

## CONSOLIDATED RESULTS REPORT

Country: AFGHANISTAN

Programme Cycle: 2010 to 2014

**Table 1: Original Results** – Original results *have not remained the same* throughout 2010-2014 (see modifications in Table 2 after the 2012 MTR)

1. Key Results Expected ( <i>restate, EXACTLY as in the original Summary Results Matrix approved by the Board as part of the original approved CPD</i> )	2. Key Progress Indicators ( <i>state the indicator, baseline and most recent status: use the same indicators and baselines contained in the original Summary Results Matrix approved by the Board, and show the latest available value for each indicator, stating the years for the baseline and latest value</i> )	3. Description of Results Achieved ( <i>a brief, precise description of aggregate achievements with UNICEF contribution for each Key Result contained in column 1</i> )	4. Constraints and facilitating factors ( <i>a brief and precise description for each Result description in column 3</i> )
<b>MTSP Focus Area 1. Young Child Survival and Development</b>			
1.1. ANDS, national sector strategies, plan and budget (in Health - Nutrition - ECD – WASH) are evidence-based and support high-impact, measurable and synergistic interventions to achieve the MDGs.	1.1.1. Proportion/% of sector strategies assessed to be evidence-based and support high impact and measurable interventions. <i>Baseline:</i> 1.1.2. Government expenditure on Health / Nutrition /ECD/WASH as a percentage of total government expenditure <i>Baseline:</i>	Refer PCR 2 in Table 2	
1.2. 75% of pregnant women, newborn and under five children in 4 provinces utilize access to integrated community minimum package including nutrition and water, sanitation and hygiene.	<b>In 4 selected provinces:</b> 1.2.1. % of pregnant women who use antenatal care services <i>Baseline:</i> 1.2.2. % of children receiving integrated community minimum package <i>Baseline: n/a,</i> 1.2.3. % of children under age 3 years underweight <i>Baseline:</i> 1.2.4. % of children 0-6 months exclusively breastfed <i>Baseline:</i> 1.2.5 % of HH using iodized salt <i>Baseline:</i>	Refer PCR 2 in Table 2	

	1.2.6. Coverage of Vit A supplementation <i>Baseline:</i>		
1.3. 50% of pregnant women in four provinces have access to the services of skilled birth attendants and to antenatal care	1.3.1. % of births attended by skilled health personnel <i>Baseline:</i>	Refer PCR 2 in Table 2	
1.4. Increased national immunization coverage to reduce the burden of vaccine preventable diseases among under-five children by 80%.	1.4.1. 0 polio status <i>Baseline: 10 WPV cases (2009)</i> 1.4.2. Coverage of measles vaccination <i>Baseline: 75% (Q1 2009)</i> 1.4.3 Tetanus Coverage <i>Baseline: 64% 2008</i>	Refer PCR 2 in Table 2	
1.5. 15% increase in access / use of sustainable safe drinking water and 20% increase access and use of HH toilet with a special focus on underserved and vulnerable population.	1.5.1: % of HH with access / use to safe drinking water/ having sanitary excreta disposal facility / practicing key safe hygiene behaviour <i>Baseline: Baseline: (NRVA2005) 31% of the households have access to safe drinking water. Kuchi households have lowest access to safe drinking water (16%), rural households 26% and urban households 64%.</i> 1.5.2: % Health facilities having safe drinking water and sanitation facilities <i>Baseline: N/A,</i>	Refer PCR 2 in Table 2	
1.6. Effective Emergency Preparedness Plan developed, updated quarterly and implemented in coordination with all the clusters (WASH, Nutrition) - In declared emergency areas more than 90% of children are covered with lifesaving interventions (CCC)	1.6.1. EPP update on quarterly basis <i>Baseline: National and Provincial EPPs exist</i> 1.6.2. % of affected population : - (a) provided with safe water, toilet facilities and hygiene - (b) between six months and 15 years vaccinated against measles & Vit A supplementation - (c) of severely malnourished children provided with therapeutic feeding <i>Baseline:</i>	Refer PCR 6 in Table 2	
2.1. Appropriate policy, legislation and budget allocations aimed at universal school readiness and primary school.	2.1.1. Government expenditure on basic education as a % of total government expenditure <i>Baseline:</i> 2.1.2. # of policies and legislations in place <i>Baseline:</i>	Refer PCR 1 in Table 2	

2.2. 50% increase in literacy rate among 15-24 year old females.	2.2.1. 15-24 literacy rate of females <i>Baseline: 15-24 National 18% (2003, Best Estimates)</i> <i>For 15+: National 14 %, U 28%, R 8% (2003 Best Estimates)</i>	Refer PCR 1 in Table 2	
2.3. 20% increase in primary school enrolment for girls.	2.3.1. Net/Gross enrolment ratio in primary school for girls by urban/rural and disadvantaged groups <i>Baseline: Net 46%, Gross 99% (2007 EMIS)</i>	Refer PCR 1 in Table 2	
2.4. 60% of girls who enrolled in grade one reach grade 5 in 5th year of education cycle.	2.4.1 % of girls starting grade 1 who reach grade 5 <i>Baseline:</i>	Refer PCR 1 in Table 2	
2.5. 30% primary schools are child friendly.	2.5.1. # of schools practiced nationally defined child friendly school standards <i>Baseline:40 (2009)</i>	Refer PCR 1 in Table 2	
2.6. 80% of schools have sustainable and child friendly water and sanitation facilities, well maintained and used effectively, learn, adopt and sustain key hygiene practices.	2.6.1. % of primary schools with safe drinking water and adequate sanitation facilities <i>Baseline: 36 % with access to safe drinking water(EMIS 2007)</i> <i>20 % with access to safe sanitation (EMIS 2004)</i> 2.6.2. % of children adopt proper hand washing at schools and at homes. <i>Baseline:</i>	Refer PCR 1 in Table 2	
2.7. In declared emergency, educational response is provided meeting the standards reflected in UNICEF's CCC.	2.7.1. % of children affected by the emergency, who have access to safe learning/play spaces (WASH dimension) <i>Baseline: National and Provincial EPPs exist</i>	Refer PCR 6 in Table 2	
3.1. 60% of the general population of young people have access to the information, skills and services to protect themselves from HIV/AIDS/STI and drug use.	3.1.1 % of adolescents in six selected provinces with adequate knowledge and practice of healthy life styles <i>Baseline: N/A,</i>	Refer PCR 3 in Table 2	
3.2 100% of MARA have access to the information, skills and services to protect themselves from HIV/AIDS/ STI and drug use.	3.2.1. % of MARA (disaggregated by context, age, gender, location) who correctly identify ways of preventing HIV and reject major misconceptions <i>Baseline:</i> 3.2.2. % of MARA (disaggregated by context, age, gender, location) reporting the use of sterile injecting drug equipment the last time they injected drugs	Refer PCR 3 in Table 2	

	<p><i>Baseline: N/A,</i> 3.2.3. % of MARA (disaggregated by context, age, gender, location) who have had sexual intercourse before the age of 15 (including anal sex i.e. male-to-male) in context where this is prevalent. <i>Baseline: N/A,</i></p>		
3.3. 100% of known HIV+ pregnant women requiring ART receive treatment and 100% of pregnant women who test positive for HIV have access to comprehensive PMTCT.	<p>3.3.1. # of identified pregnant women receiving ART in accordance with national approved treatment protocol <i>Baseline: n/a</i></p>	Refer PCR 3 in Table 2	
3.4. 100% of babies born to identified HIV+ women (exposed) on cotrimoxazole prophylaxis and 100% of identified HIV+ infants receive appropriate care and treatment, including ART.	<p>3.4.1. # of identified children with advanced HIV infection receiving ART in accordance with the nationally approved treatment protocol <i>Baseline: n/a,</i></p>	Refer PCR 3 in Table 2	
3.5. In emergency situation, HIV risk and vulnerability to be included in rapid assessments and programme responses.	<p>3.5.1. Number emergency situation with HIV risk and vulnerability included in rapid assessments <i>Baseline: n/a</i></p>	Refer PCR 6 in Table 2	
4.1. Children are protected through more effective child rights-based policies, legislation and child protection systems.	<p>4.1.1. Child Act enacted <i>Baseline: No piece of legislation currently in place that addresses the protection of children's rights in a comprehensive manner.</i> 4.1.2. # of laws, policies, regulations and procedures harmonized with international standards <i>Baseline UNICEF engaged with government in the development of the Juvenile Code and Law on Countering Abduction and Human Trafficking Human Trafficking Law; there are protection issues that still need addressing through stronger legislation.</i></p>	Refer PCR 3 in Table 2	
4.2. Families and communities are better informed and equipped to protect children & youth (esp. girls) from abuse, violence and exploitation especially gender-based violence and harmful practices.	<p>4.2.1 % of child protection cases reported to CPAN assisted and resolved. <i>Baseline: 1,500 cases reported in 2008.</i> 4.2.2. # of functional CPANs (province / district) % of districts who have established links with Provincial CPAN</p>	Refer PCR 3 and 5 in Table 2	

	<p><i>Baseline: 26 CPANs and 32 District CPAN as of June 2009.</i></p> <p>4.2.3. # of youth (male/female, in-school/out-of-school) accessing information/services through YICC in each province with YICC; # of YICC functional</p> <p><i>Baseline: 6,448 males (14 - 30 years) and 4,546 females (14 - 30 years) reached in 2008. 14 YICC functional as of June 2009.</i></p>		
4.3. Effective child protection monitoring, reporting and data collection/analysis mechanisms will be developed to ensure evidence based advocacy & programming in Child Protection	<p>4.3.1. # of periodical reports on the situation of children in armed conflict prepared by the Country / Regional Taskforces MRM and submitted to the Security Council Working Group</p> <p><i>Baseline: One annual report, one SG's annual report and one horizontal note have been submitted in 2008.</i></p> <p>4.3.2. # of analytical reports on the situation of children in armed conflict prepared by the CTF MRM and submitted to UNCT, UNHCT, and Protection Cluster for advocacy purposes</p> <p><i>Baseline: One annual report submitted in 2008.</i></p> <p>4.3.3. # of cases of children affected by armed conflict referred to CPAN for assistance/support services;</p> <p><i>Baseline: n/a</i></p> <p>4.3.4. # of thematic studies on child protection.</p> <p><i>Baseline: Seven thematic studies produced in 2008.</i></p>	Refer PCR 3 in Table 2	
4.4 Effective emergency preparedness and response plan developed and implemented in collaboration with Child Protection sub-cluster.	<p>4.4.1. EPRP developed and updated regularly in collaboration with child protection sub-cluster</p> <p><i>Baseline: National and Provincial EPPs exist</i></p> <p>4.4.2. # of child protection situation assessments conducted for acute and protracted emergency situations in the country</p> <p><i>Baseline: National and Provincial EPPs exist</i></p>	Refer PCR 6 in Table 2	
5.1 Increase awareness of child vulnerability to economic, social and environmental conditions, through updating	5.1.1 MICS 2009 and 2013 published and disseminated/ Child poverty and disparities studies	Refer PCR 4 in Table 2	

<p>of situation analysis including disaggregated data, information and knowledge on children and women to reflect existing disparities and to focus on marginalized populations.</p>	<p>published, disseminated and the recommendations implemented  <i>Baseline: MICS 2009 preparation ongoing (fieldwork planned in October); Child Poverty Study first draft report available</i>                      5.1.2 AfghanInfo / DevInfo updated regularly and used by UNICEF, partners and government agencies  <i>Baseline: AfghanInfo launched in CSO; data exchange mechanism being developed with key ministries.</i>                      5.1.3. An M&amp;E mechanism established and functional at national/government level for monitoring &amp; reporting progress on MDG/ANDS  <i>Baseline: M&amp;E consultative group (informal) established with ANDS and key partners</i></p>		
<p>5.2. Articulate and secure UNICEF's inputs into key national processes with a view to positioning children and women at the centre of Afghanistan's development agenda.</p>	<p>5.2.1. # of key challenges for children, women and gender equality addressed during ANDS and other sector strategies reviews  <i>Baseline: n/a,</i></p>	<p>Refer PCR 4 in Table 2</p>	
<p>5.3 Policies, conventions and legislation that enable fulfillment of children's rights drafted, adopted and operationalized.  <b>Increased leverage of</b> national and international resources allocation to invest in children.</p>	<p>5.3.1. # of legislations that include provisions/perspectives for the fulfillment of children's rights  <i>Baseline: n/a,</i>                      5.3.2. % of financial resources invest in children against the total ANDS expenditure  <i>Baseline: n/a,</i></p>	<p>Refer PCR 4 in Table 2</p>	
<p>5.4. Articulate issues of social exclusion and marginalization to promote social protection programme.</p>	<p>5.4.1. Proportion of vulnerable children receiving free external support  <i>Baseline: n/a,</i></p>	<p>Refer PCR 4 in Table 2</p>	
<p>5.5. Improve the CP planning and implementation through regular reviews / evaluations taking into account the evolving context in the country.</p>	<p>5.5.1 # of reviews conducted with a follow up action implemented  <i>Baseline: monthly (programme), quarterly (KPIs), semi-annually (MYR), annually (EYR)</i>  <i>Status: mid-year and end-year reviews are conducted to improve the programme planning and implementation</i></p>	<p>Refer PCR 4 in Table 2</p>	

	5.5.2. IMEP implementation rate <i>Baseline:</i>		
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**Table 2: Modified Results** – Modified as a result of MTR, Simplified Results Structure, and CPAP extension 2013-2014

1. Key Results modified or added (IF modified or added to the original Matrix by the Mid Term Review or by other formal agreements with Government)	2. Key Progress Indicators (state the indicator, baseline and most recent status: show baseline and the latest available value for each indicator, stating the years for the baseline and latest value)	3. Description of Results Achieved (a brief, precise description of aggregate achievements with UNICEF contribution for each Key Result contained in column 1)	4. Constraints and facilitating factors (a brief and precise description for each Result description in column 3)
<b>MTSP Focus Area 2. Basic education and gender equality</b>			
<p>PCR 1: Education of girls and women increased through more equitable access to quality basic education services.</p>	<p>Primary Gross Enrolment ratio by gender (<i>Please see discussion on change in use of population estimates in the constraints column. This explains why baseline is higher than target</i>) <i>Baseline: Total; 99% (EMIS 2007), Status: Total:79%, Girls: 66%, Boys: 92% (EMIS 2012/13)</i></p> <p>Survival rate to grade 5 by gender <i>Baseline: 53% (EMIS 2010/11) Status: Total: 68%, Girls: 63%, Boys: 71% (EMIS 2012/13)</i></p>	<p>Remarkable improvements in access to basic quality education were made with the MoE through effective coordination and leveraging partnerships. A new policy, the National Education Strategic Plan 3 (NESP III), was adopted, as well as Community-Based Education, Child-Friendly and Inclusive Education, Global Partnership for Education (GPE) and WASH in Schools with inclusion of Menstrual Hygiene Management (MHM). Access to education increased through construction of community-based schools with WASH facilities, introduction of quality standards in the national curriculum promoting active learning methods and mother tongue in early grades.</p> <p>The 2013 Education Joint Sector Review report revealed that general education enrolment has risen from 7.5 million (4.6 million boys and 2.9 million girls, 38%) in 2011/2012 to 8.5 million (5.2 million boys and 3.3 million girls, 39% girls) in 2012/2013.</p> <p>The Gross Enrolment Ratio (GER) for primary level increased from 75% (86% boys; 63% girls) in 2011 to 79% (92% boys, 66% girls) in 2012 against the government’s set target of 85% for boys and 74% for girls for 2013, showing remarkable progress in access to primary education, with a considerable contribution from UNICEF</p> <p>The survival rate to grade five for girls has increased significantly from 53% in 2011 to 63% in 2012.</p>	<ul style="list-style-type: none"> <li>- Gender equity remains a challenge with the Gender Parity Index (GPI) at 0.74 in favour of boys.</li> <li>- The low proportion of female teachers is still a major hindrance to girls’ enrolment and retention.</li> <li>- Barriers include: A highly centralized government system with very weak linkage to the sub-national levels; shortage of female teachers; inadequate technical and financial capacity at 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 national and subnational levels among the various departments affecting comprehensive planning.</li> <li>- Lack accurate population data hindered MoE monitoring education</li> </ul>

	<p>% of female teachers in primary education <i>Baseline: 31% (EIP 2010)</i> <i>Status: 39% (EMIS 2012/13)</i></p>	<p>The proportion of female teachers in primary education increased from 31% in 2010 to 39% in 2012</p> <p>Strong Government leadership, increased community ownership through support of local elders and school Shuras, increased value of education among parents and improvements in school infrastructure were key factors enabling scale-up.</p>	<p>sector's performance. From 2011, MoE decided to use estimated school age population based on United Nation Population Division population data on Afghanistan.</p>
<b>MTSP Focus Area 1. Young Child Survival and Development</b>			
<p>PCR 2: Child and Maternal Mortality are reduced through more equitable access to quality health, nutrition and WASH interventions.</p>	<p>% of births attended by skilled health personnel <i>Baseline: 24% (NRVA 2007/8)</i> , <i>Status: 46% (AHS 2012)</i></p> <p>Proportion of children between 6-59 months who are wasted <i>Baseline: 8.7% (NNS 2004)</i>, <i>Status: TBC with NNS 2013 data</i></p> <p>Fully immunisation coverage rate of children 12-23 months <i>Baseline: 37% (NRVA 2007/8)</i> <i>Status:30% (AHS 2012)</i></p>	<p>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 RMNCH acceleration plan, Every Newborn Action Plan and the introduction of pneumococcal vaccine in routine immunization.</p> <p>Through partnership with the MoPH routine immunization, newborn care, and malnutrition interventions were scaled up addressing critical supply and quality bottlenecks that cause maternal and child deaths. According to the United Nations Inter-agency Group for Child Mortality Estimation, the current annual average rate of reduction of under-five mortality rate is 2.7%.</p> <p>A 52% <b>reduction in child mortality</b> has taken place between 1990 and 2012, from a baseline of 176 deaths per 1000 live births to 99 deaths per 1,000 live births. A 65% reduction in the Maternal Mortality Rate has taken place between 1990 and 2010, from 1300 deaths per 100,000 live births to 460 deaths per 100,000 live births. The number of pregnant women accessing at least one antenatal care visit increased from 37% in 2007 to 48% in 2010. The proportion of births attended by skilled birth attendants increased from a low of 14% in 2003 to 46% in 2012.</p> <p>Significant improvements in <b>Expanded Programme on Immunization (EPI)</b>, Reproductive Health (RH), nutrition and child health policies were made and capacity of service providers including outreach improved in areas not reached by BPHS implementers. Through tetanus toxoid (TT) and measles campaigns, measles coverage increased from 58% in 2003 to 76% in 2012 and TT coverage increased from 33% in 2007 to 41% in 2012. Key national surveys were conducted including the Afghanistan Mortality Survey, Health Survey, EPI Coverage Survey and Nutrition Survey. However, fully immunization coverage rate of children aged 12-23 months shows negative trend from 37% in 2008 to 30% in 2012.</p>	<p>- Routine immunization coverage remains low. Major barriers to improved immunization coverage include low access to immunization sites, low community awareness on the importance of immunization and social and cultural limitations for women to access immunization in some localities and the security situation in the south.</p> <p>- 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.</p> <p>- Afghanistan is not on track for the MDG sanitation target. The proportion of people using unimproved toilets is large at 45%.</p> <p>WASH challenges are:</p> <ul style="list-style-type: none"> <li>• Few partners working in the WASH sector;</li> </ul>



		<p>Notable results were achieved in <b>halting spread of polio virus</b> through campaigns in endemic and low-performing districts: polio cases reduced to 11 in 2013 compared to 80 in 2011.</p> <p><b>Emergency nutrition services</b> treated 134,000 children with severe acute malnutrition (SAM) through scale-up of treatment sites. However, life-saving care for children with SAM did not address stunting in early childhood, which affects a much larger proportion of children in Afghanistan.</p> <p>The <b>WASH programme</b> in partnership with MRRD shifted focus from infrastructure projects to strengthening inter-ministerial and intra-ministerial coordination and implementation of sustainable WASH services. A national WASH policy, WASH in Schools strategy and WASH communications strategy were introduced, including institutionalization of MHM. Two main laboratories testing water quality are functional and establishment of three regional laboratories is underway. To ensure drinking water is safe, low-cost water treatment technologies were introduced at community and household levels; national water quality monitoring and surveillance systems were established and awareness increased among general public and health workers to improve hygiene and sanitation at homes, schools and health centres.</p> <p>Afghanistan is on track for the MDG water access target. The proportion of households using an improved drinking water source was improved from 31 % in 2005 (NRVA) to 57% in 2012 (NRVA). Open defecation in rural areas fell from 32% in 2000 to 21% in 2011. Commitment and investments in WASH with focus on gender and equity need to be significantly increased. Poor sanitation costs the country nearly 4% of its GDP every year. Strategic alliances and regional consultations such as Sanitation and Water for All (SWA) and South Asian Conference on Sanitation (SACOSAN) have already resulted in WASH becoming a higher development priority with increasing budget allocations of the GoIRA Discretionary Development Fund.</p>	<ul style="list-style-type: none"> <li>• Low capacity provincial level ( PRRD and DDA)</li> <li>• Weak coordination among key partners at provincial level specially limited data management, limited technological options for rural water supply in some areas of the country,</li> <li>• Centralized contracting process,</li> <li>• No water safety strategy, water safety plan</li> <li>• Sanitation focuses on reducing open defecation but not yet progress towards improved sanitation.</li> </ul>
<b>MTSP Focus Area 4. Child Protection</b>			
PCR 3: Children and young people are better protected from violence, exploitation,	# of cases of violence, exploitation and abuse reported and responded to CPAN	<p>There has been gradual improvement in scale of the number of children and quality of services to protect children and young people from violence, exploitation, discrimination, abuse and neglect.</p> <p>The Child Protection network (CPAN) responded to 2,804 cases of child rights violations involving 2,171 boys and 633 girls. At least 71% of reported</p>	Although monitoring and reporting mechanisms like CPAN and MRM have been established in all the regions of the country the capacity of these mechanisms to respond effectively

<p>discrimination, abuse and neglect.</p>	<p><i>Baseline: 272, Status: 2,804 (2013)</i></p> <p><i># strategy/policy that benefit protection of children</i>  <i>Baseline: No one legislation currently in place that addresses the protection of children's rights in a comprehensive manner</i></p> <p><i>Status: National Strategy for Children at risk 2004, National Strategy for Street working children 2012; National Youth Policy 2013 in place, and process for drafting Child Act initiated in 2012</i></p>	<p>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.</p> <p>The Monitoring and Reporting Mechanism on Children and Armed Conflict consistently verified and reported incidents of grave violation against children which informed a time-bound 15 point Road Map to eliminate underage recruitment.</p> <p>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 are 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.</p> <p>More than 323,981 newborn children were registered for birth and provided with birth certificates throughout the country.</p> <p>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 displaced and conflict affected under 18 years of age were able to access child friendly spaces and protection services including psychosocial support in selected IDP sites and juvenile rehabilitation centers.</p> <p>The campaign on Child Protection 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 conducted by the Youth Department that reached over 27,800 youth and adolescents.</p> <p>900 Religious Leaders were trained in child protection issues through the Children in Islam teachings to prevent harmful practices.</p> <p>Positions were created for social workers in Departments of MOLSAMD in 33 provinces across the country. Occupational standards and curriculum was developed for social workers and initiated training and education through Kabul University.</p> <p>Through a Letter of Agreement, the inter-ministerial strategy on juvenile justice, expanded its membership. A comprehensive Civil Registration &amp;</p>	<p>through referrals and service provision is yet to be fully assessed and developed.</p> <p>Development of comprehensive legislation in line with CRC is still under process.</p> <p>Challenges remain in the outreach of birth registration centers and coordination with health facilities to be able to register all child births.</p> <p>Although some systems like letter of agreement and training for social workers have been initiated there is a need to work more on building the capacity of the service providers to be able to manage cases effectively and provide specialized services like psychosocial support for the most vulnerable children.</p>
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<p><b>MTSP Focus Area 5. Policy Advocacy and Partnerships for Children’s Rights</b></p>			
<p>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.</p>	<p>% of UNICEF supported programmes which are gender mainstreamed <i>Baseline: n/a, Status: 29% (2013)</i></p> <p>National household surveys institutionalized and periodically conducted <i>Baseline: 0, Status: 1</i></p> <p>Social Protection strategy/policy that benefit children and women developed <i>Baseline: 0, Status: 0</i></p>	<p>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.</p> <p>Reporting of monitoring indicators at PCR, IR and activity levels has progressively. By the end of 2013, 13 (87%) of 15 PCR indicators, 59 (87%) of 68 IR indicators, and 143 (83%) of 172 activity indicators were reported with data.</p> <p>The Central Statistics Office’s (CSO) capacity in data collection, process and dissemination was strengthened, notably through the MICS 2010/11 process, and development and update of AfghanInfo a national socio-economic database as a tool of data dissemination. NRVA 2013/14, a national household survey funded by EC, adopted MICS modules of education, child labour, water and sanitation facilities which can update data on children at national and provincial level.</p> <p>The Situation Analysis 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 SitAn and CPD consultation meeting on 15 December 2013. Mindful of the remoteness and deteriorating security situation in the focus provinces as well as for contingency planning in the event of further crises, ACO CP 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.</p> <p>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.</p>	<ul style="list-style-type: none"> <li>- Afghanistan statistics system is not well structured. CSO works to improve the capacity of staff in center, not at provincial level. There is no technical support and coordination in surveys and MIS from CSO to other ministries although CSO is the national statistics authority.</li> <li>- Although CSO’s capacity of data collection and processing has been improved, the provincial statistics offices do not have technical capacity in managing statistics.</li> <li>- CSO’s capacity in data analysis and disseminations needs to be further enhanced</li> <li>- It’s difficult to share and disseminate data at district and lower level since different ministries use different district names and geocodes</li> <li>- Social policy work to support the longer term poverty reduction and sustainable development in the government is not yet a priority. Therefore, UNICEF’s engagement with Government is at a nascent stage.</li> </ul>

<p>PCR 5: Partnerships, resources and public support are mobilised to promote, advocate for and fulfil child rights.</p>	<p>% of population who understand and support UNICEF mandate <i>Baseline: n/a, Status: To be confirmed with the 2014 UNICEF perception survey results.</i></p>	<p>Communication and public advocacy capacities were significantly strengthened following the MTR: advocacy toolkits and partnerships were developed, including with the Afghan Cricket Board and Moby Media Group. Proactive media engagement increased substantially with regular media briefings and capacity-building of journalists and editors in Afghanistan. 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 carried out at the national level and in focus provinces.</p> <p>An overall Communication &amp; Advocacy strategy has been developed with sub-strategies on Media Engagement, Production and Online Engagement, and Building Community Acceptance. To address funding gaps, an office-wide strategy for resource mobilization was developed. C4D was restructured and a strategy developed with a major capacity-building component for implementation in 2014.</p> <p>Third party media monitoring provides regular reports and estimates on media reports on priority child rights issues.</p>	<p>Literacy rates across the country are low and print media has limited reach. High turnover in international media and a lack of on-going relationships with UNICEF means that these need to be built over and over again. Little precedent for non-financial, or CSR based partnerships with the broadcasters resulting in high-cost media engagement</p> <p>A lack of coherence in UN communication can at times create difficulties and misunderstandings</p>
<p>PCR 6: Timely emergency preparedness is improved and timely response is provided.</p>	<p>UNICEF lead cluster, i.e. Education, Nutrition, WASH and Child Protection sub-clusters have been activated and operational according to country perspective and need at the central and regional level. <i>Baseline: CP:National CPiE is functional, CPiE SC is functional in two regions (Western and Eastern) Status: CPiE Sub Cluster is functional in North, West &amp; East Region</i></p> <p><u>UNICEF along with other agencies</u> conducts initial rapid assessment and a response plan within 72 hours of an emergency.</p>	<p>UNICEF’s response to humanitarian situations was guided by the Core Commitment for Children in Humanitarian Action (CCCs) and included responses to protracted and sudden onset emergencies. Between 2010 and 2013, UNICEF as the lead for the Nutrition and WASH clusters, the Child Protection sub-cluster, as well as co-lead for Education Cluster in Afghanistan; together with the Government of Afghanistan, other UN agencies and NGOs undertook to meet the basic humanitarian needs of 4,051,698 vulnerable people out of 10,327,545 planned target. During the mentioned period, UNICEF Cluster leads were operational in all regions except from Southern. In 2013, the Education cluster and Education in Emergency (EiE) were successfully mainstreamed under the leadership of MoE.</p> <p>Thirty nine percent of emergencies were followed by initial rapid assessment and a response plan within 72 hours was created in 2013 which is an improvement in comparison with the baseline, however it is far to meet the CCC standards.</p> <p>To mitigate the impact of harsh winters, conflicts, epidemics, earthquakes, floods, avalanches, drought, and IDPs; 448,426 families (3,130,025 individuals) were supported through non-food items, WASH items, medical kits and medicines (including measles vaccines) between 2011 and 2013.</p>	<ul style="list-style-type: none"> <li>-Inadequate technical and financial capacity at MoE to lead the education in emergency (EiE) sector.</li> <li>-Weak female participation in the rapid assessment as well as in community-led DRR is challenging.</li> <li>-Prolonged verification of initial assessment by government counterparts.</li> <li>- Late receipt of funds from some donors, low capacity of implementing partners and underfunding in particular in education and Child Protection affected implementation pace and attainment of the planned results.</li> <li>-Centralized process of some partner agencies and remote geographical locations.</li> <li>- Much of humanitarian data is not disaggregated by sex or by age, which</li> </ul>

	<p><i>Baseline: 0 Status: 39% of onset emergencies had initial rapid assessment and a response plan conducted within 72 hours (2013)</i></p>	<p>UNICEF, partner agencies and the government agreed that communities in the northern part of country especially the children have to be more resilient to cope with the frequent natural hazards and disasters. As a result Save the Children International (SCI) and UNICEF developed Child-centered Disaster Risk Reduction (DRR) activities which cover 3 provinces. For the 1<sup>st</sup> phase in selected communities baseline survey and Hazard Vulnerability Capacity Assessment was completed and hazard maps were printed and displayed in each village. 9,324 children in 48 schools benefited from DRR campaign. 144 DRR and CPIE key messages developed. Out of 60 planned small scale mitigation projects, 59 were completed, with one project being postponed for the next year due to insecurity. The completed project benefited 25,269 children (12,953 girls and 11,383 boys) in selected communities.</p>	<p>affects the development of an appropriate response plan.</p>
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