

EXECUTIVE SUMMARY

In a country such as Afghanistan, UNICEF is dependent on the quality of its staff and their determination to achieve results for children, despite the highly constrained working and living environment and the day-to-day threats to their safety and security. Despite these challenges, ACO was able to make a number of key, high quality appointments during 2011 and ended the year with all critical posts filled. In addition, the results of the 2011 Global Staff Survey reflected significant progress over of the last survey conducted in 2009. The country office exceeded the averages for the Region and for UNICEF as a whole.

Having accepted a request to take on the function of Supervising Entity for the Global Partnership for Education (GPE), UNICEF provided intensive support to the Ministry of Education in managing a two-month period of reflection and planning involving all key stakeholders in the Education Sector. The funding proposal was approved by the GPE Board in December 2011. The process of developing the proposal brought a new spirit, energy and commitment in the Sector, as well as a new focus on insecure areas, social mobilization, and bolder approaches to providing access to education especially for marginalized and disadvantaged girls and boys in Afghanistan. The GPE programme is directed towards promoting gender equality and education among girls focusing on 55 districts across 13 provinces with the lowest education indicators.

Although there has been a steady decline in the number of polio cases in Afghanistan, at the end of 2011, there were 80 confirmed cases. Since this number was higher than the figures in 2010 a dedicated WHO/UNICEF "One-Polio Team" was created based within the World Health Organization (WHO) and reported directly to the WHO and UNICEF Representatives.

Afghan children suffer very high levels of under-nutrition with the highest rates of stunting in the world. Nevertheless it has been difficult to scale up and implement the kind of broad, multi-sectoral approaches needed to address the underlying determinants of under-nutrition. Continuous close collaboration with Food and Agriculture Organization of the United States (FAO), World Food Programme (WFP), World Health Organization (WHO) and the World Bank has helped refine agreement and mobilize support for such approaches, with 2011 ending with encouraging signs of increasing donor funding, over and above their ongoing support to emergency interventions.

UNICEF initiated negotiations for a more strategic multi-year, multi-sector programme partnership approach with a number of INGOs who have a similar vision for the children of Afghanistan and complementary areas of expertise and district-level presence, to identify areas of mutual strategic cooperation in programme delivery and innovation, policy dialogue and advocacy.

UNICEF makes major contributions to the work of the United Nations Country Team (UNCT), OMT and SMT, as well as in Cluster coordination for emergency preparedness and response. During 2011, the representatives performed the functions of Resident and Humanitarian Coordinator for a cumulative total of over 6 months.

COUNTRY SITUATION

In spite of the Human Development Index rank from 155 of 169 countries in 2010 to 172 of 187, Afghanistan remains among the ten impoverished countries in the world (UNDP 2011 and World Bank) and the third most corrupt according to the Transparency International Corruption Perception Index for 2011. Progress towards most Millennium Development Goals (MDG) goals is currently off track. The unstable political environment, persisting high levels insecurity (which are a major contributor to deprivation in the most affected areas), weak governance and low levels of managerial and technical capacity all serve to hamper development efforts.

Following the Kabul conference (July2010), and as the process of transition unfolds, the Government has

asserted its right to lead the development process and is finalizing 22 National Priority Programmes (NPPs) and associated deliverables with which development partners will be required to align. The process of designing these NPPs has varied across sectors, but the involvement of UN Agencies, Funds and Programmes (AFPs) has generally been patchy and less than might have been expected. In the lead up to the July 2012 Tokyo Conference, donors are urging the Government to narrow its priorities. Advocacy for continued and increasing investment in human development and the expansion of quality basic services will be a priority for UNICEF.

The Government has also reinforced its call for donors to channel 50% of their assistance 'on-budget' by mid-2012. There continues to be gaps in Government capacity and systems hence steps are being taken to ensure programme delivery. These reflections have prompted recognition of the need for concerted and coherent investment in capacity development, including on the part of the AFPs. Although the Ministry of Finance continues its efforts to establish stronger aid coordination mechanisms, coordination within Government is a challenging situation.

The preliminary results from the 2011 Multiple Indicator Cluster Survey (MICS) coupled with HMIS and EMIS indicate that Afghanistan has high prevalence of child malnutrition and very low levels of full routine immunization. School enrollment, especially of girls - continues to increase however there is still progress to be made with retention levels. A recent teacher quality review showed that 68% of the teachers didn't meet minimum requirements.

School-age children (under 15) represent almost 50% of the population yet 4.5m (42%) are not enrolled in school. Majority of the un-enrolled children are girls (60%). Gender disparities in education continues to be the highest among the poorer, insecure and remote areas. Illiteracy levels are high, especially for women. Many adolescent girls are not allowed to go to school, many women cannot go for health care alone, and are not permitted to work outside their homes. (Asia Foundation Survey/2011)

Some children who are victims are treated instead as miscreants. Nearly 840 children are detained in Juvenile Rehabilitation Centres (JRCs), with limited access to services. 25% of 5-14 year-olds are involved in child labour (MICS 2010/11).

Afghanistan has among the world's highest rates of maternal and under-five deaths. The recent Afghanistan Mortality Survey (AMS) highlighted that the chances of death during pregnancy and child-birth are four times higher among rural women than in urban areas. On a more positive note, MICS shows improvements in ante-natal care, skilled birth attendance and access and utilization of Emergency Obstetric Care (EMOC).

Afghanistan is in the middle of an explosive polio outbreak. As of the end of December 2011, 80 polio cases had been reported, almost double the total for 2010. MICS shows a drop in Diphtheria/Pertussis/Tetanus vaccinations (DPT3), (31%) and measles immunization. The measles outbreak support this number.

Afghanistan faces a heavy burden of mal-nutrition. There was a slight improvement in stunting (55% in 2010 compared with 60.5% in 2004) while the wasting rate doubled nationwide (18% in 2010 compared with 8.7% in 2004) with numbers as high as 29% in the South. Inadequate household feeding practices and the lack of adequate Water, Sanitation and Hygiene (WASH) facilities are critical factors leading to poor childhood nutrition.

The drought in June 2011 affected 14 provinces resulting in high risks of food insecurity and malnutrition among children. Earlier in the year, floods in 26 provinces affected 398,922 families, along with continued conflict which resulted in the displacement of 447,547 people by December 31st, 2011.

United Nations Department of Safety and Security (UNDSS) recorded a 20% rise in security incidents, approximately 2,000 per month compared to 2010. The need for increased security measures limits access and flexibility in programme delivery and monitoring leading to increased expenditures. Due to regulations imposed by the Government of Pakistan on the trans-shipment of humanitarian supplies and closure of the Torkham border, supplies have been delayed and the situation remained unresolved as of the end of year.

MDG Progress

[table converted to list]

MDG| Status | Indicator| - |

MDG 1| Unlikely to be met | Poverty headcount (%) (NRVA 2007/8)| Total| 36

Urban| 29

Rural| 36

Kuchi | 54

Share of poorest quintile in national consumption (%) (NRVA 2007/8)| Poorest| 9

Richest| 39

% children under-five | Underweight| 31

Stunted| 55

Wasted| 18

MDG 2| Progress, unlikely to be met| Net attendance rate| Primary| 55

Secondary| 32

Literacy rate 15-24 years women | Total | 22

MDG 3| Unlikely to be met | Gender parity index | primary education| 0.74

secondary education| 0.49

MDG 4| Unlikely to be met. | Under-five mortality rate (NRVA 2007/8)| Total| 161

Boys| 169

Girls| 153

Infant mortality rate (NRVA 2007/8)| Total| 111

Boys| 110

Girls| 102

% 12-23 months children immunized against measles| | 40

MDG 5| Unlikely to be met. | Proportion of births attended by skilled health personnel| | 39

Antenatal care coverage at least once by skilled personnel| | 48

% of women 20-49 married before age 18| | 46

MDG 6| Unlikely to be met| % women 15-24 years with comprehensive knowledge of HIV/AIDS prevention | | 2

MDG 7| Unlikely to be met| % population using improved drinking water sources| Total| 57

Urban| 82

Rural | 51

% population using improved sanitation facility | Total| 29

Urban| 51

Rural | 24

MDG 8| Unlikely to be met| Cellular subscribers/100 population (NRVA 2007/8)| Total| 6

Urban| 17

Rural | 3

Kuchi| 2

***Source MICS 2010/11- except where source shown**

Who are the deprived children in your country context?

Disparities exist on the basis of sex, disability, residence, socio-economic status, ethnicity, and among the Kuchi (nomads who constitute almost 8% of the population) and Jogi (stateless) populations. Among the significant drivers of inequities in society are active conflict, lack of decentralized planning, financial, geographical and seasonal barriers, cultural practices such as early marriage, low status of women, poor governance, corruption, religious extremism, tribal and ethnic factionalism and political instability.

Analysis shows the majority of the deprived provinces are mainly in the south and south east where conflict is on the rise. The chances of death during pregnancy and child-birth are four times higher in rural than in

urban areas. Socio-economic status affects utilization of health care and nutrition services: annual per capita expenditure on health care services is USD 42, 75% of which is out of pocket expenditure.

Boys than girls continue to be at risk of forced labor, sexual exploitation, and forced drug smuggling. Fewer girls than boys attend primary education; the gender parity index for primary education is 0.74. Only 5% of women between the ages of 15-24 in the poorest quintile are literate compared to 50% in the richest quintile. Few of the Kuchis have access to nearby water sources, often travelling between one to three hours to access water.

Equity considerations have been at the forefront of programming discussions in Afghanistan, including in the design of the current country programme, but a recent internal analysis of UNICEF resource allocation raises questions about the actual application of this principle into practice.

Data/Evidence

Of the 18 planned studies in the 2011 Integrated Monitoring and Evaluation Plan (IMEP), five directly address the equity focus. Global Equity Fund, supports and seeks to identify where disparities exist and their determinants. For example, a study is underway to identify causes of marginalisation and inequity for out-of-school children with a focus on families affected by conflict, emergencies and marginalised ethnic minorities (Jogi and Chori Frosh).

UNICEF, as a Supervising Entity, provided intensive support to the development of the Ministry of Education's submission to the Global Partnership for Education (GPE), which was approved in December 2011. The GPE programme will focus on increasing access for girls in 13 Provinces and, within those Provinces, 55 Districts selected principally on the basis of the analysis of EMIS data that revealed particularly low levels of girls' enrolment in school.

Districts with less than 50% immunization coverage and reported measles outbreaks are targeted for special Child Health Weeks. EmONC services and trainings of community midwives were strengthened at provincial and district level in under-served areas, to reduce barriers to access. Mapping of under-served areas for health and nutrition in five Provinces showed that between 35-40% of remote populations are still not reached by the Government's World Bank, USAID and EU-funded Basic Package of Health Services (BPHS). The *Strategic Plan for the Ministry of Public Health 2011-2015*, released in May 2011, includes equity among its *Core Values and Principles* and also as a priority among its ten *Strategic Directions*. Further research and data collection needs to be carried out prior to formulating a policy within areas where child trafficking and hazardous child labour are concerned. A study is underway to determine which groups are at risk of not being able to take advantage of WASH facilities, and assess the extent to which communities are prone to risks related to lack of access to safe water, sanitation and hygiene, and compounding factors that make certain groups less likely to WASH facilities.

MICS data were collected and processed in 2011. Key findings were shared and discussed with major stakeholders in late 2011 and the MICS final report will be available in April 2012. Efforts are being made for a more systematic approach required to build capacity of national institutions – particularly the Central Statistics Office, UNICEF's principal partner in this area of work - for data collection, analysis and planning to inform policy and improve delivery of basic services for the most deprived.

As part of the Midterm Review (MTR) process conducted in 2011, the Afghanistan Country Office (ACO) analyzed its programme and operational expenditures on a province-by-province basis and then compared the results against a province-by-province analysis of comparative levels of deprivation, based upon a composite indicator using key child-related data drawn from the Government's National Risk and Vulnerability Assessment (NRVA), 2007/2008. This analysis revealed that UNICEF currently spends least in the provinces with the very highest levels of deprivation. As a result of this analysis, adjustments to ensure more appropriate geographical targeting will be one of the key priorities in follow-up to the MTR.

Monitoring Mechanism

High levels of insecurity, particularly in those areas most affected by the on-going conflict, represent the principal obstacle to programme monitoring and evaluation. Even in areas commonly viewed as relatively safe, the movement of UNICEF staff and their Government partners is highly constrained. The latest Civil Servants' accessibility data from United Nations Assistance Mission in Afghanistan (UNAMA) revealed that as of December 2011 only 22.56 % of the country is fully accessible by unarmed civil servants. Access by UNICEF'S national and international staff is limited due to road missions restricted to just a few routes. Travel is usually limited to District and Provincial headquarters.

Even though ACO has continued to use third party monitors in some of the most insecure areas, this is not necessarily as reliable as it should be and it is highly expensive. In 2011 the ACO hosted a mission to explore the potential use of Short Message Service (SMS) technology and also has been focusing more on the engagement of communities in the monitoring of the programmes. Communities monitor schooling through school management Shuras and Community Development Committees (CDCs) monitor WASH facilities.

Other challenges to monitoring and tracking results include high turnover and insufficient trained staff at ministries and departments; weak planning and managing capacity among government and other partners; inadequate and untimely data from HMIS, EMIS and other surveillance mechanisms; and insufficient utilization of data once collected and collated.

During the 2011 audit, inadequate programme monitoring was identified. There was a concern of risk of not having sufficient evidence concerning implementation of planned activities and achievement of planned results. During 2012, the ACO has planned a systematic review of its existing monitoring and evaluation systems with a view to identifying structural and systems weakness and associated gaps in competencies and skills. Following this, a plan to enhance M&E capacity will be developed. Third party monitoring and IT-enabled monitoring in inaccessible areas will be strengthened; and a UNICEF programme monitoring database will be developed and regularly updated for evidence-based planning and decision making.

Below are a few examples to illustrate existing measures:

- The 2010 Afghanistan Mortality Survey (AMS) provides plausible data on maternal health such as ANC1 and birth attendance at delivery, as well as useful data on causes of maternal and child deaths. These findings can be used to guide interventions accordingly.
- Weekly surveillance of polio, measles, pneumonia and diarrhoea cases through DEWS provides a basis for prompt response. Inclusion of a gender marker in the preparation of projects under the 2011 Consolidated Appeals Process (CAP) improved planning for female beneficiaries.
- A student cohort tracking system was established to monitor attendance, transition and school drop-out rates as a trigger for necessary interventions. Data collected on school incidents provided a basis for emergency response in schools attacked or under threat.
- Regular reporting to the SC and SRSG CAAC on data collected through the Monitoring and Reporting Mechanism (MRM) and the trends these reveal, are used for programmatic response, advocacy and accountability purposes.

Support to National Planning

Government partners have monitoring systems in place based on thematic sector strategies. Results are then evaluated against these. At regional/community levels progress is monitored by line departments. Non-governmental Organization (NGO) and other partners track and assess outcomes against indicators in joint work plans.

Periodic national reviews of all health and nutrition activities, joint monitoring visits and quarterly review of key indicators are instrumental for assessing progress and outcomes. With UNICEF support Ministry of Public Health of (MoPH) devised a balance score card for assessing progress towards health related MDGs which is being used by National and Provincial committees for Maternal and Child Survival. National EPI Cell analyses polio communication/routine immunization data and holds joint review workshops. With UNICEF coordination nutrition cluster partners track and assess progress of children with malnutrition.

Teacher Education and Curriculum Directorates were supported to develop an implementation plan. UNICEF provided technical support to the entire review process of the Literacy sector and the vital part of this review is to assess the current monitoring and reporting mechanism in Literacy Programmes and develop a standard national system that will be used by all partners. Primary education curriculum was reviewed/revised and learning outcomes monitored. Basic Education and Gender Equality (BEGE) worked in close partnership with other stakeholders to address needs of children and supported Afghan Girls Education Initiative to address gender disparities in education.

The Education Cluster, a sub-group of the MoE Working Group on education in emergencies, addresses cluster priorities and with UNICEF support rolled out regional clusters. Construction of Schools is wholly implemented through the Ministry of Education (MoE).

Child Protection Action Networks (CPAN) reports on child protection violations to the Department of Social Affairs. Following a review of the 51 districts and 28 provincial CPAN's, UNICEF will shift support to institutionalize CPAN within Ministry of Labor and Social Affairs (MoLSA). The Government Steering Committee on Children and Armed Conflict has the responsibility to implement and assess progress of the Action Plan on under-age recruitment into the Afghan National Security Forces.

CSO's capacity in data collection, processing and tabulations for household surveys has been strengthened through a series of MICS trainings.

Country Programme Analytical Overview

The 2011 MTR reflection and deliberations resulted in a recognition and need for a Country Programme to focus and reorient some of its interventions, taking into account: 1) the socio-economic status of women and children within a changed/evolving development context in Afghanistan, 2) recent CRC concluding recommendations to the GoA 3) UNICEF experience and performance for past two years and its capacity and comparative advantage for action, 4) feedback from government and non-government partners and selected community perceptions. The MTR identified the need for UNICEF to bring clearer focus, accountability and delivery of results.

Five re-programme areas for next two years are:

1. Justice for Children expanding beyond a legal concept to a broader vision of care and protection for girls and boys to include systems building.
2. Routine Immunization/Polio Eradication- a twofold, interdependent approach maximizing the complementary actions needed for change.
3. Nutrition - emphasizing a multi-generational approach by focusing on children, adolescent girls and women of reproductive age.
4. Increased enrollment of girls in education. Realigning UNICEF interventions to complement the GPE initiative and taking on the GPE supervising entity function in a proactive manner.
5. Emergency Obstetric Care - placing emphasis on strengthening community dimension.

These priorities are further complemented by increased attention to tackling sanitation and promoting hygiene as factors that can bring contribute to positive changes in health and well-being of children and their families. More focus will be placed on building community resilience and empowering local

communities, as partners, to address the myriad challenges faced by children and women and increase their utilization of child-related services. Consistent with the strategic reorientation of the country programme and emphasis on intensified intervention and differential programming by geographical focus, planned results will be revised and updated.

Out of 28 intermediate results, 17 have been reformulated for better programme focus/clarity, and 9 new results introduced. Emphasis for next two years, interventions and activities will be guided by following orientations/approaches:

- Focus on adolescent girls
- Community-based planning, programming and local governance
- Attention to social norms and change
- Implementation of a minimum integrated package of services at zone level
- Equity for children
- Communicating UNICEF work and support effectively
- Results-based planning. Multi-year Annual Work Plans (March 2012-December 2013) for the latter half of the Country Programme
- Innovative and strengthened programme monitoring mechanisms
- Alignment with National Programme Priorities and On-budget support to Government of Afghanistan
- Knowledge Management

In keeping with UNICEF's equity approach and for more targeted programme focus to achieve expected results, the Country Programme will concentrate on shifting its focus on tailoring resources, strategies and partnerships, geographically. Differential programming will be pursued according to the following categories:

1. Most deprived (high security threats) provinces – Focus on accelerating access to basic services and delivery to scale
2. Provinces with high poverty and drought-prone – Focus on social protection and increasing access to local livelihoods; and
3. Other, remaining provinces – A few focused interventions such as Expanded Program on Immunization (EPI) and Transaction Level Monitoring (TLM) supplies in all districts

Effective Advocacy

Partially met benchmarks

Consultations with key ministries (MoPH, MRRD and MoE), NGOs, Community based councils were conducted prior to implementation and scaling up of the Behaviour Change Communication Participatory Learning and Action project in ten provinces out of 34 and 39 districts out of 398. As a result it was agreed to use Community Development Councils (CDCs) elected by the community and acknowledged by Presidential Decree as local bodies of self-governance at the village level, as the key vehicle for implementing behaviour change communication project with partnerships between UNICEF and implementing partners.

The Global Partnership for Education of which UNICEF is the Supervising Entity for implementing an integrated package of four programme priorities that are reinforcing increased and equitable access to quality basic education. This will put UNICEF in a favourable position to influence policy decisions in education and build stronger relations with existing and potential donors.

UNICEF advocated with the Provincial Education Department not to turn away returnee children from schools in Nangahar (on the border with Pakistan) because they do not have reports or certificates. As a result, the Pakistan Early Development (PED) requested formal schools to accept all the Afghan nationals repatriated by the government of Pakistan, and living in Nangarhar district.

The One UN Polio Team comprising of UNICEF and WHO made joint field visits to the most challenging provinces of Kandhar, Helmand and Farah to meet with the key decision makers, especially Provincial Governors, to solicit their active participation in the programme. The team also successfully advocated with the Ministry of Public Health to improve programme performance by critically reviewing the performance of NGOs implementing Polio Eradication Initiative (PEI) in the high risk districts. On the communication front, the team was able to reinstate the Social Mobilization Working Group at the national level. The establishment of the SMWG helps review and coordinate polio communication interventions in a more effective manner.

In addition, national advocacy events of Safe Motherhood Initiative, breast-feeding week and Global Hand Washing Day were used as opportunities to create awareness and drive for hand washing and promote breastfeeding. Communication /advocacy for literacy carried out through a nation-wide celebration of International Literacy Day by electronic and print media.

Major advocacy efforts focused on issues of reducing maternal mortality and malnutrition with a greater emphasis on multi-sectoral approach to address underlying causes and highlighting inequities is under consideration.

Advocacy efforts at WASH community level are aimed at promoting greater ownership and participation by communities in WASH facility monitoring and activities, school management.

Changes in Public Policy

Following the Kabul Conference on July 2010, in a more asserted position to take proactive leadership in the country's development, the GoA created 22 national priority programmes to consolidate numerous projects into a coherent suite of national programmes that can be systematically absorbed into responsible ministries and agencies, and the Afghan budget ensuring their sustainability. This reform specifically requires that 50% of all development assistance and funding to go towards direct on-budget support and 80% of assistance to be aligned to the National Population Policy (NPP) deliverables.

UNICEF continued to be an active member of the Consultative Group on Health and Nutrition (CGHN), the Technical Advisory Group (TAG), CMM and HSS steering committee. Major advocacy efforts of these focused on issues of reducing maternal mortality and malnutrition with a greater emphasis on multi-sectoral approach to address underlying causes and highlighting inequities that resulted in a Health Strategic Plan and reproductive and Child Health Strategy.

Afghanistan obtained membership to the GPE in 2011. This represents a significant milestone in education development in the country by providing critically needed technical and financial support for initiatives to promote gender equality and girls' education and also places UNICEF in a central role and cements its relationship with other education stakeholders.

The schools' curriculum framework has been revised which incorporates key guiding principles, including the CFS approach and gender mainstreaming. This is reflected in changes made to the syllabi and textbooks.

The Education Cluster contextualised and secured the MoE endorsement of the INEE Minimum Standards for Afghanistan as the key text for policy makers to implement education interventions in emergencies.

In January 2011 the Government signed an Action Plan on recruitment and use of children under the age of 18 into the Afghan National Security Forces. In relation to this, the MoI and MoD have issued directives against the recruitment of under18s into their forces, and are taking steps towards implementation of these directives.

The National HIV/AIDS Strategy for 2011-2015 was developed with input and technical support from UNICEF and partners.

UNICEF continually emphasizes at policy level that the scale of the investment and involvement from government should be increased to achieve universal access to WASH.

Leveraging Resources

The Country Office actively engaged and received favourable response from donors in 2011. Concerted fundraising efforts enabled the office to mobilise US\$ 71 million against 2011 against planned amount of US\$ 63 million. It increased US\$ 8.4 million in 2011 in comparison of 2010. While OR contributions for the next two years are expected to come in, the pressure on ACO to address funding shortfalls for the final two years of the programme is high. At present the office relies heavily on a few large donors, there is a need to diversify the donor base and approach other non-traditional donors. The good news is that nearly a quarter of the funds requested against Humanitarian Action for Children (HAC) were received in 2011.

Health and Nutrition Programme engaged with stakeholders and donors to share the worsening trends of malnutrition in the country as reflected in the preliminary MICS 2010 key findings. This led to investment by World Bank on National Nutrition Action Plan, CIDA to highlight nutrition as the priority in their call for proposals, and Spain to finance MDG Fund for nutrition. A Nutrition Survey done in drought affected provinces mobilised funds from Department for International Development, UK (DFID) and Swedish International Development Cooperation Agency (SIDA). UNICEF lobbied for greater investment in routine EPI and with GAVI /HSS proposal. The National Child and Adolescent health Action Plan and Reproductive Health Action Plan costed and attracted investment in CIMCI and midwifery by USAID.

As supervising entity for the Global Partnership for Education, UNICEF facilitated the development of the country proposal and participation in the November 2011 pledging conference in Copenhagen, during which USD1.5B was pledged for education over a period of three years and USD55.7MM for Afghanistan. The education programme was largely funded from other resources. Funding proposals were prepared and submitted to potential donors, including the Government of Japan who funded the second largest school construction programme in the amount of US\$25 MM for a period of three years.

Although most of UNICEF interventions are designed to reach the most vulnerable, marginalised children and their families, analysis by province and deprivation index [1] revealed that 10 of 23 provinces account for nearly half (48%) of all UNICEF expenditures between 2010-2011.

A resource mobilisation strategy was drafted to analyse funding trends and set out elements and actions needed in ACO to improve resource mobilisation activities and propose next steps. It is predicted that levels of funding is likely to decrease in the coming years given the global economic crisis and the troop withdrawal.

[1] Eight indicators which included child labour, primary education, gender parity index and net attendance rate, calorie deficiency, full immunization, skilled birth attendants, sanitation coverage and poverty level were used to calculate composite deprivation index for each province. Provinces were ranked from worst (1) to better off (34) – see the white numbers in the bar charts

Capacity Development

Mostly met benchmarks

Capacity Development activities mostly focused on issue based skill development of mid-level managers and front-line workers and placement of technical staff in the Ministries to support Government perform its functions.

Support was provided to refine polio eradication strategies and strengthening quality of polio campaigns. Based on pre-defined criteria, the list of high risk districts was revised to 28 instead of 13 that were the

focus in the last two years. Within these high risk districts, a high risk cluster approach is being introduced to ensure increased focus on improving quality of the campaign through intensive support for operations and for social mobilisation. To collect the data on communication indicators, the Post Campaign Assessment and Intra Campaign monitoring checklists were revised through a consultative process. Post Campaign Communication reviews was a capacity building exercise for the Polio Communication Network. National workshops were conducted to develop regional plans on EPI, a National Action Plan on Emergency Obstetric and Neonatal Care (EmONC), and review the performance of MWHs and the implementation of community based integrated package of services. A batch of 25 midwives completed training and were deployed at local facilities, 39 members of Provincial BF Code Committees including religious leaders enhanced their skills on enforcing the code. Nutrition Cluster conducted trainings of partner NGOs on CMAM and nutrition in emergencies.

Curriculum textbook developers were empowered to revise textbooks. UNICEF as Supervising Entity for the GPE, with leadership of the MoE created awareness for developing partners, civil society and Government Ministries on four key priority areas for Afghanistan to accelerate EFA and MDGs.

An assessment is underway of the AIHRC's capacity to monitor, investigate and rectify child rights violations and to provide clear recommendations on ways in which the CO could support the capacity of the Commission in this regard.

Gaps in services for unaccompanied minors were identified through capacity building of 24 officials from Directorate of Returnees and Refugees, NGOs and other agencies working at the borders. More comprehensive programmatic approach towards addressing this issue has been developed in partnership with DORR and DOLSA. As part of the sustainability and phase out strategy for Information, Communication and Networking among Youth (YICCs), 72 officials from Directorate of Youth Affairs, including YICC managers were provided with training and capacity building support. An exit strategy for YICC will provide support to the Deputy Ministry of Youth Affairs for the development of National Policy on Youth and provide opportunities for Directorates of Youth Affairs to sustain the youth empowerment and participation programme.

Partners initiated pre-testing of materials and messages with the intended audiences following a behaviour change communication workshop on the concepts of community dialogue, information boards, communication surveillance and pre-testing of messages and IEC materials. Community Health supervisors learnt to promote sanitation and personal hygiene.

UNICEF staff, government, NGOs and UN officials were oriented on revised CCCs, cluster approach and women in emergency. MoE endorsed INEE Minimum Standards for Afghanistan to implement education in emergency.

UNICEF supports MoPH/MRRD to develop water quality standards and protocols.

Communication For Development

Partially met benchmarks

Polio communication interventions conducted in 2010-11 were guided by a Strategic Communication and Advocacy Plan.

Primary focus was placed on:

- Maintaining awareness and knowledge through mass media, including newspapers, radio and television.
- Advocacy and social mobilization activities at national, provincial and district levels to sustain commitment and positive environmental factors necessary for quality service delivery.

Consolidation of the polio communication network in the high risk districts in the southern and eastern regions with a special focus on intensified, interpersonal communication, social mobilisation and advocacy in priority areas. However, despite the use of a mix of strategies to inform communities about the polio campaigns, awareness levels remain low at the national level, 66.02% and 58.18% in September and October campaigns respectively and worse in the priority provinces.

At the end of October 2011, global polio eradication partners conducted an International Communication Review in Afghanistan. After assessing implementation in southern, western and northern regions, a number of very specific recommendations related to both polio work and routine immunisation were made to address problems and provide a foundation for strengthening response.

Thirty-two thousand village health committees have been established. To increase community demand for services, radio serials based on UNICEF Facts for Life were prepared and broadcasted by the British Broadcasting Corporation World Service Trust (BBC-WST) to 39% of the Afghan population. Over a 4 year period, listenership increased among men but decreased among women.[1] To understand community perceptions and aid with preparedness planning regarding the H1N1 pandemic disease, a household survey evaluating community knowledge, attitude and practices was conducted in 6 provinces in 2010

Behaviour Change Communication Project was scaled to 39 districts/10 provinces. Partnerships were strengthened through orientation and coordination meetings; monitoring missions were conducted and ascertained community participatory and empowerment process. 32,000 communities in 39 districts of 10 provinces were empowered with basic knowledge in health, education, prevention of disease and its management, immunization, sanitation, life skills and self-evaluation using a Participatory Learning and Action training.

Communities in 22 districts with EPI coverage less than 50% were informed through print and electronic media through rigorous communication campaigns. Local media was used extensively to broadcast key hygiene and sanitation messages in response to cholera outbreaks in Southern and Northern regions. Religious leaders were sensitized on safe motherhood on early marriage, girl's education and ANC visits to clinics. Health messages reached communities through active community dialogue and distribution of a series of IEC materials to homes, health centres and communities. Mass media and IEC materials on global hand washing day reached almost 2 million students in 2750 schools across the country. Brochures on birth registration were developed and pre-tested.

Focus group discussions conducted with school age children, young people and community workers to inform them of the Midterm Review (MTR) process and gauge community perspectives of UNICEF's services.

[1] The 2010 "Public Opinion in Afghanistan: A Nation-Wide Survey of Afghanistan for the BBC World Service Trust compares the reach and impact of the Trust programmes in Afghanistan from 2007 to 2010.

Service Delivery

Mostly met benchmarks

Four experiences have been provided below:

1. The Community-Based Surveillance (CBS) model of engaging local community members as teachers has been successful in bringing education to the most marginalised girls and boys in remote areas of the country. This experience clearly shows that the principle of 'bringing services closer to local communities' has positive benefits in terms of community buy-in and support. Furthermore it encourages effectiveness in getting the community involved and engaged in development.
2. Since 2010 major efforts have been made to revitalize outreach services to ensure children from

underprivileged and tough to reach populations have access to immunisation. During child health week, which is conducted twice a year, children under five received de-worming tablets and Vitamin A supplements. Child Health Week promotes awareness on the unique needs of children, and offers opportunities for mothers and children to be vaccinated and receive micronutrient supplementation.

3. Partnerships with community development committees have helped to improve the monitoring of WASH interventions, service quality, nutrition and education activities which are financed by UNICEF. The importance of investing in community based interventions has been evident in comparing the good performance of outpatient therapeutic protocols to the high default rates registered in therapeutic feeding units. Additionally, greater community involvement is correlated with better protection and security for UNICEF operations as evidenced by the reduction of school attacks in 2011.

4. UNICEF contributes expertise in establishing 54 Child Protection Action Network (CPAN) offices in 17 provinces. These offices hear cases on protection violations and offer services to underprivileged (maybe you can use this word instead of street) children and youth who have been abused. UNICEF also supports the Afghanistan Independent Human Rights Commission to conduct child rights monitoring in 14 provinces and oversee cross-border movement of children in two provinces. UNICEF works with government partners to develop programmes and policies that rehabilitate children who are in conflict with the law through the provision of legal aid services to children in detention, offering training to lawyers and paralegals in juvenile justice issues and developing a procedural guideline for use by the ANP on diversion of children from the formal justice system. UNICEF is also involved in developing comprehensive outreach efforts to engage communities through the development of materials that commit religious leaders and scholars throughout the country to study and discuss myriad of ways in which Islam provides for the protection of women and children including early and forced marriage, child labour, breastfeeding, birth planning, under-age recruitment and domestic and sexual violence.

Strategic Partnerships

Mostly met benchmarks

UNICEF initiated negotiations for a strategic multi-year, multi-sector programme partnership approach with a number of INGOs who have a similar vision for the children of Afghanistan for complementary areas of expertise to work together in at least the following areas: (a) Operating at scale to deliver immediate support to children, (b) Fostering innovation in order to identify programmatic and policy breakthroughs that can be delivered across the country, (c) Advocating for policy change for children at regional, national and international levels.

A Letter of Intent was signed with Save the Children to collaborate on a multi-year, multi-sector strategic partnership with a view to work through an integrated approach across all sectors, involving local communities, partners and the Government, to improve the lives of the most disadvantaged children throughout Afghanistan.

For repositioning of emergency supplies at regional level, zonal offices have agreements with some line ministry provincial departments and three national NGOs who anticipated the need for emergency supplies at their warehouses, in coordination with UNICEF.

Key strategic partnerships for health and nutrition programme include: Joint UN initiatives for Delivering as One which includes H4 plus plan; Inter-Agency Strategic framework on MNH; UNICEF, WFP and implementing NGOs agreement to implement a full package of preventive/curative nutrition interventions. National Nutrition Action Plan with multiple ministries was supported together with World Bank, WFP and FAO.

The polio programme expanded its partnerships with MRRD, media and religious leaders. GAVI/ HSS/ WHO/UNICEF partnered for routine immunization. Capacity building of RH officers was planned together with USAID, JICA and UNFPA.

To ensure sustainability/ownership, cost effectiveness and quality of WASH interventions at community level UNICEF has partnered with Community Development Councils.

Of the 17 PCAs signed during the year, a number were timely and strategic; with Save the Children and MERLIN for holistic CMAM services to women and children in hard-to-reach areas; with SDLR free legal aid services to children in conflict with the law and with BRAC for community-based integrated package in two conflict-affected provinces in the south and east.

List of the various strategic coordination mechanisms that UNICEF chairs or is a part of (eg, HRDB, Local Donor education group, Polio donor group, etcetera)

- UNAMA co-chairs with Government to regularly review policy issues related to donor support and aid effectiveness, which enables UNICEF influence this forum.
- As an active member of the Inter-agency Coordination Committee (ICC) for the GAVI ISS grant and of the Consultative Group of Health and Nutrition for the GAVI HSS grant, UNICEF continued to engage with partners and provide support to the MoPH to implement and monitor GAVI supported activities.
- UNICEF enjoys close working relationships with WHO, UNFPA, WFP and OCHA and receives valuable support from RCO and UNDSS.
- UNICEF is involved in two joint programmes with other UN agencies, co-chairs the UNDAF working group on basic services and in that context has played a leading role in promoting greater focus on issues of maternal and newborn health as a shared priority for the whole UNCT.

Mobilizing Partners

Inputs are included in the session of "Partnership"

Knowledge Management

Initiating action to meet benchmarks

Systematic procedure to generate and manage knowledge in the office has not yet been set up. However a number of knowledge creation activities have taken place that range from studies, surveys, updates and databases. Select few are listed below:

Final reports of the evaluations and assessments completed in 2011 are widely disseminated and used for planning, programmatic response, and advocacy.

Among the health studies undertaken in 2011 survey's included Afghanistan Mortality with USAID/WHO/UNFPA; Evaluation of Mobile Health Teams; and Baseline household survey and facility needs assessment in 4 provinces.

Periodic nutrition bulletins and regular updates were provided by the nutrition cluster and polio team. National Maternal and Child Survival committees were supported to develop a balance score card of key indicators to track progress for MDGs. Database of Maternity Waiting homes was established. EmONC Needs assessment and Mobile Health Team Evaluation findings were shared with BPHS/EPHS quarterly review meetings and with the CGHN.

A recent qualitative UNICEF survey on the Jogi minority revealed that Jogis are increasingly becoming aware of their rights, with a growing sense of assertiveness in denouncing the discrimination they suffer. Key results of the Jogi study will be incorporated into the Rolling Workplan for 2012-13 with a strategic focus to include these marginalised groups.

UNICEF manages the UN-led Country Task Force on Children and Armed Conflict's database documenting all grave violations (recruitment and use of under-18s, killing and maiming, attacks against schools and

hospitals, denial of humanitarian access, abduction and sexual violence) committed by parties engaging in conflict against children. Additionally, UNICEF leads the Regional Task Forces on CAAC monitoring, verifying and developing local level response initiatives to grave violations committed against children by parties to conflict.

A recent survey on Most-at-Risk Adolescents revealed that nearly half the target group had never heard of HIV and AIDS. There is a concentrated epidemic among injecting drug users (IDUs) and prison inmates. The study will inform programme strategy and interventions for most at risk adolescents. The Study, Evaluation and Publication Committee of ACO provides oversight and quality assurance of study and evaluation activities in the IMEP. Implementation status of IMEP is reported to monthly CMT.

Human Rights Based Approach to Cooperation

Fully met benchmarks

Participation of vulnerable groups was ensured during programme development and implementation, particularly for polio and routine immunization campaigns. Recommendations of CRC were shared with Gender Working Group and Ministry of Public Health. Rights based approach was used to engage religious leaders for disseminating health and nutrition messages.

The CFS approach addresses the right of the child to quality education. During CFS trainings CRC articles were used to explain and discuss children's rights to education, health, protection and participation.

Ethnic minority communities such as the Jogi, who are Afghans but don't have Afghanistan citizenship or birth certificates have been rendered stateless citizens in their own country. Bricklaying communities and their children in Nangrahar, Surkhroad districts in the east work as bonded labourers.

Children of the bricklaying community were supported through establishment of 20 community based classes with 926 children (419 girls and 507 boys), where they are also provided with Child Rights training to help them understand their rights. Special classes were established for Jogi children, to help them regain a renewed sense of self-esteem and confidence to counter the prejudices and discrimination. A concerted effort at national level is continuously being worked on to create awareness and advocacy. UNICEF will mobilise other UN agencies, donors, NGOs, stakeholders who at work on related issues, to develop a coordinated advocacy strategy.

In response to the CRC observation and to increase government commitment towards children at risk of abuse, exploitation, violence and neglect, UNICEF is supporting the Human Rights Support Unit of the Ministry of Justice in developing a rationale for a comprehensive Child Act.

UNICEF is supporting the AIHRC Child Rights Unit to monitor, investigate and remedy child rights violations across the country. Additionally, AIHRC provides training to rights holders and duty bearers to increase awareness on rights and responsibilities in protecting children's rights.

UNICEF is working through religious communities to illuminate and disseminate child protection messages through the lens of Islam. This is particularly helpful in shifting the message and from solely child rights approach to child protection mechanisms within Islam.

The National Strategy for Street Working Children was developed in consultation with children, parents and NGOs working with these target groups and the concerned Ministries.

Behaviour Change Communication project implementation focused on marginalised, disadvantaged, and excluded groups using Participatory Learning Action methodology. Community members are the sole owners and actors of the undertaking and all stakeholders are accountable for the project.

Gender

Partially met benchmarks

Government of Afghanistan adopted the National Action Plan for Women of Afghanistan (NAPWA) for mainstreaming gender equality. MoPH strengthened its gender focus by upgrading the Gender and Reproductive Rights unit to be the Gender Department, which is no longer under the Reproductive Health Directorate. The Government drafted rights-based strategies for women and health.

UNICEF, complementing governmental initiatives, successfully advocated for the inclusion of gender mainstreaming into the National Reproductive Health Action Plan and facilitated a working group in MoPH to ensure that gender disaggregated data was generated by the health management and information system. Support for six maternity homes has minimized geographical and financial barriers to access to health care and treatment for marginalised and the most vulnerable pregnant women. In the polio eradication initiative, UNICEF also pushed for and succeeded in an increased number of female vaccinators. UNICEF has also tested different strategies targeting women and girls with messages regarding polio via radio channels directed toward women especially in priority areas like Hilmand and Kandahar, volleyball matches among girls' schools, and women shura meetings. In addition, guidelines for *mahrms*[1] were jointly developed with other partners to enable women providers to take advantage of training opportunities and accomplish their role in polio field monitoring.

In education, the new curriculum framework was reviewed with a gender lens and capacity building workshops for curriculum developers held on 'equity in education' which addressed themes of diversity, language and gender. Both GPE and the CFS approach that UNICEF's implementation has a strong built-in component on gender with specific priority and focus on increasing the number of female teachers. Additionally, a gender marker for the education emergency cluster was developed which will serve as a repository of best practices for responding to gender-related obstacles and challenges. The female literacy centres supported by UNICEF are specifically designed to reach out and empower women from the most marginalised communities.

Religious leaders were sensitized on issues of early marriage, social discriminatory practices against women and girls through a partnership with the renowned Al Azhar University. UNICEF support for the participation of women shuras under the CDC umbrella and other women's groups such as women's courtyards resulted in improved uptake of hygiene practices. Similarly the WASH intervention on menstrual hygiene recognized the differential factors between of girls and boys that could increase retention.

In addition to the above efforts, there has been a conscious effort by all programme sectors to collect and maintain sex disaggregated data in all monitoring processes. For example, UNICEF has supported, in partnership with AIHRC, the collection of sex disaggregated by child rights monitors in 14 provinces. Also, from a research perspective, ongoing surveys such as AMS and MICS significantly improve the availability of data disaggregated by sex, age, residence and socio-economic status for use by all stakeholders.

[1] Male accompaniments required by female service providers for long distance travel and overnight stay.

Environmental Sustainability

Initiating action to meet benchmarks

Infection prevention, injection safety practices, safe disposal of used vaccines and injections by vaccinators ensured safety and reduced environmental hazards of medical waste. Health outreach services were integrated where possible to limit energy use and carbon emissions. Solar panels were installed in two maternity waiting homes to provide electricity.

In all UNICEF supported schools construction and Child Friendly schools a package of WASH facilities – separate latrines for boys and girls, hand-washing facilities and training on hygiene practices were provided. Furthermore, boundary walls for safety and ramps for children with disabilities, play grounds with green areas, all helped enhance the school environment.

South-South and Triangular Cooperation

UNICEF supported the participation of two Parliamentarians and one Education Officer, in the South Asian Consultation of the Parliamentarians for Girls Education and Equity held in Kathmandu in September 2011. The Afghan parliamentarians shared lessons learned and challenges, and issued a statement on girls' education during the Parliamentarians consultation. Based on the action plan, Parliamentarians will lobby support from other Parliamentarians, communities and religious leaders in support of girls' education. Another key area is support relevant policy formulation and revision informed by gender considerations and development of capacity at the MoE and Parliament on gender-responsive budgeting to address broader issues.

To capitalize on opportunities for south-south learning, UNICEF supported a study tour to Bangladesh for three staff members from the Civil Registration Department and Ministry of Health to understand the country's efforts in increasing access to birth registration services. Bangladesh was identified as a good model for integrating birth registration in other sectors such as health and education, a model that resulted in a sharp increase of birth registration rates since 2006. As result of the study tour the government is in the process to draft an action plan aiming at improving registration rates at birth and reflecting the lessons learnt and the experience gathered.

Afghanistan participated in the 4th South Asian Conference on Sanitation (SACOSAN) in Sri Lanka which was attended by Ministers, senior civil servants, grass-roots activists, community members, professionals from sector institutions, academia, civil society, NGOs and development partners to deliver context-specific equitable and inclusive sanitation and hygiene programmes. Recognizing the right to sanitation, countries renewed their commitment and agreed to allocate and mobilize resources and raise the profile of WASH.

Country Programme Component: Health and Nutrition

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Child and maternal mortality are reduced through more equitable access to quality health, nutrition and WASH services.		3 FA1OT2, FA1OT3, FA1OT4, FA1OT5, FA1OT6, FA1OT7, FA1OT8, FA1OT9, FA1OT10, FA3OT2, FA1OT12

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	12,734,500.00	2,070,787.00	1,842,219.00	88.96
OR-R	23,103,000.00	31,371,831.00	27,386,568.00	87.30
RR	11,417,208.00	12,383,927.00	11,044,912.00	89.19
Total	\$47,254,708.00	\$45,826,545.00	\$40,273,699.00	

Results Achieved

Reported immunization administrative coverage showed 87% Penta 3 coverage in 2011. Due to unreliable denominators and over-reporting true coverage is significantly lower as different subnational surveys indicate coverage rate of around 42% for Penta3. This resulted in several parts of the country experiencing outbreaks of vaccine-preventable diseases, mainly measles.

In 2011 child health weeks targeted a population of 632,146 people living in underserved and hard-to-reach areas in 23 districts. During the two rounds of CHWs, 80 % children (0-11months) received Penta-1 while coverage of Penta-2 and MCV1 were 67% and 78% respectively. 123,236 (82%) women of child bearing age received TT vaccine.

By end 2011, the country witnessed an explosive outbreak of polio, largely concentrated in the areas of virus circulation. Cases were reported from 12 provinces and all regions, some of which were polio free. The number of polio cases rose to 80 in 2011 from 25 in 2010. As a result, the list of high risk districts expanded from 13 to 28 (24 south/4 west). Polio communication interventions focused on awareness-raising and consolidation of the polio communication network in the high risk districts with a focus on intensified, interpersonal communication, social mobilization and advocacy in priority areas.

The integrated community-based minimum package of health, nutrition and WASH services presently covers 40% of the population in 11 districts in areas not served by BPHS, it benefitted 37,250 children under-five and 7,450 pregnant and lactating women. Only two of four provinces have reached the milestone of 35% skilled birth attendant coverage by 2011; however three of four provincial health facilities are provided comprehensive emergency obstetric care services. Furthermore, training of additional community midwives and capacity building of existing providers on EmONC, IMCI, home visits, counselling and a comprehensive facility assessment were conducted to mobilize pregnant women and their families to utilize services. Community-based outreach services were supported in seven additional provinces.

CMAM expanded from 273 to 423 sites from 11 to 16 provinces. Over 5,000 severely malnourished (0-59months) children received treatment in TFUs and nearly 40,000 in community-based OTPs. OTPs performance met Sphere standards; >80% cure rate, <15% defaulter rate and death rate < 1%.

MICS results show only 55% households consume iodized salt compared to 61% (2007/8 NRVA). Over 90,000 metric tons iodized salt produced and distributed nationwide and its use promoted. Vitamin A supplementation and de-worming coverage was 95%. Over half million women of reproductive age and

almost 250,000 children (6-59months) received micronutrient supplementation.

Reported HIV positive cases rose from 650 to 1,200 in the past two years. There is a concentrated epidemic among injecting drug users and prison inmates. MICS (2010/11), reported comprehensive knowledge of HIV and AIDS among reproductive age women remains low.

During the year 1,081 new water supply schemes were installed, 228 non-functional water systems rehabilitated. Over 32,000 families constructed sanitary latrines and were made aware of hygiene practices. The water quality lab at MRRD was supported.

32,000 village health committees were established and radio serials reached 39% of the population through C4D.

Most Critical Factors and Constraints

Lack of appropriate policy, strategy and planning around both human and financial resources which impedes reaching adequate immunization coverage, is one of the major constraints of the EPI programme and low and/or delayed salaries for vaccinators /polio field worker create motivational problems. Also, response to outbreaks as well as measles vaccination at the onset of an emergency has not been systematic due to the lack of an emergency preparedness and response plan within the EPI department.

The Integrated Minimum Package initiative lacks a comprehensive communication strategy to involve local communities and increase demand for services. Additionally, the life cycle focus demands an increasing attention to adolescent girls who are difficult to reach by conventional methods as most of them are out of school. Most of the skilled birth/EMOC interventions are supply side with little focus on raising demand and thus attention to cultural, financial and geographical barriers to access has not received adequate attention. EmOC and newborn care indicators are not part of the balance score card and hence progress is not assessed regularly at MoPH level. Similarly early initiation of breast feeding is not currently part of the HMIS.

Insufficient emphasis on preventive nutrition intervention, at the beginning of CP cycle, including coordination with WASH, and lack of an inclusive IYCF communication strategy that would encourage increased service demand and community engagement has been a big gap in the programme. Lack of capacity of implementing partners and weak health system structure delay implementation of activities. For example in most of the health posts including Basic Health Centres (BHCs) and Community Health Centres (CHCs) there is no qualified health staff or a high rate of staff turnover.

Micronutrient supplementation has been hampered by poor consideration of a national micronutrients supplementation strategy in BPHS ANC and PNC services, a delay in ratification/endorsement of universal salt iodisation coupled with high prices, and poor quality local salt and illegal small scale non-iodised salt producers. The absence of proper systems to monitor the compliance to the International Code of Marketing of Breast milk Substitutes leads to open advertisement/distribution of infant formula.

Once WASH services/installations are provided, on-going operations and maintenance has been problematic. The national WASH policy has not been implemented and there are no proper standards/procedures for water quality. The situation is further complicated by weak coordination/integration with other social services like health and education.

Limited availability of antiretroviral drugs (ART) and bottlenecks in the supply/procurement system represent major constraints in PPTCT and ART. There is also an acute shortage of health facilities and trained staff, especially women, in most rural areas, plus ill-equipped facilities that are unable to treat opportunistic infections.

Implementing partners need close follow-up/guidance as many areas theoretically covered under BPHS are not developed and broader technical assistance from UNICEF is required, which is labour intensive.

Maintaining high level political commitment for polio eradication is necessary to address gaps. Engaging GCMU increased transparency, ownership and sustainability of integrated package of services. Innovative approaches are needed in programme delivery.

Key Strategic Partnerships and Interagency Collaboration

Joint UN initiatives for Delivering as One include H4 plus plan and Inter-Agency Strategic framework on MNH and MDG Funds for nutrition. National Nutrition Action Plan with multiple ministries was supported together with World Bank and partners including WFP and FAO. Polio programme expanded its partnerships with MRRD, media and religious leaders. Routine immunization activities were partnered with GAVI HSS and WHO. Collaboration with Save the Children was established for operational research on newborn care while capacity building of reproductive health officers was planned together with USAID, JICA and UNFPA. Partnership with Ministry of Haj on promoting safe motherhood has been initiated through a workshop with religious leaders in 2011 and community level communication on safe motherhood by religious leaders will be commenced in 2012.

Local NGO and international NGO's specialising in community hygiene and sanitation promotion are involved in changes in behaviour communication for the development of village WASH plans and monitoring the change. Partnerships with private sector for promotion of hand-washing with soap in Afghanistan, an initiative launched for the first time resulted in the participation of new government ministries, NGO and private sectors on hygiene promotion.

Humanitarian Situations

UNICEF's leadership role in the nutrition cluster is recognised by over 30 members, including several donors, who actively participate in the well-established and fully functional cluster. Achievements to date include the establishment of an information management system that constantly updates all stakeholders on the situation in the country, harmonised protocols and guidelines, capacity-building of cluster members, and resource mobilisation. The cluster approach was rolled out in 4 regions/provinces. 20 out of the 35 member agencies received training on Nutrition in Emergencies (NiE) through the cluster approach supported by the Global Nutrition Cluster (GNC).

UNICEF's emergency measures has focused on specific maternal and child health care interventions as reflected in the CCCs, under the umbrella of health cluster. In response to floods, drought and other natural disasters 40,000 families were provided delivery, midwifery, newborn and family kits. Paediatric formulations for respiratory infections were provided for 20,000 most vulnerable children. Community-based Integrated Management of Childhood Illness (CIMCI) trainings were completed for 750 Community Health Workers (CHWs) in two affected provinces. Measles coverage reached 98% (224,074 children between 5-59 months and 151,857 children in 9 outbreak prone districts). A measles vaccination campaign in the last quarter covered 523,117 children (9 months to 10 years) in 23 drought affected districts.

By prepositioning essential WASH supplies at the provincial level, UNICEF has helped ensure quick responses to emergencies, prevented disease outbreaks, particularly in IDP camps. In 2011 nearly 400,000 people had access to WASH interventions through construction of 35 strategic water points and 500 community water points. Water trucking was one of the main interventions provided to drought affected areas. Response to multiple diarrheal outbreaks in southern and central regions included provision of fluids, ORS, and information on hand washing and safe water treatment.

Summary of Monitoring, Studies and Evaluations

Afghanistan Mortality Survey (AMS), National EmONC needs assessment study and evaluation of mobile health teams were major research activities undertaken. Facility upgrading for EmONC and IMCI services was extended to multiple provinces and monitoring systems have been strengthened through introduction of Maternal Death Review Committees and use of process indicators.

Findings from AMS highlighted causes of maternal and under-five mortality and the wide disparities between rural and urban populations. Results of the evaluation and findings of mobile health team were disseminated for improving the quality of service delivery and possible scale-up to other under-served areas. A facility needs assessment and household survey in four provinces showed wide gaps in service provision and uptake of basic health, nutrition and WASH services.

Preliminary results of the baseline survey of minimum package of services suggest that the minimum package has contributed significantly to the capacity building of CHWs, the formation of family health action groups and improving antenatal care, multiple micro-nutrient supplementation and immunization services. Only two of four provinces reached the milestone of 35% skilled birth attendant coverage by 2011; however three out of the four provincial health facilities have been provided with comprehensive emergency obstetric care services

Effective Vaccine Management (EVM) assessment was conducted for the systematic analysis of strengths and weaknesses across the vaccine supply chain which also served as a supervisory aid to monitor and support long-term progress of individual health facilities. Based on the results of the assessment corrective action was proposed.

Nutrition Surveys conducted in 11 provinces showed a varied picture with somewhat stable conditions in the non-drought/non-conflict affected provinces while higher levels of acute malnutrition are seen in the drought and conflict-affected provinces (Global Acute Malnutrition (GAM) ranging from 10.4% - 17% Severe Acute Malnutrition (SAM) 2.4% - 5.6% respectively).

An external polio communication review in September focused on issues already identified by Technical Advisory Group (TAG) and other monitoring mechanisms and recommended strengthening polio communication strategy through use of a media mix, improving IPC skills of vaccinators and communication partners, developing a branded PEI/EPI communication strategy, targeting youth, women, nomadic and inaccessible populations

Standard monitoring checklists for community based minimum package were developed and are in use. Periodic programme reviews are held with partners at national and zonal levels.

Future Work Plan

Accelerated, intensified action on routine immunization and polio eradication will be a priority. UNICEF will concentrate on supporting the review/reform of EPI, advocating for a strong routine EPI social mobilisation strategy and bottom-up micro-planning to strengthen outreach to missed children. Periodic accelerated immunization activities to improve routine immunization coverage will be implemented and other health interventions, including reinforcement of cold chain/supply chain management provided.

Specific interventions will involve applying the Short Interval Additional Dose (SIAD) approach coupled with intensive supervision and monitoring during vaccination campaign, converging efforts to strengthen routine immunization through polio activities, and increasing communication and social mobilisation activities. Particular emphasis will be placed on the 28 high risk areas in the country to ensure that each polio campaign, accompanied with targeted and specialised communication, reaches at least 95% of all U5s. There will also be a renewed focus to revive routine immunisation with greater engagement for crucial policy changes with the Government of Afghanistan/ MoPH and BPHS donors.

The community-based child survival package of health-related services will be expanded and transformed to a more comprehensive, integrated minimum package, including education and child protection components. More focus will be placed on facility readiness, continuum of care referrals and strengthen community networks and behaviour change. Additionally, UNICEF will continue its support to increase access to skilled birth attendants and quality EmOC through national policy development on maternal, neonatal and child health, systems strengthening, quality assurance, and capacity building initiatives, plus advocate for the integration of maternal and women's health into EPHS.

In on-going efforts to tackle malnutrition and micronutrient deficiencies, there will be a greater focus on adolescent girls, especially for anaemia prevention and control. Strengthened collaboration with WASH to address high levels of stunting and with WFP to improve maternal nutrition. Special emphasis will be placed on infant and young child feeding plus intense policy level interventions will be undertaken to push for the integration of CMAM in BPHS and TFUs in the EPHS to support scaling up. UNICEF will initiate a phase-out strategy from providing potassium iodate to the private sector. Communication activities for awareness-raising and demand creation will be strengthened and increased, as well as surveillance and monitoring of iodised salt use. Interventions for HIV+ mothers and children will target most-at-risk adolescents and place emphasis on mitigation, not only prevention interventions.

A shift in priority focus from provision of safe water to hygiene promotion and sanitation will guide programme implementation in the WASH sector. UNICEF will assist Government in developing an operations and maintenance strategy for WASH services, a water quality monitoring system and a sector-wide monitoring and evaluation system, including a management information system, for rural WASH. While CDCs and SMCs were instrumental in implementation of WASH projects, and their involvement led to better sustainability of these services in most locations, on-going technical guidance will be required in to monitor/ensure quality. A clear WASH/C4D strategy for hygiene promotion, as well as engagement of CDCs will be developed with MoPH.

Country Programme Component: Basic education and gender equality

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Education of girls and women results in greater gender equality and women's empowerment.		3 FA2OT3, FA2OT5, FA2OT6, FA2OT7, FA2OT9, FA6OT1

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	8,625,500.00	7,896,008.00	7,895,833.00	100.00
OR-R	25,595,000.00	17,266,471.00	17,245,027.00	99.88
RR	9,108,008.00	7,749,649.00	7,696,925.00	99.32
Total	\$43,328,508.00	\$32,912,128.00	\$32,837,785.00	

Results Achieved

Recent figures from MoE demonstrate the number of children in primary schools has increased from 4,800,210 in 2009 to 5,112,728 in 2011, the number of girls rose from 1,857,817 in 2009 to 2,047,313 in 2011; this constitutes a 7% increase of all children, representing a 10% increase of girls at primary level.

A positive trend for retention rates for girls was observed in some provinces. In the Eastern Region 85% of the girls enrolled in grade 1 in 2009 progressed to grade 3 in 2011. It is still premature to assert that the achievements will be sustained; close observation is needed since large scale drop-outs commonly occur among girls in grades 4/5.

Targeting children from marginalised groups and girls through CBS provided access to education for children in hard-to-reach areas and who cannot attend formal schools because of physical/social barriers. This is an effective approach to increase access for out of school children particularly girls, there are more girls than

boys in CBS classes:

[table converted to list]

- | # CBS | # Students | # Girls | Boys | # Classes integrated | # students joining formal schools
- **2010** | 3,492 | 118,072 | 67,796 | 50,276 | 755 (Gr.4-6) | 28,596 (16,594 girls; 12,002 boys)
- **2011** | 3,843 | 124,699 | 66,047 | 58,652 |

TLM proved effective in reaching economically marginalised groups and made parents appreciate the value of education. 2.7m grades 1-3 children/53,889 teachers received TLM.

The additional 822 classrooms (38 high quality buildings) constructed during 2010/11 helped reduce class size and/or increased instruction time, improving learners' cognitive development. School construction promoted equitable access to education for children. 95 Cost Effective Schools (CES) were constructed, providing safe learning spaces for 60,000 students.

During 2010/11, 374 schools in 21 provinces, comprising 3% of all schools, introduced CFS as a comprehensive improvement strategy. CFS approach provided a conducive learning environment for 237,403 students.

Through cascade trainings, 200 trainers, 1700 teachers, 700 students and 400 representatives of SMS were provided orientation on CFS concept and 374 schools developed improvement plans for CFS. Child-Friendly Schools (CFS) and gender equality were included in the revised curriculum.

Literacy officials (270) in 12 provinces completed management training and 5,000 literacy centres were established in 34 provinces. In 2010/11 5,000 female literacy teachers were trained and supported with Teaching-Learning Materials (TLM) and incentives. To help new learners to retain and advance their literacy skills, an additional 133 resource centres were established in 34 provinces and reading materials in two local languages were provided to all centres.

Out of the 2,500 schools targeted in 2010/11, 43% (1,077) were provided with WASH services. While this represents 9% achievement of all formal schools (12,421), quality, operation and maintenance can be improved. A common reason for young women to stop attending school is lack of proper/separate sanitation facilities for girls at the age of menstruation. To combat this issue incinerators and hand-washing facilities, a prototype to manage menstruation in schools, were constructed and guidelines on hygiene during menstruation were created.

Most Critical Factors and Constraints

Security concerns, insufficient government capacity and lack of reliable data for evidence-based planning are the main constraints.

Despite efforts to support the MoE to deliver education for all children in conflict and post conflict situations, not all children are able to come to school due to multiple challenges including poverty, access, social/cultural norms, exacerbated by conflict and natural hazards.

The dire lack of female teachers in rural areas continues to negatively impact girls' enrollment and retention at school.

The highly centralized system of education does not allow enough space for provincial education departments to make decisions. Lack of coordination at community levels and among provincial and the national Literacy Department is problematic.

The pace of school construction has been slow due to insecurity, contractor selection process, use of

Government processes for channelling funds which had its own inherent delays, and weak monitoring capabilities both internally and externally. Lack of baseline and disaggregated data, inadequate EMIS data and standard monitoring mechanism makes it difficult to generate accurate data which is required for an equity-based programming.

Long distances to formal hub schools, poses a challenge for integrating the CBS students after grade 3 into the formal school system.

WASH in schools is neglected among policy makers and key institutions, and hygiene and sanitation does not seem to be a priority in government plans due to the heavy focus on school construction.

Key Strategic Partnerships and Interagency Collaboration

The Global Partnership for Education (GPE) provides a platform for programme synergy and complementarity that enables UNICEF to align its own education support consistent with the four GPE priority areas and revitalise its focus on teaching quality. The GPE has generated a lot of enthusiasm for education, by bringing a welcomed new focus on insecure areas, social mobilisation, and bolder approaches in providing access to education for the most marginalised and disadvantaged girls and boys in Afghanistan. Additionally, UNICEF has been endorsed as the Supervising Entity by the Local Education Group to closely assist and monitor the MoE implementation of the GPE programme. This places UNICEF in a central role to capitalize on this momentum to be well-positioned within the education agenda in Afghanistan and solidify its partnerships with other education stakeholders. Within the context of GPE, attention to the equitable spread of female teachers linked to UNICEF interventions will be possible.

The Education Cluster is Co-Led by UNICEF and Save the Children Alliance. Regular coordination meetings were held throughout the year, particularly during the preparation of the CAP 2012. The Cluster is supported by CARE International who coordinated the translation of INEE Minimum Standards for Afghanistan into local languages.

Effective partnerships with PARSA and War Child Holland provided a forum for agencies and professionals in Afghanistan who have psychosocial training and/or provide psychological services or are implementing psychosocial support programmes.

Humanitarian Situations

UNICEF promoted strategic and action-oriented cluster coordination through effective leadership and facilitated the development of a strategic vision and operational response plan. This led to the roll-out of the education cluster at the national level and in three regions – north, east, west - paving the way for more strategic and coordinated programme planning and implementation at the sub-national level. Consequently, 876 out of 921 education cluster members received training on the Inter-agency Network on Education in Emergencies (INEE) as a cluster approach under the leadership of CARE International and facilitated by the education cluster co-leads.

UNICEF emergency education programming has centered on two dimensions: psychosocial support and school protection. First, a total of 2,126 school teachers were trained in psychosocial support, by 120 trained master trainers in Kandahar city, and 674 teachers are currently receiving the training. Over 3,000 recreational kits were distributed and training for effective interventions country wide. The education cluster has also coordinated effective partnerships with PARSA and War Child Holland in hosting a forum for agencies and professionals in Afghanistan who have psychosocial training and/or provide psychological services or are implementing psychosocial support programmes.

Four thousand community shuras, comprised of religious leaders and influential community members were mobilised to improve school security and protection against attacks. Monthly reports were compiled on school incidents for tracking purposes and appropriate response. As a result of tracking and the leadership of the MoE, 300 schools were re-opened and a nationwide workshop for influential leaders from the 17 most

insecure provinces were held in Kabul. Over 1,500 school tents and teaching learning materials were distributed to ensure that children affected by conflict and natural disasters could continue schooling.

Summary of Monitoring, Studies and Evaluations

Two key studies were conducted with Equity Funds: (1) Assessment of out-of-school children with a focus on Jogi and Chori Frosh ethnic minority groups of Afghanistan, and (2) Assessment of out-of-school children with a focus on Kuchi ethnic minorities of Afghanistan.

The study results provide insights which will help develop high-impact intervention strategies to promote equity in educational attainment among the Kuchi minority and marginalised groups in Afghanistan with the ultimate goal to reduce the number of out-of-school children through improved access, quality and efficiency in primary education, combined with the equity imperative.

The key results will be incorporated into the rolling annual work plans for 2012-13 with a strategic focus to include these marginalised groups. Through a coordinated advocacy strategy to address inclusion of these marginalised groups UNICEF will mobilise other UN agencies, donors, INGOs and stakeholders that work on related issues.

The establishment of a cohort tracking system to monitor school enrollment and attendance system has been initiated and tools for the system were developed in 2011. Additionally, 43 provincial level MoE/EMIS staff has been trained in cohort tracking, which will enable them to measure the level of drop-out rates at school, district, provincial and national level.

Communities monitor schooling through school management shuras. Schools conduct self-assessment as per CFS principles and standards, develop a School Improvement Plan (SIP) and track progress. Progress in literacy is followed through attendance/retention tracking and quality assessments.

The results from an assessment of hygiene conditions in 100 schools in Kabul carried out by the MoE indicate that almost all (98 %) schools had toilets regardless of the type of the toilet. Traditional toilets were in use in around 75% of schools and most of the schools had flush or pour-flush toilets. The problems in water sources, storage and supply were the main issues for not using flush/pour-flush toilets in the schools. In 26 schools there were no separate toilets. Only 19 % of schools had proper hand washing facilities. Water container with tap is usually used as a facility for hand-washing. Soaps were available only in four schools for hand-washing purposes. Only six schools were rated as "very good". These findings will be used to improve school WASH programme.

An assessment of literacy programmes in 5 provinces was conducted and it provided information on the management and implementation of literacy programs.

Future Work Plan

The following recommendations from the MTR will be taken into account in future plans:

In alignment with GPE priorities, key adjustments in the UNICEF education programme will entail a more focused, equitable distribution of TLMs to the most deprived children, supported by school construction criteria that prioritise locations of community-based schools that are distant from formal schools, actively involve community and school management shuras and include WASH services. The minimum package of services in Child Friendly Schools (CFS) will be more actively articulated and inclusive CFS principles and standards will be used as an overarching strategy in all education programming.

Given a renewed focus on education quality and learning achievement, not simply enrollment, UNICEF will align its education programming with GPE priorities during the next two years in addition to assuming programmatic and fiduciary functions as the supervising entity. Key adjustments in UNICEF's education programming to increase school enrollment and retention will also entail a more focused, equitable

distribution of TLMs to the most deprived children based on identification and analysis of socio-economic and geographical profiles, ethnic minority status, and gender.

This will be supported by school construction criteria that prioritise locations of community-based schools that are distant from formal schools, active involvement of community and school management shuras in the entire educational process to improve TLM accountability with distribution and monitoring, and expanding WASH activities to community-based schools. Additionally, the minimum package of services in a Child Friendly Schools will be more actively articulated and include CFS principles and standards as an overarching strategy in all education programming, community-based schools, school construction, WASH facilities and their maintenance. In preparation for the next country programme, an assessment of all of the above interventions and their impact will be undertaken from the perspective of equity, gender equality and women's empowerment

The female literacy component of the education programme will be evaluated in 2012 to assess its functionality as an empowerment mechanism for women, determine its sustainability, and inform UNICEF's course of action in the next country programme cycle. Finally, more proactive efforts to promote Early Childhood Education (ECE) as a key strategy to increase school readiness and enrollment will be undertaken, with a particular emphasis placed on providing ECE access, in partnership with international non-governmental organisations to children in marginalised communities.

There will be a shift in the education Programme Component Results (PCR) from *Education of girls and women results in greater gender equality and women's empowerment* to *Education of girls and women increased through more equitable access to quality basic education services*.

Country Programme Component: Water, sanitation and hygiene

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Child and maternal mortality are reduced through more equitable access to quality health, nutrition and WASH services.		3 FA1OT12, FA2OT7

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E				
OR-R				
RR	0.00	0.00	0.00	0.00
Total	\$0.00	\$0.00	\$0.00	

Results Achieved

Inputs to the Programme Component are included in the H&N for community WASH and BEGE Programme Components for school WASH.

Most Critical Factors and Constraints

Inputs to the Programme Component are included in the H&N for community WASH and BEGE Programme Components for school WASH.

Key Strategic Partnerships and Interagency Collaboration

Inputs to the Programme Component are included in the H&N for community WASH and BEGE Programme Components for school WASH.

Humanitarian Situations

Inputs to the Programme Component are included in the H&N for community WASH and BEGE Programme Components for school WASH.

Summary of Monitoring, Studies and Evaluations

Inputs to the Programme Component are included in the H&N for community WASH and BEGE Programme Components for school WASH.

Future Work Plan

Inputs to the Programme Component are included in the H&N for community WASH and BEGE Programme Components for school WASH.

Country Programme Component: Child protection and youth empowerment

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Children & young people are better protected from violence, exploitation, discrimination, abuse, & neglect.		3 FA3OT6, FA3OT8, FA4OT2, FA4OT3, FA4OT4, FA4OT5, FA4OT7, FA4OT8, FA4OT10

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	1,338,000.00	892,016.00	879,113.00	98.55
OR-R	5,734,000.00	976,530.00	626,464.00	64.15
RR	5,244,000.00	4,070,679.00	4,056,262.00	99.65
Total	\$12,316,000.00	\$5,939,225.00	\$5,561,839.00	

Results Achieved

Coverage for legal aid provision for children in conflict with the law was expanded from 10 provinces in 2009 to 21 provinces in 2011, 61% of all provinces. Approximately 45% of all cases assisted by CPAN were of children in conflict with the law. 760 children in detention benefited from legal representation; 161 children were released from custody through partnership with legal aid providers. Focus was on implementation of The Letter of Agreement between six government and legal institutions on use of diversion and alternatives to detention measures by law enforcement officials, judges and prosecutors. Diversion guidelines for children in conflict with the law were finalized. During 2010-2011, UNICEF focused on promoting diversion and other alternative measures to detention among law enforcement officials, judges and prosecutors through implementation of the LOA. All 6 government institutions parties to this agreement have appointed their provincial focal persons to implement the agreement at provincial level.

Despite a large increase in birth registration rates from 6% in 2003 (MICS 2003) to 37.4% (MICS 2010/11), Afghanistan is still far from achieving universal birth registration. 4,000 birth registration centres were established, representing nearly 10% of all villages in Afghanistan. 114,304 boys, 93,396 girls (0-1yrs) births were registered in 2011. Community outreach and increased public demand have been the focus of birth registration awareness-raising materials (key messages broadcasted in TV and radio spots).

Over 300 provincial/community stakeholders were empowered to facilitate reporting on children affected by armed conflict protection issues and the reporting mechanism of conflict-related violence through orientations by regional task forces on CAAC. An inter-agency school occupation investigation team was established and support was provided to schools damaged by conflict. Monitoring of children detained on national security charges was undertaken by Regional Task Forces. AIHRC's Child Rights Unit was supported through a child rights and border based field monitoring programme. Activities related to the MRM on Children and Armed Conflict established in line with Security Council Resolutions 1612, 1882 and 1998, were documented and reported.

28 provincial and 51 district CPANS are functional. Almost 50% of District CPANS were trained on how to prevent and address child protection issues in their communities with special focus on child sexual abuse. 2,408 child protection cases (1,829 boys, 579 girls) were referred to the CPAN in 2011. A national child protection campaign on community dialogue and religious leaders was rolled out. Trained social/community workers provided services to 4,624 children in institutions. Brick kiln interventions through YICCS and youth groups in the east supported 926 child labourers and 309 children.

National curriculum and occupational skills standards for social workers on child protection is being finalized in partnership with MoLSAMD/NSDP and Hunter college. 25,701 youth (60% male and 40% female) were equipped with knowledge and skills on child rights, prevention of HIV and AIDs, drug abuse and prevention of various forms of violence against children.

Most Critical Factors and Constraints

Low capacity and commitment of Ministry of Interior to support birth registration, combined with very low community awareness on the importance/benefits of birth registration and lack of interest by community elders in community birth registrars office have impeded progress. UNICEF is supporting the Civil registration department in establishing cross-sectoral monitoring task forces both at national and provincial level and in implementing a birth registration awareness raising campaign through the involvement of civil society organisations and local leaders.

The programme is currently focused more on children in conflict with the law rather than those who are in contact with the law (i.e. child victims or witnesses).

There is a lack of engagement and full understanding of the Monitoring and Reporting Mechanism by members of the UN Country Task Force which is further complicated by a complex relationship with CAAC co-chair due to the different mandates between UNICEF and UNAMA. Insufficient service delivery organisations to develop programmatic interventions in the most conflicted areas are a further constraint. There is a less than desirable strategy on engaging non-state entities to advocate for the prevention of grave violations, and challenges have been encountered in guaranteeing staff security in monitoring child violations in the conflict areas.

The Ministry of Youth Affairs does not have a clear strategy on youth empowerment; its projects are largely based on donor requirements and implemented without clear results and a way forward. At-risk adolescents do not fall under the jurisdiction of the Youth Ministry but rather MOLSAMD, but inter-ministerial collaboration continues to improve.

The commitment and skills of law enforcement officials on the implementation of the juvenile code remain low and number of Juvenile Code provisions, especially those related to diversion and alternatives to detention are not fully implemented by law enforcement officials and Justice actors. This situation is further complicated by the lack of specialized juvenile police units and juvenile courts in many provinces, poor quality rehabilitation programmes, collaboration among the social workers, police, and prosecutors remains a

challenge. But these concerns are being addressed through the support of the Ministry of Interior (Police) and the Ministry of Justice (Supreme Court and Attorney General Office) in developing diversion guidelines for judges and police to provide them with an overall framework for rechanneling children away from the formal Justice system.

Due to various constraint and difficulties in communication between the Secretariat of the Steering Committee (SC) on CAAC and UNAMACHild Protection (co-chair of UN-led Country Task Force), the SC met once to discuss the implementation of the Action Plan on prevention of under-age child protection. An agreement was reached at the end of 2011 to move ahead with the implementation of the Action Plan with UNICEF playing a leading role in engaging and supporting the SC.

Drafting and implementation of appropriate child protection policies and services is challenged by the limited capacity of Ministry of Labour, Social Affairs, Martyrs and Disabled (MoLSAMD) to absorb demands. Social workers in the Government with limited knowledge and capacity for child protection interventions impacts support and service delivery.

Key Strategic Partnerships and Interagency Collaboration

The relationship with the Afghanistan Independent Human Rights Commission (AIHRC) is being evaluated to identify gaps and recommend areas in which the AIHRC's capacity to monitor, investigate and respond to child rights violations might be better supported by UNICEF and provide recommendations on how UNICEF can support the AIHRC to integrate a child-rights, focus throughout its structures, processes, tools, methodologies, programming and advocacy. The recommendations will be used to inform and shape future agreements between UNICEF and AIHRC.

UNICEF is a co-chair of the UN-led Country Task Force on CAAC and mandated to monitor, verify and report grave child rights violation as per SCR 1612, 1882 and 1998. Additionally, since the establishment of the Government of Afghanistan Steering Committee on CAAC, it became the natural government counterpart of the UN-led Country Task Force on CAAC for issues related to Government involvement on Children and Armed Conflict.

UNICEF is active member of the Afghanistan Protection Cluster as well as leader of the Child Protection in Emergency sub-cluster. Both include membership of international and national non-governmental organisations and enhance coordination and programmatic response intervention to protection issues. A partnership with the Office of Drug Control and Crime Prevention (UNODC) for collaboration in their work on children and drug addiction is under discussion.

Child Rights Consortium and UNICEF partners for social work coaching projects are planning to implement joint pilot interventions on alternatives to detention in seven provinces.

The partnership between Hunter College School of Social Work and MoLSAMD/NSDP is working towards developing national occupational skills standards and curriculum for social care workers and social workers for child protection.

Asylum and Migration working group was formed led by UNHCR with UNICEF, IOM and UNODC to review issues concerning migration related rights violations, with a focus on children.

European Union (EU) initiated the working group on Social Protection with World Bank, WFP and UNICEF to share key programme interventions and pave the way forward to influence the Social Protection Strategy under MoLSAMD.

Consultative Resource Group on Child Protection, of which UNICEF is a member, led by the Deputy Minister of Social Affairs have been meeting every month to address various strategic and technical issues concerning child protection.

UNICEF is part of the MDG Funds for Peace though Justice programme, joint programme on conflict resolution

and peace building. Through a partnership between UNAMA, UNDP, UNICEF, UNIFEM and UNODC, the programme aims at improving access to a reformed, comprehensive and effective justice system and increasing local community capacity to understand the justice system and their rights to demand access to justice. As part of this partnership, UNICEF has been building the capacity of community child protection action networks to identify and support vulnerable children, including the provision of legal aid services to children in conflict with the law.

Humanitarian Situations

UNICEF's contribution as the sub-cluster lead in revitalizing child protection in emergency has been significant in 2011. As a result of the recruitment of a dedicated sub-cluster coordinator, the Child Protection in Emergency Sub Cluster (CPiE) in Afghanistan increased awareness on the importance of CPiE sub-cluster coordination among child protection actors. As a result of this, the membership has increased with national and international child protection NGOs. Strategic focus and priority area for CPiE sub-clusters have been collectively identified and will be included into CPiE AWP 2012, CPiE institutional capacity assessment and tools were developed. UNICEF rolled out the child protection sub-cluster in western and eastern regions.

UNICEF and Terre Des Hommes co-chair the CPiE sub-cluster, which has a dedicated coordinator in place, clear terms of reference, and capacity development plans for sub-cluster members in 2012. With the support of ROSA Child Protection offices in Afghanistan and Pakistan, both countries have established a cross-border mechanism to exchange information on cross-border issues related to children affected by the conflict. Additional funds of \$ 200,000 were utilized for the procurement of emergency supplies for children affected by winter.

Summary of Monitoring, Studies and Evaluations

UNICEF contributed to the drafting of the SG Report on Children and Armed Conflict in Afghanistan (February 3, 2011) and the SG Worldwide Report on Children and Armed Conflict (April 2011). An analysis of grave violations committed against children by parties of conflict were used for advocacy initiatives against violations with the Government and International Military Forces in Afghanistan.

Situation Assessment among Most at Risk Adolescents on HIV, STI and drug abuse was completed in six provinces mainly covering the capital cities and border areas. Some findings from the research were that 52.5% of the target group had never heard of HIV and AIDS; early marriage, poor education (27.5% of the respondents never attended school) and high risk behaviours like sexual contact and injecting drugs placed adolescents at greater risk of HIV and drug abuse. Among respondents above 15 years, nearly 34% had sexual contact; 79% of those who had sex reported not using a condom during their last sexual encounter. Most adolescents in the various categories knew of people who used addictive substances and nearly 4% of respondents had shared a needle during the past six months. Sources of information on HIV and AIDS included health workers, media, and school. More than two thirds of the respondents did not know where to get an HIV test. Results are under discussion.

An independent evaluation of the social work coaching project was completed in 2011 and a bridge phase is in place. A long term strategy for training social workers through development and introduction of social work in the higher education curriculum is being finalized.

Future Work Plan

Over the next two years emphasis will be placed on developing CAAC evidence-based programming interventions, that include psycho-social support services, with dedicated and increased human resources and putting in place an engagement strategy for grave child rights violations by non-state actors/entities.

UNICEF will ensure a leading role in the coordination of the country task forces and the Afghanistan Steering Committee amongst Children and Armed Conflict towards implementation of the action plan on under-age recruitment.

UNICEF will play a key role in fostering CPAN sustainability through institutional capacity-building. This will include developing national occupational skills set standards and child protection curriculum for social workers, providing support for provincial coordination in the LOA implementation, and building the capacity of key focal points, especially newly recruited child protection officers and social workers in the relevant MOLSAMD departments.

UNICEF will work towards building organizational relationship with AIHCR Child Rights' Unit in order to support AIHCR in integrating a child rights focus throughout its structure, process, tools, methodologies, programming and advocacies.

UNICEF's work in the next two years to focus on 5 key issues (child labour, human/child trafficking, child marriage, corporal punishment, sexual abuse and exploitation) and implementation of the SAIEVAC action plan. Additionally, there is a need for increased attention to refugee children and children affected by armed conflict, a review of the National Strategy for Children at Risk, and technical support to MOLSAMD in finalizing 3-year child protection policy framework and the newly created Child Protection Secretariat.

UNICEF will maintain a focus on risk and vulnerability based on evidence generated through the MARA study with the intent of developing an informed socio-behavioural understanding of HIV and AIDS in the country and subsequently, a compelling evidence base which will assist in developing effective approaches to reach and work with vulnerable groups and high-risk populations.

While the content and scope of the birth registration component will remain the same for the next two years, there will be an added emphasis of applying a cross-cultural strategy rather than addressing it as a child protection issue only. Four key actions are planned to accelerate work in this component, which will include: 1) supporting the Civil Registration Department in establishing and implementing joint monitoring mechanisms for birth registration with the participation of MoPH and CSO at national and provincial levels; 2) increasing the accessibility of birth registration services by increasing the number of birth registration centres and locating them more closely to local communities; 3) analysing constitutional and legislative frameworks to clarify national identity; and 4) advocating for and mobilising sufficient resources to support a full scale, nation-wide birth registration campaign.

Country Programme Component: Advocacy, external relations and communication for development

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
The rights and wellbeing of children and women, particularly those from excluded and marginalised groups, especially population affected by emergencies, are positioned more centrally in the development agenda and prioritised in the allocation of national and international resources		3 FA5OT7, FA6OT1

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E				
OR-R				
RR	0.00	0.00	0.00	0.00
Total	\$0.00	\$0.00	\$0.00	

Results Achieved

Inputs on the programme component are included in the Social Policy, Planning, Monitoring and Evaluation programme component.

Most Critical Factors and Constraints

Inputs on the programme component are included in the Social Policy, Planning, Monitoring and Evaluation programme component.

Key Strategic Partnerships and Interagency Collaboration

Inputs on the programme component are included in the Social Policy, Planning, Monitoring and Evaluation programme component.

Humanitarian Situations

Inputs on the programme component are included in the Social Policy, Planning, Monitoring and Evaluation programme component.

Summary of Monitoring, Studies and Evaluations

Inputs on the programme component are included in the Social Policy, Planning, Monitoring and Evaluation programme component.

Future Work Plan

Inputs on the programme component are included in the Social Policy, Planning, Monitoring and Evaluation programme component.

Country Programme Component: Social policy, planning, monitoring and evaluation

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
The rights and wellbeing of children and women, particularly those from excluded and marginalised groups, especially population affected by emergencies, are positioned more centrally in the development agenda and prioritised in the allocation of national and international resources		0 FA5OT1, FA5OT2, FA5OT3, FA5OT5, FA5OT7, FA5OT8

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	2,711,259.00	2,658,161.00	98.04
OR-R	8,828,250.00	3,061,519.00	3,061,234.00	99.99
RR	6,591,000.00	5,910,232.00	5,754,388.00	97.36
Total	\$15,419,250.00	\$11,683,010.00	\$11,473,783.00	

Results Achieved

Afghan Socio-Economic Database was developed which includes 88 indicators with data, of which 19 are at the provincial level The database is used for evidence-based planning, decision-making and advocacy. Over

60 persons from CSO, line ministries and the UN gained skills in using the database

CSO's capacity in data collection and processing has been strengthened through participating MICS workshops, conducting MICS field work, compilation, editing and tabulating MICS data. MICS field data collection and processing was completed in 2011. MICS results will provide information on 84 indicators related to health, nutrition, education, protection, water and sanitation as well as household characteristics. The official report is in process and will be disseminated formally in early 2012.

As an active member of the Consultative Group on Health and Nutrition (CGHN), the Technical Advisory Group (TAG), CMM and Health System Strengthening (HSS) steering committee, UNICEF was able to, and will continue to, influence discussion at policy level and has been active in addressing two of the main development problems in the country: maternal mortality and malnutrition. First, taking into account a government-approved Child and Adolescent Health Strategy and reform processes of the national reproductive health strategy, UNICEF has initiated the preparation of "The Investment Case for Achieving Health-related MDGs," as an advocacy document. The Ministry of Public Health endorsed the need for preparing the investment case for Afghanistan and a task force being established with clear terms of reference.

UNICEF supported MRRD to formulate a new policy on national rural water, sanitation, and hygiene (WASH) for Afghanistan. It was developed and adopted, but implementation remains a challenge.

Thirty-two thousand village health committees have been established. To increase community demand for services, radio serials based on UNICEF Facts for Life were prepared and broadcasted by the British Broadcasting Corporation World Service Trust (BBC-WST) to 39% of the Afghan population and listenership increased over a 4-year period among men but decreased among women.[1] To understand community perceptions regarding the H1N1 pandemic disease, a household survey evaluating community knowledge, attitude and practices was conducted in 6 provinces in 2010, as background for preparedness planning.

In addition to the upstream policy-related work with the Government and other strategic partners, UNICEF was active in reaching out to the public at large and local communities to foster their engagement in the development process as well. Working with Internews Network, UNICEF developed a weekly radio magazine programme entitled "Child's Home Radio Magazine" which was broadcast in both Dari and Pashtu languages. The series, played on 43 channels, was composed of 30 different themes and topics related to a range of UNICEF's work and child rights issues (e.g. women's literacy, female teachers and CFS, HIVAIDs, polio, children's rights in Islam etc.). This was complemented by training on child-friendly reporting for approximately 30 journalists.

[1] The 2010 "Public Opinion in Afghanistan: A Nation-Wide Survey of Afghanistan for the BBC World Service Trust compares the reach and impact of the Trust programmes in Afghanistan from 2007 to 2010

Most Critical Factors and Constraints

The continuity of updating Afghanistan Info (Afghan Info) database and training on its use has been affected by staff turnover in CSO Afghan Info unit. Continuous improvements have been trying to made to improve data analysis skills among CSO statisticians, CSO capacity in planning and managing MICS, improving skilled staff in Provincial Statistical Offices, and bank transfer of project money to CSO through the Ministry of Finance prevent delayed project implementation.

Field data collection for surveys such as MICS will be most efficient if all stages of a survey are carefully planned and provincial statistics offices are involved at the survey design and planning stage. In terms of CSO capacity-building, there is a need to identify international consultants who would work with CSO to transform staff's knowledge and skills, which can also be complemented by their own experience in 'learning by doing.'

UNICEF has risk management strategies in place and an enhanced security risk analysis capability that

enables the development and application of risk mitigation approaches that increase organisational ability to manage risks.

By working more closely together, the WASH, nutrition clusters and the protection sub-cluster can ensure the rights and wellbeing of children and women, particularly those from excluded and marginalized groups, and especially population affected by emergencies, are positioned more centrally in the humanitarian and development agenda. In light of pending military transition, there is also the potential availability on increased funding streams to accommodate shifting programme implementation responsibilities.

Emergency clusters lack common data due to varying methodological approaches to data collection by UNICEF partners. If UNICEF is to lead emergency clusters, it is important that staff have appropriate training and competencies to take on this responsibility.

Key Strategic Partnerships and Interagency Collaboration

Through Statistical Working Group, UNICEF is collaboration with WB, DFID, UNFPA and WFP for capacity development of CSO in data collection, analysis, storage and dissemination. UNICEF is active member of UNDAF M&E Working Group. UNICEF provides major data on UNDAF monitoring indicators for social services.

UNICEF collaborates closely with WHO and UNFPA in advocating for evidence-based policies and strategies for reducing maternal and child mortality and malnutrition.

Humanitarian Situations

Results achieved through humanitarian action have been reported in other 3 PCRs.

In 2011 UNICEF proposed USD 22.7 million in HAR. By the end of December, USD 8 million received: USD 6.3 million was allocated to health, nutrition and WASH, USD 1.6 million was allocated to Education and USD 116,000 allocated for field coordination.

Summary of Monitoring, Studies and Evaluations

The MICS field data collection and processing were completed in 2011. Key findings of 29 indicators out of MICS 79 indicators were shared with stakeholders in November 2011. Final report will be produced and disseminated in 2012.

Sector specific M and E activities has been provided under respective PCRs.

Future Work Plan

MTR recommends that cross-sectoral PCR4 is split into 3 separate PCRs from
PCR 4: The rights and well-being of children and women, particularly those from excluded and marginalised groups, especially populations affected by emergencies, are positioned more centrally in the development agenda and prioritised in the allocation of national and international resources

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

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

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

Details of the additional cross-sectoral PCRs as recommended in the MTR report are:

PCR 5: UNICEF will focus its efforts in creating a wider awareness and understanding of UNICEF programming in Afghanistan and its unique mandate within the framework of the UNDAF and ISF. It will also use its 'voice' to engage in broad level advocacy on child and women rights, issues of equity and human-rights based approaches as well as the plight of the most vulnerable children and women. Based on findings in a 2010 study of the communication environment in Afghanistan, UNICEF will take a proactive role in engaging in strategic partnerships with key media channels, building the capacity of local journalists to report on child rights-related issues and problems as well as highlighting the positive changes occurring in the country, i.e. community heroes, good practices etc. in a manner that is public-friendly.

In addition, UNICEF will take proactive measures beginning in 2012 to diversify and expand its funding base to ensure longer term sustainability for priority programmes, through implementation of the recently developed resource mobilization strategy. Finally, work on donor coordination and outreach will be embedded within a broader partnership strategy which will identify and initiate new partnerships, and develop more focused, strategic collaborations with major implementing organisations in Afghanistan.

In recognition the role that local communities can play in realizing the rights of women and children and development itself, UNICEF will complete the broader upstream work with 'bottoms up' interventions as well.

PCR 6: Building on the clusters' functionality, UNICEF and its cluster leads will work on bringing clearer and stronger synergy between emergency response and development initiatives. Two major activities will be undertaken over the remaining country programme cycle. UNICEF, in partnership with NGO partners, will undertake DRR activities that include the active participation of children and women since they are at the most vulnerable in any disaster, plus their involvement increases development of their own resilience and preparedness. In collaboration with other agencies, UNICEF will plan and implement capacity-building activities for both the government and NGOs at national and provincial levels with the aim of assisting them in managing emergency crises and disasters in a more efficient and robust manner.

Country Programme Component: Cross-sectoral cost

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
The rights and wellbeing of children and women, particularly those from excluded and marginalised groups, especially population affected by emergencies, are positioned more centrally in the development agenda and prioritised in the allocation of national and international resources		3 FA6OT9

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	393259.00	350575.00	89.15
OR-R	1326750.00	2512232.00	2500791.00	99.54
RR	6697500.00	8980709.00	7849048.00	87.40
Total	\$8,024,250.00	\$11,886,200.00	\$10,700,414.00	

Results Achieved

Inputs on the programme component are included in the Social Policy, Planning, Monitoring and Evaluation programme component and Operations & Management.

Most Critical Factors and Constraints

Inputs on the programme component are included in the Social Policy, Planning, Monitoring and Evaluation programme component and Operations & Management.

Key Strategic Partnerships and Interagency Collaboration

Inputs on the programme component are included in the Social Policy, Planning, Monitoring and Evaluation programme component and Operations & Management.

Humanitarian Situations

Inputs on the programme component are included in the Social Policy, Planning, Monitoring and Evaluation programme component and Operations & Management.

Summary of Monitoring, Studies and Evaluations

Inputs on the programme component are included in the Social Policy, Planning, Monitoring and Evaluation programme component and Operations & Management.

Future Work Plan

Inputs on the programme component are included in the Social Policy, Planning, Monitoring and Evaluation programme component and Operations & Management.

Effective Governance Structure

ACO identified seven management priorities for 2011. Responsibility for these was assigned to various individuals and governance bodies in the office and regularly reviewed by the country management team. At the core is a raft of cost-saving measures intended to reduce the high operating costs occasioned by escalating insecurity in the country. While the office implemented recommendations on revised MOSS and MORSS requirements for Afghanistan intended to improve staff safety and security- by providing local and international armed guard, office upgrades and or office moves, these were undertaken by rationalizing office and GH accommodation in field locations and by co-locating with other Humanitarian UN agencies and use of common facilities and services thereby ensuring that results were attained but with reduced cost. Other issues on governance undertaken during the year included (1) implementation of recommendations from internal audit exercise conducted in June 2011 and follow up on recommendations of Risk & Control Self-Assessment exercise undertaken in 2010; (2) Mapping and Assessment of potential and existing partners in line with HACT; (3) Processes leading to MTR of the current country programme; and (4) Championing UNICEF global Changes Management agenda (SRS, IPSAS and VISION) in ACO by ensuring implementation remains on track and staff receive necessary training and orientation and are supported in all material respects.

Strategic Risk Management

For natural environment risks directly related to emergency preparedness and response, Country office conducted its risk assessment through EWEA system for emergency preparedness at two levels. First, the zone offices did necessary analysis and lesson learned and identified areas prone to disaster. Emergency supplies identified under EWEA were procured and prepositioned within partner agencies while response was on requirement basis. For 2011 the emergency planning and management involved more people and all section with greater responsibility. Harmonized Emergency Response Management Initiative (HERMI) was introduced and with all sections preparing their plans. The country offices through its zone offices undertook several emergency responses in coordination with government, NGOs and other UN agencies. Advance preparedness planning and preposition of emergency items helped to respond in right time. As cluster leader, UNICEF also significantly coordinated in key sectors like WASH, Education and Nutrition for emergency response as required.

At the end of 2010 office identified five priority areas from RCSA and conducted quarterly follow up on action plan. Security & Safety related risks were the highest priority. Staff training and co-location of UNICEF offices with other UN agencies were successfully conducted. Actions taken to address Budget Management risks helped to secure security related funds by applying specific budget request in funding proposals. Revised Table of Authority issued in April streamlined the business processes. Mid-term review process is ongoing and seeks to address Programme Strategy related issues such as refining programme focus based on the evolving situation in the country. The internal audit in June complemented office's effort to tackle other risks especially Financial Management risks related to payment to counterparts.

ACO also conducted programme criticality review at country and zonal level based on the recent HQ guidelines. This review provides the extent of residual risks that we may have while implementing programmes at different level of criticality.

Evaluation

Of the 20 scheduled studies, surveys and evaluations in the 2011 IMEP, 6 were completed, completed (two evaluations, one joint survey, one study, two assessments). Nine activities are in progress. Five planned activities have been on hold/postponed for 2012.

b) PME section supervises management and implementation of evaluations. Furthermore, a studies, research and publications committee provides oversight for the design, management and review of IMEP activities to improve quality of studies, research and evaluation.

- c) The capacity for evaluation in Afghanistan remains weak.
- d) Results of studies and evaluations and follow up actions are monitored through the studies and research database, at the moment this is ad hoc, a systematic mechanism for monitoring and follow up of recommendations of evaluations will be put in place next year. Follow up of the social work coaching project evaluation resulted in a bridge phase and a longer term strategy for social workers' capacity development.
- e) UNICEF collaborated with the Resident Coordinator's Office for UNDAF monitoring
- f) IMEP implementation review is on the regular CMT agenda.

Effective Use of Information and Communication Technology

Information and communication technology services have been leveraged to attain higher levels of operations efficiency in programme management. There is increased usage of inter-office communication system as a result of reliable infrastructure and quality of service. This communication platform was the primary option for inter-office networking, meetings and regular communication thereby enhancing effective and efficient communication. The use of Video-Conferencing has promoted in-country and regional interaction in key undertakings including MTR process, participation in regional Programme events and remote programme management within Afghanistan.

Implementation of Web Conferencing capabilities supported the delivery of important training to staff across Afghanistan (including VISION) and participation in global events related to VISION. The office successfully planned, executed and supported office-wide VISION training consisting of 220 staff. This important training event was conducted free of incidents, and all participants were able to undertake training on the "live-environment" in addition to having access to iLearn materials. The office Achieved 100% upgrade to Windows7 and Microsoft Office 2010. An ICT workshop for all ICT staff was organized to facilitate skill and knowledge transfer, including Windows 2008R2 Hyper-V training.

Office successfully implemented a Corporate Skype Account for UNICEF Afghanistan, a project that is geared towards promoting Skype as a remote programme management tool and taking advantage of its universality to provide cost effective communication platform for remote locations. It is due for full implementation in the first Quarter of 2012.

System availability for all core UNICEF systems and applications sustained at more than 98% for the entire year; continued maintenance of disaster recovery infrastructure ensures readiness to manage disasters; Kabul based centre (including three zone offices) has an automatic failover and Dubai site can be activated in less than 36 hours. Both locations have capacity to provide ICT services for entire office. Integration of Mobile technology, the internet and UNICEF's Email system has improved the reliability (to 99%) and efficient dissemination of critical security related information to staff. Implementation of Internet usage policy in Kabul has facilitated prioritization and effective usage of the office internet bandwidth (more than 90% bandwidth is dedicated to official usage).

An area of growth is to develop IT enabled solution for programme implementation monitoring, knowledge management, office management and supply chain management. IT based solutions is also an important risk mitigation strategy in a programming environment where physical access to intervention sites is limited.

Fund Raising and Donor Relations

During 2011, the Country Office actively engaged donors and received good cooperation from them. All the 45 donor reports due in 2011 were submitted in time and favourably received by the donors. Concerted fundraising enabled the office to mobilise 73% of the planned 2011 OR the budget of US\$64,587,000; and

45% of the US\$22,698,000 requested from donors to meet the 2011 humanitarian needs. The Country Management Team ensured that the funds available in 2011 were optimally utilised with 99% utilisation rate to achieve results for children.

Even though the office has been successful in mobilizing short-term funding against the country programme requirements the level of funding to Afghanistan will likely be affected by the current financial crisis in the major donor countries. Long-term un-earmarked thematic funding which is crucial in complex programme implementation environment such as Afghanistan has been difficult to obtain. Furthermore, mobilizing funds for emergency humanitarian actions has become more challenging as Afghanistan transition's into the development phase and increasingly attracts closer public and political scrutiny of the aid. The planned withdrawal of foreign forces by 2014 may also result in exit of some of the main donors from Afghanistan especially at a time when the deteriorating security situation is imposing This is a very high standard on UNICEF for security procedures and logistics to ensure the best possible security for personnel and property. In this regard, the Office took a decision in 2011, to request donors to factor in, the high cost of doing business in Afghanistan when considering funding to the country.

Given this evolving aid and programme environment, the office responded by deepening partnerships with existing donors, engaging new donors and increased participation in joint or pooled funding mechanisms. UNICEF as the Supervising Entity for the Global Partnership for Education in Afghanistan facilitated the development of Afghanistan's proposal and participated in the November 9, 2011 pledging Conference in Copenhagen, Denmark in which US\$ 1.5 billion was pledged for education over a period of three years. The Office is also developing a Fundraising Strategy which will be finalized and implemented in 2012.

Management of Financial and Other Assets

Implementation of audit recommendation after the June 2011 internal audit is already underway, starting with areas that were rated as "high priority". In addition, the office continues to address risks identified in the RCSA.

DCT has continuously been a standing agenda item in the CMT. As at end of November 2011, the office has zero outstanding DCTs over 9 months and DCTs aging 6-9 months accounts 7.4%. Regular DCT reporting requirements on DCT, bank optimization and reconciliation have been submitted to RO and HQ within the established timeframe.

The initiative undertaken by the office in 2010 to purchase local currency through a competitive process has continued throughout this year. This has resulted in significant gain and efficient benefit to the organization. As of November, 30, 2011, the office gained/saved a sum of US\$ 272,429.

The ACO achieved major milestone this year in terms of HACT micro-assessment and assurance activities. While the micro-assessments of Government IPs (line ministries) are being conducted by the World Bank, similar activities for NGOs and INGOs are currently being undertaken by a private audit company. UNICEF, on behalf of Ex Com Agencies (i.e. UNDP, UNFPA and UNICEF) entered into an agreement with the audit company to conduct the micro assessments of NGOs and INGOs as part of HACT implementation in Afghanistan. Assessments of several NGOs are complete and expected to continue to first quarter of 2012.

The cost of doing business in Afghanistan is prohibitively high and would be impossible without pooling resources with other UN Agencies for shared common services. This is further exasperated due to under-resourced support budget. Security enhancements to the UNICEF office premises, procurement of armoured vehicles and increase in the number of armed guards following a security incident in Mazar early this year, overstretched the support budget. The sustainability of operational security costs is a challenge and cannot easily be passed on to donors to match the office's ever-increasing security compliance requirements.

With the exception of all zone offices and guest houses for international staff are MOSS/MORSS compliant. Guest houses were renovated and furnished in Kabul to meet minimum quest house standards and a staff

recreation room was renovated but not yet operational due to insufficient furniture and fittings.

Supply Management

In tune with prior years, supply inputs remain a major component of country programme throughout accounting for approximately 30% of the programme budget (or US\$ 31.4 million). ACO Supply Plan was finalized / consolidated by end of March, 2011 and again reviewed in July 2011 to cater for additional programme needs. Overall procurement during the year was within the supply plan.

Local procurement of services and goods in addition to direct ordering constituted approximately 21% of the supply plan or USD 6.4 million. ACO continues to face difficulties in sourcing the required supplies locally primarily due to little or no local manufacturing capacity, thus fully dependent on traders who source supplies from neighboring countries mainly Pakistan and Iran. Off-shore procurement represents 79% of the supply plan mainly for life-saving products such as vaccine, essential medicines and health and nutrition commodities. However from June 2011 the office had faced major challenges in getting supplies into the country owing to further restrictions by Pakistan Federal Board of Revenue (FBR) on goods in transit to Afghanistan including by the UN Organizations. The new regulation calling for upfront bank guarantees of the applicable import duties was found not to be workable by both banks and the shipments owners due to risk factors involved. As a result, number of containers are stranded at Port Qasim in Karachi, Pakistan. The situation was aggravated by the recent closure of Pakistan / Afghanistan borders affecting all transit shipments to Afghanistan. This is expected to result in huge demurrage and storage charges for the containers. While the issue is now being followed through by UNCT, easy solution is not expected soon. To mitigate the situation Supply & Logistics started exploring possibilities of other routes to Afghanistan. A trial shipment is currently on its way to Afghanistan via Bandar Abbas in Iran.

In preparation for Vision & IPSAS, inventory level of programme supplies had been reduced from around 10 million in January 2011 to slightly over 4 million at the end of November 2011. Efforts were also extended to expand the National EPI storage capacities in addition to the establishment a cold room at Kabul Airport to reduce the risk of vaccine getting spoiled due to delays in customs clearance.

Human Resources

ACO's working environment has been significantly facilitated by open and supportive communication within the office. All-staff meetings, as well as, JCC and CMT meeting were scheduled monthly thereby ensuring ongoing dialogue, which enabled issues to be timeously identified and addressed. Staff prioritized the completion of their performance reports. In March the figures were 67% completed for 2010 and 46% for 2011, this jumped to 95% and 89% respectively in May. Even greater focus will be given to this area in 2012. The office prioritized mandatory group learning in 2011 focusing on security, Competency based approach to interviews, IPSAS and Vision. The training on security included updating mandatory on-line courses and SSAFE. Thirty eight staff participated in the CBI interviewer workshops, equipping them with skills to participate in interviews. Whilst three workshops were scheduled for interviewees, only one was conducted for 22 staff members due to security challenges. All staff identified as potential SAP users have participated in the Vision Training. The office received support from 7 external expert facilitators and training was conducted over a period of 2 weeks. Staff completed the IPSAS training as a prerequisite for Vision.

Following a review of the response to the global staff survey, the office also prioritized completion of the on-line Prevention of Harassment course for all staff. In February, stress counselor from Headquarters visited Afghanistan and conducted various group and individual sessions. Unfortunately, due to security restrictions, she was only able to travel to one zonal office, Kandahar. This was useful in terms of the issues covered and also to create a link with New York. In addition, the UNAMA Counselor facilitated a half-day stress workshop focusing on practical approaches to dealing with everyday stress experienced by females. Security continued to deteriorate challenging UNICEF's efforts to deliver humanitarian assistance. Nancy Osborne, a Security Officer from New York visited twice and facilitated workshops on security concerns

faced by females in Afghanistan.

Finally recruitment has been processed relatively smoothly, with over 55 posts being filled in the course of 2011. Given that many of these were key posts in the office, having this filled has a positive impact on the programme. A challenge remains attaining gender parity within the office in a social setup that is not necessarily supportive of this. In order to address specific issues faced by women, the Women's Forum was reestablished and active in supporting the activities mentioned above relating specifically to women.

Efficiency Gains and Cost Savings

In light of security concerns and costs associated with programmes initiated in Afghanistan, UNICEF has guided its thinking towards applying different strategies and approaches over the last months. The country office has also looked at a number of new measures to facilitate programme implementation and monitoring.

Security continues to be a major component of the operating cost for ACO, accounting for approximately 30% of the overall programme support budget. Therefore, attention is being focused on robust cost reduction in this area. Current MOSS/MORSS for Afghanistan requires the presence of international armed guards in all UN office locations and guest houses countrywide. Starting in 2010 ACO decided to collocate both office and guest-house accommodation in Kabul and in 4 zone offices with other UN agencies. These measures alone are expected to save approximately USD\$200,000 per month when completed.

Prior to this security requirement UNICEF had offices and guest houses in separate facilities making it impossible to manage with limited number of guards. To rationalize security cost, this had to change. By the end of 2011, ACO had established two complete joint office and guest facilities. This is in addition to the Kabul office which is in a joint UN compound. Two more offices are at advanced stages of relocating to pooled compounds and expected to be completed in the first half of 2012. This will allow for more effective operations in the long term and is also expected to yield substantial cost savings particularly in the area of security.

In addition to above, several other initiatives have been undertaken in line with the Executive Director call in early 2011 for COs to find ways to minimize costs in general. In the area of ICT, Kabul and all zone offices are now fully connected and using video conferencing facilities thereby minimizing need for travel and associated costs.

With regards to the operational support, ACO used the occasion of 2011 PBR to consolidate the functions of Finance and Procurement for Southern Region in Kabul while maintaining a level of operations functions at the field to ensure effective support to the programme. ACO will draw on lessons learned on this strategy when it conducts its mid-term review in 2012.

Office will finalize MTR for the 2010-2013 in 2012 and while no major adjustments are expected in the country programme direction, there are tweaks in the strategy with implications on CPMP.

Changes in AMP and CPMP

Following MTR there are no major changes in programme focus. However there is a prioritization of interventions and geographical focus and areas of growth are ICT, social protection, significant reforms in C4D and M and E.

These may lead to changes in competency profiles, reporting lines and new posts. However no major changes are expected in the staffing structure.

Summary Notes and Acronyms

AFGS Afghanistan Family Guidance Association
AGEI Afghanistan Girls Education Initiative
AIHRC Afghanistan Independent Human Rights Commission
AMS Afghanistan Mortality Survey
ANDS Afghanistan National Development Strategy
ANP Afghan National Police
ANSF Afghan National Security Forces
BPHS Basic Package of Health Services
BRAC Building Resources Across Communities
BSF Bio-Sand Filters
CAAC Children and Armed Conflict
CBS Community Based School
CDC Community Development Council
CES Cost Effective School
CHA Coordination of Humanitarian Assistance
CHC Community Health Centre
CHW Community Health Worker
CLTS Community Led Total Sanitation (CLTS)
CMAM Community Based Management of Acute Malnutrition
CP Country Programme
CPAN Child Protection Action Network
CRD Civil Registration Department
CSO Central Statistics Organisation
DRR Disaster Risk Reduction
DPT3 Diphtheria, Pertussis, Tetanus
ECE Early Child Education
EiE Education in Emergencies
EIP Education Interim Plan
EMIS Education Management Information System
EmOC Emergency Obstetric Care
EmONC Emergency Obstetric and Neonatal Care
EPHS Expanded Package of Health Services
EPI Expanded Programme for Immunization
ER Early Recovery
GCMU Grants and Contracts Management Unit (in MoPH)
GPE Global Partnership for Education
H1N1 Influenza A virus
H4+ Health Four Plus
HIV Human Immunodeficiency Virus
HMIS Health Management Information Systems
IBBS Integrated Biological and Behavioural Surveillance Survey
IDU Intravenous /Injecting Drug User
IMCI Integrated Management of Childhood Illnesses
IMP Integrated Minimum Package
INEE Inter-agency Network on Education in Emergencies
IPSAS International Public Sector Accounting Standards
IR Intermediate Result
ISAF International Security Assistance Force
ISF Integrated Strategic Framework
IYCF Infant Young Child Feeding
LOA Letter of Agreement
MAIL Ministry of Agriculture Irrigation and Livestock
MCI Ministry of Commerce and Industry
MCV1 Measles Continuing Vaccine
MMR Maternal Mortality Rate
MICS Multiple Indicator Cluster Survey

MRRD Ministry of Rural Rehabilitation and Development
MoD Ministry of Defence
MoE Ministry of Education
MoI Ministry of Interior
MoJ Ministry of Justice
MoLSAMD Ministry of Labor and Social Affairs, Martyrs and the Disabled
MoPH Ministry of Public Health
MRM Monitoring and Reporting Mechanism
NESP National Education Strategic Plan
NGO Non-Governmental Organisation
NID National Immunization Day
NiE Nutrition in Emergencies
NDS National Directorate of Security
NPP National Priority Programme
NRVA National Risk and Vulnerability Assessment
OTP Outpatient Therapeutic Programme
PEI Polio Eradication Initiative
PPTCT Prevention of Parent to Child Transmission
RAMOS 1 Reproductive Age Mortality Survey
SAIEVAC South Asia Initiative to End Violence against Children
SBA Skilled Birth Attendant
SIAD Short Interval Additional Dose
SF Supplementary Feeding
SMC School Management Committee
SMS School Management Shura
SOP Standing Operating Procedures
STI Sexually Transmitted Infections
SUN Scaling Up Nutrition
TFU Therapeutic Feeding Unit
TLM Teaching Learning Materials
TTC Teacher Training College
UAM Unaccompanied Minor
UNAMA United Nations Assistance Mission in Afghanistan
UNFPA United Nations Population Fund
UNODC United Nations Office of Drugs and Crime
VISION Virtual Integrated System of Information
WASH Water, Sanitation and Hygiene
YICC Youth Information and Contact Centres

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Evaluation

Other Publications

Lessons Learned

Programme Documents