

2010-2011

UNICEF Afghanistan 2010 Priorities

A. Water, Sanitation and Hygiene (WASH)

1. 250,000 families will be supported in the construction and use of household sanitary toilets
2. 1,250 schools will be equipped with child friendly WASH facilities
3. Sustainable and safe water access will be available for an additional 1,000,000 people by the end of 2010,

B. Education

1. Starting from 2010 the enrolment of girls in primary schools, will be increase by 20 per cent resulting in 2.64 million girls being enrolled in school by the end of 2013. 60 per cent of girls enrolled in grade 1 during 2009 reach grade 5 of the education cycle (or 210,000 girls complete grade 5 in 2013) through improved quality of teaching and learning.
2. 30 per cent of all primary schools will be child-friendly or 3,300 schools practicing child-friendly principles.
3. Literacy rates among females aged 15-24 years will be increased by 50 per cent, through expansion of literacy centers.

C. Child Protection

4. Youth Information and Contact Centers (YICC)
 - 16 YICC will be supported via districts networks which will enable them to tailor services closely to key protection concerns.
 - 5,000 youth (including 40 per cent girls) will be provided with information and services necessary to protect them against HIV/AIDS, sexually transmitted infections and drug-use. HIV/AIDS prevention activities will be mainstreamed to extend the coverage of most at risk children and youth
5. Child Protection Action Networks (CPAN):
 - 28 CPAN at provincial & district level will be strengthened via systematic capacity building of actors involved in DOLSA and CPAN.
 - National awareness and community mobilization campaigns to protect children from armed conflict and harmful practices, i.e. hazardous child labor, will be conducted at provincial & district level through CPAN and YICC.
 - The capacities of national institutions will be enhanced in the domains of social work and child protection.
 - Monitoring, reporting and response mechanisms (MRM) related to child right violations committed in the context of armed conflict will be expanded and mainstreamed across all UNICEF ACO Country Programme activities. By the end of 2010, MRM taskforces will be operational in all regions, working based on area-specific action plans. Continued interaction with the governmental steering committee for MRM will be ensured.
6. Justice for children:
 - Based on a memorandum of understanding signed in 2009, collaboration between social workers, police, prosecutors and judges will be systematically improved and expanded.
 - Continued support will be provided in the framework of a joint UN/GoA Programme, aiming for Peace through Justice
 - Legal aid services will be maintained and further expanded to cover additional children in conflict with the law.

D. Health

1. Community Based Maternal and Newborn Care (CB-MNC) will be expanded with delivering interventions at community level within the “continuum of care concept”, through skilled Community Health workers (CHW), birth

attendants and family health action groups. The implication of all relevant actors in referral systems ensures that mothers and newborns have access to Emergency Obstetric and Newborn Care (EmNOC) services.

2. Integrated management of childhood illnesses (IMCI) level will be improved via extensive capacity building of health staff in health facilities and at community-level. Special attention will be dedicated to the community-based management of pneumonia.
3. Within the Enlarged Programme for Immunization (EPI) four rounds of National Immunization Days (NID), each of them covering 7.7 million children and four Sub National Immunization Days (SNID), reaching 3.6 million children in each round will be organized.. During May and October NID, 6.5 million children under five years old will be supplemented with Vitamin A, while 1.2 million at primary school age will be de-wormed during the NID of March and September.

E. Nutrition

1. Community-based Management of Acute Malnutrition (CMAM) will be widely implemented through the existing Basic Package Health Service (BPHS) structure. Community-based nutrition, child care and hygiene promotion will be scaled-up via training, advocacy and coordination at national, provincial, and community level.
2. The National Code of Breastfeeding Marketing will be applied. Five provincial hospitals will receive specific support in the implementation of breastfeeding interventions.
3. The production of quality iodized salt will be scaled-up via technical guidance and the supply of Potassium Iodate

F. Programme Communication

4. The technical capacity of line ministries and provincial departments to design, implement and monitor communication strategies for sustainable behavior change will be strengthened.. Inter-personal communication skills of frontline service providers will be enhanced, allowing the implementing, supporting and monitoring of sustainable behavior changes
5. Innovative entertainment-education partnerships with mass and community-based media will be expanded to enhance knowledge, skills and motivation of family members and caregivers related to critical behaviors that secure survival, growth and development of children while promoting maternal and newborn health in priority districts. Tools being used are extensive edutainment and 'Meena' a special series used by UNICEF in the whole of South Asia to induce behavior change.
6. Social mobilization for Polio Eradication and Routine Immunization, will be further increased, resulting in an expanded number of children being vaccinated

As **cluster-leader** for Education, WASH and Nutrition UNICEF strives further strengthen coordination and accountability in these sectors. Whenever possible links will be establish between clusters, to achieve synergy and a maximum of results for children and women affected by natural disaster and/or conflict

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