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Summary of midterm reviews of country programmes

South Asia region

Summary

This regional summary of midterm reviews of country programmes conducted in 2011 was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1). The Executive Board is invited to comment on the report and provide guidance to the secretariat.

* E/ICEF/2012/15.



Introduction

1. During 2011, Afghanistan was the only country in the South Asia region to conduct a midterm review (MTR) of its country programme.

Midterm review

Afghanistan

Introduction

2. The MTR of the first two years of the current UNICEF country programme (2010-2013) in Afghanistan started in September 2011; it was finalized with government officials in January 2012. The MTR methodology involved a combination of desk reviews and a “bottom-up” consultation process. First, a desk review of key strategic documents was undertaken, followed by consultation meetings with the Government, United Nations agencies, non-governmental organizations, community representatives and other stakeholders.

3. The equity-focused analysis conducted in the MTR resulted in shifts in both the programme focus and geographical targeting, to accelerate progress towards the Millennium Development Goals, support government leadership in the development process and act on the commitment of UNICEF to reach the most marginalized children and women. Despite substantial difficulties in the Afghanistan programming environment, positive results have been achieved and innovative strategies developed to mitigate internal and external challenges.

Update of the situation of children and women

4. The situation of children and women over the past two years has been characterized by some gains and achievements but also setbacks, largely because of ongoing conflict. Afghanistan has some of the lowest socioeconomic indicators in the world. Patterns of exclusion and vulnerability have a strong gender dimension, and the status of women and girls continues to be compromised, particularly in education, health and employment. Despite ongoing educational initiatives and programmes, illiteracy levels, especially for women, continue to be high. School enrolment increased from about 7.1 million in 2009-2010 to 7.8 million in 2010-2011. Of the 5.1 million children enrolled in primary school, only 2 million are girls. The situation of children in conflict with the law continues to be worrisome. Some of them who should be considered victims, such as those drawn into armed conflict, or runaway girls, are treated instead as criminals.

5. Afghanistan is still far from achieving universal birth registration. Reported HIV positive cases rose from 650 to 1,200, representing a twofold increase in the past two years. According to the 2010-2011 multiple indicator cluster survey (MICS) results, comprehensive and correct knowledge of HIV prevention and transmission among women of reproductive age is low and there is a concentrated epidemic among injecting drug users and prison inmates. Maternal mortality and infant mortality rates are high at 1,400 per 100,000 live births and 103 per 1,000 live births, respectively (estimates by the United Nations Inter-Agency Group). The MICS results highlighted worsening trends in two important child survival and development indicators: (a) a decrease in immunization coverage; and (b) an

increase in the acute malnutrition rate: 55 per cent of children are chronically malnourished or stunted, and about 1 out of 5 children (18 per cent) are acutely malnourished or wasted. A polio-endemic country, Afghanistan has recently experienced an explosive outbreak, with 80 cases reported in 2011. The ongoing conflict in Afghanistan and an arid climate were the primary factors contributing to the lack of sufficient water supply for drinking and sanitation services throughout the country. Poor sanitation has increased the exposure of communities to water-borne diseases.

6. Changes in the external environment, such as the military transition and expected decreased funding because of the global economic crisis, will affect the situation of children and women in the future. The requirement that by mid-2012 all donors must channel 50 per cent of development assistance through the Ministry of Finance towards “on-budget support” is also likely to have an effect on UNICEF programming capacity.

Progress and key results at midterm

7. An assessment of progress towards planned results shows that UNICEF is on target for achieving 13 of its intermediate results, while the remaining 10 can be classified as “constrained”. A summary of progress towards programme component results is outlined below.

8. *Education of girls and women will result in greater gender equality and women's empowerment.* The most recent statistics of the Ministry of Education (November 2011) indicate that the number of girl students, including those in community-based schools, increased from 1,857,817 in 2009 (baseline) to 1,963,282 (6 per cent increase) in 2010, and to 2,113,360 (14 per cent increase) in 2011. In terms of the retention rate for girls, a positive trend has been observed in some provinces. During 2010-2011, 374 schools in 21 provinces, which account for around 3 per cent of the total number of schools in Afghanistan, have introduced the child-friendly schools approach as a comprehensive school improvement strategy. In addition, 270 provincial literacy officials in 12 provinces in the West and Central region completed management training, and a joint assessment of the literacy programme in five provinces was also conducted. During 2010-2011, some 122,000 females in the 15-24 age group acquired literacy skills throughout Afghanistan.

9. *Child and maternal mortality are reduced through more equitable access to quality health, nutrition and water, sanitation and hygiene education services.* The UNICEF-supported integrated community-based minimum package of these services presently covers 40 per cent of the population in 11 districts. Subnational surveys indicate a lower than expected rate for Penta3 immunization coverage which has resulted in several parts of the country experiencing outbreaks of vaccine preventable diseases, mainly measles. In July 2011, Afghanistan was proclaimed by international partners to be on track for eradicating polio by the end of 2012. However, by the end of December 2011, the country witnessed an explosive outbreak of 80 new cases that were largely concentrated in endemic areas. Out of a target of 800,000 people, 75 per cent were provided with safe water through the construction of 2,240 new water supply systems, rehabilitation of 178 non-functional water systems, and distribution of 600 bio-sand filters. Afghanistan also issued its first set of national guidelines on the prevention of parent-to-child transmission of HIV and antiretroviral therapy for adults, adolescents and children.

10. *Children and young people are better protected from violence, exploitation, discrimination, abuse and neglect.* UNICEF has been proactive in providing legal aid for children in conflict with the law; as a result, in 2009-2010, 1,799 children in detention benefited from legal representation. In addition, 4,000 birth registration centres have been established throughout the country, representing nearly 10 per cent of all villages in Afghanistan. Between March 2010 and September 2011, 300,100 children, aged 0-1 year, were registered by the Vital Statistics Department. This represents an increase of birth registration rates from 6 per cent (MICS 2003) to 37 per cent (MICS 2010-2011). UNICEF, which is a co-chair of the Children in Armed Conflict Task Force, has documented and reported activities related to the Monitoring and Reporting Mechanism on Children in Armed Conflict, established in line with Security Council resolutions. Child protection action networks, comprising governmental and non-governmental organizations working together to protect and promote the rights of children, undertook monitoring and provided support to the Child Rights Unit of the Afghan Independent Human Rights Commission. Some 4,496 cases of violence and abuse against children were reported by 28 child protection action networks during the past two years; and sex-disaggregated data shows that the majority of victims were boys (3,110 boys compared to 1,386 girls).

11. *The rights and well-being of children and women, particularly those from excluded and marginalized groups, especially the population affected by emergencies, are positioned more centrally in the development agenda and prioritized in the allocation of national and international resources.* The capacity of the Central Statistics Organization (CSO) in data collection and processing has been strengthened through training in the MICS data collection and processing methodology. As a result, national data is now available on 78 indicators related to health, nutrition, education, protection, water and sanitation as well as household characteristics. As an active member of the Consultative Group on Health and Nutrition, the Technical Advisory Group on Polio, CMM and Health System Strengthening Steering Committee, UNICEF has been able to influence discussion at the policy level and has been active in addressing two of the main development challenges: maternal mortality and malnutrition. Also at the policy level, UNICEF has supported the Ministry of Rural Rehabilitation and Development in formulating and adopting a new national policy on rural water, sanitation, and hygiene. In response to one recommendation of the Concluding Observations of the Committee on the Rights of the Child, UNICEF has supported the Human Rights Support Unit of the Ministry of Justice in developing a rationale for a Child Act.

12. After a joint mission in November 2010, United Nations organizations, including UNICEF, UNFPA, WHO, UNAIDS and the World Bank, and donor stakeholders, such as the United States Agency for International Development (USAID), the Canadian International Development Agency (CIDA) and the Japan International Cooperation Agency (JICA), formed a partnership, commonly referred to as the Health Four Plus (H4+) initiative and developed a multisectoral approach and a joint multi-year action plan to address the underlying causes of maternal and newborn mortality.

Resources used

13. The country programme was aligned with the planned budget although some programme components and intermediate results did not receive sufficient financial support to reach their funding targets (for example, child protection). Financial

resources received for regular programme activities, excluding emergency funding, amounted to \$90.3 million in 2010 and \$87.2 million in 2011. The combined total represents 90 per cent of the approved country programme document (CPD) ceiling for the first two years of the country programme cycle. Taking into account funds for emergency-related activities, UNICEF received and spent a total of \$211.7 million, which exceeded the CPD ceiling amount. Further financial data analysis shows that a total of \$79.8 million were utilized directly for programme implementation in the provinces over the period January 2010 to September 2011.

Constraints and opportunities affecting progress

14. Progress on programme implementation was affected by four general constraints that have slowed or impeded the ability of UNICEF to achieve planned results: security concerns, insufficient government capacity, the absence of reliable data for evidence-based planning and lack of long-term predictable funding for critical child survival and child protection interventions. Despite these general constraints, there were also opportunities and lessons learned that guide future programming. New policy initiatives at the national level, decentralized programming, access and implementation at provincial and district levels, combined with accelerated and increased capacity-building interventions and expanded partnerships have provided renewed opportunities to achieve programme results. Some of the lessons learned centred on: (a) programme criticality assessment; (b) convergent programming within a life-cycle approach; (c) innovations in programme delivery (d) alternative mechanisms for programme monitoring given security concerns; (e) community engagement and empowerment; (f) private sector engagement; and (g) district-level mapping and micro-planning.

15. After two years of country programme implementation, the planning assumptions related to the programme implementation environment, particularly the anticipated improvement in the security and socioeconomic situation have not held true. Consequently, UNICEF and partners have faced rising costs of programme implementation, largely attributable to increased security measures, staffing, communication, transportation, rent, utilities and other key support functions.

Adjustments made

16. The MTR reflection and deliberations resulted in a recognition of the need for the country programme to take into account four key considerations for the remaining two years of the current programming cycle: (a) refocus country programme prioritization to facilitate acceleration towards Millennium Development Goal targets 1, 2, 3, 4 and 6; (b) support government leadership in the development process, including through the Afghanistan National Development Strategy and National Priority Programmes; (c) push for action on the recent Concluding Observations of the Committee on the Rights of the Child; and (d) apply and adapt the latest developments and lessons learned from UNICEF global strategies.

17. Five priorities will set the framework for the remaining two years of the country programme: (a) Justice for Children will be expanded beyond a narrowly legal concept to a broader vision of care and protection for girls and boys to include systems building; (b) routine immunization and polio eradication will become a twofold, interdependent approach to maximize the complementary actions and

address the recent increase in polio cases; (c) nutrition will take a multi-generational approach to focus on children, adolescent girls and women of reproductive age; (d) UNICEF education interventions will be realigned to complement the Global Partnership for Education (GPE) initiative and the role of the supervising entity; and (e) emphasis will be placed in emergency obstetric care on strengthening community participation and involvement in the care continuum.

18. The scale and scope of interventions and programme activities for the next two years are summarized below:

(a) **Basic education and gender equality.** The education programme component will be adjusted and aligned with the GPE priorities. Key adjustments will include a more focused, equitable distribution of teaching and learning materials to the most deprived children, stronger integration of equity principles in prioritizing locations for school construction and community-based schools, and equity considerations in selecting locations for integrated sanitation and hygiene education services.

(b) **Health.** In addition to intensified efforts on routine immunization and polio eradication, UNICEF will expand the community-based child survival package of health-related services and will transform it into a more comprehensive, integrated minimum package, including education and child protection.

(c) **Child protection and youth empowerment.** Within the framework of the new Justice for Children vision, the content and scope of the birth registration component will remain but with an added emphasis on applying a cross-cultural approach. Evidence-based programming interventions will focus on providing psychosocial support services for children affected by conflict, and youth interventions will be broadened to focus on adolescent girls.

(d) **Social policy planning, monitoring and evaluation.** UNICEF will undertake a comprehensive situation analysis to inform the next country programme. High priority will be given to developing multilateral support to the Government's monitoring and evaluation units and promoting greater coordination with other United Nations agencies working with the Central Statistics Organization. Groundwork will begin to develop social protection strategies and more inclusive development policies and programmes.

19. Two new programme component results will be added:

(a) UNICEF will focus its efforts on creating a wider awareness and understanding of UNICEF programming and its unique mandate within the United Nations Development Assistance Framework and the Integrated Strategic Framework of the United Nations Assistance Mission in Afghanistan. It will also use its "voice" to engage in broad level advocacy on child and women's rights, issues of equity and human rights-based approaches as well as the plight of the most vulnerable children and women.

(b) Taking into account the current environment in Afghanistan and the revised UNICEF policy in regard to the Core Commitments for Children in Humanitarian Action (CCCs), planned results for early recovery and disaster risk reduction will be included explicitly in the programming focus.

20. In terms of management support, the Afghanistan country office will re-examine its staffing requirements and profiles, and field presence to ensure that

they efficiently support the programme changes, while simultaneously ensuring that programme support costs are systematically incorporated in all donor proposals. Emphasis will be placed on implementing innovative mechanisms for alternative programme delivery and monitoring that includes using partners and local communities where it may be cost prohibitive and/or highly insecure to maintain an office.

Conclusion

21. The geographic focus of the Afghanistan MTR follows a regional trend of targeting the most deprived districts as in Bangladesh, India and Nepal. In keeping with the equity approach and the desire for a more targeted programme focus to achieve planned results, UNICEF will shift its focus by tailoring resources, strategies and partnerships, geographically. Differential programming will be pursued according to the geographic areas, based on a provincial analysis of deprivation and poverty, security and potential impact. A final selection of districts and provinces for UNICEF targeted interventions will be determined in 2012. As the office transitions to this modality, focused and tangible results are expected for the most marginalized children and women over the remaining two years of the country programme.
