Executive Summary

The operating environment in Afghanistan remains extremely challenging.

Yet, the year 2012 was marked by significant progress in the identification and implementation of strategies to increase the access and impact of efforts to maximise sustainable results for the most disadvantaged Afghan children. This included a more sophisticated approach to security risk management, with community engagement, acceptance and ownership at its core.

In Health, there was an increased emphasis on measures needed to increase routine immunization coverage, both as an end in itself and also as essential for achieving and sustaining the eradication of polio. In Nutrition, the emphasis shifted from dealing with the most acute symptoms of under-nutrition to an inter-sectoral approach to address the underlying causes.

In Education, the year 2012 saw the successful completion of the Japanese-funded ‘1,000 Classroom’ school construction project in Kabul, and the initiation of a new US$25 million project to construct 70 schools in the Central Highlands – again with Japanese support. Significant progress was made in the establishment of community-based schools and in operationalizing the concept of ‘Child-Friendly Schools’.

There was a deliberate sharpening of focus on the sanitation and hygiene components of Water, Sanitation and Hygiene (WASH), including the introduction of an innovative programme on menstrual hygiene. New modalities for school WASH helped foster unprecedented collaboration between the Ministries of Education, Public Health, and Rural Reconstruction and Development.

In Child Protection, the first-ever occupational standards and curricula for social workers were adopted by the Government. The University of Kabul and the Child Protection Action Network was institutionalized in 16 provinces through the creation of dedicated official posts. UNICEF continued to develop its partnership with the Ministry of Haj and Religious Affairs, under which Islamic scholars across the country are engaged as advocates for and defenders of children’s rights.

The ‘One Polio Team’ formed by UNICEF and WHO has been widely hailed as an exemplary partnership model. Independent monitors and advisory bodies have acknowledged that Afghanistan now has the necessary plans and strategies to be able to halt Polio transmission, but have expressed concern at the pace of implementation. The first six months of 2013 will be critical and it is vital that those engaged at the country level be protected from excessive external demands that may serve to distract them from the essential tasks at hand.

National staff members have had to live with high levels of uncertainty and concern for the safety, security and future of their families. These fears have increased with the approach of the 2014 deadline for the transfer of responsibility for security to the national authorities. Fear runs high as preparations get underway for elections, as the prospect of an economic downturn looms, and as reconciliation efforts open up the possibility of the Taliban returning under some form of power-sharing arrangement.

International staff members live and work within tight security restrictions that limit their movement and deny them a normal work-life balance. Yet, the morale of all staff – both national and international – remains high. Such is the staff’s commitment to advancing the mission of UNICEF in Afghanistan.

Country Situation as Affecting Children & Women

Afghanistan has a population of 32.4 million, with a growth rate of 3.1 per cent (UNFPA 2011). Almost 44 per cent of the population is under the age of 15. The country remains one of the least developed, with a per capita GDP of USD 528 in 2010–11, though there has been some improvement in basic social services.

Afghanistan has a high-risk programming environment, characterized by ongoing conflict. While the number of security incidents in 2012 declined, they became more individual-specific and lethal. UNICEF programmes...
and staff continued to be compromised as a result.

Afghanistan’s Human Development Index (HDI) ranking was 172 out of 187 countries in 2011. It was ranked 174th out of 176 countries in the Corruption Perception Index of 2012. Poverty is endemic, affecting 36 per cent of the population.

Following the Kabul Conference in July 2010, the Government drew up a more focused development agenda, drawing upon the 2009 Afghanistan National Development Strategy. The National Priority Programme (NPP) laid the framework for all international cooperation for a three-year period.

Given the changing political and aid environment the three main priorities proposed by the Government are: (1) Sustain the Afghan security structure, maintain peace; (2) Sustain and increase government capacity; and (3) Invest in the Afghan economy. Total public spending, including ‘core’ and ’external’ budget, in 2010–11 was US$17.1 billion. Of this, US$15.7 billion was financed by external aid, while only US$1.9 billion was “on budget.” Finance Ministry guidance now requires that 50 per cent of all development assistance and funding go towards direct, on-budget support and 80 per cent be aligned to the NPP. However, it is unclear how much of the total spending targeted results for children.


According to the Child Mortality Report 2012 and Trends in Maternal Mortality: 1990–2010 Report, the Under-Five Mortality Rate (USMR) stood at 128 per 1,000 live births, while the Infant Mortality Rate (IMR) was at 73 per 1,000 live births in 2011. The Maternal Mortality Ratio (MMR) was 460 per 100,000 live births in 2010. The Afghanistan MICS 2010–2011 (AMICS) shows that USMR was 102 per 1,000 live births, while IMR was 74 per 1,000 live births.

Despite improvements, the state of reproductive and child health services remains grim. Births attended by skilled health personnel increased from 24 per cent in 2007–2008 (NRVA) to 39 per cent in 2010–2011 (AMICS 2010–11). The percentage of moderately and severely underweight children ranges from 23 per cent to 31 per cent, while stunting ranges from 38 per cent to 52 per cent, according to small-scale surveys. AMICS reveals that just 30 per cent of children aged 12–23 months were fully vaccinated. One in four children (24 per cent) is not vaccinated at all against any diseases. Some 57 per cent of the population use improved water sources.

Afghanistan is one of the last three endemic reservoirs of the global wild polio virus, with 34 confirmed polio cases as of December 2012. MICS 2010–2011 data showed only 48 per cent children aged 12–23 months were fully immunized against polio. Low immunization coverage remains a challenge for eradication.

The education sector continues to advance towards achieving Education for All (EFA) and the Millennium Development Goals (MDGs). Under the second National Education Strategic Plan (NESP 2, 2010–14) and the Education Interim Plan (EIP, 2011–2013), the Global Partnership for Education (GPE) gave US$55.7 million to implement programmes in the most deprived and insecure provinces. EMIS data shows student numbers rising from 6.5 million (4.1 million boys and 2.4 million girls) in 2009–2010 to 7.5 million (4.6 million boys and 2.9 million girls) in 2011–2012, a 14 per cent increase. The net attendance rates in primary and secondary education are 55 per cent and 32 per cent, respectively.

According to the UN-led Monitoring and Reporting Mechanism on Children and Armed Conflict, all parties to the conflict in Afghanistan continue to engage in persistent grave violations against children. The UN Secretary-General’s 11th Worldwide Report on Children and Armed Conflict (released in 2012) newly listed the Taliban for attacks against education. It also names the Afghan Local Police (and National Police) for under-18 recruitment and deployment. As of end-November 2012, at least 1,131 children were killed or injured as a direct result of the conflict. Verified reports indicate that under-18s were recruited by armed opposition groups to assemble and plant improvised explosive devices (IEDs), and participate in suicide
operations. Such children were held indefinitely in international military and national detention facilities on national security charges. While UNICEF was denied access to under-18s under international military detention, *ad hoc* access was provided to support such children in national detention.

According to the World Bank in Afghanistan, significant foreign aid has funded the delivery of essential services like health and education, infrastructure and government administration. While improving lives, foreign funding has also led to parallel systems, waste, corruption and aid dependency.

Afghanistan has about 450,000 Internally Displaced Persons (IDPs) and 5.7 million refugees due to conflict or natural disasters. Prone to recurrent natural disasters, families and children have become more vulnerable. Small-scale surveys conducted in drought-affected areas and data collected from community sentinel sites confirm the precarious nutrition situation, particularly in remote and drought-prone regions.

In 2009, the Government of the Islamic Republic of Afghanistan (GoIRA) enacted the Elimination of Violence Against Women (EVAW) law, criminalising numerous forms of violence found in traditional practices. However, women still lack access to formal legal aid. Between August and October 2012, more than 355 children (67 girls) were reported killed or injured in armed conflict. Other grave violations included attacks against education and health facilities (27 incidents), abductions (5 incidents), under-age recruitment (4 incidents) and denial of humanitarian assistance (11 incidents). Arson attacks on girls’ schools were reported in several provinces.

The Human Rights Commission is keen to advocate for women’s rights. However, Afghan women and girls continue to be compromised, particularly in education, health and employment (*NRVA 2007–8*). The literacy rate for young women aged 15 to 24 is just 22 per cent, compared to 51 per cent for men. Similarly, the attendance rate for girls aged 7 to 12 (46 per cent) is considerably lower than that for boys (63 per cent) (*MICS 2010–2011*).

**Country Programme Analytical Overview**

Following the 2012 Mid-Term Review (MTR), the Afghanistan Country Office (ACO) refocused its Country Programme on MDGs. It supports the Government’s development process; pushes for action on the recent Convention on the Rights of the Child’s (CRC) concluding recommendations; and applies and adapts the latest lessons from UNICEF’s global strategies.

The Programme results for 2012–2013 were revised as follows: (1) Education of girls and women increased through more equitable access to quality basic education; (2) Child and Maternal Mortality reduced through more equitable access to quality health, nutrition and WASH; (3) Children and young people better protected from exploitation and abuse; (4) Capacity of UNICEF and partners increased in research, monitoring and evaluation, data collection and analysis; (5) Partnerships, resources and public support mobilised to promote, advocate and fulfill child rights; (6) Timely emergency preparedness and response improved; and (7) Programme management and operations support made more effective.

The 2012–2103 RWP (Rolling Work Plan) was based on these revised Programme Component Results (PCRs) and the Country Programme Results matrix was revised accordingly, and reviewed jointly with the Government. UNICEF is on-target for five PCRs and constrained on two – Health & Nutrition and Communication & Advocacy/C4D. Progress against 21 IRs is on track, five are constrained, while there has been no progress in one. Programme implementation was affected by insecurity, government incapacity, absence of reliable data, lack of long-term predictable funding and lack of congruence between provinces where UNICEF has been investing its resources and the other provinces.

Current interventions are shifting to a more equity-based approach, with programme focus targeted on planned results. These shifts are being implemented based on provincial deprivation. Advocacy meetings have been held with the Ministry of Foreign Affairs (MoFA), Ministry of Finance (MoF), Line Ministries and Governors of focused provinces. The Afghan Ambassador to the UN has also been supportive. Key donors to UNICEF Afghanistan have been appreciative of the ‘bold’ approach. Nevertheless, more negotiation is required to raise funds supporting the shifts.
The lessons learned are development aid coordination; programme criticality assessment highlighting priorities, and the need to develop context-specific programme modalities; results-based convergent programming within a life-cycle approach in the most deprived areas and populations; innovations in programme delivery and monitoring; mechanisms for programme implementation and monitoring in high-risk programming environments; community engagement and empowerment, for both programme security and implementation; private sector engagement; and district-level mapping and micro-planning; new Government budget financing and aid coordination policy initiatives at national level; accelerated implementation at scale in more rationally prioritised provinces and districts; increased emphasis on more coherent capacity-building; and more strategic partnerships. To improve access and reduce security risks, particularly in highly insecure provinces where UNICEF seeks to scale up programmes, efforts were undertaken to raise the visibility and awareness of UNICEF’s mandate among all Afghans.

A more in-depth analysis of poverty and deprivation trends from the 2012 NRVA Survey and analysis of the situation of children will inform the development of the next country programme.

The current United Nations Development Action Framework (UNDAF) will be extended by one year to 2014, aligning it with the Government of Afghanistan’s new national development framework 2015–2024. Consequently, the ACO proposes to extend the current Country Programme to end-Dec 2014.

**Humanitarian Assistance**

Frequent violence, natural hazards and disasters resulted in severely undermining the resilience of communities. Even small-scale hazards (such as flash floods) tend to have a devastating effect on Afghans, nearly half of whom are children. Only 57 per cent of Afghan households have access to safe water, and just 29 per cent to improved sanitation. Only 42 per cent of the population practices hand-washing. Acute child malnutrition in provinces ranges from 2.8 per cent to 17.0 per cent. The country has one of the highest under-five mortality rates in the world, and very low immunization coverage – 31 per cent for DPT3.

In 2012, children constituted 73 per cent of casualties due to explosive remnants of war and mines. Children continued to be recruited as child soldiers, while those displaced continued to be vulnerable to exploitation and abuse. Deliberate attacks on schools and hospitals have left many primary-school-aged children out of school. Continuing insurgency ensured that most of the 500 schools closed in 2011 did not reopen. Meanwhile, the withdrawal of international forces may result in reduced humanitarian funding and access to parts of the country, as the stability and security situation worsens, reducing access to basic services especially for children.

**Effective Advocacy**

*Partially met benchmarks*

In 2012, following the recommendations of the MTR, the Communication & Advocacy section worked to clarify key elements of the organisation’s communication strategies to build and strengthen awareness and understanding of the organisation’s unique mandate and its programmes in Afghanistan and to engage in broad level, public and private advocacy on the rights of women and children, issues of equity and human-rights based approaches, as well as the plight of the most vulnerable.

To this end, the Communication & Advocacy section has proactively built relationships and strategic partnerships with news channels, media groups and training institutes to strengthen the organisation’s ability to use its technical expertise and limited resources to reach as many Afghans in priority areas with key messages and information. A major element of building relationships and partnerships with the media has been through capacity building, including the training of more than 70 journalists on child-sensitive reporting, polio eradication efforts and the situation with children affected by armed conflict.

Among the innovations introduced in 2012 was a high-level advocacy strategy to reach the world’s major donors and most senior decision-makers during discussions on the future of development in Afghanistan. To
lverage resources for children and vulnerable groups, UNICEF developed and disseminated advocacy messages to national and international media, and to donors and decision-makers that participated in the International Conference on Afghanistan (the Tokyo Conference) held on 8 July 2012. In the run-up to the conference, UNICEF advocated vocally and consistently, in public and in private, that a durable peace will not be achieved in Afghanistan without investment in providing quality basic social services that enable today's generation of Afghan children to develop to their fullest potential.

Recognising the role that the local communities can play in realizing the rights of women and children and development itself, the Communication & Advocacy section and the Communication for Development section have begun working together to strengthen community-level communication strategies. These strategies aim to ensure community ownership and empowerment to build closer relationships with communities, working through community structures to gain access and facilitate programme acceptance. The inclusion of the voices of children in public communication, as well as in programme design and implementation, will be strengthened in 2013.

**Capacity Development**

*Fully met benchmarks*

Following the MTR, the approach to Capacity Development changed in 2012 and included review (to be completed) of the technical assistance (human resources) to the Government at the central and provincial levels. There was a programming shift to focus efforts at the provincial level with a view to contribute to improvements in sub-national governance, increase the technical capacity of provincial line departments and Afghan civil society, improve and introduce innovative ways of monitoring and strengthening engagement with communities as a means to increase programme acceptance, reduce risk and build the capacity of community structures. The programming shift also prompted a review of technical guidelines and subsequent improvements in policy, which, in turn, triggered a series of actions to reorient and train the key players. The changes were notably in the areas of routine immunization, bolstering the outreach service delivery mechanisms, justice for children and cluster coordination to improve emergency response.

**Communication for Development**

*Partially met benchmarks*

In addition to the direct contributions of the Communication for Development (C4D) section to IR 5.3, under PCR 5, C4D focal points were assigned to provide technical support in routine immunization, nutrition, emergency obstetric care, child protection and hand-washing. The MTR had recommended placing greater emphasis on achieving results in these areas and the C4D section aligned its rolling work plan closely with those of the programmes to support the achievement of priority programme results.

Also, following MTR recommendations, greater emphasis was placed in 2012 on establishing and strengthening partnerships at the community level, on community-level interventions, and on building understanding of the contribution that C4D can make at this level. The "triple C" approach of Community dialogues, Community information boards, and Community communication surveillance was introduced in two of the most underserved provinces.

The C4D programme is working to build more effective partnerships with community-based organizations and to develop the capacity of community-based organizations and civil society organizations to use C4D approaches.

There has also been a move to introduce longer time-frames, better continuity and more frequent engagement in UNICEF’s C4D approaches in Afghanistan to achieve long-term and substantial results in behavioural and social change efforts. These longer-term approaches also include “exit strategies” that involve the progressive development of capacity and responsibility within communities themselves, as well as ownership of communication activities within government authorities. Working with community-based
organization like Community Development Council (CDCs) resulted in increased engagement and empowerment of local communities and these interventions will be scaled up in 2013 across all focus provinces.

The C4D programme is also moving towards a more data- and evidence-driven approach (both quantitative and qualitative), improved monitoring and evaluation mechanisms, and documentation. A key emerging area within C4D is the move towards a social norms approach. In 2012, the programme began the process of building internal understanding of the way social norms influence the well-being of children in Afghanistan and identifying ways to address these.

**Service Delivery**

*Fully met benchmarks*

Systematic analysis of bottlenecks in service delivery as a consistent approach has been incorporated by all the programme sections. As part of the process to phase in the programme in the most deprived focus areas, province by province analysis will be undertaken. The early starters are the polio and routine immunization programmes, where the Government and relevant stakeholders have been engaged to revamp service delivery. In education, following a child-friendly approach, the reasons that lead to drop-outs and the poor quality of teaching are beginning to be identified.

**Strategic Partnerships**

*Mostly met benchmarks*

Strategic partnerships, as a strategy to improve focus on results, got renewed impetus to achieve the MTR recommendations. Work to build such partnerships has begun in the area Disaster Risk Reduction. Detailed mapping of partners, their capacity, and interest to work towards results for children in the focus provinces has been completed. Following a planning process, the partnerships will be put in place. There is an acute need to develop such partnerships to generate data. However, data collection capacity is very low and will require concerted efforts to build capacity in the Central Statistics Organisation and research organisations in the country.

**Knowledge Management**

*Mostly met benchmarks*

Planning for the Situation Analysis of Women and Children is underway and will be completed by July 2014. Several local researchers, research organisations, statisticians and international researchers with expertise in Afghanistan will be engaged to conduct a variety of analyses. A strategy on using IT-based solutions is in place, with clear terms of reference that outline the roles and responsibilities of those involved. An information management function has been created within the Planning Monitoring and Evaluation team to support the Knowledge Management function. The recent induction of a Policy Analyst and Social Policy specialist will provide additional analysis capacity to the office as a source of knowledge for children in Afghanistan. More support and options are needed to develop appropriate storage and retrieval mechanisms.

**Human Rights Based Approach to Cooperation**

*Fully met benchmarks*

Following the MTR, the senior management has promoted the use of CRC concluding ‘Observations for Afghanistan’ as the basis to reorient the Country Programme and develop mechanisms with the Human Rights Commission to act and report on them. Focus on deprivation (the causes and the most deprived groups) is
the cornerstone of programming and advocacy. Through the conduct of SitAn, there will be opportunities to improve the participation of rights holders and duty bearers. A systematic process to maintain dialogue with Afghan communities is critical to develop relevant programmes and increase programme acceptance, especially in areas affected by conflict and insurgency, and this will be the key responsibility of the newly formed C4D team.

Gender Equality

*Fully met benchmarks*

Focused work is urgently needed to develop a gender strategy to improve and consolidate the analysis and implement strategies, and then embed them in the various programmes. This will be a focus area next year.

Environmental Sustainability

*Partially met benchmarks*

This is much neglected land area in Afghanistan and there is not much leadership to incorporate issues of climate change, environmental degradation and the unethical extraction industry that is beginning to gain importance. Nevertheless, there is strong commitment to significantly enhance UNICEF’s leadership role in Disaster Risk Reduction, child-centred approaches to building community residences, and risk-informed strategies. These are areas for careful review.

South-South and Triangular Cooperation

Following the successful interruption of the Polio virus circulation in India, the Afghanistan Polio programme has been liaising closely with the India Polio Programme to benefit from its expertise and the lessons learnt. Collaboration in 2012 included revision of the Monitoring & Evaluation (M&E) framework for the communication network in the southern region of Afghanistan, collaboration in the revision of the IPC training modules and lesson plans for vaccinators and social mobilisers, adoption of innovations like dot marking of houses prior to campaigns by social mobilisers, and study visits by Polio teams to the high priority provinces of Bihar and Uttar Pradesh in India.

In 2012, UNICEF facilitated regional knowledge exchange visits of government staff from the Ministries of Rural Rehabilitation and Development, Public Health, and Education to India and Nepal. The objective was to gain knowledge from the extensive Indian and Nepalese experience in implementing Water, and Sanitation and Hygiene promotion interventions in schools. This knowledge could then be applied in Afghanistan as well. UNICEF also supported the participation of key government officials to attend a preparatory meeting in Nepal for the 5th South Asia Countries Sanitation conference. The aim of the meeting was to follow-up regional commitments on progress towards sanitation goals, specifically scaling up access to sanitation and strategies for the elimination of open defecation. Implementing sanitation and hygiene promotion interventions as key inputs to eradicate polio was an important lesson learned from India.
**Narrative Analysis by Programme Component Results and Intermediate Results**

**Afghanistan - 0060**

**PC 1 - Health and nutrition**

**PCR 0060/A0/06/009 PCR 009: Child and maternal mortality are reduced through more equitable access to quality health, nutrition and WASH services.**

**IR 0060/A0/06/009/001 IR-2.8: Adequate Technical Capacity in place to deliver country programme results in Health, Nutrition and WASH.**

**IR 0060/A0/06/009/002 IR-2.8: Adequate Technical Capacity in place to deliver country programme result in Health, Nutrition & WASH.**

**IR 0060/A0/06/009/003 IR- 9.3 By 2013, in 10 priority provinces, in partnership with BPHS 60 per cent of pregnant women, newborns and under five children have access to quality, community-based minimum package of health and nutrition services, and mothers with complicated pregnancies have access to quality EmOC services.**

**IR 0060/A0/06/009/004 IR-2.8: Adequate technical capacity in place to deliver country programme results in Health, Nutrition and WASH.**

**IR 0060/A0/06/009/005 IR- 9.5 By 2013, in 10 provinces, 30% under five children and pregnant and lactating women have access to and utilise quality community and facility based interventions for the prevention and management of malnutrition (Acute severe malnutrition, stunted micronutrient deficiencies).**

**IR 0060/A0/06/009/006 IR-2.8: Adequate Technical Capacity in place to deliver country programme result in Health, Nutrition & WASH.**

**IR 0060/A0/06/009/007 IR-9.7 By 2013, mothers identified as HIV positive and their newborns have access to PMTCT services in five regional hospi**

**IR 0060/A0/06/009/008 IR-9.8 By 2013, support to Government results in increase to access to water and sanitation and hygiene among rural populat(252,273) from 39% to 45% and 30% to 36% respectively.**

**IR 0060/A0/06/009/009 IR-9.9: Adequate Technical Capacity in place to deliver country programme result in Health, Nutrition and WASH.**

**PCR 0060/A0/06/014 PCR 2: Child and Maternal Mortality are reduced through more equitable access to quality health, nutrition and WASH interven**

- **On-track**

**IR 0060/A0/06/014/001 IR 2.1 By 2013, routine and supplementary immunisation services, especially in areas with immunisation coverage less than 50 per cent, are strengthened.**

**Progress:**

In Kandahar city, four batches of Expanded Programme on Immunization (EPI) micro-planning provincial workshops were conducted. The first batch of EPI micro-planning workshop for Kabul and Logar provinces was conducted and a detailed micro plan has been developed for five health facilities of Paghman district of Kabul province, for 32 health facilities in 14 districts of Kandahar city, and in five health facilities in two districts of Nangarhar province.

In preparation for the introduction of the new vaccine, four walk-in cold rooms with a gross capacity of 120m³ have been procured and installed, with the total net capacity increasing by 24.8m³. The training of 96 regional and provincial cold-chain technicians was planned for December 2012.

UNICEF, in coordination with the Grant Contracts Management Unit (GCMU), advocated and influenced the Ministry of Public Health (MoPH) to review the EPI policy on vaccinators’ salary scale. This resulted in the increase of the vaccinators’ salary scale from US$120 to US$160 per month. In addition, the incentive for outreach services was increased from US$2 to US$4 dollar per outreach and US$8 dollar for mobile services. Salary was cited as a significant bottleneck that compromised performance.
The EPI program conducted integrated Measles and Polio Supplementary Immunization Activities (SIAs) targeting 6.2 million children. The post-campaign assessment survey coverage indicated National coverage of 93 per cent. Out of 55 districts with less that 50 per cent measles coverage in 2012, 22 achieved coverage of more than 70 per cent through Measles SIAs. The campaign was supported by banners, leaflets and radio/TV spots.

Advocacy, education and communication activities were carried out during the Immunization Week. As part of the Child Health Week, a Tetanus Toxoid (TT) campaign was carried out in 93 high schools targeting 52,418 girls above the age of 15; a total of 37,169 girls (60 per cent) were immunized.

**On-track**

**IR 0060/06/014/002 IR 2.2** By-end 2012, at least 95 per cent of caregivers, especially in the 28 high priority districts in the four priority provinces, understand that the threat of polio is preventable through polio vaccination.

**Progress:**

The roll out of the ‘Polio Advocacy and Social Mobilization Plan 2012–2013’ is progressing as planned.

- Consensus was reached on the revised structure of the Polio/Immunization Communication Network (P/ICN), which is in place in 25 of the total 28 districts in the polio priority provinces, with joint training, micro planning and house-to-house visits in place. IPC training material was revised and training for three of the 13 districts was conducted before the October round.

- A new communication campaign concept was agreed upon by all partners. Media campaign, IEC material and partnerships around the ‘Ending Polio is MY RESPONSIBILITY’ campaign was launched in September 2012.

- Partnership efforts are focussing on the Ministries of Religious Affairs, Education, Culture and Information and the MRRD. Over 1,000 imams, 57 radio jockeys, and 24 journalists were provided orientation on polio.

- For effective monitoring, the monitoring framework of P/ICN was simplified for use in October 2012. A communication and demographic programme cooperation agreement (PCA) was piloted in 10 districts in September 2012 and analysis of social data on all confirmed polio cases is underway.

- Innovations: Telephone surveys in the East, South and West regions, and media monitoring for media campaigns, among others. Plans are underway for the use of SMS technology to receive reports from the district and sub-district levels.

The KAP (Knowledge, Attitude and Practice) results are being analysed, with the top line findings expected in October 2013. The September National Immunization Day (NID) PCA for communication (in 10 districts) showed that 65.1 per cent of the respondents knew that polio can be prevented. The PCA for the April national campaign showed that 5.2 per cent children were missed during the campaign.

While efforts were made for the timely supply of vaccines and of payments for campaign operations, a few instances of late payments still occurred in 2012 and the reasons for this are being addressed.

For strengthened coordination, regular monthly meetings of the Policy Dialogue Group, weekly National and Regional Standing Committee Meetings, and monthly Social Mobilization Working Group (SMWG) at the national, south and west level are functional and guiding all activities.
Constrained

IR 0060/AO/06/014/003 IR 2.3 By 2013, in 10 priority provinces, in partnership with BPHS, 60 per cent of pregnant women, newborns and under-five children have access to quality, community-based minimum packages of health and nutrition services, and mothers with complicated pregnancies have access to quality Emergency Obstetric Care (EmOC) services.

Progress:

With technical support from UNICEF, the Ministry of Public Health (MoPH) developed and finalized the Policy and Strategy on Reproductive Health, Child and Adolescent Health and HIV/AIDS.

The implementation of the planned activities is ongoing; an integrated package of Maternal and Neonatal Care Health (MNCH) services targeting pregnant women is operational in the Bamyan, Daikundi Herat, and Badghis provinces and in Wakhan district of Badakhshan province. A total of 47,937 pregnant women out of 67,816 received at least one Antenatal Care (ANC) checkup in the target provinces (13,800 in Badghis, 18,993 in Bamyan and 15,144 in Daikundi).

In addition to three hospitals in Daikundi, two regional hospitals in Herat and Badghis are now being supported to provide Essential Newborn care services and obstetric services. A senior neonatologist from Indira Gandhi Hospital Kabul has been recruited to develop the capacity of local doctors on the implementation of neonatal guidelines. Maternity Waiting homes are operational in the Bamyan, Hirat, Badakhshan, Kunar, Laghman, and Kandahar provinces.

In addition to this, 304 health service providers from the Indira Gandhi Institute for Child Health have been trained on the Infection Prevention and Perinatal Death review tools. Maternal Death Review committees have been formed (in Daikundi, Bamyan, Kandahar, Hirat, Balkh, Nangarhar and Badghis), and guidelines and tools for the maternal death notification process and review have been developed.

UNICEF, as part of the Health Cluster, contributed to emergency responses; out of 35,600 targeted families, 24,719 families nation-wide have benefited from the pre-positioning of supplies in emergency. In all, 1,549 Community Health Worker (CHWs) in Daikundi and Bamyan provinces are under training for emergency preparedness for winterization.

The implementation of micronutrient/Iron-Folic Acid (IFA) supplementation for adolescent girls has been deferred to 2013 and will be reported from the second quarter of 2013.

The percentage of children immunized with Penta 3 in the first and second quarters of 2012 is 24 per cent in Bamyan, 35 per cent in Daikundi and 37 per cent in Badghis. The lack of financial resources and capacity at the provincial health facilities has constrained the speed and scale of programme, although its scope is adequate.

On-track

IR 0060/AO/06/014/004 IR 2.4 By 2013, in 10 provinces, 30 per cent of under-five children and pregnant and lactating women have access to and utilise quality community and facility-based interventions for the prevention and management of malnutrition (acute severe malnutrition, stunting and micronutrient deficiencies).

Progress:

The Mid-Term Review suggested that nutrition intervention should be reoriented from emergency to development in order to deliver better results and to help accelerate national efforts to achieve the MDG targets; however, all current nutrition funding is emergency related for the whole of 2012. Also, the majority of drought-affected provinces are in the North, whereas the priority provinces (decided following the MTR) are predominantly in the South. So, in addition to a shift towards development programming, there would also be geographical shift in the focus of nutrition programming.

Since 2012, nine NGOs have been funded to implement Community-based Management of Severe Acute
Malnutrition and Infant and Young Child Feeding Practices (IYCF) practices in 16 provinces. In addition, UNICEF provides Ready-to-Use Therapeutic Food (RUTF) in four other provinces.

A total of 25,967 children with Severe Acute Malnutrition (SAM) were admitted in Outpatient Therapeutic Programme centres (OTPs) in the January-July 2012 period, while 2,108 children with SAM were admitted in Therapeutic Feeding Units (TFUs) in the January-June 2012 period.

During the September round of the NID, 4,916,958 tablets of Albendazol had been distributed to children aged 24-59 months.

Through the Nutrition Cluster, 30 Program managers were trained through Training of Trainers (ToTs) on Nutrition in Emergency. Several more batches of regional trainings for provincial program managers were held before the end of the year.

**Challenges:**

- Although nutrition interventions are considered one of the main components of the revised 2010 Basic Package of Health Services (BPHS) package of interventions, its integration at the level of implementation of routine activities is still a challenge.
- Limited capacity of implementing partners and a weak health system structure.
- Late arrival of emergency funds such as OFDA, create a gap in program planning and implementation.

**On-track**

**IR 0060/A0/06/014/005 IR 2.5** By 2013, mothers identified as HIV-positive and their newborns have access to Preventing Mother-To-Child Transmission (PMTCT) services in five regional hospitals.

**Progress:**

In 2011 and 2012, 150 pregnant women were tested for HIV and three of them were found HIV-positive. Having delivered babies, these three women are under Antiretroviral (ARV) treatment in the Kabul and Herat hospitals.

A tripartite Letter of Understanding (LoU) has been signed by UNICEF, the National AIDS Control Program and the Afghanistan Family Guidance Association for the implementation of PPTCT activities in five regional hospitals. The equipment of PPTCT centres with necessary supplies and the training of facility-based staff are ongoing.

**Constrained**

**IR 0060/A0/06/014/006 IR 2.6** By 2013, support Government in increasing access to water and sanitation and hygiene among rural population from 39 per cent to 45 per cent and 30 per cent to 36 per cent, respectively.

**Progress:**

The plan in 2012–2013 is to provide 252,273 beneficiaries with safe water through the community-based WASH programme. Till the end of September 2012, 9,940 people were provided with safe water through the construction of 59 new water supply schemes. In all, 50 government staff was trained on water quality monitoring and disinfection, the Afghanistan National Water Quality Monitoring Programme was developed, and a manual on water sampling and field testing techniques for the MoPH/MRRD was developed in Dari and English. Work on the Afghanistan National Water Quality Standards for the Afghanistan National Standards Authority (ANSA) was also completed.

Implementation has, however, been constrained due to delays in the approval of the RWP by the government and due to VISION. To some extent, the impact of delays was reduced through the regular monitoring of fund utilisation – which addressed bottlenecks speedily.
On-track

**IR 0060/A0/06/014/007 IR 2.7** By 2012, rural WASH policies, strategies and plans adopted and implemented by the government and partners, mobilise resources to promote commitment to increase access to safe drinking water

**Progress:**

UNICEF has been assisting MRRD, MoPH and MoE in attending various international meeting to advocate about the sector and mobilize more resources. Afghanistan is one of 87 countries that attended the Sanitation and Water for All (SWA) high-level meeting that took place on 20 April 2012 in Washington DC. The meeting brought together Ministers of Finance from developing countries – accompanied by their Ministers responsible for water and sanitation, Ministers of Development Cooperation from donor countries and high-level representatives from development banks and other donor institutions to address the lack of priority given to sanitation and water as a development intervention, the poor targeting of aid in the sector, and the need for robust planning and institutions. Representatives from United Nations agencies and civil society also attended.

At the meeting, the Minister of MRRD presented the Statement of Commitments of the Government of Afghanistan. He committed to increase priority accorded to WASH at the highest level in Government, target resources where they are most needed, increase strong country ownership and national government leadership, develop and implement a national action plan, and monitor progress and mutual accountability to aid achievement of the target.

To monitor these commitments, UNICEF assisted the WSG meeting in conducting monthly meetings that included feedback from 34 provincial RRD directors.

The government has finalised the sanitation strategy plan, and started to structure its budget to include some of the components in the plan for funding.

**IR 0060/A0/06/014/008 IR-2.8: Project Costs**

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<th>PC 2 - Basic education and gender equality</th>
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On-track

**IR 0060/A0/06/013/001 IR 1.1** By 2013, a total of 555,000 primary school-aged children (60 per cent girls in 346 target districts) enrol and pursue quality basic education in Community Based Schools (CBE) (125,000), Accelerated Learning Centres (ALC) (30,000) and construction-supported formal schools (400,000) in target districts in 10 priority convergence provinces

**Progress:**

IR1.1 aims to contribute to increasing access and retention in basic education. The implementation of six...
activities out of eight started, while the remaining two activities were to be implemented in the last quarter of 2012. The progress was as follows:

- During the reporting period, support was extended to a total of 2,677 Community-Based School (CBSs) that provide education to 85,969 children, including 38,641 boys and 47,328 girls (69 per cent of the two-year target), out of which 259 CBSs are newly established with 6,272 children (3,262 boys and 3,010 girls).

- In all, 607 Accelerated Learning Centres (ALCs) were established in the Central, Eastern and Southern Zones, with 15,505 children (3,929 boys and 11,576 girls), accounting for 52 per cent of the target. The CBSs and ALCs were monitored to ensure their functioning, supervision by hub schools, and the transition of Grade 3 students to formal schools.

- Out of the target of 138 schools to be constructed/rehabilitated, 26 were completed, benefitting 44,768 students (17,124 boys and 27,644 girls). The construction of the remaining schools is in progress.

- In all, 38,922 children (17,498 boys and 21,424 girls) completed CBS Grade 3 and transitioned to Grade 4 in formal schools.

- Out of the Teaching Learning Materials (TLM) procured in 2011 for 3.1 million students (CBSs and formal schools) and 72,000 teachers, distribution was completed to 2.57 million children in formal schools and CBSs in cold climate.

- As a way of capacity building and awareness creation on gender programming, a workshop was conducted for 50 participants from the Government and AGEI partners on a gender-responsive budget to be followed with provincial workshops.

The main implementing partner of the Education Programme is the Ministry of Education (MoE). Hence, UNICEF provided technical and financial support to the MoE to facilitate the strategic planning and implementation of RWP 2012-13. This includes paying the salaries of three Technical advisors contracted by MoE to support cohort tracking, CBE and TLM.

**IR 0060/A0/06/013/002 IR 1.2 1,500 formal schools, in 80 districts in 10 convergence provinces implement comprehensive Child Friendly Schools package resulting in improved access, retention and learning achievement**

**Progress:**

IR 1.2 aims to improve the quality of education through the implementation of the comprehensive Child-Friendly School (CFS) approach. Out of eight activities planned for 2012, seven activities are in progress. The progress has been as follows.

- A baseline survey to assess the current status of all 1,500 schools in 10 priority provinces has been initiated.

- Out of the total planned target 1,500 schools, 681 schools in the 10 priority provinces have been identified for child-friendly school interventions during the reporting period.

- A Child-Friendly Schools Training Package has been developed, integrating Gender, WASH, Child Protection and Health in order to promote holistic education development.

- Training of Trainers (ToT) from six provinces on the use of the above CFS package has been initiated. These trainers will later train teachers, school principals and School *Shuras* in their respective provinces.
The challenge in the progress of achieving this result during the reporting period has been:

- Slow progress in the development of the pre-service teacher education curriculum and instructional materials for the Primary Teacher Training Certificate (PTTC) due to the unavailability of full-time material developers (authors).

The following key activities were completed:

- Training materials for teacher development in three main components – Psychosocial support, Advance Pedagogy, and Literacy Enhancement – have been developed. A ToT on Advance Pedagogy and Literacy Enhancement is in progress and will be completed in November 2012. Once the ToT is completed, the training of 2,800 teachers in Kandahar province will be conducted in November–December 2012.
- Eight minority languages teacher’s guides have been drafted and field tested. This activity was anticipated to be completed by December 2012.
- A communication and advocacy strategy for the development of Child-Friendly Schools has been drafted.

The completion rate for literacy learners will be assessed in January 2013, at the end of the nine-month literacy course. The report of completion will be prepared during the first quarter of 2013.

International Literacy Day was celebrated, at both the National and provincial levels, with events organised by the MoE Literacy Department and PEDs with support from UNESCO, UNICEF, ANFAE, and other actors. The literacy events included sports (football, volleyball, basketball), broadcasting spots, and distribution of certificates of achievement and trophies.

As per the recommendation of the MTR, the evaluation of the female literacy programme was scheduled to be conducted during the last quarter of the 2012 Rolling Work Plan. The Terms of Reference (TORs) for the evaluation programme were developed and advertised. Short-listing is currently underway by HR and the Education Section. The assessment will generate lessons learnt and help with an exit strategy for UNICEF. UNICEF is reducing its role in this period of transition until the completion of the evaluation.

On-track

IR 0060/A0/06/013/003 IR 1.3 By 2012 female literacy programme redesigned and 140,000 Female learners of age 15-45 years in current programme complete 9 months literacy course in 2013

Progress:

The Intermediate Result (IR) 1.3 aims to contribute to the increase of the literacy rate among females aged 15-45 years. Out of the five activities planned, three have been initiated and progress is as follows:

- In all, 30,146 female literacy learner courses were initiated in all the zones, reaching a target of 22 per cent at the mid-year.
- The completion rate for literacy learners will be assessed in January 2013, at the end of the nine-month literacy course. The report of completion will be prepared during the first quarter of 2013.
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Constrained

IR 0060/A0/06/013/004 IR 1.4 Supervising Entity for GPE (2012–2014) is in place and functional.

Progress:

The IR 4 aims to support the Ministry of Education to implement the GPE program. UNICEF is the supervising entity. Progress has been slow due to the long process of finalising and signing the two legal agreements to allow the transfer of money to UNICEF from the GPE Secretariat and out to the Government of Afghanistan.
national level, through a five-day workshop, for a total of 100 participants from the 55 districts in 13 provinces (Khost, Paktia, Paktika, Daikundi, Ghor, Badghis, Farah, Helmand, Kandahar, Nuristan, Uruzgan, Zabul and Nimroz). Thirty participants and facilitators from the central MoE supported the GPE annual work-plan preparation.

- The GPE Monitoring Framework was developed in consultation between UNICEF and the MoE Line departments.
- The Transfer Agreement (Money in) between the GPE Secretariat and UNICEF was signed on 9 August 2012. This will enable fund flows from the World Bank as a trustee to the UNICEF Trust Account.
- The Grant Agreement (Money out) between the Government of Afghanistan and UNICEF was finalised and signed on 5 September 2012.
- The request for the first instalment of US$9 million has been prepared and submitted to the UNICEF headquarters. The funds have been transferred to Da Afghanistan Bank to enable the government to implement this program.
- Due to the delay in signing the grant and legal agreements, MoE was scheduled to only conduct mobilisation activities in 2012, including the recruitment of community social mobilisers. MoE was in the process of revising the Operational Plan in consultation with the relevant line departments.
- The revised operational plan was to be discussed with LEG and the ECC during the last quarter of 2012.

IR 0060/A0/06/013/005 IR-1.5: Project Costs

PC 4 - Child protection and youth empowerment

PCR 0060/A0/06/010 PCR 003: Children & young people are better protected from violence, exploitation, discrimination, abuse, & neglect.

IR 0060/A0/06/010/001 IR-10.1: Children in contact with law have received legal protection services in at least 15 provinces

IR 0060/A0/06/010/002 IR-10.2: By 2013 the rate of birth registration is increased to 60% of new born nationwide including in the most conflict-affected and remote areas

IR 0060/A0/06/010/003 IR-10.3: Monitoring and Reporting Mechanisms on Children and Armed Conflict are strengthened for evidence based advocacy tincrease accountability of parties to the conflict.

IR 0060/A0/06/010/004 IR-10.4: Most at risk vulnerable (including children affected by AIDS) children receive coordinated prevention and responseimpact mitigation services, including emergency response in at least 15 provinces

IR 0060/A0/06/010/005 IR-10.5: By 2013 Capacity of 16 Provincial Dept of Youth Affairs is strengthened to run the youth empowerment and participprogramme

IR 0060/A0/06/010/006 IR-3.6: Adequate Technical Capacity in place to deliver country programme result in Protection of Children and Young People.

PCR 0060/A0/06/015 PCR 3: Children and young people are better protected from violence, exploitation, discrimination, abuse and neglect

- On-track

IR 0060/A0/06/015/001 IR 3.1 Children in contact with law have received legal protection services in at least 15 provinces.

Progress:

The implementation of planned activities to achieve IR 3.1 has started as planned. In all, 481 children in detention were provided with legal aid services through direct UNICEF support. The cases of 335 children were processed and closed, while 146 cases are still in process. This represents nearly 32 per cent of all
children in conflict with the law in 21 provinces. UNICEF has also supported the establishment of coordination mechanisms for legal aid providers in all 21 target provinces, which has improved the referral of cases of children between the different legal aid providers. All children in detention are currently accessing legal aid services. To improve the legal process for children and facilitate access to free and quality legal aid, UNICEF also supported the training of lawyers, legal professionals, police and social workers on the Afghan Juvenile Code, child rights and child protection. A total of 4,545 legal professionals, religious leaders, community elders and teachers have been trained so far in 10 provinces.

The first phase of the process for developing a comprehensive child act in Afghanistan was completed. An assessment and review of the current national laws, strategies and policies that support children’s rights to identify gaps and areas of compatibility with the CRC and suggest areas of priority interventions to harmonize the different legal texts related to children in Afghanistan was also completed. A technical committee representing relevant government ministries/institutions, United Nations agencies and civil society to supervise the process and endorse the work of the technical sub-committees was established and trained on the process. The content of the child act has been identified and agreed upon. Arrangements for starting the second phase, which involves drafting of the child act, have been finalized. However, due to funding constraints, there was a delay in starting the second phase, which was originally planned for September 2012.

**On-track**

**IR 0060/A0/06/015/002 IR 3.2** By 2013, the rate of birth registration is increased to 60 per cent of newborns nationwide, including in the most conflict-affected and remote areas.

**Progress:**

An institution with previous experience in birth registration has been identified to conduct birth registration mapping in 13 provinces initially to identify the locations of existing birth registration centers, assess their functionality, identify locations where new registration centers need to be established and to identify technical gaps and areas for improvement in the registration process and methodology. The mapping exercise was scheduled to start as of 1 October 2012 and be completed by end-December 2012.

A total of 132,988 children under the age of 1 year (72,130 boys and 60,858 girls) were registered between January and August 2012. Arrangements are being finalized for the development of a birth registration database that will provide birth registration updated statistics, including for the percentage of children under the age of 1 who have a birth registration certificate segregated by gender and province.

To increase the demand for birth registrations among local communities, TV/radio spots that highlight the importance of birth registration and guidance on how, when and where to register children’s births are broadcasted through national TV/radio channels.

**On-track**

**IR 0060/A0/06/015/003 IR 3.3** Monitoring and Reporting Mechanisms on Children and Armed Conflict are strengthened for evidence based advocacy to increase accountability of parties to the conflict.

**Progress:**

At the end of the third quarter of 2012, five Regional MRM CAAC Task Forces, covering all 34 provinces, were operational and were able to verify 64 per cent of all reported grave violations committed against children by parties to the conflict. Through the MRM CAAC Country Task Force, UNICEF (as co-chair) contributed to the drafting of and submission of regular Global Horizontal Notes and the SG’s 11th Worldwide Report on Children And Armed Conflict (CAAC) in which the Taliban was listed for attacks against education, and the Afghan Local Police were specifically referenced and listed (in addition to the Afghan National Police which remained listed) for under-age recruitment and use.

Regional Monitoring and Reporting Mechanism (MRM) Task Forces continued to advocate at the local level and develop strategies for the prevention of, and response to grave violations, including strategies which led
to the successful withdrawal of international and national military forces from schools in the northern and central regions. Regional MRM CAAC Task Forces continued to conduct orientations and briefings for Government and community stakeholders, as well as other partners on the MRM and on the risks that children faced during conflict. Lack of regular follow-up by the Government of Afghanistan’s Inter-Ministerial Steering Committee on Children and Armed Conflict with the United Nations on the development of a comprehensive inter-ministerial strategy delayed the implementation of the Action Plan signed by the Government on under-age recruitment and use.

Through a partnership with CARE International, a nine-month research programme on attacks against education in Afghanistan has been commenced. In addition, support continued to the Afghanistan Independent Human Rights Commission’s Child Rights’ Unit through a dedicated staff member employed to follow-up on the recommendations of an assessment conducted of the programme agreement between UNICEF and the Afghan Independent Human Rights Commission (AIHRC).

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**On-track**

**IR 0060/A0/06/015/004 IR 3.4** Most at risk vulnerable (including children affected by AIDS) children in at least 15 provinces receive coordinated prevention and response and impact mitigation services, including emergency response

**Progress:**

As of end-September 2012, Child Protection Action Networks (CPAN) became functional in 28 provinces and 54 districts. The networks were able to monitor and respond to 2,042 protection cases (1,717 boys and 325 girls). The case load included children in conflict with the law, child marriage, child sexual abuse and separation from families. All cases were referred to the appropriate social services to legal services, psycho-social, health, education. UNICEF contributed to strengthening the capacity of CPAN at the provincial and district levels by organizing community dialogues to enable CPAN to work directly with communities and conduct prevention activities with the active participation of community members. In all, 522 CPAN members have been trained. Thereafter, the trained members conducted 98 community dialogues session in 17 provinces. In all, 98 communities developed messages to raise awareness and developed action plans to communicate messages on the prevention of abuse, violence and exploitation against children.

The Inter-Agency Working Group on Unaccompanied and Separated children in mixed migration, including members from IOM, UNHCR and ILO, contributed to the finalization of the concept and messages for the ‘Safe Migration’ campaign for children and the youth. An action plan and methodology for field testing of the messages has been finalized in close collaboration with partners. Social Work in Child Protection Standards and Curriculum was finalized in partnership with the National Strategic Development Plan (NSDP) and the Ministry of Labour and Social Affairs, Martyrs and Disabled (MOLSAMD) for three levels of service provision.

In the second quarter of 2012, a Rapid Assessment (RA) tool for Child Protection in Emergency (CPIE) was developed and a series of trainings of trainers was held. Altogether 12 master trainers are in place all across the regions for the Rapid Assessment tool for CPIE – which was contextualized for local use. In all, 12 assessor who implement RA in IDP camps were trained, and the RA tool was field-tested in two IDP camps.

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**On-track**

**IR 0060/A0/06/015/005 IR 3.5** By 2013, the capacity of 16 Provincial Dept of Youth Affairs is strengthened to run the youth empowerment and participation programme

**Progress:**

An assessment of the Youth Information and Contact Centre (YICC) was conducted and a performance improvement tool was developed and used in all 16 provincial YICCs to monitor and guide the mainstreaming of the YICCs work into provincial Departments of Youth Affairs. The gradual phase out of UNICEF financial support is ongoing as per the phase-out plan; contracted staff has been reduced from five to two technical staff and the YICC activity leading roles have been given to governmental staff. Two technical staff (male and female) has been providing mentoring and on-the-job training support to the provincial youth
department staff in all the working areas. As per plan, YICCs have been raising awareness, building skills, and providing counselling and referral services to 9,022 youth(30 per cent female) and adolescents have utilized YICCs services in the last two quarters (April to September 2012). Altogether 99 youth members were trained on the community dialogue tool this year.

There is a lack of competent staff and there are still vacant positions at several provincial Department of Youth Affairs offices in the 16 provinces that UNICEF has supported. These issues will be solved through the implementation of the new administrative reform at the Ministry (e.g. recruitment system based on competencies, revision of salary scale to attract competent staff, grading system). If this administrative reform can be smoothly implemented and handled by the Ministry, UNICEF is phasing out from the DoYAs programme and the Government will take over to ensure the continuous YICCs implementation.

IR 0060/A0/06/015/006 IR-3.6: Project Costs

**PC 5 - Advocacy, external relations and communication for development**

**PCR 0060/A0/06/017 PCR 5:** Partnerships, resources and public support are mobilised to promote, advocate for and fulfill child rights.

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**On-track**

IR 0060/A0/06/017/001 IR 5.1 Awareness raised and public support built for the fulfillment of child rights, through evidence-based and strategic advocacy and communication materials, key partnerships, and a sustained public discourse on prioritized issues.

**Progress:**

Significant progress has been made in media outreach during 2012, both in garnering national and provincial level media coverage and in promoting coverage of UNICEF messages in the international media. With regards to the national media, the highlights include the training of 15 journalists in reporting on polio, 17 interviews with the media and extensive coverage resulting from 10 statements and press releases. Relations with the international media have improved and three major global television and radio reports have been produced and aired on BBC as a direct result of pro-active pitching. Media advocacy around the Tokyo conference was also highly successful, particularly promoted by the Japanese media and in Afghanistan. One of four full human interest communication packages (story, photographs, video) of the Tokyo conference was produced in advance, and another two packages involved the GWA – all of them have been distributed globally.

An engagement plan for UNICEF’s National Goodwill Ambassador, Raees Ahmadzai, has been developed, approved and put into action. A major achievement has been his involvement in the T20 Cricket World Cup in Sri Lanka, where he helped organise a media event with key cricketers from the India and Afghanistan teams the day before a match between the two countries on 19 September 2012. During the match, Raees spoke via the telephone, from the grounds in Colombo, to a national audience in Afghanistan about the importance of polio vaccination and the drive to eradicate the disease from Afghanistan and from the world.

Two staff members are undergoing web management training to prepare for the development of a UNICEF Afghanistan website and a domain name, [<www.unicef.af>](http://www.unicef.af), has been registered. A Facebook page has been created; it is regularly updated and is acquiring a fast-growing fan base.

The implementation of a resource mobilisation strategy has been held up due to delays in the recruitment of a Communication Specialist for Resource Mobilisation.

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**Constrained**

IR 0060/A0/06/017/002 IR 5.2 Public understanding of UNICEF’s mandate built to ensure that the organization has the community support and safe access needed to effectively deliver results for children.

**Progress:**
Progress has been made in the development and implementation of an action plan for improved brand management within UNICEF Afghanistan. A selection of visibility items has been made and ordered. A contract for the production and broadcast of sixty 25-minute episodes of a radio programme to raise awareness of child rights and to promote UNICEF’s name and mandate, is in the final stages of completion (contributing to both IR 5.1 and 5.2).

A framework for advocacy and awareness-raising of UNICEF’s name and mandate, in support of re-focussed programming, has been developed. The finalisation of this strategy has been constrained by the need for increased coordination between the programme-wide refocusing strategy and the communication strategy to support it. While a timeline for implementation has been developed as part of this framework, work on key messages, identification of partners, channels and required products is yet to be completed.

Terms of Reference for a third-party consultant to undertake a desk review of existing, relevant perception studies has been developed. A number of studies and reports have been identified and acquired, as have CVs for potential candidates. However, due to limitations in time and human resources, and a failed attempt to reach an agreement on fees, a consultant is not yet on board. When completed, the report will provide guidance on the development of a communication strategy for the positioning of UNICEF’s name and mandate; identify gaps in existing data that may need to be filled; and provide models of good practices in the design and implementation of perception studies, should UNICEF decide that such a study is necessary in 2013.

**Constrained**

**IR 0060/A0/06/017/003** IR 5.3 Families and communities adopt essential and safe household practices and are motivated to utilise health, nutrition, sanitation and hygiene, and education services in provinces where health, nutrition, water and sanitation, education and CP programmes are implemented.

**Progress:**

A limited number of activities are being implemented with available resources. A Memorandum of Understanding (MoU) between UNICEF and UN-Habitat is in place, and field-level implementation of the project to promote 10 key behaviour messages in four districts of two provinces will commence in November 2012.

A pilot partnership has been developed with the Community Development Councils (CDCs) in Bamyan and Daikundi provinces. As a result of the partnership, 10 community dialogues facilitated by 35 community dialogue volunteers on the issues of sanitary toilets, safe drinking water, early marriage, birth registration, breastfeeding, vaccination and safe pregnancy have been conducted and community action plans for addressing some of the issues identified by the communities have been developed in the aforesaid provinces.

Further, with the support of UNICEF, a communication consultant in the Ministry of Public Health has been recruited to develop a national communication strategy and build the capacity of health staff on pandemic and other infectious diseases. The communication strategy has been finalized and training of relevant staff of the MoPH is ongoing. Lack of resources and adequate staff structure is a challenge. Post-MTR staffing changes have been approved and the process of recruitment has just begun.

**IR 0060/A0/06/017/004** IR-5.4: Project Costs

**PC 6 - Social policy, planning, monitoring and evaluation**

**PCR 0060/A0/06/011** PCR 11: The rights and wellbeing of children and women, particularly those from excluded and marginalised groups, especially affected by emergencies, are positioned more centrally in the development agenda and prioritised in the allocation of national and international resources.

**IR 0060/A0/06/011/001** IR 4.3 (this is an activity to contribute to the strategy development) a social protection strategy for children and women developed with a view to reduce disparity in access to services, entrepreneur opportunities (e.g., microfinance), livelihoods at local/community levels that use transformative
and social change approaches as both national and sub-national strategies and plans prioritize disadvantaged and vulnerable groups to reduce disparities in access to and use of WASH, health, nutrition, education and protection services.

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**IR 0060/A0/06/011/004 IR-11.4**: During emergencies, children and women have access to and utilize Child Protection, Education, Health, Nutrition and services.

**IR 0060/A0/06/011/005 IR-11.5 Project Costs**

**IR 0060/A0/06/011/025 IR-11.5**: Adequate Technical Capacity in place to deliver country programme result in Cross-Cutting.

**PCR 0060/A0/06/016 PCR 4**: The capacity of UNICEF and partners is increased for research, monitoring and evaluation, data collection and analysis in order to inform the development of social protection policies and evidence-based programming for all children and families in Afghanistan

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**On-track**

**IR 0060/A0/06/016/001 IR 4.1** UNICEF`s M&E mechanism is strengthened to provide timely data on and knowledge of children and women for evidence-based programming and decision making

**Progress:**

Following the recommendations of the Mid-Term Review, the ACO has focused on improving the Country Programme Monitoring System by revising monitoring indicators along with revised PCRs and IRs, and filling in data gaps on the baseline and target. Monitoring indicators at the activity level were defined, while programmes formulated the RWPs 2012-2013. An online database of the Country Programme Monitoring System for PCRs, IRs and Activities has been developed and operationalized by using the DI Monitoring application. Two quarterly data tranches of programme monitoring indicators have been collected and reported.

To ensure the quality of programme monitoring data, the definitions and methods of computation for each monitoring indicator are compiled in order to have common understanding on the indicators to be used by all programme staff. Each programme section has at least one M&E focal point that consolidates monitoring inputs from IR managers of the section and from PME Officers at the Zonal Offices. The PME Officers at the Zonal Offices compile monitoring inputs from Programme Officers in their offices and report monitoring data online.

To build the capacity of implementing partners and communities in programme performance monitoring, Zonal Offices have carried out training sessions on basic M&E to implementing partners, and community planning, monitoring and reporting. From May to September 2012, more than 100 staff members of implementing partners were trained on basic M&E and 13 communities were trained on community-based planning, monitoring and reporting.

The TOR for SitAn has been drafted. The Regional Office will provide support to the SitAn process.
On-track

**IR 0060/A0/06/016/002 IR.4.2** Updated situation analysis and disaggregated data on children and women, and on priority programme performance reflect existing disparities available for planning.

**Progress:**

The Afghanistan MICS (AMICS) Report was launched on 27 June 2012 by the Central Statistics Organisation. More than 100 people from the government agencies, media, NGOs, and development partners attended the launch. The dissemination at the regional level was planned for later in 2012 or in the beginning of 2013, once the translation of the report into Dari and Pashto was completed. The MICS Report provided data for over 80 indicators, helping to fill in many data gaps.

After the AMICS 2010 findings were made available to the public in June 2012, the prevalence estimates of three nutrition indicators for children under five years of age raised concerns among various stakeholders on the high value of malnutrition. These concerns led to further scrutiny and critical review by UNICEF headquarters supported by the CDC in Atlanta. The review of the AMICS nutrition data revealed the poor quality of the nutrition data, and therefore, it is recommended that the data on its own is not used for making policy or programme decisions.

The ACO will conduct an in-depth review of the AMICS process in order to learn lessons for the forthcoming national nutrition survey and other surveys supported by UNICEF.

The *AfghanInfo* database was updated to include newly available MICS data, data from statistical yearbooks, EMIS, and population estimates. The updated database increases the number of indicators with provincial data from 25 to 55 and indicators with district data from none to 1. In the database, all relevant indicators are disaggregated by gender.

Sixteen trainers from UNICEF and Government agencies of CSO, MoE, MoPH, MoLSAMD and INGOs attended the *DevInfo* training of trainers. The Zone Offices have begun to train implementing partners in the use of the *AfghanInfo* database for planning, monitoring, and reporting.

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No Progress

**IR 0060/A0/06/016/003 IR 4.3** A social protection strategy for children and women developed with a view to reducing disparity in access to services, entrepreneur opportunities (e.g. microfinance), livelihoods at local/community levels that use transformative and social change approaches

**Progress:**

The three stages in the development of a social protection strategy for children and women are: Form the donor coordination team on Social Protection; Inform the team on the outcome/impact of social protection interventions by UNICEF; Provide technical inputs for the Government in the social protection component of policy documents.

UNICEF is part of the working group on Social Protection (initiated by the EU). The working group shares key programme interventions and discusses the way forward in influencing the development of the Social Protection Strategy for children and women.

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**IR 0060/A0/06/016/004 IR.4.4**: Project Costs

**PC 7 - Cross-sectoral cost**

**PCR 0060/A0/06/018 PCR 6**: Timely emergency preparedness is improved and timely response is provided.

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On-track

**IR 0060/A0/06/018/001 IR 6.1** During emergencies, children and women have access to and utilize Child
Protection, Education, Health, Nutrition and WASH services.

**Progress:**

All the Clusters, except for the Child Protection sub-cluster, are functional in all the regions, except in the southern region. The Child Protection sub-cluster is functional only in the western region, while it has a working group in the northern region.

As of August 2012, 26,809 families had been affected by various emergencies, including a harsh winter, avalanche, flood, drought and disease outbreak. In all, 97,340 individuals from 16,085 families (60 per cent of those affected) were supported through UNICEF Zone Offices. The support included warm clothes, blankets, plastic sheets, family kits, water purification tablets, plastic buckets, hygiene kits, chlorine bleaching powder, newborn kits, Vitamin A and measles vaccine and medicines. Support was provided to the affected population through a pre-existing/established coordination mechanism in all the regions. In addition, joint rapid assessments were undertaken by team members drawn from Government counterparts, UN agencies and partner NGOs.

A total of 18 community mobilisation and outreach activities were held in the provinces of Takhar, Kunduz, Baglan, Balkh and Jawzjan, Sari-Pul, Parwan and Uruzgan, resulting in the reopening of 82 schools. This benefitted 2,360 children. In order to prepare and respond to future emergencies, UNICEF decided the preposition of critical materials, such as tents and TLMs, to be ready to supply when emergencies arise.

Although all efforts were made to respond to the affected families within 72 hours of the onset of an emergency, the implementation of services was hindered in some cases due to limited access, security fears, and the limited capacities of implementing partners.

On-track

**IR 0060/A0/06/018/002 6.2 Children and women benefit from early recovery and DRR support in identified high-risk areas through Child Protection, Education, Health and Nutrition and WASH.**

**Progress:**

The implementation of planned activities to achieve IR 6.2 is in good progress. Several meetings were held between UNICEF and the Afghanistan Disaster Management Authority (ANDMA) to develop a strategy for enhancing capacity at the provincial level and below in order to implement DRR activities in most risk communities.

A draft concept note has been prepared and this is to be used as an input to the final strategy document and advocacy tools for fund raising for DRR activities. Planned DRR strategy will contribute to the goal of ensuring that the rights of children and women are protected, and the safety and resilience of vulnerable girls, boys and women in hazard-prone communities, including those affected by climate change, are enhanced.

A Programme Cooperation Agreement on a child-focused DRR programme has been developed within the broader framework of the strategic partnership between Save the Children and UNICEF. The programme will be implemented in 12 districts in the three most disaster-prone provinces. The project includes: (1) building the capacity of the communities; (2) enhancing the capacity of the local NGOs, CBOs and CSOs; and (3) promoting advocacy on a child-friendly environment. About 20,160 boys and girls, and 3,680 men and women in the northern region will participate in the planning, implementation and monitoring of the project over the next two years. The project proposal was in the final stage of approval, with the project scheduled to be implemented from end-October 2012 till the end of 2014.
Effective Governance Structure

The Afghanistan Country Office (ACO) has a well-functioning management and monitoring system that includes the Country Management Team (CMT), Programme Coordination, Zonal Management Team (ZMT), as well as the JCC and all-staff meetings that are held regularly every month. These are supported by statutory committees such as the CRC, PCA committee, Human Resources Development Team (HRDT) and PSB committees.

To enhance the capacity of senior management and to provide an overall more coherent strategic approach, the ACO adopted the concept of a ‘Front Office’ team, led by the Representative, with the functions of programme coordination, operations management, fund raising and donor relations, external relations, security and policy analysis.

In 2012, the CMT in particular focused on the finalization of the MTR report, CPMP preparation and implementation. Focus was also on the implementation of actions to address the risks areas identified through the RCSA, as well as the 2011 audit. To confront the high cost of doing business in Afghanistan, strong focus was placed on the need to apply more innovative strategies and approaches to the way in which UNICEF does business, continuing with what has guided much of the thinking over the last two years. As a result, the ACO continued to pursue arrangements for joint offices and services with other AFPs in order to rationalize operating costs. Further, the ACO implemented more centralized financial management by identifying and centralizing in Kabul a number of financial transactions currently conducted in the zonal offices. Although in its infancy, this shift is expected to generate greater efficiency.

With the introduction of VISION and the performance management dashboard, much of the data on implementation is now readily available on a real-time basis. Therefore, the strategic role of the CMT in terms of content and scope has changed dramatically. It now gives greater attention to the process of synthesizing management issues arising from zones, sections and senior management teams. Quarterly in-depth reviews of management and performance indicators by the CMT were introduced, replacing the current monthly review and includes the participation of Chiefs of Zone Offices. The zonal management teams also follow a similar pattern.

The ACO has streamlined the monitoring of key management and programme performance indicators, ensuring effective implementation of the priorities defined in the Annual Management Plan (AMP) to take corrective actions as needed. Significant focus has been placed on ensuring that mid- and end-year performance reviews are completed on time and in a manner that ensures staff get effective feedback. The PER completion rate has been monitored at JCC and CMT meetings. In addition, in 2012, a significant push was provided by senior management to ensure this important activity was completed. This directly resulted in an on-time PER completion rate in 2012 of 77.7 per cent, as against 48 per cent the previous year.

The CMT monitors progress and overall performance against planned results and indicators described in the AMP. The agreed office priorities and results described in the AMP provide the basis for PER assignments of staff.

Strategic Risk Management

With the Risk and Control Self-Assessment in 2010 as a baseline, the ACO has continued to review implementation of the action plans that were recommended thereof. The last review was in March 2012. The Audit in 2011 and the introduction of VISION further enabled the office to identify gaps and opportunities to improve staff capacity, competencies and mechanisms to implement differential, results-based programming. It also enhanced programming for cross-sectoral strategies, and streamlined the accountabilities and roles of the Kabul-based sections and Zone Offices required to achieve Country Programme results.

During the MTR, the ACO revised its Management Strategy to integrate measures initiated by the ACO to mitigate risks in the operating environment, as highlighted in the Risk and Controls Self-Assessment exercise conducted in late 2010. The revision also addresses recommendations of the 2011 audit report that brought
focus to bear on issues related to the office structure and noted the rapidly deteriorating security situation in the country. It called, among other things, for a review of zone office locations, the overall staffing structure and numbers, and the need to strengthen programme monitoring.

The revised Management Strategy proposed more centralized financial management by identifying and centralizing in Kabul a number of financial transactions that are currently conducted in the Zone Offices.

Given the high insecurity in the country, the ACO will continually assess its operations and “footprint” to ensure that the scale of results achieved respond more effectively to the identified levels of need, and warrants the risks involved. As part of this process, the ACO has identified 10 provinces of focus where it intends to ‘go to scale’ across all result areas. Resources have been re-aligned accordingly and in tune with the programming priorities identified through the MTR. Since many of these priority provinces are also in highly insecure areas, the ACO will continue to develop and apply more sophisticated risk mitigation approaches that facilitate work in difficult circumstances and increase UNICEF’s ability to manage risks more effectively.

### Evaluation

The ACO has an annual Integrated Monitoring & Evaluation Plan (IMEP), which is regularly updated. In 2012, out of 15 studies/surveys/evaluations planned in IMEP 2012, two were completed, seven are ongoing, five were postponed until 2013, and one was cancelled.

The ACO has the Study, Evaluation, Publication (SEP) Committee composing programme specialists from different programme sections, ensuring the cross-sectoral nature of the Committee. The SEP Committee ensures quality of TORs and reports of studies, researches, and evaluations.

No evaluation was carried out in 2012. Although an evaluation of the Maternity Waiting Homes programme had been initially planned in 2010 and TORs were drafted, the evaluation was cancelled by a decision of the Ministry of Public Health. In 2012, one evaluation TOR was approved by the ACO for in-depth evaluation of the female literacy programme. This evaluation is under preparation, to be carried out in 2013.

The capacity for evaluation in Afghanistan remains weak. The Afghanistan Research and Evaluation Unit used to be the best institute to conduct evaluations in Afghanistan, supported by UNDP. After UNDP support ended and international staff departed, the institute no longer has the capacity it once had. The ACO will identify national research institutes whose capacity can be built to conduct evaluations.

To follow up management responses to the evaluation recommendations, the ACO has uploaded the management responses to the 2011 Social Coach Work Projects onto the UNICEF’s global corporative tracking system. Progress in implementation of the evaluation recommendations will be regularly tracked and uploaded in the system.

### Effective Use of Information and Communication Technology

To respond to demands of technology-assisted programming, as recommended by the MTR process, ICT has assumed a more central role, as the office responds to new emerging operating realities. The participation of ICT in programme was accentuated to provide critical support towards the implementation of efficient office management processes, knowledge management, supply planning and monitoring, along with programme implementation monitoring. A number of strategies, including the development of innovative programme and knowledge management tools, were initiated for implementation during a two-year period.

The following are the key focus areas and results for ICT in 2012;

**Leveraging the use of cutting-edge technology to attain higher levels of operations efficiency in programme management.**

1.1 Scoping activities and requirements analysis completed in readiness for implementation of the
UNICEF Annual Report 2012 for Afghanistan, ROSA

programme management system using RapidSMS technology and a geographic Information system (GIS) in 2013.

1.2   Pilot phase for high-definition video conferencing completed. The Afghanistan Country Office is the first UNICEF office to implement this new technology.

1.3   Implementation of Bring-Your-Own-Device (BYOD) strategy to integrate enterprise ICT systems with end-user mobile (smart) devices was introduced and is 50 per cent complete. Corporate email is already integrated and office telephone integration with mobile devices through an IP telephony platform is 80 per cent complete.

Optimization of ICT infrastructure and services to enhance performance, achieve greater reliability and facilitate efficient service delivery.

2.1   Successfully conducted a technical market survey of telecommunications service providers and signed two Long-Term Agreements with leading Internet Service Providers; negotiated a new mobile communication services agreement to include significant cost savings (40–70 per cent); in addition to improved service delivery arrangements.

2.2   Implemented a robust and high-availability (HA) network infrastructure (data centre, LAN and WAN) in five major office locations, attaining services availability above 98 per cent. The ACO supported ITSSD in the development and testing of a new UNICEF standard solution for data back-up.

2.3   Inter-office communication infrastructure fully digitized to improve quality, reliability and additional value-added functionality for inter-office communication. This infrastructure is fully independent of local service providers and therefore suitable to support emergency office communication.

2.4   Supported relocation of the Herat office; Installation of new ICT infrastructure and relocation of ICT services.

2.5   Successfully implemented key global ICT projects, including a VEEMA back-up solution, migration of file and printing services, Lotus Notes Domino upgrade, and Microsoft Windows Server Update Services (WSUS).

Facilitation of learning/knowledge transfer of UNICEF systems/key technologies to staff in order to improve effectiveness in the work place.

3.1   ICT team conducted formal and informal training for staff throughout the year, including using web conferencing tools (webinars) for staff located in remote locations.

3.2   Orientation package developed and used for induction of new staff.

3.3   ICT Skill Gap analysis exercise to map staff skills with office business requirements is 30 per cent complete.

Effective ICT resources management

4.1   Office staff has continuously been sensitized to effective usage of technology in the work place, resulting in increased awareness and effective utilization of office IT resources; revision of office IT policies is on-going to provide safeguards for effective and efficient adoption and use of new technologies.

Fund-raising and Donor Relations

A total of 51 donor reports were due in 2012 and 88 per cent were submitted on time. To ensure that subsequent reports are submitted on time, the Office instituted a mechanism that picks up all reports due within three months and monitors the drafting process till submission. Otherwise, the Country Office attained most of the other targets set for fundraising and donor relations.

The development and implementation of the new fundraising strategy has improved the quality of donor engagement and cooperation, resulting in better funding in 2012. Despite the difficult economic situation in key donor countries, the country office mobilised US$58 million, which accounts for 97 per cent of other resources requirement, and an additional US$28 million or 63 per cent of the 2012 humanitarian appeal needs. To improve grant management, the office established utilization benchmarks to attain 70 per cent, 90 per cent and 100 per cent utilisation rates by the end of July, October and mid-December, respectively. Progress towards these targets was assessed every fortnight with the focus on grants that were due to expire within three months. As a result, all the 36 grants that expired in 2012 were optimally utilized – with over 95 per cent utilization rates. Inadequate capacity of implementing partners and late receipt of funds from two
donors compelled the Office to seek a no-cost extension for nine grants.

Given the current scale-down of direct donor participation in Afghanistan, as part of the drawdown of international forces from Afghanistan, UNICEF intensified advocacy with key donors and the government for recognition as a long-term partner in Afghanistan. This has opened a new window of potential funding for UNICEF and other United Nations agencies, programmes and funds in Afghanistan. The Office is currently exploring longer-term funding with four such donors.

To leverage resources for children and vulnerable groups, UNICEF developed and disseminated advocacy messages to donors that participated in the International Conference on Afghanistan (the Tokyo Conference) held in July 2012. A total of US$16 billion in development assistance to Afghanistan was pledged for a period of three years. UNICEF continued to play an active role in shaping and implementing the post-Tokyo action plan with a focus on improving access to quality basic services. The United Nations in Afghanistan is also exploring the possibility of establishing a Multi-Donor Trust Fund (MDTF), but the work is still at an early stage. UNICEF is shadowing the process, while continuing to advocate for continued funding in a situation where donors plan to commit 50 per cent of their funding on-budget. The office has also initiated discussions with the Government of India, within the context of south-south cooperation, to streamline the support currently being provided by UNICEF-funded technocrats placed in the government.

Management of Financial and Other Assets

The last internal audit was in July 2011 and the final report given in December of the same year, with a total of twenty recommendations (5 of them rated as High Priority). All recommendations, including those in the Management Memo, have been addressed and closed by the Office of Internal Audit (OIA) as of May 2012.

Direct Cash Transfer (DCT) continues to be a priority issue in the office and much attention has been given to keep the outstanding balance to the minimum. As of end-November 2012, the office had less than 1 per cent of outstanding DCTs over nine months and DCTs aging 6-9 months accounting for 4.37 per cent.

Standard Chartered Bank, which was the house bank for UNICEF, and a majority of United Nations Agencies in Afghanistan, closed their operations effective 14 September 2012 and sold their business to the Afghanistan International Bank (AIB). Subsequently, these UN agencies, including UNICEF, moved their accounts to AIB and the latter has now established a full-fledged branch within the UNOCA compound.

The initiative undertaken by the office in 2010 to purchase local currency through a competitive process continued through to 2012, resulting in estimated savings of over US$280,000 for the January to November 2012 period.

Significant progress was achieved regarding Harmonized Cash Transfer (HACT) implementation, wherein 26 NGO Partners had been assessed in a UNICEF-coordinated exercise as of November 2012. On its part, the Ministry of Finance contracted PKF (a UK-based Accounts and Business Advisory Company) completed Phase I of the review of seven key line ministries (which included three with whom UNICEF collaborates – Ministry of Public Health, Ministry of Education and MRRD). The assessment reports show high risk rating in the majority of IPs assessed. Therefore, the Office will have to look at ways to build the capacity of IPs and give refresher courses to UNICEF Staff.

Despite challenges during the immediate post Go-Live period, the use of VISION in the office has now stabilized. The staff has not, however, utilized the full potential of the VISION dashboard, which has excellent reports on performance management.

The implementation of VISION necessitated the review of existing work processes and standard operating procedures. Critical processes, such as payment, contracting, procurement, including for small values and travel, have been finalized and are in use. Further, the ACO has begun implementing more centralized processing of financial transactions by pooling certain core financial processes in Kabul through the VISION hub, while retaining accountability with budget owners in Sections as well as in Zones. The hub is not fully operational yet, but efforts to pool a number of transactions in the areas of finance and supply & logistics
have met with success. The only other major component remaining to be fully integrated with the hub is the bringing together in one room of all VISION Assistants responsible for Programme transactions.

Insecurity remained a major constraint in 2012 and the office made every effort to enhance staff security and safety. Activities for relocating the Herat and Jalalabad Zone Offices due to security reasons have also been concluded. This also meant keeping a watch on the ever-increasing operational costs in the country.

**Supply Management**

The value of the supply component for 2012 was approximately US$ 32.5 million, despite continuing challenges with in-country logistics regarding the reliability of shipping routes for offshore supplies to Afghanistan through either Pakistan or Iran. The value of items received and dispatched from the central warehouse in Kabul was approximately US$10 million dispatched to 237 implementing partners across the country.

Procurement services remain the weakest area in the supply function in the country, due to the country’s financial policies and the lack of capacity of counterparts. The local market is heavily reliant on neighbouring countries, thus making it difficult to source locally essential commodities for children. Hence, offshore procurement through SD and within the region, including from China, remains the norm. Despite this, the value of locally procured commodities and services during the reporting period was approximately US$6 million.

There was limited collaboration with other United Nations agencies in the area of supply & logistics, due to the lack of harmonization of systems, save for exchange of information and sharing of LTAs. Till the Government shores up its capacity in the area of in-country logistics, UNICEF continues to support with customs clearance and inland transportation of essential commodities like vaccines.

The Country Office has a very good monitoring system of supplies until these are handed over to IPs. The IPs, however, lack monitoring systems that can track supplies to end-users. For the Office, it is difficult to conduct end-user monitoring in much of the country due to issues of insecurity. The Supply Division has extended all possible support to the ACO, mainly in the settlement of VISION and with physical counting of stocks countrywide. During the reporting period, full support was extended to supply staff to familiarize them with and fully apply VISION. The ACO Supply Section participated along with the WASH team in two global initiatives for which Afghanistan was selected along with three other countries globally.

A local NGO and the UNICEF WASH Section signed an agreement on 27 June 2012 for the implementation of a small-scale project to test a new jerry-can model in Daikundi province. The objective of the programme was to evaluate the new jerry-can’s design in the community by introducing it at the community level. It was found that the old jerry-can was better.

In November 2012, SD undertook a mission to Afghanistan to gain insights into the current hygiene kit composition that had a specific focus on menstrual hygiene management (MHM) items. This was part of an initiative between the Supply Division and PD to review some of the existing core supplies provided during emergency response activities. As part of this initiative, a series of country-level visits are being conducted to discuss the needs and adequacy of SD supplies with end-users.

**Human Resources**

The Afghanistan environment presents numerous challenges for all the staff members, despite which the recent Staff Survey results reflect high motivation and commitment amongst the staff. Overall, the results in Afghanistan are extremely positive, in most cases reflecting more positive perceptions than ROSA and UNICEF globally. In 2012, the Office reviewed the Country Programme strategy and a number of significant changes were made in terms of priorities and direction. To support these changes, restructuring was required.

To reach a consensus on the final organogram, extensive consultations were held within the Office to ensure
the optimum structure to support the required programme delivery. This meant 74 posts were abolished. Due to strategic planning, however, only 39 serving staff was impacted, as the remaining 35 posts had remained vacant. The Office schedules monthly JCC, CMT and staff meetings to ensure open dialogue throughout the Office. This ensures issues are dealt with as they arise and staff members are advised of organisational and country developments on a regular basis.

Staff members have access to counsellors locally through UNAMA and UNDSS. Their contact details have been shared with all staff periodically and various presentations and half-day counselling workshops conducted at the Office. Whilst the Office currently has half a dozen PSVs to support staff, UNDSS is conducting training in December and an additional 10 UNICEF staff members will attend. This would provide the Office with significant support.

The Office placed emphasis on completing performance reviews, and for 2011, the Office had a 97 per cent completion rate. Some staff members have left the organisation without completing their performance reviews and as such it is unlikely that the Office will attain a higher percentage. In 2012, some 93 per cent of staff members submitted their key performance indicators to Human Resources, ensuring staff had clear work plans for 2012. Key messages pertaining to UN cares strategy and standards are appropriately reflected on the compound. In addition, in 2013, the Office plans to conduct HIV/AIDS awareness workshops for new staff.


Efficiency Gains and Cost Savings

The ACO revised its Management Strategy to support the programmatic adjustments recommended after the MTR process was finalized in the last quarter of 2011. The strategy was developed through an inclusive exercise that reviewed the ACO’s field presence, staffing requirements and profiles. It made a concerted effort to streamline operations and achieve greater efficiency gains. It took full advantage of emerging opportunities such as the introduction of VISION as a cost-saving measure. It recognizes the regional peculiarities within the current regional and provincial office structure within the Country Programme and calls for differential application of the strategy.

A review resulted in the alignment of staffing and office structures that will more effectively support delivery of results in the face of programmatic shifts and priorities that emerged from the MTR. Emphasis has been on identifying and implementing alternative mechanisms for programme delivery and monitoring. It includes more strategic and structured approaches to working with partners and local communities in areas that are highly insecure or where the cost to maintain an office is prohibitive. Options such as the use of longer-term, multi-sectoral NGO partnerships, outsourcing of functions for which UNICEF has no in-house capacity, or where such outsourcing may allow access to higher levels of specialist technical expertise, use of surge capacity at critical moments, thereby obviating the need to create fixed-term posts, use of leveraging opportunities, alternative support mechanisms to provinces, including placements within Government departments, and creation of a Vision Hub in Kabul will all be tested.

The ACO continued to identify and implement programming modalities that are flexible and can respond to the ever-changing environment. The use of technology and ways to engage local communities for programming and monitoring will be improved. To facilitate this push, additional investments are proposed to improve office capacity in the areas of Communications and Advocacy, C4D, as well as Knowledge Management. Similar investments are being made in the use of technology and initiatives to aid the collection of high-frequency data on livelihoods, security and access to services among vulnerable populations.

The high cost of doing business in Afghanistan has brought strong focus on the need to apply innovative strategies and approaches in the way UNICEF does business. This approach has guided much of the thinking over the last two years. As a result, the ACO will continue to aggressively pursue arrangements for joint offices and services with other AFPs in order to rationalize operating costs. In addition, four ZOs (outposts) are proposed for closure. Over the next two years, UNICEF will also explore the potential benefits to be gained through broader engagement with neighbouring countries on joint initiatives for cost-reduction and efficiency.
### Changes in AMP & CPMP

The ACO completed its MTR in 2011 and this was followed by a revised CPMP in 2012, whereupon the Office made necessary adjustments in terms of staff numbers and competencies. As such, no material changes in the CPMP are envisaged for 2013. A number of recruitments for newly established posts are, however, underway and are expected to be finalized in 2013. In addition, a number of additional changes to the staffing and office structure were considered in the 2012 CPMP. It was, however, decided to defer these for further review and consideration in the context of the development of the new Country Programme. The ACO will likely introduce these in 2013.

### Acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AFP</td>
<td>Acute Flaccid Paralysis</td>
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<td>AGE</td>
<td>Ante Government Element</td>
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<td>AGEI</td>
<td>Afghanistan Girls Education Initiative</td>
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<td>AIHRC</td>
<td>Afghanistan Independent Human Rights Commission</td>
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<td>ALC</td>
<td>Accelerated Learning Centres</td>
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<td>AMICS</td>
<td>Afghanistan Multiple Indicator Cluster Survey</td>
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<td>AMS</td>
<td>Afghanistan Mortality Survey</td>
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<td>ANDS</td>
<td>Afghanistan National Development Strategy</td>
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<td>ANP</td>
<td>Afghan National Police</td>
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<td>BEGE</td>
<td>Basic Education and Gender Equity</td>
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<td>BPHS</td>
<td>Basic Package of Health Services</td>
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<td>BYOD</td>
<td>Bring-Your-Own-Device</td>
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<td>CAAC</td>
<td>Children Affected by Armed Conflict</td>
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<td>CBS</td>
<td>Community Based School</td>
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<td>CDC</td>
<td>Community Development Council</td>
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<td>CFS</td>
<td>Child Friendly School</td>
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<td>CHW</td>
<td>Community Health Worker</td>
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<td>CLTS</td>
<td>Community Led-Total Sanitation</td>
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<td>CMAM</td>
<td>Community Based Management of Acute Malnutrition</td>
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<td>CPAN</td>
<td>Child Protection Action Network</td>
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<td>CSO</td>
<td>Civil Society Organization</td>
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<td>DCPAN</td>
<td>District Child Protection Action Network</td>
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<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
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<td>DOLSAMD</td>
<td>Department of Labour Social Affairs Martyr and Disable</td>
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<td>DOYA</td>
<td>Department of Youth Affairs</td>
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<td>ECC</td>
<td>Education Coordination Committee</td>
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<td>EFA</td>
<td>Education for All</td>
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<td>EIP</td>
<td>Education Interim Plan</td>
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<td>EMIS</td>
<td>Education Management Information System</td>
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<td>EmOC</td>
<td>Emergency Obstetric Care</td>
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<td>EPHS</td>
<td>Expanded Package of Health Services</td>
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<td>EPI</td>
<td>Expanded Programme on Immunization</td>
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<td>EU</td>
<td>European Union</td>
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<td>GER</td>
<td>Gross Enrolment Ratio</td>
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<td>GIS</td>
<td>Geographic Information System</td>
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<td>GoIRA</td>
<td>Government of Islamic Republic of Afghanistan</td>
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<td>GPE</td>
<td>Global Partnership for Education</td>
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<tr>
<td>HACT</td>
<td>Harmonized Cash Transfer</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>HMIS</td>
<td>Health Management Information Systems</td>
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<td>HRBAP</td>
<td>Human Rights Based Approach to Programming</td>
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<td>HRDT</td>
<td>Human Resource Development Team</td>
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<td>IDP</td>
<td>Internally Displace Persons</td>
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<td>IED</td>
<td>Improvised Explosive Device</td>
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<td>IFA</td>
<td>Iron Folic Acid</td>
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<td>IFIs</td>
<td>International Financial Institutions</td>
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<td>IMB</td>
<td>Independent Monitoring Board</td>
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<td>IMR</td>
<td>Infant Mortality Rate</td>
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<td>IP</td>
<td>Implementing Partners</td>
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<td>ISF</td>
<td>Integrated Strategic Framework</td>
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<td>IYCF</td>
<td>Infant Young Child Feeding</td>
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<td>JCC</td>
<td>Joint Consultation Committee</td>
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<td>JMP</td>
<td>Joint Monitoring Programme</td>
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<td>JRC</td>
<td>Juvenile Rehabilitation Center</td>
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<td>KM</td>
<td>Knowledge Management</td>
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<td>LTA</td>
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<td>MIP</td>
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<td>MIS</td>
<td>Management Information System</td>
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<td>MMR</td>
<td>Maternal Mortality Ratio</td>
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<td>MNCH</td>
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<td>NRVA</td>
<td>National Risk and Vulnerability Assessment</td>
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<td>Polio Eradication Initiative</td>
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<td>South Asian Conference on Sanitation</td>
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<td>SEP</td>
<td>Study, Evaluation, Publication</td>
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<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<td>SIA</td>
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<td>UNCT</td>
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<td>Western Region</td>
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<td>Young Child Survival and Development</td>
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<td>YICC</td>
<td>Youth Information and Contact Centres</td>
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Lessons Learned / Innovation

Addressing inaccessibility as a cause of missed children in Polio campaigns

<table>
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<th>Document Type/Category</th>
<th>MTSP Focus Area or Cross-Cutting Strategy</th>
<th>Related Links</th>
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<tr>
<td><a href="mailto:nholmes@unicef.org">nholmes@unicef.org</a></td>
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Abstract

During 2011, Afghanistan went ‘off track’ in its efforts to achieve PEI and reported the largest annual number of Polio cases in a decade. In-depth reviews have identified that the programme continues to miss children due to (i) management and accountability gaps, (ii) demand and social mobilization gaps and (iii) inaccessibility. Concerns have been raised about (i) validity of reports that say inaccessibility is a significant challenge in efforts toward Polio Eradication in Afghanistan and (ii) whether programme is adequately addressing inaccessibility. This work attempts to examine the validity of the claim that ‘inaccessibility’ is the main challenge to PE efforts in Afghanistan, and proposes mechanism to address inaccessibility promptly and effectively.

Innovation or Lesson Learned

- Standard reporting formats and SOPs for inaccessibility reporting
- Analysing the causes of inaccessibility through asking for reasons.
- Triangulation of data from different sources to validate field reports
- Delinking of campaigns in areas with significant inaccessibility

Potential Application

This work and its results can / will be used to guide service delivery and community engagement work for all UNICEF programme in Afghanistan in areas effected by insecurity/ inaccessibility.

Issue

During 2011, Afghanistan went ‘off track’ in its efforts to achieve PE and reported the largest annual number of Polio cases in a decade.

Strategy and Implementation

- Data on areas/children missed due to inaccessibility is being collected/compiled by all regions along with 5 key reasons for refusals that include (1) fear or perception of danger, (ii) lack of AGE support for Polio campaigns, (iii) ISAF military action (iv) seasonal patterns, and (v) management issues.
- Definition of ‘inaccessibility’ is not clear; for example if a management issue leads to AGE or community refusing implementation, should the areas be labelled as inaccessible?
- Reporting tools being used are not consistent across provinces, and neither is the level of detail being recorded and reported by district/ provincial teams.
- Regional trends show that in SR, for example, eight of the 50 districts (16%) reported missing over 5 % of the target children due to inaccessibility, 15 districts (30%) reported missing between 1% and 4.9% children and the remaining 27 (54%) reported missing fewer than 1% children due to inaccessibility. In WR these figures were two districts over 5% (5%) and 37 districts (95%).
- As on 18 Sep 2012, 12 of the 17 (70.5%) cases Polio cases reported were from districts indicating inaccessibility as an significant issue (2 cases (11.5%)) in district with more than 5% children missed due to inaccessibility) and another 10 (59%) in districts with 1 to 4.9% children missed due to inaccessibility. Eight of these 17 cases (47%) occurred in clusters reporting inaccessibility.
- Of the 5 categories for reason for refusals, fear or perception of danger is the most commonly cited reason for 44% of children missed due to inaccessibility (58% in Helmand) following by AGE refusal/ lack of support as the second most common reasons. However, not all reasons behind the fear of / or reason for AGE refusal are not recorded. Management issues, weather conditions, poppy harvesting seasons are also
cited as reasons for inaccessibility; there is need for agreement on whether these are valid reasons of inaccessibility.

**Progress and Results**

- There is need for better - standardised, detailed, timely- data collection on inaccessibility from polio teams during the campaign on a daily basis, and weekly thereafter to enable tracking and comparison over time and assess success of strategies aiming to address inaccessibility.
- There is need for cross referencing data from past Polio campaigns with other data sources (IM/ ISAF, ANF, MACAA etc.) to validate reports from the field and label areas very clearly as accessible or inaccessible prior to every polio campaign.
- Accessible areas would continue to conduct polio campaigns as planned (NIDs or SNIDs) with Polio Control rooms receiving real-time data in all issues including inaccessibility, providing analysis and cross referencing of the data to verify/ validate field reports of inaccessibility. In the event of reports confirming inaccessibility, control room will use contacts to support access negotiations for immediate resolution of inaccessibility.
- Areas labeled inaccessible will be de-linked from regular NIDs/ SNIDs and would be addressed through national and local level strategies.

- National level strategies will include renewed focus on neutrality and non-political nature of the programme; efforts to 'Islamise' the programmes through use of Islamic countries and organisations as advocates for the programme; channelling funds through them and use of religious voices in Polio communication campaign.
- Local level efforts with continuous access negotiations through ICRC’s involvement, local access negotiators, and support from national or external parties as needed, training of district teams on negotiation skills, conflict negotiations and innovative vaccination strategy to reach children in such areas. As and when access is negotiated, campaigns at district or sub-district levels will be conducted as soon as possible which would require a certain level of preparedness by provincial teams to plan and implement a campaign within short notice.

**Next Steps**

Implementation of the recommendations include establishment of Polio control rooms, real time monitoring of field reports and validation of field reports, mapping of influentials and local and national level access negotiation strategies.