earned media (including 600 minutes on radio and television).
Campaign data shows progress in reducing missed children overall from 7.0 per cent in 2015 to 6.2 per cent in October 2016 and in ICN districts from 8.7 per cent to 6.5 per cent. Children missed due to misperception declined from 0.2 per cent in 2015 to 0.1 per cent in 2016. The campaign quality continued to improve with the proportion of lots having greater than 80 per cent coverage by the lot quality assurance sampling (LQAS) increasing from 68 per cent in 2015 to 79 per cent in October 2016.

UNICEF Afghanistan helped the Government procure and distribute 94.7 million oral poliovirus vaccine doses and 500,000 inactivated polio vaccine doses for campaigns and complementary immunization activities. UNICEF also strengthened national capacity in vaccine management through two regional capacity assessments, trainings of 177 staff and technical advice and procured and replaced cold chain equipment (5,000 vaccine carriers, 33 ice pack freezers, 66 deep freezers, 65,000 ice packs and 1,111 cold boxes).

UNICEF Afghanistan supported the EOC to collect real-time monitoring data, including data reporting from 1,000 monitors via the interactive voice response (IVR) system and phone surveys of 7,000 communities and influencers. The data has provided critical real-time information to improve campaign performance.

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:
UNICEF Afghanistan made good headway in 2016 in supporting improved availability and use of evidence for programming and accountability. For EPI, a vaccine wastage study was conducted on 4,000 sessions that were held at fixed centres in health facilities and outreach/mobile services. The inception report has been shared and is under review.

With UNICEF support, the MoPH produced RMNCH scorecards on a quarterly basis and held dissemination workshops at the sub-national level. These scorecards have been recognized within the MoPH as a key accountability tool to continue to use and improve upon, with indicators covering RMNCH, EPI and nutrition. To widen availability and enhance usability, planning has started to create a publicly available dashboard for this data on the Reproductive Health Directorate’s webpage.

Attention to evidence-based newborn care continued, particularly with the finalization in 2016 of the pictorial counselling guideline for newborn care. Work on maternal and perinatal death review in three hospitals in Kabul also continued.

UNICEF and the MoPH, NGOs and research agencies initiated or continued implementation research activities, including:
- Quality of care national health facility assessment
- National EPI knowledge attitude and practice survey
- Demand-side financing baseline assessment in three provinces
- Community maternal and newborn care end-line in two provinces
- Zaranj mini-ambulance referral in one province
- Maternal and perinatal death review in selected hospitals in Kabul
- Documentation of mobile health team activities in 10 provinces
Evidence from these research activities will be widely disseminated in 2017 and will inform relevant policy and programming decisions. One peer review article was published in 2016, (IMCI) and other submissions have been revised for publication.

**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:**
UNICEF routinely reviewed progress on recommendations from the ‘Call to Action: Renewing the Promise for Maternal and Child Survival’ (2015) with partners. UNICEF’s specific actions in 2016 included:

- Technical support in developing the new National Health Policy and National Health Strategy (2016–2020)
- Technical support in developing the new RMNCAH Strategy (2017–2021)
- Symposium on post-partum haemorrhage/preeclampsia and eclampsia held, which included a position paper and a UNICEF presentation on potential additional lives saved using LiST
- A community-based newborn care consultative workshop was held, which included a position paper and a presentation of a UNICEF-Save the Children pilot project on community-based maternal and newborn care
- Five regional dissemination workshops were held on the RMNCH scorecards with United Nations agencies, BPHS implementers and the HEMAYAT project
- Celebrating national MNCH days, including prematurity day, CHW day, pneumonia day and days for HIV, etc.
- Rolling out chlorhexidine and ORS/zinc co-packs in the BPHS package
- Initiating and revising a national MNCH handbook for caregivers
- Technical support for the basic package of health services and the extended package of health services contract evaluation for System Enhancement for Health Action in Transition (SEHAT) Phase-1 NGOs
- Technical support to evaluate proposal evaluation for SEHAT Phase-1 NGOs contract extension

For South-South collaboration, the MoPH and UNICEF attended a regional meeting in Jordan on newborn care, participated in a regional newborn health-costing exercise and attended a training on quality improvement for facility-based newborn care in India.

UNICEF Afghanistan continued collaboration with professional associations including the Afghan Midwives Association, the Afghan Society of Obstetricians and Gynaecologists and the Afghanistan National Public Health Institute, supporting the latter to produce the first edition of a scientific, public health journal (*Ghazanfar Medical Journal*) and a health care provider magazine distributed nationally.

**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:**
The armed conflict in Helmand, Kandahar, Nangarhar, Khost, Kunduz and Paktika provinces resulted in internal displacement of severely ill children and pregnant women to neighbouring provinces. Some 127,000 mothers and children benefited from necessary supplies and services during the emergency situations in 2016. Emergency newborn kits were distributed to 5,000 newborns, and 40,000 bed nets were also distributed. Some 250,000 children in
emergency-affected areas were vaccinated against measles during 132 measles outbreaks and through campaigns in districts at high risk for measles.

Monitoring systems during emergencies were strengthened through the introduction of a joint rapid assessment tool of the Health Cluster and through review meetings attended by UNICEF.

UNICEF Afghanistan conducted several assessments of the health situation and response in the encashment centre for returnees in Kabul and at locations bordering Pakistan (Turkham and Spin Boldak). A comprehensive assessment of returnees in the eastern region recommended a multisectoral C4D strategy for effectively reaching affected populations with consolidated life-saving messages. Social mobilizers will use a specially designed message booklet to engage and influence returnees to adopt safe practices and decisions and work with host populations to be inclusive. Because of these assessments, supplies were immediately disbursed to these locations including: 20,000 long-lasting insecticide-treated nets, midwifery kits, zinc/ORS, antibiotics, etc. The UNICEF health programme is continuing to monitor the situation of returnees in close coordination with UNHCR, given the unpredictable volume of people returning.

OUTCOME 2 Water, sanitation and hygiene—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 organization of AFCOSAN-I brought together more than 160 national and sub-national representatives from five ministries, civil society and international donors. The conference galvanized support at the ministerial level to accelerate sanitation programming at national scale. The declaration issued affirmed Afghanistan’s commitment to the Sustainable Development Goals drinking water and sanitation targets and to ending open defecation in Afghanistan by 2025.

Sanitation was included in the Citizens’ Charter National Priority Programme (CCNPP). Through intense lobbying by UNICEF and the Rural Water Supply, Sanitation and Irrigation Programme (Ru-WatSIP) of the MRRD, the World Bank and the Ministry of Finance (MoF), at a later stage in the formulation of the programme, agreed to CLTS, as one of the responsibilities of the CCNPP facilitating partners.

Unlike the predecessor of the CCNPP, the multi-billion dollar, 10-year National Solidarity Programme, which contracted its own engineers for the construction of rural water systems, Ru-WatSIP has now been assigned this responsibility. For the past 10 years, UNICEF has provided technical support to Ru-WatSIP, including support for human resources under the National Technical Assistance (NTA) policy. Currently, UNICEF supports 43 technical positions of Ru-WatSIP in management, technical oversight and design, and monitoring for both water supply and sanitation programmes. In addition, UNICEF supports 14 administrative staff and 58 CLTS community mobilizers. Under the CCNPP, Ru-WatSIP programme staff will be expanded by close to 300 people.

Another testament to the capacity of the Ru-WatSIP programme is the US$17 million it received in 2016 from the MoF, which is a performance-based allocation and more than triple the US$5 million it received in previous years. For the first time, the MoF allocated a specific budget of US$400,000 for rural sanitation programming.

Acceleration was achieved in the provision of drinking water supply systems under the UNICEF-supported WASH programme. It was a deliberate choice to implement the rural
water supply programme exclusively through the Ru-WatSIP at MRRD, and not through NGOs. The capacity that is being developed this way and the accountability systems that are strengthened in the process, have greatly contributed to the service delivery role fulfilled by the MRRD. By the end of November, 603 water points were completed with UNICEF support, compared with 177 by the same time in 2015.

There has been a shift away from hand pumps towards the provision of higher levels of services through solar pumping and gravity-fed piped systems. Whereas in 2015, 28 per cent of the population gaining access under UNICEF-supported programming was served through solar pumping or gravity-fed piped systems, in 2016, this population increased to 48 per cent. The UNICEF-supported rural water supply reached 241,128 people in 2016.

There has also been a huge increase in CLTS outreach capacity. In 2015, UNICEF supported eight CLTS community mobilization teams of the MRRD. In 2016, six NGOs were engaged under a programme cooperation agreement, with each managing four CLTS outreach teams and another NGO hired for training, mentoring and coaching to quality in the CLTS. UNICEF also supported four CLTS teams under the Health Promotion Department. The focus of the CLTS programme is on high-stunting- and high-open-defecation-prevalence provinces and districts. By the end of November, 378 communities were ODF certified, benefiting 138,410 people, and 91,399 people had gained access to an improved latrine.

An innovative emergency programme cooperation agreement that minimized response time was established with three NGOs. After completing a rapid needs assessment, UNICEF authorized the NGO partners to provide a response within one day. Under the programme cooperation agreement, UNICEF and the NGO partner agreed beforehand on a fixed per capita intervention cost that included all other costs of the NGO partner, including staffing, design, assessment, monitoring, oversight etc. Initial results are proving to be successful as 30,500 people have been provided with an emergency WASH response in eight different situations since September 2016. Over the whole year, UNICEF supported 124,500 returnees and internally displaced persons with emergency WASH assistance.

There were a few constraints. Targeting of vulnerable and marginalized populations is hampered by the absence of good information about deprivations and the prevailing insecurity in large parts of the country. Prioritization of the CLTS and rural water supply programme is currently based on provincial level data, which does not reflect the difference in deprivation at the lower level.

A cadre providing community outreach is missing from the three ministries involved in the WASH programme. This significantly limits effective community mobilization for hygiene behavioural change, as well as oversight on the quality of the construction of facilities. The absence of a vibrant private sector limits public outreach for behavioural messages like washing hands with soap.

The MoE and its provincial departments demonstrated limited ownership of the WinS programme. Construction contract management and oversight by the MoE and DoEs has generally been poor, resulting in huge delays in the completion of projects and poor quality construction. School toilets are generally poorly managed and maintained, and local education authorities lack interest in assisting schools in this regard.

OUTPUT 1 Strengthened capacity of government departments at all levels to cost-effectively deliver sustainable drinking water and sanitation services.
Analytical statement of progress:
UNICEF’s WASH capacity development activities in 2016 have focused predominantly on government staff and staff from NGO partners. The inability of most engineers at the provincial departments of the MRRD to make their own designs placed a huge burden on the central level MRRD water supply system design team. This often resulted in two to three months of delays in the approval of designs by the Kabul-based design team. This team was strengthened with two extra staff and in addition decided to train MRRD/PRRD engineers responsible for assessment and preliminary system design to shorten and facilitate the review of designs by the Kabul-based team. Fifty-two water supply engineers of the MRRD participated in a nine-day training programme on designing solar-pumping water supply schemes and gravity-fed systems. For the expansion of the MRRD/PRRD staff of Ru-WatSIP under the CCNPP, at the provincial and district levels, totalling an expected 300 engineers, UNICEF in collaboration with the MRRD developed terms of reference for a capacity assessment of the expanded Ru-WatSIP staff. This assessment will form the basis of a capacity development plan that responds to the increased responsibilities of the MRRD to provide drinking water supply to all 12,000 communities covered under the CCNPP over the coming four years. Thirty-five staff of the MRRD and MoPH and 130 staff from NGO partners received training on the implementation of the CLTS approach to end open defecation in Afghanistan by 2025. Seventy-seven female teachers were trained on communication with adolescent girls about menstruation. Two MoPH staff and one staff of an NGO partner completed the ‘Social Norms, Social Change’ online course with the University of Pennsylvania and attended a face-to-face follow-up training at the university to formulate research related to changing social norms under the Afghanistan CLTS programme.

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

Analytical statement of progress:
Community water supply programming was scaled-up in 2016. After completing the construction of 282 water points (work carried over from 2015), under the UNICEF-supported programme in 2016, the MRRD signed 153 water supply contracts with community development councils, and, by the end of November 2016, 603 of the 1,039 water points had been completed. Altogether, 174,096 people gained access to newly constructed water supplies, and 57,032 benefited from rehabilitation. A solar pumping or gravity-fed piped system served 48 per cent of the population, and 52 per cent was served through hand pumps. Among the rehabilitated systems, seven piped systems using diesel engines were replaced by solar pumping systems to reduce the dependency on fossil fuel.

Given the weak oversight and outreach capacity of the MRRD and PRRDs, UNICEF formulated a technical third-party assistance programme that will be implemented by the Danish Committee for Aid to Afghan Refugees (DACAAR), one of the main WASH NGO partners. Over the coming two years, DACAAR will provide supervisory services for all UNICEF-funded water supply schemes and train the PRRD field engineers and private sector construction companies who implement the construction programmes under the community development council contracts. DACAAR will also pilot the community-based water safety planning approach and support the engagement of the private sector in operations and management on a trial basis.

UNICEF was instrumental in the organization of AFCOSAN-I in late November, which brought together representatives from five ministries to discuss how to accelerate sanitation programming to achieve an ODF Afghanistan by 2025. The conference was timely, as earlier in the year UNICEF had successfully advocated for the inclusion of sanitation under CCNPP, a 10-year, multi-billion dollar programme. More than 150 people (more than 95 per cent
Afghans) attended the three-day conference, which received extensive media coverage. In 2016, UNICEF expanded the number of CLTS teams it supported from 8 to 36. It engaged six NGO partners, each of which were operating four CLTS teams. The CLTS programme also supports four teams under the MoPH health promotion department. The CLTS programme now covers nine provinces with high stunting and high open defecation. The CLTS male/female teams triggered a total of 597 communities in 2016, of which 219 have already been certified as ODF. The 159 communities that were triggered in 2015 were also certified in 2016, bringing the total number of ODF communities certified in 2016 to 378, benefiting 91,399 people. CLTS teams in six districts had to cease or move their activities elsewhere because of civil strife and increased insecurity. The follow-up in 304 communities that were triggered in 2015 and early 2016 in Badghis, Farah, Helmand, Kunar, Urozgan and Zabul provinces had to be abandoned.

To assess ODF sustainability, a study is underway among all communities that were ODF-certified before December 2014. The result of this survey will provide insight into the degree of slippage or to what extent people have returned to open defecation.

**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). UNICEF supported programmes (polio, nutrition and education).

**Analytical statement of progress:**

The hygiene behaviour change programme, including community dialogues and house-to-house visits by community health workers, continued in a total of eight districts across three provinces: Kandahar, Badghis and Bamyan. The programme in two districts of Nangarhar was stopped as the MoPH embarked on CLTS programming there. The end-of-project survey for the hygiene behaviour change programme is planned for early 2017 and will be used to assess the effectiveness of the programme. In 2016, through this programme, 200 community dialogue sessions were conducted with both men and women in the three target provinces. Trained CHWs conducted 18,922 house-to-house visits on hygiene behaviour change. Because of this programme, approximately 7,480 additional families established handwashing stations in their homes. In 95 per cent of these (7,131 households), soap was observed near the handwashing stations. The scaling-up of the Afghan Context CLTS programme, which includes a component on hygiene behavioural changes, will drastically increase the practice of handwashing with water and soap (other behavioural change components include safe disposal of child faeces, clean yards, food hygiene and final safe disposal and re-use of human waste). Regular follow-up and supervisory visits by DoPH staff of CHWs and family health action groups can greatly reinforce these positive changes in behaviour brought about through community-based interventions. In collaboration with the communications team, a 10-minute interview with a WASH expert was broadcast in both Dari and Pashtu languages through Voice of America radio programming every six weeks. Through the BBC Pashtu service, in collaboration with the polio team and BBC Media, communications on handwashing and sanitation were firmly embedded in the different programme components and special features.

It was decided not to pursue the promotion of smokeless stoves as the UNICEF WASH team has been fully involved in addressing the core WASH topics in a comprehensive manner, working across three different government ministries.
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 programmes (polio, nutrition and education).

Analytical statement of progress:
Over the course of 2016, momentum that was built in 2015 was translated into action within the polio programme through community outreach and radio programming. The WASH in Health Care Facilities Working Group was established between UNICEF, WHO and the MoPH to address WASH and especially hand hygiene in health care facilities. This is a promising area in which there is increasing global interest. The community-based nutrition outreach package is almost finalized, and talks have started regarding the integration of some of the elements into CLTS programming. When introduced towards the end of the CLTS community interventions, it could give the community new impetus to collectively address nutrition while also convincing those who are procrastinating on building toilets and reinforcing and stabilizing the newly created norm around sanitation. The momentum created with the 'Call to Action' meeting in May 2015 in Kabul resulted in widespread understanding and recognition of the importance of sanitation and hygiene for addressing stunting. That recognition, however, has not yet turned the nutrition community into champions for sanitation and hygiene, whereas the WASH partners are increasingly vocal about the impact of WASH on reducing stunting. A national Stop Stunting Conference held in early 2017 could lead to strengthening the linkage between the words and actions of all stakeholders. The potential to expand that to the education sector is also significant given that several school-based programmes already have a strong linkage to nutrition and, more indirectly, WASH (the WIFS programme, the ORS and zinc programme and the deworming programme.

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

Analytical statement of progress:
Under the WASHinS programme, the construction of new toilets and water systems was completed in 20 schools in the Central Region, 20 in the Southern Region and two in the Northern Region, for a total of 42 schools. Facilities were upgraded or rehabilitated in 160 schools. Training of teachers and shura members took place in all five zones, and a total of 1,364 teachers (438 female), principals and school shura members from 455 schools were trained over three days on hygiene and WASH issues related to the CFS initiative. The successful introduction of the MHM component of the WinS programme expanded, and 77 master trainers were trained from 34 provinces. Formative research on MHM has been completed, and the report will be widely circulated after the dissemination workshop. A formal evaluation of the WinS programme 2008–2014 has been commissioned and the report is expected in the first quarter of 2017.

During programmatic visits, concerns were raised about the designs of school toilets and the problem with operations and management of the school WASH facilities, most notably the regular cleaning and emptying of toilets. In 2017, the WASH programme will look at several options that make it easier for principals to regularly maintain and empty school toilets. Options in urban areas include private sector engagement in pit emptying and toilet cleaning, and in rural areas options include providing basic living quarters on school premises for a caretaker couple who, in exchange for the provision of these accommodations, will clean the toilets.

In order to strengthen the outreach and oversight capacity of the MoE, UNICEF supported the recruitment of one construction engineer and one health adviser under the NTA programme in each of the five regional hubs in the country. These NTAs will support the
provincial education departments (PEDs) and will conduct comprehensive district-wide needs assessments that will form the basis for future intervention planning under the UNICEF-supported WinS programme. They will also be instrumental in supporting the PEDs and district education officers to work with the schools on improving their respective environments, including rehabilitations and, where necessary, the installation of WASH facilities.

The construction of EcoSan toilets and incinerators for menstrual hygiene materials was halted in 2016. It has been agreed with the MoE to review and revise the toilet design before engaging in new large-scale construction programmes. Discussions are at an advanced stage with the MoE to no longer contract the construction of WinS facilities through the MoE Infrastructure Services Department. Instead, as per the directions of the President’s Office for the Provision of Rural Infrastructure, WinS facilities will be constructed through the MRRD by the community development councils, which were trained on contracting procedures and contract management under the National Solidarity Programme.

**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 water, sanitation and hygiene facilities in humanitarian situations.

**Analytical statement of progress:**
In 2016, the humanitarian WASH needs of affected populations were met effectively and in a timely manner in most cases. WASH Cluster partners collectively responded to meeting the emergency WASH needs of more than 615,000 people, 72 per cent of the targeted 860,000. UNICEF Afghanistan contributed to meeting the WASH needs of 124,500 people. Government agencies like the PRRDs and provincial departments of the Afghanistan National Disaster Management Authority (ANDMA) demonstrated their ability to lead and respond to small-scale emergencies induced by natural disasters such as flooding.

Out of 124,500 people reached with UNICEF support, 60 per cent (74,500 people) were prolonged internally displaced persons and their host communities where more durable drinking water services such as gravity-fed and solar pumping systems were provided. UNICEF supported 31,367 conflict-affected internally displaced persons, mainly by distributing family hygiene kits and water purification tablets. The European Commission’s Humanitarian Aid and Civil Protection Department-Emergency Response Mechanism partners were among the first responders to the needs of new internally displaced populations.

Following up on the ideas behind the rapid response of the Emergency Response Mechanism, UNICEF formulated an innovative emergency WASH project cooperation agreement for which it engaged three NGOs with extensive experience providing WASH emergency response. The objective of the agreement was to minimize the response time to affected populations by agreeing beforehand on a per capita intervention cost, greatly reducing the time it takes to grant approval for a partner to respond. Initial results are proving to be successful as 30,500 people have been provided with an emergency WASH response in eight different situations since September 2016. One of the responses provided was the installation of WASH facilities in zero point, the border crossing between Pakistan and Afghanistan in the Eastern Region and at the IOM transit centres.

With the arrival of a dedicated cluster coordinator and information management officer in early 2016, the WASH Cluster is strategically pushing forward the leadership transition agenda. In 2016, the WASH Cluster supported 10 high-risk provinces to finalize inter-agency contingency plans. Through two regional workshops, 45 partner staff were trained on emergency response preparedness. In addition, the WASH Cluster strategy was developed
and endorsed, and a partner capacity gap analysis was conducted to support the development of an actionable roadmap to further accelerate the transition process. Monthly WASH Cluster meetings were generally well-attended by 20–25 cluster partners. Beginning in January 2016, WASH Cluster meetings were held at the MRRD premises, signalling its intent for a transition. In addition to the national WASH co-lead and the WASH cluster coordinator, the WASH Cluster is supported by two co-leads from WHO and DACAAR.

OUTCOME 3 Nutrition outcome: 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 nutrition programme is guided by the National Nutrition Strategy. In 2016, the nutrition programme focused on supporting the scale up of SAM services. The objective is to contribute to improved infant and young child feeding (IYCF) practices and appropriate micronutrient intake and to improve the nutrition of adolescent girls and women. The nutrition programme influences all nutrition-related policies and strategies and improves access to supplies, quality service delivery and behaviour change. Programme planning, monitoring, data collection, analysis and dissemination systems at national and provincial levels on the nutrition situation of children and women are reinforced. The programme supports humanitarian action in response to natural disasters and the ongoing conflict.

Overall capacities in the country for nutrition interventions are weak, with poor coordination and limited focus. To improve capacities and coordination and fast-track implementation, six national technical assistants are supported in the MoPH Public Nutrition Department (PND) and the MoE. The coordination at the national level is improved by ensuring regular meetings of the National Nutrition Cluster, the National Nutrition Programme Committee and five technical working groups.

Nutrition is a low priority among BPHS NGOs due to low capacities and understanding, which in turn affects the quality of SAM services. UNICEF has supported the training of 722 health care providers in health facilities on SAM management (64 per cent). To further improve the commitment of BPHS NGOs, funds have been leveraged from on-budget support, and consensus has been reached to hire a nutrition counsellor in every health facility.

An initiative was launched in March 2016 to address anaemia, a key challenge for adolescent girls and women of reproductive age. More than 80 per cent (618,069 out of 761,969) of girls in schools in 10 provinces received IFA supplements on a weekly basis and deworming doses twice a year, as well as key nutrition messages. Vitamin A supplementation and deworming tablets are being provided along with polio campaigns and information leaflets disseminated during these campaigns. A total of 8,076,488 children aged 6–59 months (94 per cent) (3,876,714 boys and 4,199,774 girls) received one dose of vitamin A supplementation (except in 60 cold districts) in the first round, and 6,640,166 boys and girls aged 6–59 months (77 per cent) received one dose of vitamin A supplementation in the second round. A total of 4,692,168 children aged 24–59 months (89 per cent) (2,284,884 boys and 2,407,284 girls) received one dose of deworming in the first round, and 5,059,260 boys and girls aged 24–59 months (89 per cent) received one dose of deworming in the second round.

The target number of admissions for SAM management was 171,770 children. Between January and October 2016, 163,605 children (87,365, girls and 76,240 boys), 95 per cent of the target, were treated for SAM. Of these, 90.7 per cent were cured, 8.6 per cent defaulted and 0.7 per cent died, meeting Sphere standards on quality of care. The number of health
facilities providing SAM increased from 714 in January to 977 in October 2016. UNICEF is the main provider of nutrition commodities and equipment for SAM treatment. In addition, Medicins Sans Frontieres supports two hospitals with their own resources. Supply chain management is being strengthened. On-budget support funds have been leveraged for using UNICEF’s procurement services to procure SAM supplies for 2017, reducing the burden of raising funds annually from the humanitarian programme and thereby ensuring a smoother flow of resources. Although there is a marked increase in the number of children treated, more needs to be done to increase access to treatment services by increasing the number of health facilities providing SAM treatment. Efforts were made to improve planning, monitoring and accountability through the National Nutrition Surveillance System and by advocating with the MoPH to increase nutrition indicators within the health management information system. UNICEF supports the MoPH-PND database for integrated management of acute malnutrition performance indicators, which is feeding into all decision-making processes for activities of the National Network for Children (NNC).

UNICEF plays a significant role in supporting humanitarian response for nutrition. The National Network for Children mechanism is functioning well. A main priority for Network was to support the Afghan returnees from Pakistan. By 29 November, a total of 24,807 child returnees and 12,599 pregnant women returnees had received nutrition-in-emergencies services supported by UNICEF in three transit sites in Nangarhar and one site in Kabul. Capacity development for nutrition-in-emergencies and Standardized Monitoring and Assessment of Relief and Transitions (SMART) and coverage surveys are ongoing. Some localized surveys are showing high malnutrition prevalence in Herat and Panjsher and Khost (Gulan Refugee Camp). A capacity gap still exists regarding timely assessments among partners. This is being partially addressed with ongoing CHF-supported SMART surveys. Four clusters are working on standardized methods and a questionnaire for rapid and in-depth multi-sectorial assessments for emergencies. UNICEF will continue to advocate to increase access to nutrition services in health facilities as per BPHS guidance.

Afghanistan is still considered an emergency country, with short-term funding and non-sustainable for development activities. The country suffers from high burdens of undernutrition, leading to both stunting and wasting. However, the national programmes focus more on facility-based treatment. There is a need for a paradigm shift to focus on the following: prevention, both at facility and community/household levels; addressing stunting issues through behaviour change communication; and focusing on community-based programming to improve positive behaviours at the household level. In 129 villages in Bamyan, a holistic approach is being tested to improve behaviours. The second initiative is to standardize a comprehensive community nutrition package, which includes IYCF and hygiene and good nutrition practices for maternal and child nutrition, with a focus on a child’s first 1,000 days, to be rolled out in 2017. This will support improving nutrition behaviours at the household level and will be key to preventing stunting.

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 and support services to children under 5, adolescent girls and mothers.

Analytical statement of progress:
To improve coordination and the quality of services, including monitoring and supportive supervision, five NTAs were recruited for the MoPH-PND.

With NTAs on board, overall coordination and management of nutrition activities at the national level have improved, although some NTAs require more capacity building. The quality of the Nutrition Programme Coordination Committee has improved but requires
further strengthening. The five technical working groups met monthly and discussed the relevant technical issues.

Nutrition intervention costing is in progress and will help the finalization of the National Nutrition Strategy. The costing will help implementing NGOs understand the realistic cost of each intervention and submit proposals with accurate nutrition budgets to the Grant and Contract Management Unit for BPHS awards.

A nutrition supply chain management guide and tools have been developed. The Grant and Contract Management Unit and PND staff attended the global supply chain management forum held in June 2016; BPHS partners were trained on the guide and tool and forecasted supplies using the tool.

Following a training of trainers on WIFS in Kabul and provincial training for 7 provinces (Nangarhar, Kunar, Khost, Helmand, Kandahar, Bamyan, Parwan and Kabul City), a total of 5,625 teachers, 2,284 school management shura members, 1,047 religious leaders and 341 academic supervisors were trained. IFA supplements reached all schools in the 10 provinces and a total of 618,069 girls out of 761,969 (81 per cent) received IFA tablets in the same 10 provinces. WIFS inter-personal communication and sensitization materials (four leaflets, one flip chart and one fact sheet) targeting various audience groups were printed and distributed to provinces that had started the supplementation. In addition, formative research was completed for the out-of-school component of the WIFS programme; the strategy for the out-of-school WIFS programme is under development. The next plan is to expand the programme in the remaining 21 provinces. The main bottlenecks are lack of community awareness on the importance of IFA supplementation for adolescent girls, reporting and data collection, and insecurity in some provinces where schools closed.

UNICEF supported the MoPH-PND to strengthen SAM services through provision of essential supplies, equipment and technical inputs in the area of policy/strategy; 722 staff (64 per cent) were trained on SAM management across the country (291 medical doctors and 431 nurses).

The target for treatment in 2016 was 171,770, of which 163,605 (87,365 girls and 76,240 boys) were treated between January and October. A total of 119,701 (90.7 per cent) were cured, 11,358 (8.6 per cent) defaulted and 894 (0.7 per cent) died, meeting Sphere standards. However, further analysis is needed on the quality of data as the 2015 bottleneck analysis revealed constraints regarding supplies and the quality of services. The number of health facilities providing any SAM management increased from 714 in January to 977 in October 2016.

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:
Given the status of nutrition services and community feeding/dietary practices in Afghanistan and the importance of a holistic approach to strengthening both aspects, an innovative initiative was piloted in 129 villages in two districts of Bamyan Province, to demonstrate an effective and sustainable approach to mobilizing multiple stakeholders toward a common goal. In a ‘whole system’ approach, stakeholders from the Government, community, NGOs and media came together and, through a transformational process, committed themselves to ensuring that every child under 2 years of age in their respective villages was growing adequately (i.e. was falling within the green band of the growth chart according to WHO Child Growth Standards). Under the Golden Villages Initiative, 600 community elders,
leaders and CHWs from 129 villages, came together with district and provincial authorities in a five-day workshop and developed time bound ‘breakthrough action plans’ to improve nutrition services and the feeding practices of every family with a child under 2, through mechanisms such as mother’s groups. The communities line-listed all children under 2 and registered them for community-wide growth monitoring and promotion sessions. Two CHWs and two volunteers each from a first batch of 30 villages were scheduled to be trained by December, on integrated community growth monitoring and promotion services, after which they will establish a baseline of the nutritional status of all children under 2 years of age in each of their villages and measure progress each month.

The lessons from this integrated initiative will inform a set of strategies for scaling up effective community-based integrated nutrition services that recognize and encourage community participation in improving feeding practices. These strategies will form a standardized package for scale-up throughout the country by the PND.

Similarly, a community engagement strategy was rolled out to create an enabling environment for the acceptance of weekly IFA supplementation for school-going adolescents. Given the sensitive yet critical nature of the programme, interactive sensitization materials were developed for parents, community elders, teachers and students to facilitate acceptance of the programme before its roll-out. Provincial MoE/school management shura and health personnel were strategically trained together to create an enabling local environment in advance of the roll-out of the actual WIFS programme. Similar strategies are being developed for systematically reaching out-of-school adolescents in 2017.

UNICEF supported training on the basic nutrition package/nutrition SOP in 11 provinces. A total of 3,400 staff (1,051 medical doctors, 951 midwives, 1122 nurses and 276 community health supervisors) have been trained.

In sum, attempts are being made to test and scale up integrated and diverse approaches to encouraging improved household feeding/dietary practices through strengthening both the nutrition services/system as well as community practices.

Two doses of vitamin A supplements and deworming tablets were successfully provided to all children through national immunization days.

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:
The National Nutrition Surveillance System (NNSS) has been implemented in 34 provinces and is operational in 175 health facility-based and 953 community-based sentinel sites selected from the 34 provinces.

The capacity to screen, collect data, refer and report was increased through the training of 2,613 community sentinel site staff (167 male community health supervisors, 853 female CHWs and 1,593 male CHWs in 953 community sentinel sites). Reporting of community sentinel has increased from 124 community nutrition surveillance sentinel sites in 2015 to 444 of 953 community sentinel sites in the 3rd quarter of 2016. Of 953 community sentinel sites from 25 provinces, 46 per cent are consistently reporting (15 provinces), and only three provinces have reached the required sample size of screening 700 children aged 6–24 months old on a quarterly basis.
A functional coordination mechanism has been established among the MoPH, UNICEF, WHO and other stakeholders at the national and regional levels to oversee the NNSS implementation and challenges and ensure that the data is used to monitor and improve the quality of the nutrition programme. The NNSS data is considered an early warning system that should be available together with other nutrition information systems to inform further detailed assessments of the nutrition situation in identified geographical areas. Monthly NNSS taskforce meetings are held through the The working group on assessment information management chaired by the PND at national level, to discuss issues and take actions. Furthermore, issues are discussed in the Nutrition Cluster to streamline NNSS activities into emergency settings.

UNICEF supports the capacity building of the PND focal person for the nutrition database on monthly basis. The MoPH-PND national focal point has conducted regular field visits to provide on-the-job training to relevant staff in charge of reporting in provinces.

The PND national consultant, regional nutrition surveillance focal points, UNICEF regional nutrition officers, the public nutrition department surveillance officer and database manager have conducted regular supportive supervision/monitoring visits to sentinel sites to assess possible gaps in staff performance and provide on-the-job training on quality data. At the national level, WHO and UNICEF also supported supervision visits to the sites. Any issues on performance were shared with provincial health directors, provincial nutrition officers and offices of the BPHS implementers to feed into capacity-building and training activities. A total of 969 health facilities providing nutrition services were monitored through 853 monitoring and supportive supervision visits in 25 out of 34 provinces.

There is more data collected through different mechanisms than is being used. Collaboration is ongoing with HMIS to analyse the existing data holistically so that appropriate programmatic action can be taken. Presently, individual programmes have different cards for keeping records at the household level. Work is in progress with the MoPH to have a harmonized one record/card for all maternal, child health and nutrition activities.

UNICEF is also initiating a TPM mechanism for independent monitoring of the programme. Preliminary analysis of TPM data for two provinces (Bamyan and Daikundi) seems to indicate adequate nutrition services in the health facilities visited.

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 Nutrition Cluster is functional with coordination mechanisms at national and sub-national levels, including the Strategic Advisory Group and taskforces. The Strategic Advisory Group functions well and has supported the preparation of humanitarian needs overviews, flash appeals and humanitarian response plans. Ten national cluster meetings have been conducted with participation from NGO partners, United Nations agencies, the Government and donors. At the sub-national level, 10 regional meetings have been conducted in four out of five regions.

Nutrition Cluster partners participate in the nutrition programme coordination committees and technical working groups, which provide a holistic approach to programming in both emergency and non-emergency situations. The Nutrition Cluster is also represented in inter-cluster coordination and Humanitarian Country Team and donor meetings.

A nutrition-in-emergencies training of trainers was conducted, and roll-out in the regions is planned for the end of December 2016 into early 2017. A total of 11 BPHS partners (55 per
A total of 16 partners (80 per cent) implementing SAM were meeting the Sphere standards. Two provinces (Balkh and Samangan) were not meeting standards for defaulter rates and cure rates for OPD-SAM. Two provinces (Laghman and Kabul) did not meet standards for defaulter rates in IPD-SAM. Out of 977 health facilities that reported SAM treatment, 79 per cent (775), 96 per cent (941) and 69 per cent (675) met Sphere standards on cure, death and defaulter rates, respectively. Five provinces, including Badakhshan, Bamyan, Ghor, Khost and Kunar, did not meet both cure and defaulter rates in OPD-moderate acute malnutrition.

Integrated management of acute malnutrition has generally low coverage in Afghanistan and frequently high defaulter rates in some provinces. The key contributing factor is limited access to community nutrition services (nutrition education, counselling, follow up, etc.) and weak capacity at all levels of health care overall.

The response to returnees from Pakistan includes a standard package of nutrition interventions consisting of vitamin A supplementation for children aged 6–59 months, deworming of children aged 24–59 months, IYCF counselling, screening and referral of children aged 6–59 months with acute malnutrition and initial two-week distribution of ready-to-use therapeutic food to children with SAM. By November, 24,807 children and 12,599 women had received nutrition services.

**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:**
There is an agreement to increase the scope of emergency response plan training to all 34 provinces’ PNOs, and in 2017, there will be a country-wide training on nutrition-in-emergencies using a cascade model that will include emergency response plan training. Training is scheduled to commence in December 2016 with the support of a local expert.

A joint planning exercise to scale up integrated management of acute malnutrition services was conducted with PND and WFP. Out of all 34 provinces, 24 were prioritized as emergency provinces. Out of the 24 planned provinces, 23 had severe and moderate acute malnutrition rates of at least 95 per cent. However, if we consider the district level, both SAM and moderate acute malnutrition services are in 219 out of 281 districts. When the services are considered separately, SAM service areas in 105 districts and moderate acute malnutrition services in 17 districts. There remain discrepancies at the sub-national level in
some provinces due to existing SEHAT contracts for BPHS implementation. In the future, coverage levels need to be agreed to at district levels for better outreach and coverage.

There are constraints to obtaining accurate data on women with children aged 0–23 months who are accessing appropriate IYCF promotion messages. The proposal is to include an outcome level indicator that can be collected during the next national nutrition survey (planned for 2018) and to also change the output level indicator to the proportion of health/community workers who have capacity (trained in IYCF) to provide IYCF counselling services to communities. Meanwhile, two proxy indicators have been added. A comprehensive community-based nutrition package development process led by a community-based nutrition strengthening taskforce was coordinated by PND, and field testing of the package is in the final stages of completion. At the district level, at least 200 out of 399 districts should have adopted the comprehensive package by 2019. For 2016, a partnership was developed with a BPHS implementer (the Beneficiary Development Network) in Charkent District in Balkh Province, and community health workers’ availability has increased from 52 to 83 villages. The plan is to train all CHWs in all 83 villages.

In 2016, 23,213 out of the targeted 333,013 children aged 6–23 months received MNP. The number reached is low because no MNP supplementation campaign was conducted in 2016, and the figure is based on health facility distribution. Drawing on lessons learned in previous campaigns, it was decided with PND and implementing partners that MNP supplementation at the household level should be accompanied by a comprehensive capacity-building package— for infant and young child feeding and social and behaviour change communication—to facilitate clear messaging on the use of MNP with complementary foods and counselling skills for caregivers. A priority for MNP is also to develop a strategy that will be integrated with community IYCF/BCC to ensure appropriate distribution and utilization and to improve the quality of reporting. Screening for malnutrition in the community remains a challenge as CHWs are voluntary and not committed to doing nutrition work for free. There are discussions on how this could be addressed using a performance-based incentive system.

OUTCOME 4 Education outcome: 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:
More than three decades of conflict have devastated Afghanistan’s education system. Completing primary school remains a distant dream for many children, especially in rural areas and for girls in the poorest and hardest to reach parts of the country. While the number of primary school students has jumped from just over 1 million in 2002 to more than 8.5 million to date, only 16 per cent of all schools are girls’ schools, many of which have inadequate sanitation facilities, which hampers girls’ attendance; 19 per cent of girls under 15 years are literate; and the low number of female teachers (33 per cent) is one reason why girls do not go to school. Certain socio-cultural factors and traditional beliefs undermine girls’ education. Girls continue to get married at an early age (17 per cent marry before age 15). Dropout rates stand at 6 per cent (plus 1 million children who are permanently absent). Structural challenges and inefficient resource management further hamper the country’s ability to improve access to quality education. The multiple socio-political and humanitarian crises affect the already fragile education system; insecurity remains a concern for parents who worry about the safety of sending their children to school. In response, UNICEF continued to work at the national, provincial, community and local levels to support all children in Afghanistan to fulfil their right to education.
In Afghanistan, 3.5 million children are out of school and the most vulnerable children, including those directly affected by conflict, need support to overcome education barriers related to poverty, discrimination, violence and displacement. Schools need to facilitate children’s access to and continued learning, and families and communities need to support the schooling of every child, especially girls. Alternative types of education are needed for those who have been out of school and for those for whom regular schooling is not possible. In 2016, UNICEF Afghanistan continued to focus on the enrolment and retention of the most vulnerable children, specifically out-of-school children and girls. The organization worked to strengthen the formal schooling system and supported the Government’s efforts to rollout community-based education by supporting the establishment and maintenance of 5,180 community-based schools and accelerated learning centres, benefitting 139,707 students (including 71,474 girls). UNICEF also supported the MoE to identify alternative pathways to learning to increase access to education for hard-to-reach children. To reduce supply-side barriers, more than 1.3 million children received basic education materials. In addition, out of 70 planned schools, 55 have been constructed and handed over to the MoE, benefiting more than 23,500 children. An additional six schools were being completed, bringing the total to 61 schools by the end of December 2016.

Whether children sit in buildings, in tents or in the open air, they are ideally learning, developing and enriching their lives. However, many children endure difficult schooling conditions, inadequate school infrastructure, lack of competent and/or female teachers and lack of adequate teaching and learning materials, while others may be forced to contend with discrimination, harassment and violence in and on the way to school. Furthermore, curricula are outdated and currently undergoing a reform process. To address these challenges, UNICEF and partners supported the MoE through nationwide interventions aimed at improving the quality of education through the establishment of school-community environments conducive to learning and development. The MoE adopted the CFS approach, which focuses on inclusiveness, child-centred learning and the provision of safe, healthy and protective learning environments with active community participation. In 2016, 751 schools benefited from CFS trainings, including school improvement planning (SIP), child-centred methodologies and teaching aids to improve quality in the classroom. UNICEF also supported the process of developing the National Assessment Framework for Afghanistan. Formative assessment trainings benefited 7,841 primary school teachers and academic supervisors to improve classroom-based assessments.

Systems strengthening is key to an effective and efficient schooling system. UNICEF therefore continuously advocates at the highest levels of the Government for better and more effective education planning, policy development, management practices and coordination. In 2016, in its role as supervising entity for the Global Partnership for Education (GPE), UNICEF provided programmatic and fiduciary oversight to support the MoE to implement the programme, including management of an external audit. At the national level, UNICEF supported processes linked to the development and/or review of policies, strategies and programmes to improve education (initiation of a study on out-of-school children, revision of CBE and ECD policies and ongoing development of a girls’ education strategy and policy). At the community level, UNICEF worked with school management shuras, parents, influential community members, local decisionmakers and children to facilitate better school management.

UNICEF Afghanistan support for education in emergency preparedness and response contributed to continued access to education for disaster- and conflict-affected children. UNICEF also promoted social cohesion and a culture of peace among children and local communities in regions where violence, grievance and fear persists. In 2016, UNICEF reactivated the EIE Working Group and conducted advocacy for cluster activation to respond to the immediate education needs of more than 500,000 children affected by the returnee crisis. To date, 42,489 returnee/internally displaced children have access to education,
including supplies, and 50,000 information brochures were distributed with essential information on children’s rights to 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 2016, UNICEF continued to support the MoE to increase access to education via formal and non-formal/alternative education. A major focus included strengthening the school system by supporting the MoE’s efforts to rollout CBE, an outreach system of formal schools that consists of community-based schools/classes and accelerated learning centres within a 3 kilometre range of each child’s community. UNICEF also continued to support the MoE by providing teaching and learning materials to students in grades 1–3 in public schools (nationwide) and the identification of alternative learning pathways to increase access to education for the most hard-to-reach children.

In 2016, UNICEF continued to provide financial, technical and direct service delivery support to the MoE at the national level, as well as to provincial and district education directorates aiming at reducing supply- and demand-side barriers to education access. This included:

- Establishment of 2,504 new CBE centres (1,421 community-based schools and 1,083 accelerated learning centres) and continued support to 2,676 existing CBEs (grades 2–3), reaching a total of 139,707 children (including 71,474 girls) in 18 provinces;
- Through UNICEF’s NGO partner Afghan Aid for Education, 2,492 girls benefited from continued access to accelerated learning in six provinces;
- Procurement and distribution of teaching and learning materials to more than 1.3 million students (grades 1–3) and 34,476 teachers; as well as initiation of an end-user monitoring and beneficiary satisfaction survey (ongoing in 2017);
- Provision of basic in-service teacher training benefiting 3,516 teachers, as well as training on formative learning assessment, benefiting 1,226 CBE teachers;
- Provision of training on the establishment and maintenance of CBEs, benefiting 1,050 school management shuras;
- Activation of the mobile banking system for the payment of incentives to all CBE teachers.

- Construction of 70 schools in the Central Highlands Region, out of which 55 (488 classrooms) were fully completed by the end of November, benefited 23,574 students (8,999 girls and 14,575 boys). An additional six schools will be completed by the end of December, and nine schools are in various stages of progress. For the latter, poor contract management by the MoE and the low capacity of contractors led to significant delays in the completion of construction works. UNICEF is seeking solutions with the MoE and the donor for possible direct implementation to ensure the completion of the nine remaining schools in 2017.

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 EiE).

Analytical statement of progress:
Within the MoE, weak capacity, limited resources (human, financial) and weak governance systems remained major bottlenecks to the implementation of programme activities for out-of-school children and CBE. UNICEF Afghanistan continued to advocate at the highest
levels of Government for the reduction of the number of out-of-school children and provided technical and financial support to the MoE for better and more effective policy development, management practice, advocacy and partnership coordination. Specific results achieved in 2016 that built systems to lead to effective policy development, implementation and monitoring for the most marginalized children included:

Adoption of an Out-of-School Children Working Group, integrating the already existing CBE Technical Working Group. Consensus was reached to develop an overarching out-of-school children strategy. UNICEF also actively participated in and/or co-led the girls’ education, EiE and ECD working groups, ensuring linkages were being made with out-of-school children (see Outputs 5.6 and 5.7).

Initiation of an out-of-school children study in collaboration with UNESCO/UIS and with support of Samuel Hall (ongoing in 2017) – results are expected to produce OOSC profiles and a set of recommendations to be used for strategy and policy development. Institutionalization of CBE in the National Education Strategic Plan (NESP) III along with the revision of the CBE Policy – ongoing work that includes the development of an operational framework and quality standards for CBE implementation.


Provision of technical support to the MoE and 18 PEDs to enhance capacity and knowledge to implement CBE policy at local levels – CBE trainings for national and provincial education authorities were conducted, and support was provided to improve planning and preparation of hub schools to receive CBE students. A total of 3,571 students (including 1,333 girls) successfully transferred from Grade 3/CBE to Grade 4/hub school.

Completion of the 2016 EMIS report, which, for the first time, includes CBE-related data.

Technical support to the Planning Directorate together with UNESCO, resulted in enhanced capacities to collect, analyse, monitor and make use of data by decisionmakers. Integration of out-of-school children and CBE-related strategies into NESP III through high-level advocacy and UNICEF’s position as a core member of the NESP III Steering Committee. It is expected that NESP III and the next round of the GPE will be used as opportunities to leverage fund allocations for out-of-school children and CBE.

Enhanced monitoring and reporting capacity through the use of third-party monitors in areas with limited access and the hiring 31 technical extenders (Northern, Southern, Western and Central regions). UNICEF also reinforced its human resources capacity to support the MoE to roll-out innovative data collection mechanisms beginning in 2017 (real-time monitoring/EduTrac). Provision of financial support to the MoE for NTAs. While several of these NTAs are in high-level positions, an agreement has been reached between UNICEF and the MoE to activate an exit strategy starting in January 2017 (hiring of technical experts to support the directors instead of director-level functions).

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

**Analytical statement of progress:**
UNICEF is supporting 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. GPE is a 100 per cent ‘on-budget’ programme implemented by the MoE through the Government. The MoE is responsible for the overall fund utilization and implementation of the GPE fund. UNICEF performs as it role as supervising entity with
funding support received from USAID, who also acts as CA.

In 2016, UNICEF provided the MoE and the GPE Programme Coordinating Unit with technical and managerial guidance and oversight support under the programmatic and fiduciary aspects of the programme as well as overall planning, implementation and coordination assistance. UNICEF has recruited an international audit firm (Ernst & Young) to carry out an independent external audit, which should have been subject to audit by the Government of Afghanistan within 180 days of the end of each year since 2013 but was not carried out. Ernst & Young completed external audits from 2013–2015, including a detailed audit risk plan and assurance visits. UNICEF also recruited a new fiduciary adviser to assist with fiduciary oversight and monitoring of programme implementation in GPE-targeted provinces (previously KPMG). Due to the delay in changing firms, some of the fiduciary adviser activities (for example programme assurance monitoring activities) experienced delays.

During the year, UNICEF also: 1) provided technical support to the MoE for the processes of sector analysis and financial modelling; 2) provided technical support to the MoE to review and revise NESP III; 3) financed and organized GPE-related workshops at the sub-national level to enhance the capacity of staff at the provincial level, particularly the capacity of female social mobilizers and teachers for community-based education and accelerated learning programmes; 4) through KPMG and now GT, conducted field monitoring of the programme in targeted provinces and districts, including monitoring of the procurement and disbursement of programme activities; 5) assisted the MoE Finance and Accounting Department to develop and review revised operational plans and cash forecasts for 2016; and 6) is in the process of organizing all review workshops in implementing regions by the end of December 2016.

As the programme will conclude at the end of 2016, UNICEF has assisted the MoE to prepare and submit its third no-cost extension request for the first six months of 2017 to the GPE Country Grant and Performance Committee for their review and approval. Submission required approval of the Local Education Group, a UNICEF no-objection letter, completed audits, finalization of the Semi-Annual Progress Report and facilitating the transfer of the final tranche of the GPE fund from the GPE Secretariat. Through high-level coordination meetings, UNICEF supported discussions with the Local Education Group and the MoE on the new GPE funding modality and a possible bridge fund for the final six months of 2017 from USAID. The results were that the World Bank will take over as grant agent beginning in 2018 under the prerequisite that the education quality improvement project be merged with the new GPE programme.

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

**Analytical statement of progress:**
UNICEF continued to support the implementation of nationwide interventions to improve quality education and to support school-community environments conducive to learning and development. This work was done based on the MoE’s adopted CFS approach, focusing on inclusiveness, child-centred learning and the provision of safe, healthy and protective learning environments with active community participation. In 2016, UNICEF supported the inclusion of CFS principles in pre-and in-service teacher trainings to improve learning methodologies and SIP at decentralized levels. Overall achievements under Output 5.4 were constrained, mainly due to delays in printing CFS materials and the cancellation of SIP trainings in Southern, Central and Western regions due to insecurity. The latter negatively impacted the actual development of SIPS.
As a key member of the Inclusive and Child-Friendly Education Working Group, UNICEF contributed to monitoring progress made towards the implementation of the CFS manual. CFS quality standards were included through the Quality Working Group under the NESP III and the new curriculum reform proposal led by UNESCO. A NTA was hired for CFS implementation and monitoring. At the school level, CFS communication and advocacy materials (CFS posters, CFS principles brochure) were developed in 2016 for dissemination to 1,500 schools in 2017.

UNICEF printed 15,000 CFS modules and training packages for distribution to teacher training centres in all 34 provinces. An additional 4,630 sets of teacher guidebooks (in-service teacher training, grades 4–6) are being printed.

At the request of the MoE, UNICEF supported intensive teacher training activities to improve capacity and quality learning based on CFS principles:

- A total of 751 schools in 10 focus provinces benefited from trainings on the CFS approach, SIP development, child-centred methodologies and the use of teacher guidebooks (grades 1–3). Training benefited 4,784 teachers (including 2,370 female teachers), 622 school management shura members, 237 provincial and district academic supervisors and 128 provincial teacher training college lecturers.
- A total of 346 schools in eight focus provinces (592 school management shura members) participated in the development of SIPs.
- A total of 178 schools benefited from small school grants to improve their learning environment (minor repairs and refurbishing of classrooms, water resources, toilets, surrounding walls, school campuses and green areas).

To support an increase in the number of female teachers in rural areas, an additional 479 female students were enrolled in satellite teacher training centres under the Girls’ Access to Teacher Education project, resulting in a total of 718 girl students (out of 1,000 targeted) now enrolled in the project and benefiting from scholarships and mentoring.

As part of innovation efforts, UNICEF supported the MoE Science and Technology Directorate to procure science equipment to produce a video of 200 science and health experiments for grades 4–6. This included a 15-day training-of-trainers workshop for 20 science and health teachers. Filming of the experiments is in progress with materials to be piloted in 20 schools in 2017.

**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:**
Afghanistan is experiencing a learning crisis. Data from a Grade 6 national assessment revealed that less than half of children are meeting the minimum required learning outcomes for their level. Only 1 per cent of Grade 6 students show an understanding of mathematical concepts, and 23 per cent are not able to read fluently beyond single sentences. UNICEF has focused its support to the MoE on improving Afghanistan’s National Learning Assessment System, including classroom-based assessment (at national scale).

Overall, the output has been rated as constrained due to the inability to identify a qualified institution to undertake the development of a NAFA, including the development of standardized test items. After a third advertisement, UNICEF was finally successful in sourcing an international consultancy firm through a global LTA; the firm is due to start in December 2016 but has since withdrawn. The consultancy assignment includes streamlining
the activities with curriculum reform processes in close collaboration with the MoE and UNESCO. UNICEF is also reinforcing the MoE’s capacity through the recruitment of two LA NTAs.

At the upstream level, throughout 2016, UNICEF provided technical support to the MoE to incorporate the learning assessment component into the NESP III as a key strategy for improving the quality of teaching and learning. UNICEF’s advocacy also led to the establishment of the thematic working group on learning assessment, co-led by the MoE with UNICEF. In June 2016, the MoE established a new Learning Assessment Directorate. UNICEF also represented its interventions related to learning in national coordination fora (curriculum reform and CFS working groups, NESP Steering Committee and the Local Education Group).

UNICEF continued to support the MoE in the capacity building of teachers on assessment for learning (formative assessment). In close collaboration with the Teacher Education Department, Assessment for Learning training materials were developed (in English, Dari and Pashto) and printed, including the Facilitator’s Guide, the Teacher Reference Manual and an innovative video, benefiting 31,161 teachers and trainers. Materials will be used in 34 teacher training colleges across the country as part of pre-service teacher education.

A training of trainers designed around the competencies of knowledge acquisition and practical application was conducted (12 core and 80 master trainers) and is currently being rolled out in 18 provinces. Core trainers continue to serve as coaching and monitoring support for master trainers. As of December 2016, 7,841 participants (CFS, CBE and academic supervisors) had completed the training. To increase the number of female teachers, PEDs were asked to target mostly female teachers, resulting in 30 per cent female participation. Preliminary results of the pre- and post-test indicate the effectiveness of the training related to knowledge and attitude changes. Follow-up sessions have been designed and further post-training research (impact assessment of teacher practices) will be conducted in the future.

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:
The situation of girls’ education in Afghanistan is at a critical juncture. Despite significant progress and investment, key challenges remain, particularly in rural and remote areas, as well as those affected by the ongoing conflict. An estimated 3.5 million children remain out of school, of which an estimated 75 per cent are girls. A combination of systems-, supply- and demand-side barriers persist, and the proportion of girls currently enrolled in General Education (grades 1–12) is 39 per cent.

In 2016, UNICEF Afghanistan focused on strong policy and advocacy leadership to ensure the inclusion of girls’ education in the NESP III. In collaboration with relevant education partners, UNICEF took the lead in supporting the MoE to develop a comprehensive strategy/policy on girls’ education. An overall roadmap was developed and consultations/workshops have been held under MoE leadership. Steering and technical committees to develop the strategy/policy are in the process of being formalized. UNICEF is also playing a leading role in supporting the MoE to coordinate and ensure the functioning of the sector by co-leading thematic working groups such as for girls’ education. In collaboration with the MoE, UNICEF has begun to build the capacities of school management shuras and the Girls’ Education Unit to engage and promote girls’ education.
UNICEF also works with religious leaders, opinion-makers and civil society organizations to raise awareness of girls’ education. UNICEF is currently rolling out specific programmes aimed at mobilizing communities to work towards ensuring all girls have access to schooling. This includes linkages to preventing child marriage of girls under the Adolescents Programme.

In 2013, the gross enrolment ratio in pre-primary education was 1.6 per cent (1.9 per cent for boys and 1.1 per cent for girls). Provision of ECD services remains limited to a few urban centres, mainly catering to the elites and to rural districts in areas where NGOs focusing on ECD are active. As a member of the ECD Working Group, UNICEF supported the drafting of a preschool curriculum that is currently being reviewed by the MoE. A partnership agreement with the Asian Development Bank (AKF) was signed to finalize the preschool curriculum and develop learning standards and teaching and learning materials under the leadership of the MoE and the Technical Working Group.

UNICEF Afghanistan further supported the MoE to establish community- and school-based preschools in 17 provinces, benefiting 8,309 children (53 per cent girls). This included 290 community-based preschools in 13 provinces (6,499 children aged 4–6, 56 per cent girls), and 54 school-based preschools in four northern provinces (1,810 children, 49 per cent girls). Approximately 50 per cent of these students are ready to enrol in Grade 1. To support preschool teachers, UNICEF’s NGO partner, the Bangladesh Rural Advancement Committee (BRAC), conducted training sessions on ECD methodology for 347 female teachers and 17 master trainers; 45 school principals benefited from ECD orientation trainings, and 24 academic supervisors benefited from training sessions on the importance of early learning. To support the functioning of preschools, 347 ECD kits and 347 floor mats were distributed to all 17 provinces.

OUTPUT 7 Humanitarian education

Analytical statement of progress:
UNICEF emergency education support has contributed to continued access to education for disaster- and conflict-affected children throughout the country. The Education Cluster was deactivated in Afghanistan in 2013, and an EiE Working Group was established, led by the MoE and co-led by UNICEF and Save the Children. The strengthening of the EiE Working Group in the latter part of 2016 promoted partnership between the MoE and development partners and led to the development of a participatory response plan for 2017.

The recent returnee crisis of families from Pakistan, predicting over 500,000 school-aged children crossing the border, necessitated the reactivation and strengthening of EiE coordination with the support of UNICEF and Save the Children. Technical assistance was provided for Education Cluster activation discussions, the development of response plans and the activation of a sub-working group in the Eastern Region. The first education-specific needs assessment was carried out by Save the Children with UNICEF technical assistance in Nangarhar Province, where there is a high concentration of returnees. The assessment demonstrated lack of documentation, lack of availability and overcrowding of formal schools, and poor teaching quality as the main reasons for parents not to enrol their children in school.

Successful advocacy undertaken through the EiE Working Grouped the MoE to formalize its support for enrolling all returnee children into schools for a period of three months either through enrolment into formal schools or the establishment of community-based schools. After that period of three months, an academic committee was established to develop a reintegration policy for children that would be flexible for those who do not have
Teaching and learning materials were provided to more than 11,500 children, and 32 community-based schools have been established to cater to approximately 1,000 returnee and internally displaced children. A total of 50,000 brochures were printed to provide information in local languages to returnee families on their education opportunities to facilitate their integration. At the UNHCR Encashment Centre in Kabul, UNICEF provided tents, school-in-a-box, blackboards, floor mats and ECD kits to support approximately 800 children who pass through each day. In collaboration with the child protection programme, UNICEF is working with Save the Children to ensure that two facilitators will be present to inform children and their parents on the education opportunities that are available and provide basic recreational activities.

Responding to conflict-related displacements, UNICEF reached 30,989 school-aged children in the Southern, Eastern and Northern regions with access to education and 1,279 children with psychosocial support. To support schools damaged by conflict, 14 schools were rehabilitated in Kunduz and are now serving 28,918 boys, 16,967 girls, 773 female teachers and 1,280 male teachers. More than 700 tents were distributed and pre-positioned to serve as temporary learning spaces in emergency situations. One of the biggest challenges remains the systematic collection of education data on emergency-affected children. UNICEF is working to strengthen EMIS data collection, as well as emergency and Monitoring and Reporting Mechanism functions. UNICEF will also focus on promoting social cohesion and a culture of peace among children, as well as local communities in regions where violence, grievance and fear persist.

OUTCOME 5 Child protection outcome: 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:
The progress towards the outcome has been both positive and challenging. While there has been an acceptance among national and state governments of the validity of the systems approach and the importance of adopting international standards, the flare-up of violence, the returnee crisis and the political situation has subsumed the gains made in this area of work. This is particularly the case in child protection, which is generally under-resourced in Afghanistan. UNICEF works with the Government to strengthen systems, advocate for the allocation of resources for child protection and partner with civil society organizations to address violations of child rights and provide technical support to key government ministries. Studies on current issues in child protection and evaluations of ongoing interventions have supported the assessment of services for children on the ground.

However, significant gains include the Cabinet’s passing of the Child Act, the establishment of four key directives related to the prohibition of detention of children in armed conflict, stopping the use of schools by the military, the Presidential Decree 1333 that has established monitoring structures at the community level to prevent children from coming into the police force and a directive to the media on exposing children in reportage.

The Safe Schools Declaration was signed by the President in May 2016. By signing the Declaration, the Government agreed to incorporate the Guidelines for Protecting Schools and Universities from Military Use during Armed Conflict into domestic policy and operational frameworks as much as possible and appropriate.

The periodic reporting process to the United Nations Committee on the Rights of the Child
UNICEF, and the child protection section, will undertake reflection on the above to contribute lessons learned so far to the midterm review to strengthen the protection of children from violence and exploitation in Afghanistan.
OUTPUT 1 National and sub-national institutional management capacity strengthened for child protection systems and services for most vulnerable children.

Analytical statement of progress:
CPAN is now present in 32 out of 34 provinces (new in 2016: Zabul) and in 100 districts. A total of 4,069 child protection cases (involving 3,058 boys and 1,011 girls) were reported between January and October 2016 in 32 provinces. CPAN provided 100 per cent of all cases that were registered and required referral with appropriate services. For this CPAN work, evaluation commenced and data collection is in progress (four regions are complete).

The first semi-annual report of 2016 was generated by CP IMS in the Child Protection Secretariat, and 18 provincial DOLSAMD staff have been trained on the database and were provided with the required equipment so that they are knowledgeable on the use of the database for registration and follow up on cases.

A total of 300 children working in the street and their families benefited from education, life skills, vocational training and income generation through a model project in Kabul city. Evaluation of street-working children for lessons learned is in progress.

NTA for social work education was recruited, and a draft field practice manual for the Bachelor of Social Work degree was completed and will be validated by relevant ministries and NGOs in a national workshop. A steering committee will be established with KU, Min HE, MoLSAMD and UNICEF to promote social work education and to ensure future employment within various ministries so that more social workers will be available to provide quality services in Afghanistan.

A training package for the national police has been developed, and a training of trainers has been conducted.

A baseline survey of adolescent programming (IKEA) is in progress (the report is expected by the end of December), and implementation is expected to start in the first quarter of 2017.

With UNICEF support, 447,344 newborns, including 238,415 boys and 208,929 girls, were registered in all provinces in 2016. In addition, a school campaign for birth registration reached 220,000 students in Kabul and 90,000 students in Kandahar and Nimroz.

OUTPUT 2 Key stakeholders participate in and contribute to strengthened coordination towards a multisectoral child protection system/programme.

Analytical statement of progress:
For the Child Protection System mapping, a final report was edited, and five regional workshops (in Kabul, Mazar-e-Sharif, Herat, Jalalabad and Kandahar) were held to share the findings with key regional/provincial child protection stakeholders who were also key informants and who participated in the data collection process. In the workshops, participants shared their five priority child protection issues. Strategic directions were agreed upon at the national workshop, and participants considered priority issues for their respective regions. In addition, UNICEF Afghanistan is participating in the global pilot for financial benchmarking in child protection study, which is due to commence with training and data collection in December 2016. This will be the basis for evidence-based child protection policymaking.

A study on child marriage is being conducted, and data collection is set to begin. The study involves a desk review of existing studies on child marriage in Afghanistan, the identification of gaps in knowledge required for tracking this issue and the collection of necessary data to
complement existing knowledge of current practices. This study will be fed back into UNICEF Afghanistan work on child marriage, which is currently being implemented through adolescent programming.

Currently, 29 of 34 provinces have provincial coordination groups. Letters of agreement have been established, and an average of 68 per cent of adolescents in conflict with the law are accompanied when their cases are presented to prosecutors, according to the Social Inquiry Report (Northern Region: 90 per cent; Eastern Region: 67.7 per cent; Western Region: 100 per cent; Central Region: N/A; Southern Region: 80 per cent). At the national level, an inter-ministerial level meeting on the letters of agreement has taken place, and agreement was made to visit 15 provinces in December 2016 to carry out joint monitoring to evaluate the status of implementation.

UNICEF is also providing technical assistance to the United Nations Office on Drugs and Crime (UNODC)-led Youth Drug Survey in Afghanistan, which is also part of a regional initiative that looks at the linkages between exposure, use and consumption of drugs, in addition to child protection concerns among both in-school and out-of-school Afghan youth. The research is in progress and is expected to be completed in first half of 2017.

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

Analytical statement of progress:
UNICEF is supporting the Ministry of Justice to develop a comprehensive Child Act. To make the process participatory and ensure the quality of the Act, several consultations were held with child-focused organizations, law experts, donors and children. The second draft is currently being reviewed.

UNICEF initiated a new partnership with Parliamentarians and conducted a study tour to the EU Parliament, ahead of the drafting and adoption of the Child Act. The mission objectives included learning about EU parliamentary mechanisms related to child protection; encouraging partnership between the Parliament of Afghanistan and the EU Parliament, particularly on child rights; and exchanging information and sharing experiences. In July and August, workshops on children’s rights were held for elected members of Parliament and representatives of civil society organizations to test the draft manual on children’s rights for Parliamentarians, developed by UNICEF.

Regarding the commitment made by the Government of Afghanistan upon ratification of the Convention on the Rights of the Child, preparation is underway to submit its periodic report, due in May 2016. The Ministry of Foreign Affairs is leading the process with UNICEF support. Technical focal points in ministries were identified and trained, and steering committee members were identified and accepted by the President. The first meeting of the Steering Committee was held, and the collection of information for drafting of the report has been initiated.

The country-wide CPAN participated in a workshop using the transformative Appreciative Inquiry-based methodology to intensify their commitment, integrity and sense of responsibility for their respective child protection roles. This was further enhanced in Bamyan Province where CPAN and the Department of Labour and Social Affairs became critical stakeholders in an inter-sectoral initiative, Golden Villages, in which CPAN participants and representatives of 129 villages committed themselves to ensuring all participating villages would be free of child marriage within a mutually agreed upon period. Six hundred influencers from the 129 villages, including religious leaders and CHWs, came
together with provincial and district government counterparts and committed to ensuring that no marriages of boys and girls under the age of 18 would occur.

A television spot on the prevention of child marriage was developed and pre-tested with various stakeholders.

As a result of the important partnership with the Ministry of Religious Affairs, religious leaders were mobilized to work as agents of change in child rights and child protection. A total of 846 religious leaders in eight provinces were trained on child protection using an Islamic lens.

CPAN held community dialogues throughout the country: 972 CPAN members and other counterparts were trained, and more than 41,000 community members, both male and female, participated in 1,580 sessions (27,004 male and 14,147 female). A total of 787 action plans were developed and 255 CD sessions were conducted by trained youth volunteers with 6,729 participants (3,772 male and 2,957 female). A total of 178 action plans were developed, and 73 action plans were implemented.

**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:**

Age assessment guidelines have been endorsed by the Steering Committee and handed over to the Ministry of Foreign Affairs for dissemination. UNICEF trained 34 child protection unit officers on the age assessment guidelines, human rights, communication with children, interviewing children and the Monitoring and Reporting Mechanism. Seventeen child protection units have been established, and 1,039 children were prevented from being recruited (as of the end of October 2016). A total of 168 schools that were closed due to armed conflict were reopened (as of 9 November 2016) based on advocacy in the regions and at the national level. Six verified cases of rape and other forms of sexual violence were referred through the Monitoring and Reporting Mechanism. The Government established several directives to prevent further violations against children in armed conflict. The Ministry of Interior Affairs issued a directive prohibiting media exposure of children arrested on national security charges. The MoE sent two directives to all security-related ministries highlighting Afghanistan’s commitment to the Safe Schools Declaration and requesting security forces to stop using schools for military purposes. The National Directorate of Security issued a directive that children should not be held in detention facilities and that the transfer of children to adult prisons should not take place. Presidential Directive 1333 established a national committee and provincial sub-committees to monitor and report on underage recruitment (among other violations) committed by the armed forces against children. Twenty monitors from the Afghan Independent Human Rights Commission were supported to monitor child rights and child protection issues and refer cases to relevant stakeholders. Cases of 2,309 boys and 1,386 girls were monitored by the Afghan Independent Human Rights Commission.

A national forum on psychosocial support was established, and a training for 50 partners (MoLSAMD, MoPH, MoE, MoWA, local and international NGOs, APC and UNICEF) was carried out. Child protection-in-emergencies results are the following: 1) 12,174 children were reached through psychosocial support in mobile and community-based CFS; 2) 1,110 children received case management and referral support; 3) 840 unaccompanied and separated children were identified, reunified with their families and provided with psychosocial services in the Western Region; and 4) 11,941 children received winter clothes. A total of 115 CPAN members from 32 provinces were trained in child protection-in-
emergencies and psychological first aid. Group leaders were selected for the contextualization of the selected 12 priority standards of the Child Protection Minimum Standards in Humanitarian situations. Nine juvenile rehabilitation centres received 12 counsellors who received training on counselling, psychological first aid and the judicial frameworks and procedures for juvenile rehabilitation centres for counsellors.

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: During the reporting year, data and evidence were strengthened, and the situation of children and women and child rights were monitored through the new secondary data sources such as the Afghanistan Demographic and Health Survey, the ALCS and the Socio-Demographic and Economic Survey, as well as the EMIS and HMIS. In addition, a TPM system was developed and implemented to support programme monitoring. Implementation of programme interventions, end-year reviews and preparation of new rolling workplans have now been well-informed by the findings of TPM. To widely disseminate and promote the use of data on children and women at sub-national levels, the Central Statistics Organization organized provincial-level trainings in two regions on the results of two key national surveys, namely the ALCS and the Afghanistan Demographic and Health Survey. More than 160 government employees from 13 provinces were oriented on the AfghanInfo mobile application so that they can retrieve, visualize and disseminate data for evidence-based planning and decision-making. The application has also been popularized by the Central Statistics Organization by sending short message service messages across the country on the utility of the application. In addition, the Central Statistics Organization's overall capacity was enhanced during the year through the facilitation of their participation in the equity analysis workshop held in Bangkok, which empowered them to carry out the equity/wealth quintile analysis of their surveys and reports. In 2016, UNICEF provided technical and financial support to the Afghan Evaluation Society to develop a national evaluation strategy and provided capacity-development training to more than 50 monitoring and evaluation professionals in Afghanistan.

Regarding social protection, the initial ambition of designing a community-based, Government/MoLSAMD-led cash transfer project went ahead despite a series of challenges and negotiations with the Government. Having the Government in the lead has ensured 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 scheme has paved the way for UNICEF’s support for the development of a national strategy and strengthening government-donor coordination on this important agenda. On social budgeting, an agreement with the MoF and MOLSAMD on undertaking an analytical and capacity-building exercise was achieved. 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 MoF and provincial budgeting units to better address equity concerns.

In 2016, UNICEF advanced gender equality in targeted priority programme areas and made progress towards mainstreaming gender and capacity development at the organizational level. Through the child protection programme and adopting a convergence approach, progress was made towards influencing gender norms and harmful traditional practices related to child marriage and gender-based violence in Afghanistan. UNICEF support to
CPAN, community dialogue campaigns and radio and television spots, specifically those targeting child marriage, resulted in the prevention of at least 42 cases of child marriage in the Western Region. Also contributing to this result was a UNICEF-supported conference for 121 religious scholars in the Western Region. The training of 846 religious leaders from eight focus provinces on child protection issues, including gender-based violence and the sexual exploitation and abuse of boys and girls, influenced the reporting of at least 38 cases of sexual abuse of boys and girls in the 32 provinces in which CPAN operates. These cases were registered under the local CPAN, resulting in appropriate referrals to services and legal aid. At the organizational level, capacity development initiatives such as specific gender workshops and trainings were undertaken for all staff members in the Southern and Central regions, as well for government partners/line directors from all 12 provinces of the Central Region.

Enhanced outreach through UNICEF’s social media platforms, more human interest stories of programme impact in all sectors, collaboration with influencers, including the Afghanistan Cricket Board and prominent Afghan writers, and a no-cost partnership with Radio Free Europe/Radio Liberty increased awareness of child rights and created an enabling environment for social change and building engagement for action. UNICEF grew its social media fan base from 50,000 in 2014 to more than 182,568 by December 2016.

Online competitions, greater visual storytelling and features about female role models helped to expand female and adolescent audiences. Media monitoring demonstrates that 76 per cent of child-related issues covered by 48 outlets included key child rights messages.

Using the empowering asset-based methodology, Appreciative Inquiry, UNICEF supported 129 villages in Bamyan Province and school management shuras and CPANs nationwide to engage more effectively with communities to change harmful practices and promote positive social norms. The Golden Village Initiative has resulted in the identification of 600 out-of-school girls and 160 children under 1 with missed antigens through the establishment of village coordination committees, community mapping exercises and the line-listing of children under 2, girls under 16 and pregnant women, providing a baseline for micro-planning.

**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 2016, the situation of children and women and child rights have been monitored through the secondary sources of data such as Afghanistan Demographic and Health Survey, the ALCS and the Socio-Demographic and Economic Survey as well as using the data from the EMIS and HMIS. Technical support was provided for conducting the Baseline Survey of IKEA supported Adolescent programme. A fast fact sheet was prepared covering all UNICEF programmes based on the latest secondary sources of data, which served as a quick glance for the staff.

Data were collated on a regular basis through the AfghanInfo database, and data were made available to large numbers of users through the AfghanInfo mobile application. The use of data has been enhanced at the provincial level in two regions by disseminating the results of two key national surveys, namely ALCS and the Afghanistan Demographic and Health Survey, through the orientation of more than 160 government employees from 13 provinces in the AfghanInfo mobile application so that they can retrieve, visualize and disseminate data for evidence-based planning and decision-making. A UNICEF Afghanistan
internal database was created, and data from section reports, perception surveys and ALCS raw datasets were uploaded. Visualizations, mainly maps and infographics, were produced to inform UNICEF programmes on trends and disparities. During the year, five staff members from UNICEF Afghanistan programme sections were trained on mapping using ArcGIS to enhance their capacity to prepare maps on their own. Training was also imparted to six monitoring and evaluation and emergency focal points to profile inequities for the most deprived, vulnerable and left-behind groups.

To support programme monitoring during the reference period, a TPM system was developed and implemented. Checklists and instruction manuals were prepared and tabulation plans were provided to the TPMLTA companies to implement TPM. The first round of such monitoring was completed, and programme interventions, year-end reviews and preparation of new rolling workplan have now been well-informed from the findings of the TPM. Technical support was provided to studies and evaluations, especially in data collection, for the successful implementation of the UNICEF Afghanistan IMERP.

Global outcome and output indicators have been reviewed and tagged to the country programme results. Based on the global management dashboard, the CMT indicators have been revised and are being monitored monthly by coordinating with other units. UNICEF Afghanistan supported the implementation of results-based management (RBM) in the office by preparing the RBM champions and modules for the staff for self-learning. UNICEF Afghanistan also supported the Office of the Deputy Representative as the Secretariat for the country programme audit. During the year, eTools were introduced in the office; a few modules were tested, but more progress will be made in 2017.

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

**Analytical statement of progress:**
The social protection work of UNICEF Afghanistan was placed on solid footing in 2016, with three main strands: 1) support to policy development; 2) the cash transfer pilot; and 3) the joint assessments with United Nations partners on the use of cash transfers in emergencies as part of preparedness and technical support to design and present the roll-out plan for the conditional cash transfers for adolescent girls.

In collaboration with MoLSAMD and the World Bank, UNICEF designed a multisectoral cash transfer pilot targeting the poorest households with children under 10. The pilot is being implemented by MoLSAMD in the Charikent District of Balkh Province. The pilot aimed to compare conditional cash transfers with unconditional ones. It will provide conditional and unconditional cash transfer benefits to comparable, eligible households that will be selected based on a set of poverty and vulnerability criteria, including health and education status. The annual benefit amount will vary between US$180 and US$250, depending on family size. Transfers were made by e-payment mechanisms to beneficiaries’ bank accounts. A team of national technical experts was hired, and the targeting process was set to commence through a cohort of social mobilizers. The project team was instituted nationally at MoLSAMD and at the district/Charikent level. The targeted caseload is 18,026 and includes: 1,318 females who head households; 9,372 children under 10; and 1,250 women issued Tazkiras. The framework for monitoring conditionality is also being designed. Round one of payment transfers has been completed successfully. However, due to security challenges, families in five villages in Charikent have not been targeted.

Regarding policy and programme coordination, the Government made initial efforts by setting up the United Nations-Government Task Force on Social Policy, which would be responsible for drafting the Social Policy Strategy. UNICEF is providing technical assistance
to the policy development process and hired a senior international temporary appointment and a national temporary appointment. The new national social protection strategy is being developed in collaboration with line ministries and development partners.

As part of the Department for International Development (DFID) preparedness initiative to assess the potential use of cash transfers during emergencies, UNICEF is working closely with WFP, UNHCR, the Office for the Coordination of Humanitarian Affairs (OCHA) and the Cash Voucher Working Group. UNICEF is co-leading the assessment of protection and safety with UNHCR in six districts in Nangarhar Province. UNICEF jointly developed the assessment tools as well as the methodology, sampling and implementation plan for the assessment. UNICEF, with UNHCR, is training enumerators for this survey. UNICEF and OCHA are co-leading the assessment of national systems for their response during an emergency from a cash transfer lens. UNICEF developed the assessment tools in collaboration with OCHA and has started the assessment for MoLSAMD.

The Social Policy Specialist developed a concept note on cash transfers and designed the conditional cash transfer roll-out for adolescent girls for five provinces. The design was developed in discussion with field offices and the step-by-step guide on the implementation of the conditional cash transfer was shared with and familiarized by staff in field offices.

**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:**
Capacity development efforts for UNICEF staff continued with 43 UNICEF staff participating in gender training workshops, which enhanced their gender awareness and gender responsiveness in their work. All staff in the Southern Region and Central Region zone offices participated in workshops that included the application of gender mainstreaming tools, understanding the UNICEF Gender Action Plan and applying the Gender Equality Marker.

Although there were no planned activities in 2016 for capacity development of partners, there was an opportunity to provide a capacity development gender workshop to 56 government partners of the Central Region. Participants included line directors representing all 12 provinces of the Central Region, and they made specific commitments to include gender equality initiatives in their workplans.

A gender review of the UNICEF WASH programme took place and was to be finalized in December 2016. Results of this review will be used for advocacy and to influence WASH policies and programmes. As a cross-cutting function, the Gender Unit continues to provide technical support to programme sections through the review of key programme documents, including workplans, terms of reference, evaluation reports, proposals, communications materials, etc. Collaboration with other cross-sectoral functions, such as youth and adolescent development and C4D, continues. Resources such as draft guidelines/checklists were developed to facilitate gender responsiveness in programmes (including monitoring and evaluation; gender and publications; gender in humanitarian action; and gender and performance evaluations).

Orientation on gender is now officially part of the process of bringing new staff on board. A comprehensive package of materials covering UNICEF gender priorities, policies and programming has been developed and is being shared with new staff members, thereby increasing gender awareness. A similar package was shared with the UNICEF Afghanistan Staff Association, and the reactivation of the Women’s Forum has facilitated the addressing and resolving of urgent issues and concerns.
UNICEF continues to actively participate and contribute to inter-agency efforts (including the United Nations Country Team Gender Working Group, the Gender in Humanitarian Action Task Force and the Gender-Based Violence Sub-Cluster) to promote gender equality in Afghanistan and to advocate for the Core Commitments for Children to be emphasized in workplans. UNICEF has also actively contributed to the United Nations Development Assistance Framework Pillar 3 (social equity and investment in human capital) Working Group regarding workplan development.

Although achievements were made in 2016, gender responsiveness remains a constraint for development outcomes. The UNICEF Afghanistan Gender Action Plan will continue to guide gender responsiveness efforts in 2017 both in external and internal forums. There will be an emphasis on capacity development of partners, in addition to specific and tailored efforts for the development of UNICEF staff. Priority will also be given to conducting a gender review of all programme areas that would provide critical inputs for the upcoming midterm review. Technical support to all programme areas will continue, including supporting girls’ education (development of the Afghanistan Girls’ Education Policy and access and retention), ending child marriage, programming for adolescents and gender responsive emergency programming.

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:
UNICEF Afghanistan’s public advocacy resulted in tremendous growth in its social media fan base from 84,500 Facebook fans (November 2015) to more than 182,568 (27 December 2016); and from 3,700 Instagram fans in January 2016 to more than 12,235. A Facebook social media engagement score averaging 9.9 per cent for the year is evidence that UNICEF Afghanistan’s audiences are also connecting with featured child rights issues.

Content engagement is being driven by conscientious management of digital platforms coupled with an increase in compelling photo and video content from across the country in all sectors, a benefit of newly recruited communication officers based in four zones.

Other contributing factors include timely coverage of emerging issues (e.g. Afghan returnees from Iran and Pakistan); improved coordination around polio campaigns; links to Afghan social media influencers including the National Cricket Team and prominent Afghan writers; utilization of the appealing digital platform, Medium; an e-newsletter; and content featuring female role models that connect with female and adolescent audiences, which are nationally under-represented on digital platforms. More than 7,000 fans voted for the work of 50 contributors in our Facebook photo competition, ‘What’s Unfair?’, and an image by a female Afghan photographer was among the top three selected.

Successful ‘glocal’ campaigns included ‘Tiny Stories’ for UNICEF’s 70th anniversary, the Global Climate Chain; Day of the Girl, Handwashing Day and International Women’s Day.

A fast facts document and programme briefs with key data by sector were developed to support public advocacy and resource mobilization and populate the new country website in 2017 as part of the Digital Transformation Project.

Afghanistan’s social media platforms received an unprecedented boost after UNICEF Afghanistan capitalized on a trending story to fulfil a 5-year-old’s dream to own a genuine Lionel Messi football jersey. The gift presentation resulted in a viral story with online media
coverage reaching more than 3.5 billion people globally. However, the subsequent migration of the family from Afghanistan following alleged threats also exposed the risks of effective, high-visibility media initiatives in a challenging environment.

Daily monitoring of 48 media outlets (print media, web media, television channels and radio stations, national and provincial) was realigned to closely match global key performance indicators and provide pertinent data. In the last quarter of 2016, UNICEF Afghanistan had a 23 per cent share of voice on child-related issues; 76 per cent of coverage included key child rights messages.

To build media skills to report on child rights, 30 journalists received an orientation on ethical reporting on children. Polio-specific media briefings in advance of national immunization days (about 40 throughout the year) led to a noticeable increase in polio coverage. UNICEF Afghanistan collaborated with several United Nations agencies to conduct media training on reporting on gender-based violence with 20 journalists (10 of them female).

The sharing of material from our digital platforms by UNICEF National Committees and government donors, particularly Japan and the Republic of Korea, enabled UNICEF Afghanistan to reach and engage a wide audience outside of the country. A UNICEF Norway mission to Herat was successfully facilitated to produce a fund-raising video on CBE.

OUTPUT 5 Decision makers, civil society, academia, youth groups and 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 affect their lives

Analytical statement of progress:
In working with programme sections to raise awareness and mobilize decisionmakers and influencers to take actions for children, partnership strategies were drafted to contribute to three programme outcomes (and regional headline results): stop stunting; stop open defecation; and end child marriage. These strategies were never finalized as sectoral priorities and emphases changed during the year.

The nutrition partnership strategy was intended to gain the endorsement and signature of the Afghanistan Food Security and Nutrition Agenda to advance the Scaling Up Nutrition movement for a strengthened multisectoral approach to undernutrition and the Nutrition Action Framework implemented through key ministries and to mobilize MP support for nutrition-sensitive objectives and budgeted activities in the MoPH, MoE, MRRD, MoLSAMD, MoWA and MoCI. Though plans were developed for a national nutrition conference, the event was reformulated and then postponed.

A strategy to work with religious and community leaders (National Malek’s Association) to help end open defecation was similarly halted to avoid disrupting the ‘triggering’ process in the CLTS approach.

While a contribution was made to events with religious leaders in Bamyan and Herat and preliminary discussions were held with the Deputy Minister of the Ministry of Religious Affairs and the Senior Adviser of the Ministry of Justice to discuss how to address child marriage, a planned high-level advocacy event on the issue did not take place.

Given the above, there is need for a clear office-endorsed, coordinated and coherent results-based cross-sectoral partnership strategy for engaging with religious leaders, parliamentarians and academic institutions.
Partnership development was subsequently refocused to prioritize the creation of spaces for adolescent participation. The mapping of organizations currently working in this area will assess their membership, capacity and influence to inform the articulation of ways to complement C4D activities with adolescents, parents, communities, religious leaders, school management shuras and CPANs to end child marriage.

Meanwhile, a no-cost partnership signed in October 2016 with Radio Free Europe/Radio Liberty provided UNICEF with a weekly radio programme for one year to raise awareness of child rights issues and how UNICEF-supported programmes are making a difference for children in Afghanistan. Beginning in November, each pre-recorded radio interview of 10 minutes was aired in both Pashto and Dari and re-broadcast for a total of 40 minutes of free airtime per week. Radio Free Europe/Radio Liberty is one of only three radio stations that broadcast nationwide in Afghanistan and, according to the 2015 Perception Survey, it is the most popular station in the 10 priority provinces in UNICEF’s current country programme.

**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:**
To model an effective approach to strengthening capacity for engaging communities in addressing social norms and practices, the innovative Golden Villages Initiative was launched in 129 villages in two districts of Bamyan Province. Based on a social analysis of the prevailing deep-rooted social norms, an intervention was designed that would be as deep in its impact as the fear driving the practices.

In April and May 2017, 600 community influencers, including elders, CHWs and teachers, experienced an Appreciative Inquiry-based workshop together with at least four provincial line departments, three national ministries, media and UNICEF staff. After an intense process of reflection and envisioning, they publicly committed to achieving five aspirational and inter-sectoral results related to immunization, nutrition, maternal health, education and child marriage to attain Golden Village status.

Since June, all 129 villages established village coordination committees, conducted mapping exercises and line-listed all children under 2, girls under 16 and pregnant women, creating a baseline for micro-planning. A total of 70,000 out of 75,000 people were reached directly, and 6,000 out of 8,000 households were verified. Some 160 children under 1 who missed immunization doses were identified along with 600 out-of-school girls, each with precise coordinates and data. A smooth flow of information was established between the community and government counterparts through a network of supportive facilitators. Provincial government line departments are closely monitoring services and tightening systemic loopholes in the facilities. While community nutrition services were absent, as of early November, 29 villages were being verified for the other indicators, and 15 are likely to qualify for declarations.

In a parallel strategy for building effective social engagement skills of government cadres, two sectoral outreach networks were strengthened. Thirteen provincial units of the nascent network of school management shuras were capacitated to provide inspirational leadership to approximately 7,000 school management shuras to enhance the enrolment of out-of-school children. The impact is being seen through early signs of resolve and action as they prepare for follow up. The country-wide CPAN, which is a proxy for social workers in Afghanistan, also received an intensive orientation on the ‘art of facilitation’ to engage communities on preventing child marriage and other harmful traditions. A training manual and materials to support follow-up are being finalized.
CLTS NGOs will similarly blend their existing approach with appreciative inquiry in hygiene promotion, and 560 facilitators from seven provinces with high incidence of child marriage will drive dialogues with influencers.

By the end of 2016, considerable evidence of impact and effectiveness had been generated, and foundations for sustainable capacities had been established in government outreach structures to influence mindsets at scale on a range of subjects.

### Other publications

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### Lessons learned