

UNICEF Annual Report 2013 - Afghanistan

Executive Summary

The operating environment in Afghanistan continued to be extremely challenging in 2013 as the country began the political and security transition that is expected to be largely completed by the end of 2014. There is already evidence of an economic downturn, including loss of jobs, under-employment and hesitation among the business community to invest in Afghanistan. International and national staff of the Afghanistan Country Office (ACO) live and work within tight security restrictions, and high levels of uncertainty make it difficult to achieve an adequate work-life balance. Staff morale remains high, however, as was witnessed by the Executive Director during his visit to Afghanistan in October. A satisfactory audit also demonstrates the commitment of ACO staff to adhere to high standards in their work.

Progress was made in reaching the country's most deprived communities and children in the hardest-to-reach provinces through the application of the Monitoring Results for Equity System (MoRES) in programme planning. This was complemented by the equity-focused Situation Analysis (SitAn), which provided UNICEF and its partners with a framework of evidence and analysis to help reach children and families in the country's most remote areas.

UNICEF continued its close partnership with the World Health Organization (WHO) within the 'One Polio Team'. The team also accelerated implementation of the programme in 2013. In November, the Technical Advisory Group recognised that a year with no polio cases in the South Region was clear evidence that the country is on track to achieve the goal of polio eradication. Challenges remain in the East along the border with Pakistan.

In health, maternal and child interventions were accelerated with a focus on newborn care and an increase in routine immunisation coverage; both measures also contributed to efforts to eradicate polio.

In nutrition, the emphasis shifted away from the treatment of acute symptoms of undernutrition towards addressing the underlying causes. There are considerable capacity gaps in developing a medium- to long-term nutrition programme. To obtain the necessary evidence to underpin the nutrition programme, UNICEF and the Government conducted the National Nutrition Survey in 2013 to generate provincial-level data on child malnutrition.

In education, the first phase of a new US\$25m project to construct 70 schools in the Central Highlands Region was completed. Significant progress was made in scaling up the community-based school (CBS) and child-friendly school (CFS) programmes. The Ministry of Education (MoE) took full ownership of strategies to retain girls in school, including Water, Sanitation and Hygiene (WASH) in Schools, construction of boundary walls and hiring more female teachers.

In WASH, the ACO continued its focus on sanitation and hygiene, with an increase in access to improved sanitation in communities through community-based approaches and improvements in water-testing capacity.

In child protection, the expansion of the Monitoring and Reporting Mechanism on Children and Armed Conflict (MRM) network increased capacity to verify grave violations against children affected by conflict. The Child Protection Action Network (CPAN) transitioned from a demonstration project to a nation-wide system of child protection services.

Procurement of goods and services accounts for approximately half of overall expenditures of the ACO and is likely to remain a significant area of engagement. The Ministry of Public Health (MoPH) requested strategic support to strengthen their national systems of procurement and distribution of goods, which represents an important opportunity for UNICEF.

UNICEF Annual Report 2013 - Afghanistan

Country Situation as Affecting Children & Women

In Afghanistan, the chances of survival for women and children have increased considerably over recent years. More children and adolescents, particularly girls, are enrolled in school than ever before, and at all levels. A majority of families now have access to clean water.

Although the maternal mortality ratio (MMR) was reduced from 710 to 460 per 100,000 live births between 2005 and 2010, Afghanistan has one of the worst ratios globally, ranking 22nd worst in the world. The under-five mortality rate (U5MR) was reduced from 118 to 99 per 1,000 live births between 2005 and 2012, and Afghanistan ranks 18th in the world. Births attended by skilled health personnel increased from 39 per cent in 2010 to 46 per cent in 2012. Cases of wild poliovirus decreased to 11 in 2013 from 37 in 2012 and 80 in 2011. Enrolment in general education increased from 7.5 million (of whom 2.9 million, or 38 per cent, were girls) in 2011/2012 to 8.5 million (of whom 3.3 million, or 39 per cent, were girls) in 2012/2013. The primary gross enrolment ratio (GER) increased from an average of 75 per cent (86 per cent for boys; 63 per cent for girls) in 2011 to an average of 79 per cent (92 per cent for boys, 66 per cent for girls) in 2012. The retention rate up to grade 5 increased from 52.8 per cent (52.7 per cent for boys and 52.9 per cent for girls) in 2011 to 64.5 per cent (66.3 per cent for boys and 61.8 per cent for girls) in 2012.

Despite considerable progress, many challenges remain. Afghanistan's ranking on the Human Development Index fell from 172nd in 2011 to 175th in 2013, out of 187 countries surveyed. U5MR and MMR are still among the highest in the world. Less than one third of children aged 12-23 months are fully immunised, and diarrhoeal, respiratory and other infections are still some of the biggest killers of children in Afghanistan. Insufficient access to immunisation and quality neonatal and child health care, poor nutritional status of children, inappropriate family caring practices, and lack of access to safe drinking water and adequate sanitation are all factors that influence under-five mortality in Afghanistan.

The country has already achieved its Millennium Development Goal (MDG) target for access to safe drinking water. Access to improved sanitation, however, has remained dismal, with less than one third of the population using improved sanitation, with a significant divide between urban and rural areas.

In 2013, the UN High Commissioner for Refugees (UNHCR) reported 91,880 conflict-induced internally displaced families (590,184 individuals) countrywide. Of this figure, 44 per cent (256,972 individuals) were girls and boys. It is believed that 760 children were killed or maimed during the first half of 2013. There were reports of attacks against schools and health facilities, abductions, denials of humanitarian access, sexual violence and recruitment. The number of attacks on children increased by 30 per cent during 2013.

The introduction and subsequent extension of a basic package of health services (BPHS) meant that women and children were able to receive maternal, newborn and child health (MNCH) services such as antenatal care, skilled birth attendants, and vaccinations for newborn children. Starting from a low base, the early years of BPHS saw a record growth in access to the services from 20 per cent in 2005 to 60 per cent in 2013. Ensuring access to curative and preventive services for those who are deprived of them entails exploring innovative ways of reducing urban-rural and provincial disparities and addressing specific service-delivery bottlenecks in the target provinces. Innovative approaches are needed for outreach services in order to support and strengthen the capacities of primary health workers to provide preventative services such as immunisation, facilitate referrals to curative facilities, and create community demand and participation.

The Government of Afghanistan and its partners have invested significant resources in rebuilding the country's education system. To increase enrolment, between 2010 and 2012 the Government and its partners built over 1,700 schools and increased the number of teachers by more than 21,900 (34 per cent of whom are female). Efforts were also made to improve the quality of education standards. A national curriculum that promotes active learning methods was introduced in 2012.

Despite these achievements, the education sector continues to face significant constraints in achieving MDGs 2 and 3 on Gender Parity and Primary Education and the Education for All Goals. About 2.3 million school-age children are still out of school, and approximately 75 per cent of them are girls. Working children, children living with disabilities, over-aged children and children affected by conflict are among those who are most

UNICEF Annual Report 2013 - Afghanistan

often denied their right to education. The uneven distribution of schools and alternative educational centres, and an inflexible curriculum and school calendar, exacerbate enrolment and attendance problems in many areas and among many groups. Even for students who attend classes, the level and quality of education remain low and achievement remains unsatisfactory, especially in the early grades. The high level of illiteracy among rural adults remains an obstacle to improved access and retention in schools, and often causes misunderstandings about the value of education, especially for girls.

Despite good progress, indicators in health and education point to girls and women being particularly disadvantaged. Although commitments to gender equality and women's empowerment were articulated in policies and strategies, implementation remains slow. Women and girls continue to be systematically under-represented in the decision-making processes that shape their future and that of Afghan society.

Family structures in Afghanistan offer a natural protective environment for children. However, the social norms that guide parenting practices sometimes undermine healthy development of children, and reinforce gender imbalances and entrenched structural inequities. Women and girls often face social barriers in their access to education, health, livelihood and protection. Their lives continue to be shaped by harmful practices such as forced and early marriage, so called 'honour killings' and *baad* – the practice of giving a girl to another family as compensation for a wrong. Some girls escape from these traditional pressures by running away. If they are caught, however, they often face criminal charges. The restrictive nature of girls' and women's lives means that many women are not able to work. Combined with high poverty rates, this also leads to many boys working to support their families.

Violence against women and children, including sexual violence, is believed to be widespread. Perceived stigmatisation and inadequate protective services mean that violence and neglect are often unreported.

Country Programme Analytical Overview

Following the 2012 mid-term review (MTR) of the country programme of cooperation and child deprivation analysis, the ACO made a strategic shift in the programme that led to an increased investment of human and financial resources in the most deprived provinces and hardest-to-reach areas. The key bottlenecks and barriers (B+B) in those provinces were identified as follows:

- i) In **education**: distance as well as social and cultural factors that affect school enrolment; retention, especially of girls; insecurity; lack of proper and separate toilets for girls; and inadequate coordination at the sub-national level
- ii) In **health, nutrition and polio**: lack of specialised technical expertise and insufficient skilled human resources, especially female; high staff turnover; inaccessibility to health facilities; lack of adequate management; inadequate coordination and accountability; and poor implementation of nutrition interventions through BPHS
- iii) In **WASH**: weak coordination among key partners in project implementation at the provincial level, especially in software strategies; low capacity at the provincial level for survey and design of water supply projects; and limited technology options and alternatives for WASH in Schools
- iv) In **child protection**: inadequate commitment of the Ministry of the Interior (MoI) on birth registration and vital statistics; and insufficient commitment of ministries to the process of the Child Act, and their lack of engagement in the Government Steering Committee on Children in Armed Conflict

The programme component results (PCRs), intermediate results (IRs) and results matrices were revised along with the strategies and interventions to address the key B+B identified above. Rolling workplans were progressively realigned to monitor and address the B+B. The key strategies are described below.

- i) In **education**: scaling up of CBS, accelerated learning centres (ALCs) and female literacy centres with a focus on increasing the number of female teachers; community and social mobilisation campaigns to address negative social norms; and effective coordination with the Department of Women's Affairs at the district and provincial levels
- ii) In **health, nutrition and polio**: facilitating multi-sectoral nutrition-sensitive programming;

UNICEF Annual Report 2013 - Afghanistan

reprogramming and scaling up of the MNCH component in priority provinces; improving the effectiveness of outreach services and introducing innovative approaches such as SMS technology and community transport funds; improving training of trainers and cascade of training in provinces; improving coordination between stakeholders; focusing on newly identified low-performing districts and implementing the six-month acceleration plan to eradicate polio

iii) In **WASH**: Strengthening inter- and intra-ministerial coordination for improving implementation of non-infrastructure related interventions (sanitation, hygiene); assisting in developing a national WASH-in-Schools strategy; increasing the number of training activities for counterpart staff and communities; and facilitating a national WASH communications strategy

iv) In **child protection**: advocating with the MoI on birth registration; increasing advocacy with the Ministry of Justice (MoJ) to lead the drafting process within Technical Commissions; increasing advocacy with the MRM Task Force for re-engagement at the sub-national and national levels; and providing technical support and capacity building to the Ministry of Labour, Social Affairs, Martyrs and Disabled (MoLSAMD) and the MoI on child-oriented budgeting

There will not be a significant strategic shift in the programme results and strategies in 2014. However, in preparation for the impending political, military and economic transition in the country and in order to help meet any humanitarian challenge that may arise, the ACO has developed plans to mitigate against potential deterioration of the situation, as well as for a worst-case scenario.

Humanitarian Assistance

Afghanistan faces a complex situation characterised by continuous humanitarian needs and an unresolved peace process. Conflict, natural hazards, chronic poverty and underdevelopment threaten people's survival, livelihood and dignity in many ways. The prolonged displacement of 590,184 persons in 2013 and the difficulties of reintegration into their former communities generate new demands for services, infrastructure and livelihoods for the displaced as well as many of the host communities. Persistent insecurity hampers access to parts of the affected population. At the same time, recovery and reconstruction efforts are required in parallel to humanitarian aid to address some of the social and economic disparities still prevalent in many of the regions.

The year 2014 will be a crucial year for the stability of Afghanistan. The presidential elections and the withdrawal of international military forces from the country will most likely have significant economic and security implications for development. These challenges, combined with the impact of the national transition process, will likely affect the delivery of UNICEF supported programmes in Afghanistan. The ACO, with support from colleagues in New York Headquarters and the Regional Office for South Asia (ROSA), is developing a contingency plan to respond to potential developments.

Throughout 2013, UNICEF led the nutrition cluster, the WASH cluster and the child protection sub-cluster.

Effective Advocacy

Mostly met benchmarks

During 2013, the ACO approached advocacy in a more structured and strategic way. As a result, content and evidence for public advocacy was produced and media events were conducted based on programme prioritisation. UNICEF Afghanistan's advocacy strategy was prepared and the ACO now has strong presence through a dedicated website, YouTube, Twitter feeds and a Facebook page. To guide a major media campaign on child rights and raise awareness and understanding of UNICEF's work and mandate, a perception survey was initiated in the ten focus provinces. The SitAn on Children and Women in Afghanistan produced in 2013 will also feed into UNICEF's advocacy strategy in 2014 and into the next Country Programme of cooperation for 2015-2019, addressing underlying causes of barriers and bottlenecks to the protection and fulfilment of child rights in the country.

UNICEF's strong advocacy resulted in the development of key national policies and plans, such as the policy

UNICEF Annual Report 2013 - Afghanistan

on community-based education; the launch of the provision of pneumococcal vaccine; the National Action Plan on Reproductive Maternal and Neonatal Child Health; and the Nutrition Action Framework. Work on the Child Act is on track, and several high-level consultative meetings were organised. A time-bound 15 point Road Map to eliminate under-age recruitment was developed based on the MRM and incidents of reported grave violation against children in the conflict. A study on attacks on education institutions was completed, providing strategies to understand and mitigate such attacks and their impact on the closure of schools. Based on this study, an advocacy strategy to avoid using schools as polling stations is planned with the Government and the National Election Commission.

In addition, UNICEF established two non-financial partnerships in public advocacy in support of polio eradication efforts with Afghanistan's largest private media group and the Afghanistan Cricket Board (ACB). A statement issued in June by UNICEF highlighting the increasing number of child casualties in the first quarter of the year proved to be an effective media advocacy effort that triggered an active dialogue in national and international media. The statement called on all parties to the conflict to protect children and cited recent examples of child rights abuses resulting from the conflict.

Capacity Development

Partially met benchmarks

Capacity development of national partners was a major thrust of the UNICEF supported programme of cooperation in Afghanistan in 2013. At the national level, a water quality unit was established in the MoE, and their staff were trained on gender budgeting. With the introduction of MoRES in January 2013, capacity in evidence-based planning and monitoring was strengthened in four priority provinces, among staff at the provincial governor's office, in provincial line departments and among provincial-level development partners.

Province-level plans were developed with provincial governments leading the process. This effort strengthened the decentralised planning process at the sub-national level. With UNICEF's support, several other plans improved the quality of the immunisation campaign, including the improvement and revision of micro-panning for the Expanded Programme on Immunisation (EPI) and effective vaccine management.

Afghaninfo and Polioinfo were set up in 2013. As part of the process of preparing the SitAn, UNICEF conducted a capacity gap analysis among the key line ministries (Ministries of Education, Public Health, Rural Rehabilitation and Development, the Afghanistan Independent Human Rights Commission [AIHRC] and their provincial departments). This study will form the basis for a comprehensive capacity-development strategy for UNICEF to support the Government and civil society organisations in Afghanistan.

The technical skills of sectoral government staff were augmented through training activities in the following areas:

- i) Three zonal-level water quality labs were established in the MoPH, and 130 national and provincial lab technicians were trained on water quality. A total of 164 infrastructure development engineers and health managers were trained on WASH in Schools.
- ii) National, provincial and district education officers and teachers, as well as school management *shuras (meeting/gathering)*, were trained on the concept of Child Friendly Schools (CFS).
- iii) Training activities were organised on the Integrated Package and Emergency Obstetric Care; Integrated Management of Childhood Illnesses, and infection prevention for community health workers and health care providers.
- iv) Training on child rights and child-friendly policing were organised for the MoI, and staff of the Central Statistics Office (CSO) were trained on trend and regression analysis and AfghanInfo.

Communication for Development

Initiating action to meet benchmarks

UNICEF Annual Report 2013 - Afghanistan

A senior external consultant was employed in 2013 to develop a comprehensive communication for development (C4D) strategy for UNICEF Afghanistan. The effort included the development of tools, training for staff and the design of terms of reference (ToR) for a follow-up institutional contract for capacity building of staff and partners in C4D theory and methods.

Key C4D strategies in support of programmes in 2013 included the continued implementation of the community dialogue approach to strengthen community participation and ownership. Community-based development council facilitators (40 women and men) trained on community dialogue, supported the development of action plans for community-level dialogue sessions. These were based on lessons learned and challenges identified during the monitoring and reporting of activities in 2012. A total of 120 community dialogue sessions took place in 2013, reaching 4,500 women and men in 12 villages of Daikundi and Bamyan provinces, focusing on 10 key issues related to WASH and nutrition, WASH and health, WASH and education, child protection and women's empowerment. The purpose of these dialogues was to engage, empower and mobilise communities towards behaviour change and social change.

A behaviour change communication project initiated in 2012 was completed in 2013 in partnership with UN-Habitat. The project worked to promote ten key behaviours at the household level in four districts of Bamyan and Paktia. As a result of 100 participatory learning and action workshops, 5,000 community members (2,500 males and 2,500 females) acquired basic knowledge in health, education, prevention and management of diseases, immunisation, sanitation, life skills, and self-evaluation for the development of their communities and promotion of a healthy environment. A total of 600 community influencers and Village Health Committee members were trained on strengthening community-based monitoring, networks and the establishment of linkages among communities. The ACO will be compiling lessons learned from the implementation of these activities.

The year 2013 marked the launch of a hand washing campaign that is intended to run until Global Handwashing Day in October 2014, reaching 10 million Afghans in all 34 provinces, including 5 million students throughout the country. A nationwide Campaign on Child Protection, implemented through CPAN, with the participation of youth from youth information and contact centres (YICC), discussed child protection issues, identified concerns within the community, and developed action plans to reduce harm to children. The campaign specifically addressed child and early marriage and risks of irregular migration. Approximately 900 religious leaders were trained on child protection in the context of Islam, using the 'Children in Islam' analysis. Several campaigns were conducted on TV, radio and outdoor billboards to promote birth registration, prevention of underage recruitment and other messages on polio, the pneumococcal vaccine, universal salt iodisation, infant and young child feeding (IYCF), vitamin A and deworming. C4D capacity in the ACO remains low. The Country Office was not successful in finding candidates for its vacant C4D posts in Kabul or the Zone Offices.

Service Delivery

Mostly met benchmarks

Post-MTR, the focus of UNICEF's targeted interventions was on the ten priority provinces. Phased introduction of MoRES-based planning in focus provinces led to better analyses of the B+B in the service delivery areas and improved the ability to prioritise and address the B+B through relevant provincial strategies grounded in the local context. Adaptation of the MoRES framework to Afghanistan's local conditions through adding one more determinant contributed to programme accessibility and acceptability. This in turn will lead to improved risk-informed programming in inaccessible areas through increasing community acceptance of UNICEF and UNICEF-supported programmes. Level 3 monitoring of the barriers and bottlenecks was piloted in two southern provinces – Kandahar and Hilmand – to analyse gaps in service delivery in terms of B+B and strategies. For example, to address gaps in nutritional service delivery, UNICEF partnered with experienced non-governmental organisations (NGOs) to mentor the BPHS implementers in 2-4 provinces. UNICEF's support to CBSs improved coverage of primary education in the focus provinces. In 2013, 52,069 more school-age children were enrolled in CBSs, of whom 27,917 were girls (54 per cent).

UNICEF Annual Report 2013 - Afghanistan

Strategic Partnerships

Partially met benchmarks

During 2013, a micro-assessment for several NGO partner was conducted by professional services firm KPMG. At the time of development of programme cooperation agreements (PCAs), efforts were made to address the gaps identified in the micro-assessments, and risk mitigation measures were proposed. UNICEF partnered with eight NGOs through PCAs. Work is in progress to build strategic partnerships in UNICEF's programming areas, such as gender and advocacy, education, health and protection, with well-regarded national and international organisations that share UNICEF's vision. Several meetings took place in this regard with organisations such as the Bangladesh Rehabilitation Assistance Committee (BRAC), Save the Children and OXFAM. Two non-financial partnership agreements were signed with the MOBY Group – Afghanistan's largest private media group – and the ACB to promote polio eradication messages on TV, radio and other outlets on the basis of a jointly agreed outreach plan. Considering the political and military transition in 2014 and beyond, and in the likely scenario of deteriorating or worst-case situation, a detailed mapping of partners, their capacity, and interest in working towards results for children will be undertaken in early 2014.

Knowledge Management

Initiating action to meet benchmarks

UNICEF Afghanistan completed the SitAn of Women and Children in 2013. The final report will be ready for dissemination by March 2014. Eleven background papers were also prepared and will serve as a knowledge product to guide the development partners. While reviewing proposals from various research organisations submitted to UNICEF as expressions of interest, an annotated database of relevant, locally available research was developed and made available to staff. UNICEF supported the national EPI and national nutritional surveys, and the "countdown" process will supplement and consolidate data on the status of health and nutritional indicators in the country. A knowledge management specialist was recruited and will join the Country Office in early January 2014 to develop the Knowledge Management Strategy and its implementation plan.

Human Rights Based Approach to Cooperation

Mostly met benchmarks

Following the MTR, senior management promoted the use of the Convention of the Rights of the Child (CRC) Concluding Observations for Afghanistan as the basis on which to reorient the Country Programme and develop mechanisms with the Human Rights Commission to act and report on them. A focus on deprivation is the cornerstone of programming and advocacy. Through the SitAn process, opportunities to improve participation of rights holders and duty bearers were identified. During the process, consultations with primary stakeholders — including children — were conducted at various locations to understand key issues they faced. Community dialogue provided another avenue to engage with the rights holders to promote the human rights-based principles and improve service delivery of the duty bearers. With the improved understanding of risk-informed programming, further opportunities will be explored to promote human-rights based approaches in the country's most deprived areas, including rolling out MoRES in the remaining focus provinces.

Gender Equality

Initiating action to meet benchmarks

UNICEF Annual Report 2013 - Afghanistan

The 2013 SitAn highlights some of the reasons for the glaring disparities between boys and girls in a number of sectors, including education. It will be used as evidence for advocacy on a variety of issues relating to children and women in Afghanistan, including advocacy for increased gender equality. During the implementation of MoRES in the four focus provinces, B+B pertaining to gender disparities were identified (e.g. a lack of female professional and support staff to deliver services in the provinces). The 2014 provincial plans will include strategies that address gender gaps in the targeted provinces.

Around 100 CO staff were trained on the programme planning process (PPP), which included gender dimensions of programmes, planning, budgeting, monitoring and evaluation.

Environmental Sustainability

Initiating action to meet benchmarks

This is a much-neglected area in Afghanistan. There is not much leadership on the issues of climate change, environmental degradation and regulation of an unethical extraction industry, although the area is beginning to gain importance. However, there is a strong commitment to significantly increasing UNICEF's leadership role in disaster risk reduction (DRR), child-centred approaches to building community resilience and risk-informed strategies. This area is under careful review in the design of the new 2015-2019 Country Programme of cooperation.

South-South and Triangular Cooperation

In 2013, through the learning and exchange programme, UNICEF facilitated greater collaboration between the CSO of the Philippines and the Afghan CSO. As part of the programme, the president of CSO Philippines visited Afghanistan and trained local CSO staff on regression analysis, while CSO staff from Afghanistan visited the CSO Philippines for further training.

UNICEF facilitated a study visit of three staff members of the MoE to see the WASH-in-Schools learning exchange programme in India. The key findings regarding mass hand-washing events and the three-star approach for WASH in Schools are being reviewed for integration in Global Handwashing Day and WASH-in-Schools programming in Afghanistan. Furthermore, senior staff from the Ministry of Rural Rehabilitation and Development (MRRD) and the MoPH, led by the Deputy Minister of the MRRD, participated at the 5th South Asian Conference on Sanitation (SACOSAN) held in Kathmandu, Nepal in October 2013.

UNICEF supported a high-level Afghan Government delegation to participate in the 2nd High Level Meeting on South-South Cooperation for Child Rights in Asia and the Pacific, held in India. The issues that were discussed during the conference include cooperation for the realisation of children's rights; knowledge and information sharing about early childhood development; children in urban environments; and opportunities for adolescents. UNICEF will also aim to assist the MoLSAMD in its efforts to establish cooperation with their equivalents in Indonesia and the Philippines in different areas of child protection.

UNICEF Annual Report 2013 - Afghanistan

Narrative Analysis by Programme Component Results and Intermediate Results Afghanistan – 0060

PC 1 - Health and nutrition

 Constrained

PCR 0060/A0/06/014 PCR 2: Child and maternal mortality are reduced through more equitable access to quality health, nutrition and WASH interventions

Progress: According to the United Nations Inter-agency Group for Child Mortality Estimation, the current annual average rate of reduction of the U5MR rate is 2.7 per cent. Child mortality was reduced by 52 per cent between 1990 and 2012, from a baseline of 176 deaths per 1,000 live births to 99 deaths per 1,000 live births. The MMR reduced by 65 per cent between 1990 and 2010, from 1,300 deaths per 100,000 live births to 460 deaths per 100,000 live births.

The key indicators that are being tracked to monitor the increase in access to health services (46 per cent of births attended by skilled health personnel and 30 per cent of children aged 12-23 months fully immunised) show that Afghanistan is not on track to achieve the MDG targets for infant mortality rates (IMR) and MMR.

The National Nutrition Survey 2013 was in progress as of the end of the year, and will provide data on nutritional prevalence.

As part of international commitments under 'A Promise Renewed', UNICEF facilitated efforts to reduce preventable maternal and child deaths through the development and launch of the Reproductive, Maternal, Newborn and Child Health Acceleration Plan, and the Every Newborn Action Plan, as well as the introduction of pneumococcal vaccine in routine immunisation.

 Constrained

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

Progress: During 2013, routine immunisation services were strengthened, mainly through the provision of vaccine and non-vaccine supplies that targeted 1.2 million children under one and 6 million women of childbearing age. Installation of four new walk-in cold rooms increased the cold chain net capacity from 49m³ to 114m³.

A total of 84 districts were identified as intermediate- and high-risk districts with less than 50 per cent immunisation coverage. Two rounds of tetanus toxoid vaccinations were conducted in 73 of the 84 districts, while 11 districts could not be accessed due to insecurity. The third round of the tetanus toxoid campaign started in late December in 13 high-risk districts. Three rounds of Pulse¹ were conducted with the support of the WHO, but coverage data is still being compiled. Data on reported coverage for the first half of 2013 shows that immunisation interventions, including the additional two campaign activities, helped to reduce the number of intermediate- and high-risk districts to 45. The pneumococcal vaccine was successfully introduced. Micro-planning in the 28 districts that were not implementing a good quality polio programme, mainly located in South and South East Regions, will begin in 2014 to improve routine immunisation coverage.

The National EPI Strategy was improved, with an emphasis on better planning, defining roles and increasing access at the community level. Similarly, the EPI communication strategy was developed to sensitise communities to the benefits and importance of vaccination.

Major barriers to improved immunisation coverage include low access to immunisation sites, low community awareness of the importance of immunisation, and social and cultural limitations for women to access immunisation in some localities, as well as the security situation in the south.

To address these challenges in 2014, the population's access to services will be strengthened through improved micro-planning based on the catchment areas in South and East Regions, increasing outreach services, raising awareness among households through religious leaders, school teachers and media, and strengthening community dialogue.

 On-track

IR 0060/A0/06/014/002 IR 2.2 By end 2012, at least 95 per cent of caregivers, especially in 28 high-priority districts in 4 priority provinces, understand that the threat of polio is preventable through polio vaccination

Progress: The Afghanistan Polio Eradication Initiative achieved impressive results in 2013. On 19 November, for the first time, the traditionally endemic South Region completed one year without reporting a case of wild polio virus. While major challenges and risks remain in the region, this achievement reassured the programme workers, managers, partners and donors that with quality implementation of the strategies, eradication of polio is possible in the near future. At the same time, the South East Region of the country has not reported a wild polio virus case in over a year, and Farah province of West Region, which was of serious concern in

¹ Global Pulse is an innovation initiative launched by the Executive Office of the United Nations Secretary-General, in response to the need for more timely information to track and monitor the impacts of global and local socio-economic crises. The Global Pulse initiative is exploring how new, digital data sources and real-time analytics technologies can help policymakers understand human well-being and emerging vulnerabilities in real-time, in order to better protect populations from shocks

UNICEF Annual Report 2013 - Afghanistan

2011 and 2012, has not reported a case in over 16 months.

In 2013, 11 cases of polio were reported, all from the East Region of the country. These cases represent both importations from Khyber Pakhtoonkhwa Province of Pakistan that borders the Eastern Region and re-established virus circulation in the region.

The success in the Southern Region is a result of more children being reached in both accessible and inaccessible areas. In addition, the reduction in the number of zero-dose acute flaccid paralysis (AFP) cases points to more children being vaccinated through routine immunisation, campaigns and other supportive vaccination strategies, such as cross-border vaccination, transit team vaccination, and Permanent Polio Teams. In another positive development, the same children are not missed repeatedly, and hitherto chronically inaccessible areas are increasingly being covered. The campaign awareness levels increased from less than 40 per cent to over 85 per cent in the priority provinces. The revised strategy implemented at first mainly through the Immunisation Communication Network, and the inclusion of volunteers/vaccinators starting in August 2013, led to a vaccination rate of over 70 per cent of missed children.

Constrained

IR 0060/A0/06/014/003 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 package of health and nutrition services, and mothers with complicated pregnancies have access to quality emergency obstetrics and newborn care (EmONC) services

Progress: The implementation of the MNCH programme focused on providing services to 60 per cent of the uncovered population through a minimum integrated package of health and nutrition intervention in 10 targeted provinces.

A total of 60 out of 209 health facilities were strengthened through the supply of medicines, equipment, ambulances and the training of 515 health providers on basic and advanced EmONC, Essential Newborn Care (ENC), Emergency Triage Assessment And Treatment (ETAT), Intellectual Property and advanced anaesthesia.

A total of 115,100 pregnant women (91 per cent of 125,386 pregnant women) had one antenatal care (ANC) visit. This is an increase from 51,301 (41 per cent) in 2012.

In the targeted provinces, 89 per cent of children under 5 were fully immunised with Penta 3 (123,049 full immunised against a target of 146,844).

In health facilities in the targeted provinces, 155,302 children with pneumonia, 363,628 diarrhoeal cases, 3,384 major obstetric complication cases, and 3,147 C-sections and assisted deliveries were managed.

Through the implementation of behaviour change communication interventions in selected districts of Bamayan and Paktya Provinces, 5,600 community members/influencers became aware of current behaviours related to maternal and child health.

Micronutrient and iron and folic acid supplementation for adolescent girls did not commence in 2013 as planned.

The main barrier to improving maternal and child health services has been poor access to health facilities, harmful social beliefs and practices, women feeling more comfortable delivering at home, non-availability of skilled providers of maternal and newborn care and non-availability of transport or a high cost of transport to health facilities.

During 2014, the MNCH programme will continue to increase coverage of health and nutrition services through outreach activities, strengthening of community- and facility-based health care services and referral systems and community awareness.

Constrained

IR 0060/A0/06/014/004 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 (SAM, stunting and micronutrient deficiencies)

Progress: The 2011 comprehensive response to nutrition was delayed due to the emergency response to severe drought in the North and North-East Regions. Treatment of SAM expanded from 54 to 80 in-patient units and was maintained in 430 out-patient units in 24 drought- or conflict-affected provinces in 2013. Outpatient treatment started for the first time in five conflict-affected provinces, two of which are UNICEF focus provinces. In 2013, 48,508 SAM children were treated and 1,781,820 pregnant and lactating women benefited from education on infant feeding and WASH services at facilities and in communities.

Micronutrient deficiencies were addressed through the distribution of salt iodisation, biannual vitamin A supplementation (100 per cent) and deworming (100 per cent), multiple-micronutrient powder for children 6-23 months (217,321) on a pilot basis through the Nutrition Week Campaign in 12 drought-affected provinces, and multiple-micronutrient supplementation (177,200) and deworming (45,970) for pregnant and lactating women in 5 drought-affected provinces.

Service delivery was strengthened by training 68 health staff from all 34 provinces in the online Cornell University/UNICEF certificate course. Training was also provided to 146 MoPH/NGO partners on the SAM database, and 17 laboratory technicians from 6 salt plants received training on management of SAM and quality assurance.

In order to improve policy frameworks for the nutrition programme, the Integrated Management of Acute Malnutrition guideline, the multi-sectoral Nutrition Action Framework, the Revolving Fund Strategy for potassium iodate procurement and the Nutrition in

UNICEF Annual Report 2013 - Afghanistan

Emergency and Nutrition Communication Strategy were all developed.

The main barrier is the fact that actions aimed at addressing the underlying causes of malnutrition are underfunded, as available resources are mainly for emergency. Furthermore, the capacity to deliver nutrition services is limited, there are few technical partners to collaborate with, a nutrition curriculum is lacking, and there is high staff turnover.

In 2014, National Nutrition Survey findings will be used to prioritise evidence-based interventions and further integration of SAM treatment in health services, as well as to establish the national nutrition surveillance system and multi-sectoral collaboration.

 On-track

IR 0060/A0/06/014/005 IR 2.5 By 2013, mothers identified as HIV positive and their newborns have access to prevention of mother-to-child transmission (PMTCT) services in five regional hospitals

Progress: Based on the prevention of parent-to child transmission (PPTCT) operational guide of the MoPH, PPTCT services are delivered in five regional hospitals. A total of 86,807 pregnant women received obstetric care through the regional hospitals, among whom 982 were identified as being at a high risk of exposure to HIV. Of them, 439 (44.7 per cent) agreed to receive HIV tests and all of them received post-test counselling. These results show increased coverage compared to 2012, when 64,474 pregnant women received obstetric care, 556 were identified as being at high risk, and 138 (24.8 per cent) agreed to take HIV tests.

The PPTCT sites were supported by procuring necessary supplies, including HIV rapid kits, and raising awareness of 164 health care providers on PPTCT, which improved referral between PPTCT sites, antiretroviral treatment centres and voluntary counselling and testing (VCT) centres. Two HIV-positive pregnant women were subsequently identified at VCTs and referred to PPTCT sites.

Community awareness was increased through TV/radio spots and the distribution of 40,000 information, education and communication (IEC) materials and commemoration of World AIDS Day through media channels. As a result, there was an increase in acceptance of HIV tests from 55.3 per cent to 75.2 per cent.

At the national level, a team was supported to attend the 9th Asia Pacific United Nations PPTCT Task Force Meeting that focused on integration of PPTCT in ANC and shifting from risk-based screening to general screening for HIV.

Since HIV prevalence among the general population is 1,250 cases (5 per 100,000 population), risk-based screening is a failed strategy to detect HIV positive cases.

During 2014, the focus will be on integrating PPTCT in MNCH (ANC services).

 On-track

IR 0060/A0/06/014/006 IR 2.6 By 2013, support to Government results in increase in access to water and sanitation and hygiene among rural population (252,273) from 39 per cent to 45 per cent for water and 30 per cent to 36 per cent for sanitation respectively.

Progress: One million people were targeted to date during the 2010-2014 Country Programme of cooperation. Of these, 97 per cent (977,170 people), were provided with safe water, of whom 225,925 people benefited in 2013. A total of 103,841 families gained knowledge of hygiene to adopt key hygiene practices, including the use of sanitary toilets, and proper hand washing with soap and water through UNICEF-supported hygiene promotion, of whom 45,975 families were reached in 2013. Through community-led total sanitation implementation, 11,435 families constructed and are using latrines. The project is still ongoing in five UNICEF-supported focus provinces targeting 960 villages (306,000 people or 43,714 families).

Construction of new water supply schemes and rehabilitation of existing ones, as well as water quality tests and community-wide approaches for sanitation and hygiene promotion were the strategies used to achieve the result.

Barriers include an over-centralised system and weak coordination among key partners at the provincial level; weak capacity of provincial- and district-level implementing partners in sanitation and hygiene promotion; and weak and limited WASH data for evidence-based advocacy, planning and decision making.

In 2014, UNICEF will continue to support the development and implementation of sanitation and hygiene promotion strategies and the strengthening of intra-ministerial and inter-ministerial coordination in WASH interventions at the national and provincial levels, including improved monitoring.

 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, as well as mobilise resources to promote commitment to increase access to safe drinking water

Progress: UNICEF assisted MRRD/MoPH/MoE in attending international advocacy and learning conferences such as SACOSAN, Sanitation and Water for All, Household Water Treatment and Storage and WiS, as well as monthly Water and Sanitation Sector Group (WSG) coordination meetings (12 in 2013), a national workshop on Household Water Treatment and Storage, and national consultations for the SitAn of the WASH sector in Afghanistan.

With UNICEF support, the WASH GIS/MIS database was developed by MRRD, and the Hygiene Promotion Strategy and the

UNICEF Annual Report 2013 - Afghanistan

Sanitation Strategy are under development.

PC 2 - Basic education and gender equality

 On-track

PCR 0060/A0/06/013 PCR 1: Education of girls and women increased through more equitable access to quality basic education services

Progress: The 2013 Education Joint Sector Review report revealed that general education enrolment rose from 7.5 million (4.6 million boys and 2.9 million girls, 38 per cent girls) in 2011/2012 to 8.5 million (5.2 million boys and 3.3 million girls, 39 per cent girls) in 2012/2013. The GER for the primary level increased from 75 per cent (86 per cent boys; 63 per cent girls) in 2011 to 79 per cent (92 per cent boys, 66 per cent girls) in 2012 against the Government's set target of 85 per cent for boys and 74 per cent for girls for 2013, showing remarkable progress in access to primary education, with a considerable contribution from UNICEF.

The retention rate to grade five for girls increased significantly from 20 per cent in 2012 to 63 per cent in 2013. Despite this progress, over a million children enrolled are permanently absent from school, over 2.5 million school-age children are out of school and gender disparity is still very high. Gender equity remains a challenge with the Gender Parity Index at 0.74 in favour of boys. The low proportion of female teachers, though slightly increased from 31 per cent in 2011 to 32 per cent in 2012, is still a major hindrance to girls' enrolment and retention.

The key strategies used were as follows:

- (i) capacity building of education managers, supervisors, teacher trainers and construction engineers at the national and provincial levels;
- (ii) evidence-based advocacy and social mobilisation – working with the school management *shuras* and community-development committees to identify and support children not enrolled in school, and also to protect schools against attacks;
- (iii) service delivery – provision of teaching and learning materials (TLM) to children in community-based education and pre-positioning emergency schooling material;
- (iv) integrated approach through health, water and hygiene education and child protection as a package for making schools more child friendly; and
- (v) strategic partnership with financial and non-financial partners.

Barriers include: a highly centralised government system with very weak linkages to the sub-national levels; a shortage of female teachers; inadequate technical and financial capacity at the MoE to lead the education in emergency (EiE) sector; insecurity/lack of access in some districts to implement and monitor planned activities; and inadequate coordination at the national and sub-national levels among the various departments, which affects comprehensive planning.

The adjustments in 2014 include: building the capacity of education officials at the sub-national level to plan, coordinate, implement and monitor programme activities including EiE; advocating for flexible criteria for local-level female recruitment; promoting community dialogue for programme acceptability; and improving communication between teachers and supervisors of CBSs in the most deprived and insecure provinces.

 On-track

IR 0060/A0/06/013/001 IR 1.1 By 2013, a total of 555,000 primary-school-age children (60 per cent girls in 346 target districts) will enrol and progress in CBSs (125,000), ALCs (30,000) and construction-supported formal schools (400,000) in target districts in 10 priority convergence provinces

Progress: A total of 565,531 primary school children were enrolled and benefited from CBSs, ALCs and newly constructed schools in 2012 and 2013 against the target of 555,000. However, the gender parity target was not met (221,612 girls or 39.2 per cent girls).

In 2013, 52,069 children (27,917 girls and 24,152 boys) from hard-to-reach areas enrolled in the 1,749 CBSs and an additional 14,442 children aged 9 to 15 years (5,172 boys and 9,270 girls) were enrolled through 555 ALCs. A total of 48,309 grade 3 students from CBSs (26,123 girls and 22,186 boys) transitioned to grade 4 in formal public schools, constituting 57.5 per cent of those attending grade 3 in 2012. A safe learning environment was provided to 8,059 students (4,169 girls and 3,890 boys) through the construction of 14 new schools. All newly constructed schools had water points, boundary walls and separate latrines for boys, girls and teachers.

The main constraints under this component were weak monitoring and supervision of activities, particularly community-based education, and lengthy government procurement processes that delayed construction work.

The way forward includes strengthening local monitoring, using third-party monitors and exploring the use of information and communication technology (ICT) innovations such as Rapid SMS for monitoring, as well as increased advocacy for girls' education.

 Constrained

IR 0060/A0/06/013/002 IR 1.2 1,500 formal schools, in 80 districts in 10 convergence provinces implement comprehensive CFS packages, resulting in improved access, retention and learning achievement (target figures and geographical areas TBC)

UNICEF Annual Report 2013 - Afghanistan

Progress: A baseline survey of all 1,500 target schools was undertaken and the report will be available by January 2014. The survey result will allow UNICEF to measure the status of targeted schools that meet CFS standards, and to plan for required support accordingly.

In the present context in Afghanistan, where basic school infrastructure and the qualifications of teachers are inadequate, the focus of this IR is to advocate and create a foundation for schools to be more child friendly through the introduction and development of a minimum CFS standard with five components: inclusiveness; effective teaching and learning; safe, healthy, gender-responsive learning environments; and community participation. A total of 1,500 schools were targeted during the current Country Programme life span for CFS interventions, benefiting 945,000 children (368,550 girls) and their teachers.

To promote inclusiveness, 200 teachers were oriented on teaching in minority languages to enable children to learn in their first language. Teachers' guides for grades 1-3 were revised to embrace CFS principles.

A total of 244,800 learners in 321 schools out of 1,500 target schools benefitted from improved sanitation through the construction of 178 water points, 144 latrines, 153 wash rooms, 159 hand washing facilities, and the rehabilitation of 99 water points and 23 toilet facilities for girls' hygiene. The facilities will significantly improve sanitary conditions and contribute to retaining adolescent girls in school. A total of 1,620 teachers were trained in hygiene promotion.

The main constraints were long government procurement processes, limited funding for school WASH activities, and inadequate coordination among departments.

The way forward includes contributing to the Office resource mobilisation strategy to address shortfalls in funding and strengthening inter-sectoral coordination.



On-track

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

Progress: The overall objective and target of this IR was to increase literacy and numeracy skills for 140,000 female learners during the period 2012-2013. In that period, 139,618 female learners (99 per cent of the target) completed a 9-month literacy course.

In 2013, the MoE's Literacy Department was able, with technical and financial support from UNICEF, to enrol 18,000 female learners in 720 literacy centres. The female learners acquired basic literacy and numeracy skills and completed the nine-month literacy programme.

Advocacy and mobilisation interventions to raise commitment among stakeholders and duty bearers and demand among rights holders were implemented at the national and provincial levels. A major achievement in 2013 was the finalisation and launch of the National Literacy Strategy on 10 December 2013, with support from the UN Educational, Scientific and Cultural Organization (UNESCO), UNICEF, the Afghan National Association for Adult Education, and other actors.

An evaluation to assess the effectiveness, efficiency, sustainability, impact and relevance of the literacy programme was undertaken, with the draft report expected by end January 2014. The findings of the evaluation will inform UNICEF's future direction regarding the Female Literacy Programme and will inform the adoption of appropriate strategies to leverage stronger partnerships to ensure long-term sustainability of the programme.

In 2013, the main challenge was the identification of a suitable consultant to conduct the evaluation, which took longer than expected.

The way forward will depend on the recommendations from the evaluation report.



On-track

IR 0060/A0/06/013/004 IR 1.4 Supervising entity for the Global Partnership for Education (GPE) (2012-2014) in place and functional

Progress: With the technical and financial oversight function supported by UNICEF, four quarterly reviews were jointly conducted in 2013, and mid- and end-year reports were prepared in full consultation with the education local donor group, through the Human Resource Development Board. First-year technical and financial reports were submitted to the GPE on time.

In 2013, actions were taken to address all recommendations made based on the findings of the quarterly reports. Specific actions include: follow-up on the Operational Guidelines for the GPE; recruitment of female social mobilisers at the district level; and the introduction of a coordination mechanism within the MoE to review progress on a periodic basis.

Based on the programme operation plan and budget for 2013, the MoE transferred approximately US\$3.1 million to 13 GPE provinces in October 2013. The funds will allow the provinces to expedite implementation activities according to the plan developed at the beginning of the year.

UNICEF Annual Report 2013 - Afghanistan

With strong technical support from UNICEF, inter-departmental monthly coordination meetings were held on time, providing an opportunity for the MoE to review progress and address challenges; quarterly reports were also submitted on time.

The main challenge facing the GPE programme was the slow pace of implementation as a result of lengthy MoE processes for disbursing funds and weak coordination among MoE departments.

The way forward includes developing GPE Operational Guidelines, conducting an internal assessment to identify bottlenecks in implementation of the GPE, and strengthening inter-departmental coordination.

PC 4 - Child protection and youth empowerment

On-track

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

Progress: Seven per cent of juveniles were diverted from the formal detention system. Through partnership with the MoI, the Juvenile Police were oriented towards a better understanding of child rights and due process.

CPAN responded to 2,804 cases of child rights violations involving 2,171 boys and 633 girls. At least 71 per cent of reported grave violations against children in the context of the conflict during 2013 were verified, informing national and international reports as well as remedy and response strategies.

The MRM consistently verified and reported incidents of grave violation against children, which informed a time-bound 15 point Road Map to eliminate underage recruitment.

The Government of Afghanistan was supported in improving the legal protection system through a wide process of consultation with relevant professionals and a review of existing legislation. These findings were used to inform development of a comprehensive Child Act through a consultative process. A consultative research and drafting process for the comprehensive Child Act was continued with UNICEF support.

More than 323,981 newborn children were registered and provided with birth certificates throughout the country.

Street working children and their families were provided with appropriate 'integration to education' services as well as small business training in a pilot project in Kandahar. CPAN served 7,800 children facing protection concerns across 28 provinces. Conflict-affected or displaced children and youth under 18 years of age were able to access child-friendly spaces and protection services, including psychosocial support in selected internally displaced persons (IDP) sites and juvenile rehabilitation centres.

The Child Protection Campaign was implemented through CPAN; 17,444 community members in 664 sessions discussed protection concerns and developed action plans. Awareness raising, counselling and referral services were provided by the Youth Department to over 27,800 youth and adolescents.

Approximately 900 religious leaders were trained in child protection issues through the 'Children in Islam' teachings to prevent harmful practices.

The Letter of Agreement, the inter-ministerial strategy on juvenile justice, expanded its membership. A comprehensive civil registration and vital statistics assessment was successfully conducted in broad partnership. UNICEF also partnered with the AIHRC to support them as an authority on children's rights in Afghanistan, and partnered with children on prioritising the CRC Concluding Observations.

Studies into attacks on education revealed strategies to understand and mitigate risks to schools, including during election periods.

UNICEF and the International Labour Organization (ILO) studied the health impact on children of working in brick kilns.

Constrained

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

Progress: The MoJ, with technical and financial support from UNICEF, finalised arrangements for starting the second phase of the Child Act development involving the actual drafting of the Act through a consultative process. The drafting should have been completed in 2013, but due to managerial constraints, the process was delayed. As a solution, the contract with Play Therapy Africa was terminated and the process is now managed by a group of national experts, who will be supported by an international expert in 2014.

A Letter of Agreement signed among six government ministries that aimed to improve due process through the coordination and preparation of a social inquiry report by trained social workers was expanded to nine parties. Provincial-level coordination was reportedly weak, so a joint visit to the provinces of a senior-level group of representatives of the nine parties was planned. However, the visit was postponed due to time constraints and is now planned for the first quarter of 2014.

UNICEF Annual Report 2013 - Afghanistan

In 2014, the focus will be on completing the drafting of the Child Act and getting it endorsed by Government, improving implementation of the Letter of Agreement at the provincial level, supporting the establishment of a legal aid system for children, and building the technical capacities of law enforcement officials.

UNICEF did not fund the provision of direct legal aid services during 2013, as focus shifted towards institutionalising this service through the incorporation of legal aid for children in the legal aid commission within the MoJ. As of 2014, the MoJ will be supported to adopt the proposed legal aid model and implement it nationally.

Constrained

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: In 2013, 323,981 births (172,014 boys and 151,904 girls, about 32 per cent of total births) were registered through routine birth registration and certification. A web-based database was developed and installed, and registrars trained on its use and management. Linkages were made between the birth registration database and other identity documents databases (electronic ID cards, passport) within the Government.

The MoI, the MoPH and the CSO, with technical and financial support from UNICEF and the WHO, completed a national comprehensive Civil Registration and Vital Statistics Policy that informed development of a ten-year multi-sectoral plan.

Despite repeated awareness campaigns, demand for registering children at birth is still low.

Managerial issues at the provincial and district level that have a negative impact on the birth registration process were jointly assessed with the MoI, and a separate plan was developed to address them in 2014.

A major constraint during 2013 was the challenge of establishing registration centres in areas without them and ensuring registration by all health facilities. The target of 60 per cent national-level registration was not achieved, and the deadline was extended to the end of 2014.

In 2014, the focus will be on improving the birth registration rate in urban areas and ensuring that children born in health facilities do not go unregistered, improving monitoring and reporting on birth registration, and achieving 60 per cent registration of newborn children through improved use and management of databases and innovation.

On-track

IR 0060/A0/06/015/003 IR 3.3 MRM strengthened for evidence-based advocacy to increase accountability of parties to the conflict

Progress: As of the end of 2013, dedicated MRM Officers were leading the five regional MRM Task Forces in the Eastern, Western, Central, South Eastern and Northern Regions. All provinces were covered by the MRM, with dedicated UNICEF technical staff conducting systematic monitoring, advocacy and inter-agency coordination of issues affecting children in armed conflict. A full 77 per cent of grave violations reported during 2013 were verified, and regular reports were developed and shared with all relevant stakeholders.

An MRM team was initiated and led five advocacy meetings at the national and field levels. As a result, the Government Inter-Ministerial Steering Committee on Children and Armed Conflict met at the Deputy Ministerial level and pledged renewed support towards the implementation of the action plan on the prevention of under-age recruitment and use. The advocacy efforts also led to the reopening of three schools and the ending of occupation of two schools, and prevented recruitment of 147 boys under 18 years of age into the Afghan National Security Forces.

UNICEF continued its support to the Child Rights Unit of the AIHRC. Fourteen Child Rights Field Monitors and 3 border-based Field Monitors supported by UNICEF were able to interview 4,166 children in 27 provinces and collect data in revised information management systems. This consolidated information contributed to the first Situation of Children in Afghanistan Report since 2007. As a result, the number of child rights violations recorded by the AIHRC rose from 21 in the second quarter of 2013 to 153 in the third quarter.

The main constraints are low capacity of the newly recruited MRM staff and a lack of public awareness. The plan for 2014 includes capacity building, public awareness raising, expansion of information-sharing networks, and strengthening of advocacy strategy implementation.

On-track

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

Progress: In 2013, 2,804 cases of abuse, violence and exploitation of children (2,171 boys and 633 girls) were reported to CPAN in 28 provinces. The caseload included 94 cases of rape and sexual abuse, 68 cases of child marriage, 1,156 children in conflict with the law, and 243 separated children who had run away. All cases were referred to support services.

In a positive development, the MoLSAMD issued a guidance note to all provinces and asked all its provincial directorates to take over CPAN responsibility from UNICEF-supported TA as of 1 July 2013. In this note, all CPAN officers were tasked to work according to the Terms of Reference for CPAN.

UNICEF Annual Report 2013 - Afghanistan

The Street-Working Children Project was implemented with the objective of mitigating the many risks street-working children face. In order to do this, UNICEF developed a social protection programme to address root causes of the protection concerns. This project sought to provide education opportunities for children and income-generation opportunities for families in Kandahar City and Spin Boldak. Two hundred children and their families were identified as 'most vulnerable'. Of those, 161 children under 13 years of age were reintegrated to formal education classes and 39 children older than 13 were introduced to the accelerated learning programme to support their reintegration to high school. The families of the 200 children (151 adults) received small business training and were provided with necessary goods and equipment.

 On-track

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

Progress: All 16 DoYAs completed recruitment and a new staff structure was put in place to implement the youth empowerment programme. The standard operating procedure issued by the Deputy Ministry of Youth Affairs, with technical support from UNICEF, to guide the mainstreaming of the YICC strategy was disseminated to all 16 provinces. Direct support to the staff structure of the 16 YICCs was completed by June 2013 and phased out as planned.

The national youth participatory assessment was conducted jointly through the technical and financial support of UNICEF, the United Nations Population Fund (UNFPA) and the United Nations Development Programme (UNDP) to inform the development of the national youth policy and national youth strategy. The National Youth Policy was finalised in close cooperation with technical and financial support from UNICEF, UNFPA and UNDP on the basis of results from the assessment. The national youth strategy formulation was launched at a high-level conference of experts from the Government of Afghanistan, UN agencies, youth civil society organisations and youth in December 2013.

In December 2013, 16 DoYAs provided awareness raising, skills development and counselling and referral services to 27,800 youth and adolescents, of whom 30 per cent were female.

Due to the application of the new public administration reform guidelines, the Central Ministry stopped providing operation costs to the DoYA.

Advocacy for allocation of operational budgets to provincial departments is planned for 2014.

PC 5 - Advocacy, external relations and communication for development

 Constrained

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

Progress: In order to assess the percentage of the population who understand and support child rights as well as UNICEF's work and mandate, a large-scale perceptions study was undertaken in 2013, at the national level and in focus provinces, with results expected in early 2014.

An overall Communication and Advocacy Strategy was developed with sub-strategies on media engagement, production and online engagement, resource mobilisation, and building community acceptance. Third-party media monitoring provides regular reports and estimates on media reports on priority child rights issues.

 On-track

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

Progress: An overall Communication and Advocacy Strategy was developed with sub-strategies on media engagement, production and online engagement, resource mobilisation, and building community acceptance.

More than 40 interviews were given, and 4 major media events and 10 media briefings were organised. More than 80 journalists were trained across the country. UNICEF also organised three briefing sessions for community and religious leaders.

The ACO launched two major non-financial partnerships for polio with the MOBY Group and the ACB. The Office also produced 17 audio-visual advocacy packages and organised 7 donor field trips. The ACO established its online presence, including a presence on social media networks.

Daily, monthly and quarterly media monitoring was initiated to inform programming and the ACO's media engagement.

 Constrained

IR 0060/A0/06/017/002 IR 5.2 Public understanding of UNICEF's mandate built to ensure that the organisation has the community support and safe access it needs to effectively deliver results for children

Progress: A desk review report on public perceptions of UNICEF and its mandate in Afghanistan was completed, providing evidence and guidance for a communication strategy. A large-scale perceptions study, at the national level as well as in the focus

UNICEF Annual Report 2013 - Afghanistan

provinces, was undertaken in 2013, with results expected in early 2014.

Community acceptance analysis tools were developed and incorporated into planning processes at the provincial level. Key staff were briefed on perceptions analysis and design of communication interventions. A brand management strategy was put in place and continues to be implemented.

Six missions to support the building of media relations at the provincial level were undertaken 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 child protection programmes are implemented

Progress: Data is not available to report on progress on these IR monitoring indicators. However, the ability and motivation of families and communities to shift towards healthier practices were strengthened through a combination of training workshops, participatory theatre, special campaign messaging and community dialogue.

UNICEF supported 817 community dialogue sessions that were conducted through CPAN and youth groups in 28 provinces, reaching out to 21,699 community members.

Some of the key child protection issues identified by the communities include: child marriage; *baad*; rape and sexual abuse of children; *bacha bazy* (dancing boy); *shikam bakhshi* (children's engagement before they are born); sending children abroad for work; child recruitment; child labour; corporal punishment; drug abuse; and violence against children. However, in general, there is low awareness among families on child protection issues.

Four hundred religious leaders from Southern Afghanistan were trained on disseminating information on children's rights in Islam. In collaboration with the Nutrition Section, 79 participatory theatre sessions on early marriage and anaemia among adolescent girls were conducted in 5 provinces, reaching out to 8,727 community members (5,505 male; 3,242 female). Furthermore, 500 religious leaders were also trained on disseminating information on these issues in the 5 provinces (Herat, Parwan, Bamyan, Diakondi and Ghor).

A campaign on the risks of irregular migration for children and youth was launched, reaching 10,898 individuals through participatory theatre. IEC materials were distributed and radio/TV spots were aired.

PC 6 - Social policy, planning, monitoring and evaluation

On-track

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

Progress: Following the MTR, the Country Programme is more rights based, equity focused and gender sensitive in its approach, and is gradually incorporating the changes needed at the level of planning and interventions.

The MoRES tool was adapted in Afghanistan and introduced to four out of ten priority provinces that were identified as deprived provinces during the Country Programme MTR in 2012.

Water and sanitation, education and child protection modules of the Multiple Indicators Cluster Survey (MICS) were incorporated into the 2013 Living Condition Survey (former National Risk and Vulnerability Assessment [NRVA]), which is sponsored by the European Commission (EC). The survey provides provincial representative data that include data on children

Strategies used in 2013 include leveraging resources from the EC to collect data on children with geographic, locality and gender disaggregation. UNICEF's resources were used to build the capacity of the CSO and other line ministries in data analysis and dissemination.

UNICEF partnered with UNFPA and the National Statistics Board of the Philippines to strengthen the capacity of the CSO in data analysis and to learn from the Philippine National Statistics System.

UNICEF partnered with the World Bank and MoLSAMD in the design of the second phase of the social protection project, focusing on supporting poor mothers with children under five years of age with conditional cash transfers. UNICEF participated in the Social Protection Working Group led by MoLSAMD, ensuring that vulnerable boys and girls and mothers remain the key beneficiaries.

On-track

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

Progress: In 2013, the ACO focused on timely reporting monitoring data by M&E officers in Zone Offices and M&E focal points in programme sections. Reporting on monitoring data is one of the ACO management indicators that are presented and reviewed by the Country Management Team (CMT) on a quarterly basis.

UNICEF Annual Report 2013 - Afghanistan

Reporting of monitoring indicators at PCR, IR and activity levels progressively improved in 2013. By the end of 2013, 13 of 15 PCR indicators (87 per cent), 59 of 68 IR indicators (87 per cent), and 143 of 172 activity indicators (83 per cent) were reported with data.

The SitAn final report is expected to be released in January 2014. Key findings and recommendations of the SitAn were presented to the national counterparts, implementing partners, development partners and UN agencies during consultation on the SitAn and the Country Programme Documents on 15 December 2013.

Mindful of the remoteness and deteriorating security situation in the focus provinces as well as the need for contingency planning in the event of further crises, ACO Country Programme monitoring systems are required to address these challenges by implementing a set of complementary and interconnected systems for data collection, analysis and presentation of data.

In 2014, the ACO will introduce rapid SMS technology in field monitoring, strengthen third party monitoring and promote field monitoring by UNICEF staff to ensure the quality of programme monitoring.

 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 reflecting existing disparities, available for planning

Progress: The Afghanistan MICS 2010/11 report in English, Dari and Pashto languages was disseminated through the CSO website. More than 7,000 people downloaded the report. A total of 387 provincial personnel received highlights through the MICS report dissemination at the regional level. In the highlights, CSO presented regional disparities for each of the MICS indicators.

New data at the national, provincial and district levels was updated by the AfghanInfo Task Force, which is comprised of professionals from CSO, MoE, MoPH, MRRD, MoLSAMD, and UNICEF. The database has data of 99 indicators at the national level, 44 indicators at the provincial level and 7 indicators at the district level. All relevant indicators have data disaggregated by sex. The database is accessible on the CSO website. UNICEF facilitated CSO's partnership with key line ministries (MoE, MoPH, MRRD, MoLSAMD) to form the AfghanInfo Task Force and build capacity in data production, sharing, storage and dissemination.

Barriers include CSO's capacity in data analysis and dissemination and the use by different ministries of different district names and geocodes, which makes it difficult to share and disseminate data at the district level.

In 2014, capacity building of CSO and key line ministry staff in data analysis and dissemination will continue through UNICEF's support in U5MR/IMR, child poverty and deprivation analyses using NRVA data. UNICEF will continue to advocate the standardisation of district names and geocodes through the CSO-led ministerial GIS working group.

 No Progress

IR 0060/A0/06/016/003 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

Progress: A SitAn of Children and Women was undertaken and completed. This research was articulated from a rights-based gender perspective and aims to unpack the key social, environmental and governance challenges that affect the delivery and utilisation of services. Given the dearth of research and analysis that focus specifically on boys, girls and women, the SitAn, along with the background papers, forms a foundation of quality research that UNICEF, the Government and other stakeholders will utilise to inform their programming and policy approaches. The SitAn was used to develop a background policy paper in support of the development of the National Youth Strategy. This is a key document that will operationalise the National Youth Policy supported by UNICEF.

UNICEF continues to provide technical input to the World Bank and MoLSAMD on the second phase of their social protection project focusing on supporting poor mothers with children under five years of age with conditional cash transfers. UNICEF participated in the Social Protection Working Group led by MoLSAMD, ensuring that vulnerable boys and girls and mothers remain the key beneficiaries.

Progress on social protection was delayed due to inability to recruit suitable consultants.

PC 7 - Cross-sectoral cost

 On-track

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

Progress: Harsh winters, conflicts, epidemics, earthquakes, floods, avalanches, and droughts affect 83 per cent of the population. The support for vulnerable populations included distribution of non-food items, full emergency WASH packages, high-energy biscuits, medical kits, vitamin A supplements and measles vaccination.

Response to protracted emergencies included treatment of SAM, provision of micronutrient supplementation, awareness-raising campaigns for women on IYCF & WASH. provision of safe drinking water to affected communities (including IDPs). hvaiene

UNICEF Annual Report 2013 - Afghanistan

promotion, verification of reports against grave violation, provision of psychosocial support, advocacy for reopening of schools, and provision of TLM and education supports for IDPs.

Every effort was made to reach affected populations within 48 hours of the onset of an emergency. Challenges encountered included prolonged verification of initial assessments done by government counterparts, insufficient resources of other humanitarian agencies, the centralised processes of some partner agencies and remote geographical locations. The lack of available female staff challenged the collection of reliable primary humanitarian data. The majority of humanitarian reports were not disaggregated by sex or age.

Considering the upcoming presidential elections and the withdrawal of international forces from the country by the end of 2014, the ACO initiated a process of contingency planning and preparedness for two possible scenarios in Afghanistan: (1) continued deterioration of access to basic services; and (2) the worst-case scenario of increased displacement. Both scenarios will affect those vulnerable communities that have already experienced persistent armed conflict and recurrent natural disasters. The plan was drafted and the costing will be concluded in 2014.

Disaster risk analyses, vulnerability and capacity analyses, disaster risk management plans and small-scale mitigation activities were completed for 60 selected communities in three provinces of the Northern Region.

On-track

IR 0060/A0/06/018/001 IR 6.1 During emergencies, children and women have access to and utilise child protection, education, health, nutrition and WASH services

Progress: To mitigate the impact of harsh winters, conflicts, epidemics, earthquakes, floods, avalanches, drought as well as displacement associated with these leading to internal displacement, 27,172 families (195,493 individuals) out of 32,590 emergency-affected families (212,144 individuals) were supported through the provision of non-food items, WASH items, medical kits and medicines (including measles vaccines) as of November 2013. About 45 per cent of responses were provided within the first week of emergency onset.

Drinking water was provided to 260,000 people, while 122,000 people received sanitation and hygiene services and 63,000 IDPs were provided with full emergency WASH package.

As a result of advocacy at the national and sub-national levels, 93 schools reopened in the Southern Region, providing a learning environment for 32,000 children. TLM were provided for 48,000 students. Through the EiE Programme, 38,729 out-of-school and IDP children were integrated into formal education.

After deactivation of the Education Cluster in early 2013, EiE was successfully mainstreamed, through UNICEF's technical and financial assistance, as the EiE Working Group under the leadership of the MoE. An EiE programme framework was developed to provide guidance to the MoE on how to respond to children affected by emergency. The framework was developed within the National Education Strategic Plan (NESP-III) for 2014–2020.

Ten community-based child-friendly spaces were identified and established, thus enrolling 1,000 children (525 boys, 475 girls). The CFSs provided children with an opportunity to interact with each other and learn life skills, such as basic literacy.

Twelve community-based psychosocial activities were pursued in flood-affected areas in northern regions, enabling children to cope with the impact of emergency.

Outreach services were also provided in response to the emergency health needs of 11,921 children and pregnant and lactating women. Nutrition interventions were expanded to cover nine conflict-affected provinces. A total of 44,515 children under 5 with SAM were treated. Furthermore, 217,321 children aged 6-23 months were provided with micronutrient supplementation.

On-track

IR 0060/A0/06/018/002 6.2 Children and women benefit from early recovery and DRR support in identified high-risks areas through child protection, education, health and nutrition and WASH

Progress: Through partnership with Save the Children, 60 Community Emergency Response Teams (CERTs) and community-based early warning systems were established in 6 districts of 3 provinces (Balkh, Jawzjan and Saripul) in the Northern Region. Training on DRR, first aid and search and rescue were conducted, and response kits were provided in all the CERTs.

A total of 1,202 community members were trained on DRR (800 male, 282 female, 120 children). In addition, 157 local government authorities and civil society members (140 male, 17 female), as well as 133 village religious leaders, were trained on DRR and child protection in emergencies. Disaster risk analysis for selected communities was completed and hazard maps were printed and displayed in each village. Of 60 planned small-scale mitigation projects, 59 were completed, with one project being postponed to 2014 due to insecurity.

Six DRR key messages and 144 banners were distributed in all 27 schools where DRR awareness-raising campaigns were undertaken (10 in Balkh, 9 in Jawzjan and 8 in Saripul province), benefiting 9,324 children.

The ToR for situational and capacity analysis to develop an advocacy strategy for promoting and scaling up DRR was completed.

UNICEF Annual Report 2013 - Afghanistan

Female community participation in project activities was challenging, particularly in training activities and surveys.

 On-track

PCR 0060/A0/06/800 PCR 012: Effective and efficient programme management and operations support

Progress: The ACO had effective and efficient programme management and operations support, which ensured that the programmes ran smoothly and delivered results for children in Afghanistan.

An internal audit of the ACO was conducted in 2011 and again in October 2013. For the 2011 audit, all 13 audit recommendations were closed with satisfactory management responses.

For the 2013 audit, a Draft Audit Report was received in mid-November and a proposed action plan was sent to the Office of Internal Audit and Investigation (OIAI) by the 16 December deadline. OIAI began reviewing the proposed plan, and it is anticipated that the final report will be issued by the end of January 2014.

Through the Global Evaluation Reports Oversight System (GEROS), the ACO updates quarterly the status of implementation of 2011 evaluation recommendations. As of the time of writing, 60 per cent of recommendations had been followed up with satisfactory management responses.

 On-track

IR 0060/A0/06/800/001 IR-12.1: Effective and efficient governance and systems

Progress: The Table of Authority was updated quarterly. Furthermore, the Table of Authority, role mapping and key business processes underwent a major review in light of the establishment of the Business Support Centre. The processes were streamlined and clarified through the Office Instructions. ICT systems were well maintained and there were no major outages.

A two-day Risk Control Self-Assessment (RCSA) workshop was conducted and the RCSA library and profile were updated prior to the 2013 audit.

In 2013, particular attention was given to governance systems. The ToRs and membership for all statutory committees were revised.

 On-track

IR 0060/A0/06/800/002 IR-12.2: Effective and efficient management and stewardship of financial resources

Progress: Direct cash transfers (DCTs) outstanding for over nine months were continually addressed, resulting in a decrease of the outstanding amounts from more than ten per cent in mid-2013 to less than one per cent by mid-December 2013. A comprehensive clean up of the asset listing was completed with the support of the Division for Financial and Administrative Management (DFAM) and in time to conduct the end-of-year physical check of assets.

By the end of April 2013, approximately 1,200 Travel Advances (TAs) were not closed; by mid-December 2013 only one TA remained open.

The vehicle fleet was reviewed and an independent consultant conducted a peer review of the Transport Section to improve the efficiency and suitability of the vehicle fleet.

 On-track

IR 0060/A0/06/800/003 IR-12.3: Effective and efficient management of human capacity

Progress: The Office has a major human capacity constraint. Identifying suitably qualified and skilled staff, particularly females, remained a challenge in 2013. Some posts needed to be advertised several times. Female representation among international staff is more balanced (60 per cent male: 40 per cent female) than among national staff (80 male: 20 female).

A full 83.5 per cent of the staff had their PAS/Performance Evaluation Report (PER) work assignments completed on time. In addition to the official performance appraisals, staff members also had regular feedback discussions with managers and supervisors to discuss their work, aspirations, challenges and career opportunities.

Staff were represented and participated actively in all key office committees. Considerable effort was put into ensuring that all staff members had completed the three mandatory security training courses as well as the online integrity course.

UNICEF Annual Report 2013 - Afghanistan

Effective Governance Structure

The ACO has a well-functioning governance structure that includes the CMT, the Programme Coordination Team and the Operations Management Team, as well as monthly Joint Coordination Committee (JCC) and all-staff meetings. These structures are supported by many statutory and non-statutory committees. The Chief of Field Coordination continued to hold regular video conference meetings with the Zone Offices and Operations. The frequency of the video conferences increased in late 2013 to once per week to accelerate programme implementation in the field. The ToRs, membership and meeting schedule of all statutory (and non-statutory) committees and task forces were reviewed and formalised through an Office Instruction.

In June 2013, the Office reviewed its key performance indicators. These were also reviewed by the CMT on a quarterly basis.

Strategic Risk Management

In mid-2013, the Audit and Risk Management Task Force was established with a clear ToR. The risk control self-assessment, originally completed in 2010, was reviewed in line with the new guidelines and updated during a two-day workshop. As a result, an action plan was developed, with ongoing implementation.

In preparation for the 2013 audit of the ACO, the Audit and Risk Management Task Force reviewed all 2011 audit recommendations. Recommendations from the 2013 audit were received and a response submitted to the OIAI in mid-December. The Office is awaiting feedback.

As part of the process of contingency planning and preparation for 2014, work started on updating the Business Continuity Plan. Furthermore, the IT Disaster Recovery Plan was reviewed and updated with inputs from ROSA. The ACO is also in the process of streamlining and clarifying office processes (formalised through the Office Instructions) and centralising transactions in the Business Support Centre. The ACO is considering the centralisation of bank accounts in order to reinforce business continuity and reduce financial risk.

Evaluation

The annual integrated, monitoring and evaluation plan (IMEP) for 2013 was updated regularly. Implementation of the IMEP was one of the management indicators for the ACO and the updates were presented to the CMT on a quarterly basis. Of 13 planned studies, surveys and evaluations in 2013, 3 were completed, 9 are ongoing and one was cancelled.

The ACO regularly updated the status of implementation of the 2011 evaluation's recommendations through the GEROS.

An evaluation reference group, composed of representatives from national counterparts and UN agencies, was formed for the evaluation of the Female Literacy Programme. The final report is expected to be available in early 2014.

The Evaluation of UNICEF Strategic Positioning in Afghanistan was planned and the request for proposals was advertised. However, no proposal was received due to security concerns of the evaluation firms.

Afghanistan's national capacity for evaluation remains embryonic. Efforts to develop national evaluation capacity were made by different actors, including UNICEF. In 2013, a number of Afghan parliamentarians attended international conferences in Sri Lanka, Brazil and the Philippines. UNICEF supported the participation of one female parliamentarian at the national M&E forum in the Philippines in November and two professionals from the MoE at the evaluation workshop in India in November.

There are a number of technical groups that support efforts towards developing national evaluation capacity, such as the UNDAF M&E Working Group or CSO's Statistics Task Force. These and similar initiatives need to be consolidated to avoid duplication of efforts.

UNICEF Annual Report 2013 - Afghanistan

An implementation plan for the ROSA evaluation strategy was drafted in October. The ROSA Evaluation Advisor provided support to improve the draft, which will be submitted in January to the CMT for endorsement.

The ACO will make full use of available instructions on equity-focused evaluations, with technical guidance from ROSA, from the initial stage of formulation of the evaluation ToR to the follow-up stage of management response to evaluation recommendations.

Effective Use of Information and Communication Technology

It was a year of ICT innovation in UNICEF Afghanistan. Whilst the ICT sector in Afghanistan has evolved over the years, significant gaps still exist in available ICT infrastructure and services. These gaps limit the effectiveness of the ACO to cope with emerging operating realities, such as the organisation's shift towards a centrally hosted enterprise resource-planning system (VISION) and online applications, as well as demands for quality communication and other internet-based services. The VSAT technology currently in use for office connectivity is untenable in its current setup in terms of addressing the new realities and additional business demands. The ACO, with the support of business partners, was able to implement cloud computing services and high-definition video conferencing using existing VSAT technology. Updating existing technologies had significant cost benefits in addition to improving performance by 60 per cent.

The ACO attained an infrastructure and services availability and reliability rate of 98 per cent, thus ensuring business continuity. This was made possible thanks to the improvements in the IT disaster recovery set-up, including the establishment of online data replication and synchronisation between the main data centre and the secondary remote data centre. The following additional initiatives were undertaken (and are either complete or nearing completion) to enhance infrastructure and facilitate efficient service delivery to meet the Country Programme requirements:

1. implementation of IP telephony system to integrate remote office locations (outposts) with main office located in Kabul
2. implementation of Office dynamic host configuration protocol DHCP infrastructure
3. integration of Skype with traditional office private manual branch exchange (PABX)
4. upgrade of guesthouse wi-fi infrastructure to provide 24/7 uninterrupted service
5. extended direct-inward-dialling (DID) to Zone Offices using a UK-based service provider

ICT staff development was a major focus of the Unit. Three ICT staff were selected to participate in global certification training events on capacity building in emergency response. The ACO now has seven ICT staff with emergency response certifications. Training for the ACO staff on ICT was provided throughout the year as part of efforts to facilitate learning/knowledge transfer of UNICEF systems/key technologies to the staff in order to improve effectiveness in the workplace. Given the large ICT setup of the ACO, an ICT services brochure was developed to assist both new and current office staff, enhance their ICT skills and sustain the know-how in the use of Office ICT systems and services.

The ICT Assets Replacement Strategy for 2013-14 was developed to ensure alignment in the procurement of ICT assets with general ICT trends and the organisation's priorities.

As 2014 approaches, the Afghanistan context is changing rapidly in view of the political transition currently underway. The ACO anticipates that the coming year will be a year of consolidation, where the Office will build on current successes in addressing existing and new challenges. ICT will play a major role in security communication, information management and emergency response and support.

Fund-raising and Donor Relations

In 2013, 82 per cent of donor reports were submitted on time. An assessment of the quality of donor reports by the Public Alliance and Resource Mobilisation Office in 2013 ranked reports from the ACO high in

UNICEF Annual Report 2013 - Afghanistan

terms of quality. The Office reviewed and has strengthened mechanisms for ensuring that timely and quality reports are provided to donors in 2014.

Contribution from donors in 2013 was good, attaining 107 per cent and 86 per cent of regular programme (ORR) and emergency (ORE) requirements respectively. These figures, however, mask inadequate funding received for WASH and child protection regular programme activities, education, and child protection in emergencies. The ACO will continue to mobilise funds to cover the current funding gaps as well as to seek longer-term and more flexible funding.

The ACO provided training to staff on UNICEF's Performance Management Programme (inSight) and revised the Country Programme Management Team monitoring indicators accordingly. These actions, coupled with monthly meetings dedicated to reviewing funds utilisation, ensured that 96 per cent of the available US\$79.3 million from 38 grants expiring in 2013 were optimally utilised. Expiry dates for four grants were extended. There was one extension as a result of the donor of the grant adding new funds. Another was extended because the savings made during the implementation needed to be reprogrammed, thus necessitating more implementation time. The rest were extended due to constraints imposed on implementation by the prevailing security conditions.

To seek new funding modalities and expand new donor bases, donor- and programme-specific communication materials were produced (videos, briefing notes, online productions and visibility items). New donor relationships were initiated, with a special focus on Middle Eastern countries and with negotiations under way with the Islamic Development Bank and the Crown Prince of Abu Dhabi Foundation.

Following a year of negotiation at the local level, the ACO for the first time received significant support from the Republic of Korea (US\$4.5 million for education and US\$16.8 million for MNCH).

Six field visits were organised for current and potential donors, to strengthen relationships and demonstrate the impact of UNICEF's work.

The ACO did not receive resources from the private sector or through South-South cooperation modalities. Bilateral discussions are underway with selected National Committees. Two major National Committee field visits were organised in 2013.

To address an urgent need for non-emergency funding for the nutrition programme, which is currently 100 per cent covered by emergency funds, negotiations were undertaken with key donors for longer-term support, including the World Bank and the US Agency for International Development (USAID).

Private sector fundraising will be pursued in the action plan for 2014.

Management of Financial and Other Assets

Despite the challenge of the ever-deteriorating security situation, the ACO provided administrative support to all Zone Offices and outposts. The Office made all efforts to enhance staff security and safety. This called for the use of armoured vehicles and flights for in-country movements and security improvements in some locations. Minimum Operation Residential Security Standard (MORSS) compliance was addressed in Kandahar, Herat, Jalalabad, Daikundi, Bamyan and the newly established office in Badghis. Newly acquired guesthouse premises in Kandahar were also renovated and made MORSS compliant.

The planned renovation of 10 prefab units and 44 permanent guesthouse units was not completed due to delays in the development and approval of the Local Procurement Authorization (LPA). This work will be carried forward to 2014. It is evident that there is a need to construct additional staff accommodation for new recruits and funds will be requested from Headquarters to meet this need. The Guesthouse Committee has been functional since its establishment in May 2009, and continues to address staff housing-related issues and ensure good use of these key assets.

UNICEF Annual Report 2013 - Afghanistan

High operational support costs, including those for generator fuel, moving supplies, hiring of security guards and maintenance of a sound fleet of armoured vehicles, remained a major challenge. In order to reduce the costs, the Office continues to share resources with other UN agencies through cost-shared security services and office premises. Without this, it would be impossible to do business in Afghanistan.

In 2013, given the large budget and high-risk programme environment, major emphasis was placed on financial risk management. Implementation of the harmonised approach to cash transfers (HACT) implementation, which started in 2012 with micro-assessments of NGO partners, still needs a follow-up and coordination with other UN agencies in Afghanistan. Risk management remained a focus for the Office in 2013. Quality assurance in cash transfers for field operations relied primarily on the comprehensive field monitoring system, in the absence of spot-check activities. Bank reconciliations were also submitted in a timely manner with minimum outstanding items. The ACO significantly improved bank optimisation performance in 2013, maintaining an average of 75 per cent.

The Office monitored and improved five major work processes (PCA management, Convention on the Rights of the Child (CRC) management, Programme Budget Allotment (PBA) management, contractual management and assets management) in an effort to define essential control points, streamline the workflow and avoid any duplication. In collaboration with DFAM, the ACO conducted a comprehensive desk review of its fixed assets in order to rationalise the fixed asset list and dispose of a number of obsolete and broken items.

As of the end of the year, the Office maintained a good record of keeping outstanding DCTs over nine months old at less than one per cent. The office also had a consistent fund flow on a monthly basis with annual expenditures of US\$119,533,570.

Efficient resource management was ensured through the PBA monitoring system. Bi-weekly PBA monitoring reports were introduced and distributed to reinforce accountability towards efficient resource management. As of the end of November, the ACO managed to utilise 82 per cent of institutional budget, 89 per cent of ORE, 85 per cent of ORR and 92 per cent of regular (RR) funds. The ACO has 80 active grants, of which 30 grants were issued in 2013, with 20 per cent of the new grants expiring within less than 1 year, 50 per cent expiring within 1 to 2 years, and 30 per cent expiring within more than 2 years.

Supply Management

As in previous years, the ACO was able to ensure national availability and local delivery of essential supplies in support of its programmes countrywide in 2013. This achievement was possible through the use of a structured supply component. The ACO ensured that a procurement plan was developed keeping in mind the needs of the ACO (as per the annual work plans), as well as the Government's requests. Regular assistance for procurement services was provided in a timely and efficient manner to the counterparts and partners. The ACO aimed to improve the timeliness of the supply inputs while developing local markets.

Keeping in mind these objectives, as well as the need for an effective emergency preparedness/response plan, the ACO reviewed its sourcing and procurement strategies and placed more emphasis on local procurement for its kits (hygiene kits, family kits, recreation kits, etc.) and other items available locally. As a result, several long-term agreements (LTAs) were established and the process is ongoing for others. A local market survey is in progress. The current market situation in Afghanistan tends to be trade market-oriented rather than manufacturing market-oriented due to the lack of in-house production and manufacturing capacities. UNICEF's new approach is to encourage in-house production and growth, for example, in the production of plastics and in printing.

For offshore supplies, extensive actions were undertaken to minimise delays and costs related to customs clearance. The ACO is now able to obtain duty exemption certificates within 10 days and clear vaccines shipments within 24 hours of arrival despite the occasional lack of adequate shipping documents. The ACO was also able to get exceptional support from the Karachi Port Authorities who granted ten additional days of free port storage. Pakistan remains the main transit country for the ACO's offshore supplies. However, in

UNICEF Annual Report 2013 - Afghanistan

light of the continual challenges with Pakistan customs authorities and the need for contingency planning, alternative routes to Afghanistan through the northern neighbours and Iran are underway. Assessment missions were undertaken in Mazar and Herat. During these missions, meetings were held with potential supply and logistics partners, service providers and customs authorities at the borders as well as at the dry ports. In conjunction with Supply Division, specific supplies have been identified for the testing of some corridors as alternative routes.

As part of joint efforts to ensure the national availability of the essential supplies, UNICEF is actively collaborating with other UN agencies, including the World Food Programme (WFP), UNDP, UNFPA and UNHCR, in both procurement and logistics. The ACO plays a key role in the joint working groups (UN procurement, logistics coordination) and also co-organises procurement meetings and assists in solicitation processes and sharing of information for customs clearance. The Memorandum of Understanding for warehousing operations was also put in place. UNICEF currently operates five in-country warehouses and provides support to the Government for the clearance of supplies.

However, an exit strategy regarding support to the Government was developed. As the first step, UNICEF and WFP, with the other UN agencies, initiated an assessment of the logistics capacity of the local partners. UNICEF also paid considerable attention to the capacity building of partners in order to strengthen the supply chain. UNDP and UNICEF jointly planned training activities and orientation sessions for vendors for early 2014. Support is provided to Government counterparts in the area of transportation in order to enable them to better manage vaccines (the LTAs are being used). Below is a summary of key data and figures related to the supply & logistics component of ACO in 2013:

SN	Description	Value in US \$
1.	ACO – Value of supplies and services received Programme supplies including vaccine and services Programme supplies-CIK Operational supplies and services	27,282,486 20,254,325 2,979,681 4,048,480
2.	Value of supplies received-Procurement services for Partners	18,577,897
3.	Value of supplies received in UNICEF controlled warehouses	10,208,561
4.	Current value of inventory Regular programme supplies Emergency supplies	5,098,602 3,906,454 1,192,148
5.	Total value of supplies dispatched from warehouses	11,032,880

Human Resources

The ACO focused on ensuring that an appropriate organisational structure is in place to achieve results for children. Currently, the Office has a low vacancy rate of less than 10 per cent. The staff composition reflects a diverse staffing mix with sound technical capacity. Achieving gender parity remains elusive, despite ongoing efforts. In 2013, the Office aimed to expand its technical expertise to address the Polio Eradication Programme. With regard to staff development, the national staff received specific consideration. The focus was on group training, as well as on supporting individual participation in UN/UNICEF-assisted courses and workshops. The group training focused on corporate priorities, including trainings on MoRES, PPP and managing people for results. Performance management received significant attention, and, effective 28 February 2013, 72.82 per cent of 2012 performance evaluation reports had been submitted to the Human Resources Section.

In regards to the Office's ability to effectively respond to an emergency, the ACO is currently reviewing the contingency plan to ensure that the office is effectively equipped to meet the expectations stipulated by the Core Commitments for Children (CCC) commitments. Staff members are aware of the professional

UNICEF Annual Report 2013 - Afghanistan

counselling services that are available locally through the UN Department of Safety and Security (UNDSS) and the UN Assistance Mission in Afghanistan (UNAMA), as well as virtually with the counsellors at New York Headquarters. Furthermore, UNICEF made a significant investment in Peer Support Volunteers (PSV) training and currently has seventeen volunteers. The Office hosts monthly PSV meetings for all the organisations in Afghanistan. In 2013, all the staff were required to complete the ethics online training in response to the staff survey. In 2014, all staff will be required to complete the HIV/AIDS online training. The Office closely monitors all mandatory staff training activities, many of which are related to security.

In addition, all staff with a supervisory role will be required to complete the five online training modules for supervisors, as a part of the staff survey work plan. A company has been contracted to provide a coaching programme, starting in January 2014, for CMT members. This is also a part of the Staff Survey work plan. The office management kept an open dialogue with the staff through monthly meetings of the JCC and CMT, as well as through all-staff meetings. This ensured that staff and programme issues were addressed in a timely manner. Through close collaboration with the JCC, India became - effective 1 October 2013 - a country for which the national staff of ACO can be given medical insurance plan (MIP) reimbursement. The JCC was very effective as the staff association executive in ensuring that all its seats are filled and that the committee follows up on issues important to staff.

Efficiency Gains and Cost Savings

The ACO continued with a strategy to reduce its footprint for Office and guesthouse spaces through co-location of these facilities. It also continued to explore opportunities for sharing premises (both for office space and accommodation) to reduce the cost burden to UNICEF.

The ACO reviewed the daily assistance allowance (DSA) policy for UNICEF visitors, missions and consultants staying in United Nations Office Complex in Afghanistan (UNOCA). It also reviewed its guesthouse income management. These reviews led to significant cost savings to programmes receiving visitors, missions and consultants and in a more transparent recording of the income from the guesthouses. The ACO introduced software to manage accommodation bookings, which led to some efficiency gains and improved management.

The Supply Unit reviewed its procurement strategy and is now placing more emphasis on local procurement. The benefits are shorter delivery times, decreases in demurrage costs when the border is closed, and other cost gains.

The comprehensive review and clean up of fixed assets is almost completed and will result in efficiency gains through shorter time needed for asset management.

Changes in AMP & CPMP

The ACO did not prepare an Annual Management Plan in 2013. However, in line with the 2013 audit recommendations, an AMP will be prepared and in place for 2014.

In 2013, the ACO submitted two mail poll International Business Report (IBR) submissions, specifically focused on expanding and strengthening the Polio Eradication Programme. Ten additional fixed-term positions were created in Kabul, and the Eastern and Southern Regions. It is expected that with these additional resources the Polio Eradication Programme will be able to significantly increase its programme's outreach.

UNICEF Annual Report 2013 - Afghanistan

Acronyms

ACB — Afghanistan Cricket Board
 ACO — Afghanistan Country Office
 AIHRC — Afghanistan Independent Human Rights Commission
 ALC — Accelerated Learning Centres
 ANC — Antenatal Care
 B+B — Bottlenecks and Barriers
 BPHS — Basic Package of Health Services
 CCC — Core Commitments for Children
 C4D — Communication for Development
 CBS — Community-Based Schools
 CERT — Community Emergency Response Teams
 CFS — Child-Friendly School
 CMT — Country Management Team
 CPAN — Child Protection Action Network
 CRC — Convention on the Rights of the Child
 CSO — Central Statistics Office
 DCT — Direct Cash Transfer
 DFAM — Division for Financial and Administrative Management
 DoYA — Department of Youth Affairs
 DRR — Disaster Risk Reduction
 EiE — Education in Emergency
 EmONC — Emergency Obstetrics and Newborn Care
 EPI — Expanded Programme on Immunisation
 GER — Gross Enrolment Ratio
 GEROS — Global Evaluation Reports Oversight System
 GPE — Global Partnership for Education
 ICT — Information and Communication Technology
 IDP — Internally Displaced Person
 IEC — Information, Education and Communication
 IMEP — Integrated Monitoring and Evaluation Plan
 IMR — Infant Mortality Rate
 IR — Intermediate Result
 IYCF — Infant and Young Child Feeding
 JCC — Joint Coordination Committee
 LTA — Long-term Agreements
 M&E — Monitoring and Evaluation
 MDG — Millennium Development Goal
 MICS — Multiple Indicators Cluster Survey
 MMR — Maternal Mortality Ratio
 MNCH — Maternal, Newborn and Child Health
 MoE — Ministry of Education
 MoJ — Ministry of Justice
 MoLSAMD — Ministry of Labour, Social Affairs, Martyrs and Disabled
 MoPH — Ministry of Public Health
 MoRES — Monitoring Results for Equity Systems
 MORSS — Minimum Operating Residential Security Standard
 MRM — Monitoring and Reporting Mechanism
 MRRD — Ministry of Rural Rehabilitation and Development
 MTR — Mid-Term Review
 NGO — Non-Governmental Organisation
 NRVA — National Risk and Vulnerability Assessment
 OIAI — Office of Internal Audit and Investigation
 ORE — Other Resources Emergency

UNICEF Annual Report 2013 - Afghanistan

ORR — Other Resources Regular
PCA — Programme Cooperation Agreement
PCR — Programme Component Result
PMTCT — Prevention of Mother-to-Child Transmission
PPP — Programme Planning Process
PPTCT — Prevention of Parent-to-Child Transmission
PSV — Peer Support Volunteers
ROSA — Regional Office for South Asia
SAARC — South Asian Association for Regional Cooperation
SACOSAN — South Asian Conference on Sanitation
SAM — Severe Acute Malnutrition
SitAn — Situation Analysis
TA — Travel Advance
ToR — Terms of Reference
TLM — Teaching and Learning Materials
U5MR — Under-Five Mortality Rate
UNDP — United Nations Development Programme
UNFPA — United Nations Population Fund
UNHCR — UN High Commissioner for Refugees
VCT — Voluntary Counselling and Testing
WASH — Water, Sanitation and Hygiene
WFP — World Food Programme
WHO — World Health Organization
YICC — Youth Information and Contact Centres