

Annex: Summary results matrix

DRAFT SUMMARY RESULTS MATRIX: Afghanistan UNICEF Country Programme, 2009					
UNICEF MTSP Focus Area	Key Results Expected in this Focus Area/Baseline Estimates for these Results	Key Progress Indicators	Means of Verification of Results	Major Partners, Partnership Frameworks and Cooperation Programmes	The expected Key Results in this Focus Area will contribute to:
1. Young child survival and development	<p>1.1 By 2009, 20% decrease in under-5 mortality rate <i>Baseline 2004: 257/1000 live births¹</i></p> <p>1.2. By 2009, 15 per cent decrease in the Maternal Mortality Ratio <i>Baseline 2002: 1600/100,000 live births²</i></p> <p>1.3. By 2009, virtual elimination of iodine deficiency disorders <i>Baseline 2004: 28%</i></p> <p>1.4. By 2009, 30 per cent decrease in underweight children aged under three years <i>Baseline 2004: 39%</i></p> <p>1.5. By 2009, 20% cent increase in access to sustainable safe drinking water and sanitary excreta disposal facility from 2005 baseline <i>Baseline 2005: 27% for safe water and 8% for household latrine and 8% for household latrine</i></p>	<p>1.1.1. % of eligible children fully immunized</p> <p>1.1.2. % of under-five children having bi-annual vitamin A supplementation</p> <p>1.1.3. % of children 0-59 months with diarrhoea treated with ORS</p> <p>1.2.1. % of pregnant women having access to ANC</p> <p>1.2.2. % of birth attended by skilled attendants</p> <p>1.2.3. Met need for Emergency Obstetric Care</p> <p>1.3.1. Over 80% of household consume iodized salt containing 15 parts per million (ppm) or more of iodine</p> <p>1.4.1: Proportion of children under age 3 yrs underweight</p> <p>1.4.2: Children aged 0-5 months exclusively breastfed</p> <p>1.5.1: % of household with access of safe drinking water</p> <p>1.5.4: % Health facilities having access to safe drinking water and sanitation facilities</p> <p>1.5.5: % of household having sanitary excreta disposal facility</p> <p>1.5.6: % of household practicing key safe hygiene behaviour</p>	<p>1.1 Routine admin data (HMIS), surveys, DHS or MICS</p> <p>1.2 HMIS data, Maternal Mortality Study (RAMOS) or DHS</p> <p>1.3 National Nutrition Survey</p> <p>1.4 National Nutrition Survey</p> <p>1.5 NRVA, routine Facility WES reports/MICS</p>	<p>NGOs implementing MoPH, World Bank, USAID, EU supported Basic Package of Health Services, WHO, UNFPA, UNIFEM (for all except 1.5)</p> <p>MRRD.MOPH, MOE</p>	<p><u>UNDAF Outcome:</u> By 2008, Government capacity at all levels strengthened to formulate and implement appropriate policies and increase delivery of quality services, especially to areas of lowest coverage, incorporating community inputs. By 2008, nutritional status, particularly among children and women, is improved, focusing on areas with worst indicators.</p> <p><u>WFFC goal to:</u> Promote healthy lives; <u>MDGs:</u> 1, 4,5, 7</p> <p>MDG: 7</p>

¹ State of the World's Children Report

² Bartlett et al, Lancet 2005: 365-864-70. This is a retrospective cohort study of women of reproductive age, defined as 15-49 years, who died between March 21, 1999, and March 21, 2002, in four districts of Afghanistan

	<p>1.6 In declared emergency, life saving services provided meeting the standards reflected in UNICEF's Core Commitment for Children (CCC)</p> <p>Baseline: National and Provincial emergency preparedness and response plan (EPRP) exist.</p>	<p>1.6.1 Systems to monitor CCC commitment implementation during emergencies established</p> <p>1.6.2 % of declared emergencies where a rapid assessment of the child health, nutrition, water, sanitation and hygiene situation has been conducted within the first 30 days</p> <p>1.6.3 % of children between 6 months and 4 years of age vaccinated against measles</p> <p>1.6.4 % of severely malnourished children provided with therapeutic feeding</p> <p>1.6.5 % of affected households/ population affected with a minimum safe drinking water supply</p>	<p>1.6.1 Document review</p> <p>1.6.2 to 1.6.5 Rapid assessment of the situation of children affected by emergency</p> <p>1.6.2 to 1.6.5 Monitoring systems to monitor CCC commitment implementation during emergencies</p>	<p>Afghanistan National Disaster Management Authority (ANDMA), UNAMA, UNDP, WFP, WHO, Provincial Disaster Management Committees and SC/UK</p>	
2. Basic education and gender equality	<p>2.1..By 2009, 50% increase in literacy rates among females 15-49 years old from the baseline figures of 2005; <i>Baseline: 18% (2003)</i></p> <p>2.2. By 2009, 20% increase in primary school net enrolment for girls from 2005 baseline. <i>Baseline: 40% (2003)</i></p> <p>2.3. By 2009, 50% of girls enrolled in school complete 6th grade <i>Baseline: 13% (2003)</i></p> <p>2.4 In declared emergency, educational response is provided meeting the standards reflected in UNICEF's CCC</p> <p>Baseline: National and Provincial EPRP exist.</p>	<p>2.1.1 % women 15-45 who are literate by nationally defined criteria</p> <p>2.2.1.NER in primary school of girls</p> <p>2.2.2.Percentage of schools with gender friendly latrine and drinking water facilities</p> <p>2.3.1: % of girls enrolled in school who complete 6th grade</p> <p>2.4.1 Systems to monitor CCC commitment implementation during emergencies established (linked with 1.6 above)</p> <p>2.4.2 % of children affected by the emergency, who have access to safe learning/play spaces</p> <p>2.4.3 % of affected schools reopened, replaced or made operational with trained teachers and adequate supplies (by primary and secondary)</p>	<p>2.1: Household survey (National Risk and Vulnerably assessment)</p> <p>2.2. Monitoring reports, Education Management Information System (EMIS)</p> <p>2.3. EMIS</p> <p>Same as 1.6 above</p>	<p>UNESCO, WFP, WHO, UNIFEM</p> <p>World Bank, USAID, UNESCO, JICA, Danida and various national and international NGOs</p> <p>ANDMA, UNAMA, UNDP, WFP, Provincial Disaster Management Committees and SC/UK</p>	<p><u>UNDAF Outcome:</u> Girls' school enrolment, attendance and retention increased, especially in areas with highest gender disparities.</p> <p><u>WFFC goal to:</u> Provide quality education;</p> <p><u>MDGs:</u> 2,3,6:</p>

<p>3. HIV/AIDS and children</p>	<p>3.1. By 2009, 20% of estimated most at risk and especially vulnerable adolescents in three cities (Kabul, Kandahar, Jalalabad) have correct knowledge of HIV/AIDS and access to prevention services. <i>Baseline: 0% (no data)</i></p> <p>3.2. Functional PMTCT and paediatric case management site in Kabul established. <i>Baseline: 0% (2007)</i></p> <p>3.3. All identified HIV+ pregnant women receive comprehensive PMTCT services <i>Baseline: 0% (no data)</i></p> <p>3.4. All identified HIV infected children receive treatment and care services <i>Baseline: 0% (no data)</i></p>	<p>3.1.1. Percentage of most at risk/especially vulnerable adolescents (10-18 years) in three cities who both correctly identify the three common ways of preventing HIV transmission and who reject major misconceptions about HIV (disaggregated by age and sex) 3.1.2 % of MARA/EVA reached with targeted HIV prevention</p> <p>3.2.1 Policies and technical guidelines for PMTCT and paediatric HIV/AIDS developed and approved.</p> <p>3.3.1 % of identified HIV-positive pregnant women who receive ARV prophylaxis</p> <p>3.4.1 % of identified HIV-infected children needing ARVs receive them.</p>	<p>3.1 Small scale studies among risk groups</p> <p>3.2: Document review</p> <p>3.3: Reports of VCCT and ART centres</p> <p>3.4: Reports of VCCT and ART centres</p>	<p>HIV/AIDS Coordination Committee for Afghanistan (HACCA), World Bank, WHO, UNFPA, UNDP, ILO and civil society organisations</p>	<p><u>UNDAF Outcome:</u> By 2008, multi-sectoral approach to HIV/AIDS/STIs and other communicable diseases functions within Government and civil society, including CBOs, religious leaders and media.</p> <p><u>WFFC goal to:</u> Combat HIV/AIDS; promote healthy lives;</p> <p><u>MDG 6</u></p>
<p>4. Child Protection from violence, exploitation and abuse</p>	<p>4.1. By 2009, Child Protection Action Networks (CPAN) functional in 28 provinces in order to reduce and respond to violence, exploitation and abuse against children and women <i>2007 Baseline: 11 provinces</i></p> <p>4.2.1 By 2009 SCR 1612 Task Force functional in order to monitor and report on SCR 1612 <i>Baseline: no systematic monitoring of SCR 1612 (2007)</i></p> <p>4.3. National legislative policies and approaches for juvenile</p>	<p>4.1.1. No. of provinces with functional child protection action networks according to established minimum standards 4.1.2. No. of children and women accessing social and protection services through CPAN.</p> <p>4.2.1. No. of verified cases on six core violations in armed conflict (UNSCR 1612)</p> <p>4.3.1. No. of identified laws and policies reviewed based on international legal instruments and standards 4.3.2. No. of identified laws and policies</p>	<p>4.1 CPAN monitoring reports</p> <p>4.2.1 SCR 1612 Task Force reports</p> <p>4.2.2 AIHRC Field Child Rights Monitoring reports</p> <p>4.3 laws and policies on child</p>	<p>CPAN (UNAMA, UNHCR, AIHRC and various national and international NGOs)</p>	<p><u>UNDAF Outcome:</u> By 2008, more Afghans have increased access to a reformed, comprehensive and effective justice system.</p> <p><u>WFFC goal to:</u> Protect against abuse, exploitation and violence;</p> <p><u>Millennium Declaration (Section VI):</u> Protect the vulnerable.</p>

	<p>justice and children in institutional care are aligned with international legal instruments and standards</p> <p>Baseline: Juvenile justice system does not conform to international legal instruments and standards (2007)</p> <p>4.4 In declared emergency, children are protected from violence and exploitation by providing services meeting the standards reflected in UNICEF's CCC</p> <p>Baseline: National and Provincial EPRP exist.</p>	<p>revised based on international legal instruments and standards</p> <p>4.3.3. Implementation and enforcement plans established</p> <p>4.4.1 Systems to monitor CCC commitment implementation during emergencies established (linked with 1.6 above)</p> <p>4.4.2 % children identified as vulnerable whose births have been registered within 30 days after birth</p> <p>4.4.3 % of separated children in emergencies reunified or placed in alternative care arrangements</p>	<p>protection</p> <p>Same as 1.6 above</p>	<p>ANDMA, UNAMA, UNDP, UNHCR, IOM, Provincial Disaster Management Committees</p>	
5. Policy advocacy and partnerships for children's rights	<p>5.1. Sectoral action plans for implementing Afghanistan National Development Strategy (ANDS) include evidence-based framework for action for addressing issues affecting children and women and for reducing disparities.</p> <p>Baseline: ANDS finalised; costed sectoral action plans being made (2007)</p>	<p>ANDS sectoral action plans identify evidence based interventions with clear targets and resource allocation for the following:</p> <ul style="list-style-type: none"> • Child health • Women's health and empowerment • Girls education, • Gender mainstreaming • Reaching the un-reached to reduce disparities among un-reached groups and geographical areas 	<p>5.1.1. ANDS.</p> <p>5.1.2. Special budgetary and policy analysis of ANDS, children and women.</p>	<p>All UN agencies, bilateral donors, financial institutions and civil society organisations</p>	<p><u>UNDAF Outcome:</u> Government at all levels and civil society, including communities and individuals, are better enabled to realise improved governance based on the rule of law and human rights, with particular emphasis on women and marginalized groups</p> <p><u>MDGs: 1 – 8</u></p>
6. The Advocacy and Programme Communication	<p>This component, through Advocacy, social mobilization and behaviour change communication will contribute to other project results articulated in results area 1-5</p>				