Update on the context and situation of children

Afghanistan’s population is estimated at 32.2 million – 18.8 million (57 per cent) aged 0–18 years and 5.6 million under-five children – and is increasing at a rate of 2.33 per cent per year. 16.7 million people, of which 10.5 million are children, live in multidimensional poverty. 55 per cent of the population lives on less than USD 1 per day and 93 per cent of the population lives on less than USD 2 per day. Afghanistan is one of the largest recipients of overseas development assistance and is highly aid dependent. While domestic revenues were on the increase, the onset of the COVID-19 pandemic has seen a reduction in economic activity and revenues. Conflict, insecurity and fear, poverty and under-investment in critical infrastructure and human resources have prevented people from accessing basic services.

The ongoing conflict is one of the deadliest in the world for civilians, with more than 2,069 grave violations against children reported and verified; the continued impact on women and children is of great concern. A total of 1,784 children were killed and injured (490 girls, 1,279 boys and 15 unknown gender). More than 50 per cent of the injuries and deaths of children resulted from ground engagements, particularly indirect fire in civilian areas. The destructive impact of Explosive Remnants of War (ERWs) on children continues to be a significant issue. Child recruitment, abduction and sexual violence increased two-fold compared to the same period in 2019 due to the COVID-19 lock down and limited access to child protection services. More than 747 schools remained closed due to armed conflict. This number may increase since military operations continue in four provinces; Kandahar, Helmand, Badakhshan and Kunduz.

According to the Ministry of Public Health (MoPH), one-third of the Afghan population has been infected with COVID-19 -- over 10 million people -- with devastating impacts on health and socio-economic status. Vulnerable people have resorted to negative coping mechanisms such as early/forced marriages and child labour. School closures have denied 10 million children the opportunity to learn, adding to the already 3.7 million who were out of school before the pandemic started. Fears of contracting COVID-19 have resulted in a reduction of women accessing health centres, increasing risks for pregnant women and newborns. Vaccination campaigns were postponed depriving an estimated 9.9 million children from inoculation against polio and measles. The deteriorating economic situation has resulted in loss of jobs and income, and with a 38 per cent spike in staple food prices, the nutritional status of children and their families has worsened. Since the onset of the pandemic, the number of children with severe acute malnutrition has risen by 90,000 -- from 690,000 to 780,000. There have been increased reports of child recruitment and gender-based violence, and over 860,000 Afghans returned from Iran as a result of the unfavourable economic situation there as well as COVID-19, with a further 6,700 returning from Pakistan.

On the political front, the beginning of 2020 was marked by the dispute over the 2019 presidential election results between the two incumbent leaders of the National Unity Government, culminating in parallel president inauguration events in March 2020. The political impasse ended after mediation from various Afghan leaders and pressure by the international community, resulting in a power-sharing agreement signed on 17 May. This has caused months of political uncertainty and delayed the formation of a new government.

After nearly twenty years of conflict, the US signed a peace agreement with the Taliban on 29 February, setting a timeline for the withdrawal of U.S. forces from the country and the organization of peace talks between the Taliban and the Government of Afghanistan. The peace talks present a momentous opportunity to advance a durable and lasting peace for children. After months of delays, on September 12, the Afghan Government and Taliban representatives officially met in Doha to begin their first direct peace negotiations, but progress on the talks has been slow and complicated by the high levels of continued violence. Indeed, there has been no official cease-fire. Against this backdrop, the Afghanistan Conference held in Geneva on 23-24 November and co-hosted
by the governments of Afghanistan and Finland, with the United Nations, was a strong expression of
the international community’s commitment to the country for the next five years, with donors pledging
at least USD 3.3 billion for the first year and subsequent years, conditioned mostly on progress
towards peace and good governance.
Within this challenging environment, UNICEF stepped up its commitment to fulfil its mandate of
reaching every child with the opening of two new sub-offices in Tirinkot, Uruzgan Province, and
Lashkar Gah, Helmand Province – making it the first UN agency to establish a permanent presence
there. One of the immediate successes of this strategy has been a request to provide community-based
education (CBE) services in Uruzgan for both girls and boys. UNICEF intends to meet this
commitment with the establishment of 500 CBEs in 2021.
Despite the onset of COVID-19 in 2020, UNICEF Afghanistan kept its offices open by adopting
alternate work modalities and instituting social distancing, and sanitation and hygiene measures so that
it could continue to respond to the needs of mothers and children. Integrating the polio program into
the fight against COVID-19 meant that teams could be deployed quickly at the call centre, in health
facilities or directly in camps. Getting life-saving messages out rapidly and ensuring people understood
the risks and how to prevent catching the virus were critical to overcoming the pandemic. The
UNICEF-supported WASH programme also made a significant contribution to overall prevention and
control efforts. The COVID-19 response was also an opportunity for UNICEF to both consolidate
partnerships with existing donors and build new partnerships with donors which increased funding to
well over 50 percent compared to 2019. Critical programs, especially Education, Child Protection and
Nutrition, were adapted in the context of COVID-19 to allow for continuation of services.

Major contributions and drivers of results

Every child survives and thrives

COVID-19 had a significant impact on the provision of essential health services affecting women and
children. Despite these circumstances, quality health services were provided to about 500,000 children
and 16,000 pregnant women through Mobile Health Teams (MHT), and over 800,000 ORS-Zinc co-
packs were distributed for children with diarrhea. UNICEF vaccine procurement operations, and cold
chain improvement initiatives, benefitted over 1.4 million children under the age of one year and six
million women of childbearing age. Similarly, over 25,500 under-fives received measles vaccinations.
570,000 pieces of Personal Protective Equipment (PPEs) were procured and distributed to more than
7,000 health care workers. The provision of 560 oxygen concentrators supported the treatment of over
12,000 severe cases of COVID-19. The concentrators can be repurposed for use in neonatal
stabilization centres, contributing to the reduction of newborn mortality.

By 1st December 2020, Afghanistan reported 56 Wild Polio Virus type 1 (WPV1) and 162 Circulating
Vaccine Derived Polio Virus type 2 (cVPDVs) cases. Inaccessibility remains a key challenge.
Prohibition of house to house campaigns by the Taliban in Polio Very High-Risk Districts since May
2018 remains a key threat to the eradication of Polio with 3.5 million missed children per national
campaign. UNICEF continues to work on improving vaccine acceptability through delivery of
integrated services aimed at addressing basic needs in nutrition, health and WASH services.
COVID-19 halted all polio vaccination activities in March 2020 and resumed in July in response to a
cVDPV2 outbreak in the East. Communication and social mobilization networks were mobilised to
deliver COVID-19 preventive messages and distribute soap in polio high risk areas. Masks and
sanitizers were provided to all polio frontline workers. Despite these challenges, two national
immunization days (NIDs) and three sub-national immunization days (SNIDs) campaigns took place,
reaching an average of 6.8 million children on each NID.
171,404 girls and 137,477 boys were treated for Severe Acute Malnutrition. Challenges in SAM
services included decreased admissions initially with an estimated 13\% increase in burden. UNICEF initiated TV and radio activities to increase service-uptake and advocated for more resources while closely monitoring the situation at field level.

COVID-19 is seriously impacting the reach of nutritional services. The closure of schools impacted the delivery of Weekly Iron Folic Acid Supplementation (WIFS), with over 1 million girls missed. However, 76,109 adolescent girls received WIFS through piloted alternative delivery approaches. While these had lower coverage, they did allow innovative models to be initiated.

The postponement of NIDs deprived almost 8 million children of Vitamin A supplementation. Use of mobile teams as a delivery model was initiated in certain parts of the country though they had low reach with only 2,980,400 Vitamin A capsules distributed. In the emergency-affected areas, 13,087 children aged 6-59 months were provided with Vitamin A. Critical programmes, such as community nutrition, were adapted to allow for continuation of services directly to homes.

80 nutrition officers from implementing partners received training on supply chain management, monitoring and emergency online reporting systems, and 32 nutrition extenders received access to the new online monitoring system, improving efficacy and efficiency.

UNICEF continued supporting the Simplified Treatment Protocol (STP) for SAM resulting in around 40 \% RUTF savings with the same treatment outcomes, which will support the case for moving RUTF into the Essential Medicine List.

In order to improve coverage and quality of nutrition and health services for women of reproductive age, pregnant women and children under five, UNICEF is implementing a pilot project in two provinces. The 4C’s approach is aimed at integrating Community Based Nutrition Programme (CBNP), Community Based New-born Care (CBNC), Community Led Total Sanitation (CLTS) and Communication for Development (C4D), increasing access to critical health and WASH practices which are proven to have an impact on stunting, mother and new-born mortality and morbidity, and acute malnutrition.

**Every child learns**

Upstream work was accelerated to complete key strategic documents including the Out of School Children and Community Based Education Policies, Girls’ Education Strategy, Education Quality Standards, and the Comprehensive School Safety Framework.

Due to COVID-19, all education facilities were closed for more than six months (from March – September), leaving more than 9 million children in public schools and 500,000 in CBE out of school. In response, UNICEF supported the Government of Afghanistan in the development of a national education COVID-19 response plan, with subsequent US$ 12.25 million funding for the sector. The plan has ensured sustained engagement in learning for more than 860,000 (43 \% girls) children through alternative delivery modalities (such as distance learning, self-learning, and teaching in small groups). Self-learning materials and hygiene prophylactic measures were also provided. In addition, COVID-19 provided an opportunity to advocate for more WASH facilities in schools.

269,156 (50\% girls) children were provided with access to education in the country’s marginalized, insecure, and/or crisis-affected areas. 213,250 (57 \% per cent girls) including internally displaced children and those living in hard to reach areas were provided with access to education through UNICEF’s humanitarian and development programming.

174,064 children (53 per cent girls) have successfully graduated from CBE. Learning was also enabled through the provision of teaching and learning materials to 1,146,367 students and 45,548 teachers. Unconditional cash grants were provided to 472 families in Herat assuring adolescent girls’ retention in schools.

**Every child is protected from violence and exploitation**
The normative framework on child protection, including grave violations, was strengthened with the development of three policies in 2020: (i) National Child Protection Policy; (ii) Policy on Safeguarding Rights and Protection of Children for Children in Contact with the Law; and (iii) Policy of Protection of Children within the Defence and Security Sector in Afghanistan for children affected by armed conflict.

The budget allocation for child protection in the Ministry of Labour and Social Welfare (MoLSA) increased by US$510,000 (150%) for 2021 and additional 70 social workers were recruited within MOLSA’s newly established Social Work Department. Efforts continue to reduce the disparity in the number of social workers between provinces.

To ensure that children in armed conflict are prioritised, a note on integration of child protection was developed to provide guidance on different ways to integrate provisions for the protection of children into peace agreements. More than 435 children and women detained on security charges and association with ISIS and Taliban were identified, registered and included in the reintegration plan.

Due to COVID-19, the birth registration at health centres decreased by 30 per cent to 382,064 (201,666 boys; 180,398 girls). Essential child protection services, including emergency response, were provided to 307,076 children at risk and children affected by migration, armed conflict, displacement and floods. Support included prevention and responding to gender-based violence, psychosocial services, community-based psychosocial support through door-to-door service provision and through 405 mobile and static Child Friendly Spaces (CFSs), family-tracing and reintegration packages, and social and economic enterprise.

To address negative social norms and harmful practices, including child marriage, 614,407 key influential community members including parents, elders, religious leaders, teachers and adolescents, gained a deeper understanding of children’s rights, child protection and gender norms, and created collective community responses toward child protection. 121,040 adolescents (52 per cent girls) gained life-skills and were empowered to be agents of positive change in support of ending child marriage and violence against children.

**Every child lives in a safe and clean environment**

The UNICEF-supported WASH programme contributed significantly to the prevention and control of the COVID-19 pandemic in Afghanistan.

Provision of safe water services using carbon-free, solar-powered and gravity-fed systems was scaled up. 63 per cent of the completed water supply schemes were solar powered in 2020. These solar pumps replace handpumps to provide piped water to off-grid communities, including using multi-village systems for improved cost efficiencies. A total of 121,900 people (62,993 females & 58,907 males) in 49 communities gained access to improved drinking water sources across 16 provinces through 49 completed piped systems. An estimated 53 per cent of these beneficiaries gained access to safely managed water supply systems with a household connection (85 per cent of household connections were metered).

80 per cent of the ‘triggered’ communities and four additional districts achieved Open Defecation Free (ODF) status. A total of 906 new communities (against 600 targeted) were declared as ODF and 380,520 people (194,065 female & 186,455 male) in nine provinces and 18 districts are now using basic sanitation services. Out of these, 175 communities are in the urban slums of Kandahar province where environmental samples of Polio virus were positive.

The move towards a community-based framework for water safety planning was further expanded in 2020 with 228 communities implementing Water Safety Plans (WSP) which benefitted a total of 366,838 people.

WASH in schools and health care facilities programmes were scaled up to contribute to better learning and health outcomes. 24 health centres (against 50 targeted) in 12 provinces were provided with WASH facilities benefitting 480,000 people (235,200 female and 244,800 male). The Health Centre Hygiene Programme (HCHP) targeted 200 health centres and resulted in 159 model health centres for improved hygiene. The Afghan Context Star Approach for WASH in Schools (WinS) was finalized and is now being tested in selected schools. The National WinS Design & Construction Standard
Manual was finalized for national rollout through a collaborative effort between MoE, MRRD and UNICEF. 52 formal schools (against 50 targeted) in 21 provinces gained access to WinS facilities benefitting a total of 89,692 students (43,697 girls & 45,995 boys) and 657 teachers. 90 per cent target beneficiaries were reached through durable water supply interventions benefitting 187,396 people (89 per cent). 211,373 people (107,800 male & 103,573 female) accessed safe water, 52,326 people accessed gender-sensitive sanitation facilities and 101,534 people benefitted from hygiene awareness. In addition, over 834,613 people benefitted from emergency WASH/hygiene supplies, hygiene promotion and upgrading WASH services in host communities, internally displaced persons sites and border crossing points, healthcare facilities and other public places.

Every child has an equitable chance in life

UNICEF continued to promote evidence-based discourse on children’s issues through support to evidence-generation, dissemination and advocacy. Capacity strengthening of National Statistics and Information Authority (NSIA) led to the generation of data for timely decision-making, including mapping of the flood-affected populations and delivering preliminary results from the Income and Expenditure and Labour Force Survey (IE&LFs) within two months of data collection. Data fed into the 2020 Afghanistan Conference and the 2021 national budget discussions. UNICEF in partnership with the Oxford Policy and Human Development Initiative (OPHI) supported NSIA to complete multidimensional poverty trend analysis.

Cash grants were provided to 1,096 vulnerable households to mitigate the socio-economic impact of COVID-19 on households in urban areas, and consequent negative coping mechanisms. UNICEF advocacy resulted in the Humanitarian Response Plan (HRP) highlighting the need to link social protection to humanitarian response to ensure complementarity and minimise people at risk from becoming part of the humanitarian case load.

Programme Effectiveness

Programme Planning & Monitoring was strengthened with a Programme Retreat where the office examined ways to work better together; discussed strategic partnerships; looked at emerging issues that could impact programming, and the way forward for developing the new country programme. The third-party monitoring pilot was rolled out in the Southern and Eastern Regions with Paktika, in Central Region, added in June for Community Based Education projects, with approximately 3000 site visits conducted.

The Communication, Advocacy and Civic Engagement team drove change for children. In 2020, they produced 27 press releases and conducted 206 interviews major international and national media outlets. The Social Media (SM) strategy was updated to reflect the COVID-19 pandemic. More than 60 advocacy videos and more than 70 COVID-19 posts were produced/published on SM platforms. Across its digital platforms, UNICEF reached 163.3 million people and engaged 3.2 million people.

An integrated Social and Behavioural Change Communication approach was launched for COVID-19 programming. More than 12.6 million Afghans were reached through mass media and community engagement. With the Ministry of Public Health (MoPH), 20 different thematic messages were developed on COVID-19 prevention and care, handwashing practices, exclusive breastfeeding, home schooling, maternal and breastfeeding during COVID-19, children on the move and positive parenting during the pandemic. The C4D team developed a Multisectoral Strategy, including Community Dialogue Guide and Accountability for Affected Populations Framework.

Gender programming focused on child marriage, violence against children and women, girls’ education, adolescent nutrition and menstrual hygiene management, including during the COVID-19 pandemic response. Strategic partnerships with women CSOs increased access to women and girls...
from hard to reach areas on COVID-19, and gender-based violence awareness and response.

UNICEF remained on the frontline of the response to mitigate the effects of COVID-19 across the country while continuing regular programmes. As of October 2020, over 2.8 million of the most vulnerable people including over 1.3 million children were reached with life-saving integrated humanitarian assistance, including over 228,000 SAM children under five years, 390,000 children and women in need of essential health care services, including immunization, prenatal and postnatal care, and 860,000 people with critical hygiene items. In addition, more than 24,000 healthcare providers were trained to identify and respond to communities’ healthcare needs for prevention and control of COVID-19; 860,000 children were supported with distance/home-based learning; and nearly 300,000 women and children were provided with psychosocial support. A total of 500 children in detention were released by 2 Presidential Decrees to mitigate the impact of COVID-19.

By end October, US$182m (65 per cent) of the annual RR and HAC budgets (US$281m) were raised, and a significant allocation of funds raised for 2021 (US$79m), in addition to US$61m raised towards the new COVID-19 budget – an increase in total funds raised of over 50 per cent in 2019. New funding partnerships valued at US$67m were established, including with World Bank, Asian Development Bank, Germany’s Foreign Office, UK’s Foreign Development & Commonwealth Office and ECHO, and major income from ECW and Global Partnership for Education was secured.

Operations Effectiveness

Afghanistan Country Office (ACO) has remained fully open at all locations during the COVID-19 pandemic, by adjusting R&R and leave practices, enhancing internet connectivity to support alternate working modalities, and improving office accommodation and hygiene practices to protect staff whilst at work. The Supply section has managed to import and distribute US$100 million of stocks plus an additional US$20 million of COVID-19 supplies. COVID-19 related supplies (essential PPEs, hand washing stations, advocacy materials and services) were procured from the local market, neighbouring countries and through procurement services, and handed over to beneficiaries across Afghanistan. As of 23 November 2020, a total amount of US$37 million had been transferred to partners. ACO managed to have zero per cent of outstanding DCT > 6 months during this reporting period. Female capacity in the office reached 24 per cent for National Officers (NO) and 17 per cent for General Service (GS) in comparison to 19 and 16 per cent respectively in the last quarter of 2019. The national UNV programme continued to be a solid programme that generated a promising female talent pipeline. As of November 2020, 22 national UNVs and two international UNVs were on board.
UN Collaboration and Other Partnerships

To strengthen the normative framework for children, improve and scale up provision of services and focus on prevention by mobilizing and engaging communities for behaviour and social norms change, UNICEF works with Ministry of Labour and Social Affairs, Ministry of Interior, Ministry of Justice, Ministry of Women Affairs, Ministry of Foreign Affairs, Ministry of Public Health, Ministry of Hajj and Religious Affairs, the Afghan Independent Human Rights Commission, National Statistics and Information Authority, National Police Academy and Attorney General’s Office and Kabul University, Department of Social Work.

UNICEF as the Co-Chair of Child Protection Sub-Cluster Area of Responsibility (AoR), facilitates coordinated interventions for the protection of children in emergencies. UNICEF and UNAMA co-chair the Country Task Force on Monitoring and Reporting of Grave Violations, working with the Resident Coordinator’s Office (RC), Office of the Special Rapporteur on Children in Armed Conflict, Groups of Friends, International Agencies and civil society organizations to implement the CTFM/CTFMR and CAAC Action Plan.

New partnerships were established with the World Bank and ADB for COVID-19 response, Emirates Red Crescent for new-born care, and ECHO for MHT scale-up, and partnerships continued with the Government of Japan and GAVI for multi-year funding for Cold Chain Equipment Optimization (CCEOP) initiative.

Partnerships with USAID, Canada, BMGF, Government of Japan, KFW, EU, Comic Relief, Rotary, and CDC supported the implementation of the polio integrated services plan, vaccine procurement and implementation of the polio communication strategy.

Partnerships with leading media outlets were instrumental in maintaining UNICEF’s leading voice and responding to the pandemic.

As sector lead and Education in Emergency Working Group (EiEWG) co-lead, UNICEF played a leadership role coordinating education partners’ efforts in elaborating and endorsing the national education COVID-19 response plan and strategies. The One-UN Education Thematic Working Group (ETWG), co-led by UNESCO and UNICEF, is working towards greater synergies and complementarities of UN-supported education interventions.

Nutrition programming is carried out in collaboration with Public Nutrition Directorate (PND), Ministry of Public Health, Ministry of Education, Council of Ministers, other UN agencies (WFP, FAO, WHO), the SUN movement, the Global Nutrition Cluster, implementing partners and other technical agencies supporting implementation of nutrition programmes via Basic Package of Health Services (BPHS) and non BPHS partners. As part of AFSeN, there is very positive working relationship and collaboration between agencies working as One UN for Nutrition.

UNICEF started implementation of the UN Spotlight initiative funded by EU in partnership with UN Women, UNFPA, UNDP.

Key government partners for WASH programming at the central level are the Ministry of Rural Rehabilitation and Development (MRRD), Ministry of Public Health (MoPH) and Ministry of Education (MoE). The provincial departments of these key ministries (PRRD; DoPH; DoE) provide support to implement the WASH services at community, school and health facilities.

UNICEF is working together with ILO, WFP, FAO and UNDP on social protection issues. UNICEF is a member of the data working group co-chaired by UNFPA and NSIA and includes UN agencies, World Bank, Asia Development Bank (ADB) and other donor partners supporting data in Afghanistan.

Lessons Learned and Innovations

In line with UNICEF’s commitment to reach every child, ACO established two new outposts in Tirinkot (Uruzgan) and Lashkar Gah (Helmand). By communicating UNICEF’s focus on the provision of assistance to children and women based on the humanitarian principles, irrespective of the territory in which they reside, ACO was able to negotiate access to implement outreach vaccination activities.
COVID-19 has brought about many disruptions in ACO programming but it also brought about valuable lessons and encouraged more out-of-the-box thinking. The use of Polio assets in the areas of communication, social mobilization and supply facilitated the rapid roll out of a multisectoral response to COVID-19. Integrating the polio program into the fight against COVID-19 meant that teams could be deployed whether at the call centre, in health facilities or directly in camps, getting life-saving messages out rapidly.

It has been found that providing a higher level of service for rural water supply, where people benefit from household level connections and pay for the service, has proved more effective for the ongoing operation and maintenance (O&M) of those systems, and therefore more sustainable than the traditional, and basic service supported previously (i.e. communal boreholes with handpumps).

Focusing on delivery of safely managed drinking water services at scale in rural areas including water quality testing and the provision of O&M on the job training for all new water supply systems, has helped to strengthen the quality and sustainability of WASH service delivery.

UNICEF initiated a simplified treatment protocol in 2019 which continued during 2020 which recommends a revised dosage for RUTF prescription. Overall analysis has been positive with performance indicators (cure, default, death and non-cure rates) including length of stay remaining same as standard protocol. Formal research is recommended to ensure effectiveness prior to scaling up.

In order to improve coverage and quality of nutrition and health services for women of reproductive age, pregnant women and children under five, UNICEF is implementing a pilot project in two provinces. The 4C’s approach is aimed at integrating CBNP, Community Based New-born Care (CBNC), Community Led Total Sanitation (CLTS) and Communication for Development (C4D). The approach focuses on upskilling change agents who are in direct contact with women and children to improve the behaviour by women and the lives of over 100,000 children.

School closures due to the COVID-19 presented an opportunity to test innovative learning-teaching methods such as distance, small group, and self-learning. However, given the limited access to TV or internet in the country, the COVID-19 response had to be tailored to each province and district. The response plan, with a focus on strengthening multisectoral approaches (Education, WASH, Child Protection) can be adapted and used for other humanitarian crisis.

A virtual field visit was conducted for the first time in Kandahar for UNICEF USA demonstrating an innovative way to showcase the dire situation of children; UNICEF’s programmatic response; and encourage fundraising.

The piloting of cash assistance during the COVID-19 crisis posed several challenges, including the quality of data required to identify the most vulnerable, the cash distribution process, and post distribution monitoring. To this end, UNICEF developed guidance notes and SOPs for cash programming to ensure safeguards are put in place. Further, ACO has volunteered to be a pilot country for the UNICEF global cash programming management information system. Some of the tools being developed have been adopted already as part of the preparation for the pilot.

UNICEF supported MoLSA to model child-sensitive social protection and cash transfers targeting 1,000 street working children and their households (reaching over 70,000 members) in four provinces. Effective implementation of ‘cash plus care’ programmes depends on availability of a skilled social service workforce to support the child protection case management system and to identify beneficiaries, assess and validate the vulnerability criteria, and ensure that, in addition to cash grant, children/families receive quality protection services. Linking a model of case management and integrated package of services, such as social protection, WASH, health, education, psychosocial support for positive impact, relies on implementing an integrated systems-wide approach bringing together MoLSA, UNICEF, CSOs and the private sector/financial service providers such as banks. Based on this successful pilot, UNICEF aims to scale-up in 2021.

In 2021, UNICEF will be working with NSIA to establish and strengthen remote data collection systems, a need highlighted by COVID-19. The MICS plus approach is under consideration to be
established under the backbone of the planned (DHS). This will provide the government of Afghanistan with a more agile data collection system for use in the context where field visits are limited, yet still with the capacity to produce robust and representative estimates on fast changing key indicators.

The pandemic has also showed the need for strengthening the humanitarian-nexus approach. ACO WASH programme has continued investing in durable and sustainable solutions by supporting the Government to adopt climate resilient WASH services and by increasingly adopting clean energy, solar powered and gravity fed water supply schemes. These approaches will be scaled up in the coming years to ensure affordable and sustainable water services to both rural and urban communities.

As an innovative initiative, UNICEF supported Afghan Girls’ Robotic team (Afghan Dreamers) in western Herat to develop a Ventilator and Ultra-Violet Radiation (UVR) Machine to support the COVID-19 response. The Afghan Dreamers comprise of five adolescent girls aged between 14 and 17 years, coordinated by a team leader. After three months, using second-hand car spare parts, an automated bag-valve-mask ventilation unit was developed to address the shortage of ventilator devices. This is one of the first of its kind developed by adolescent girls and has been endorsed by the Ministry of Public Health (MoPH).