

Annex 1
***Draft* – Results Matrices**
UNICEF Medium Term Strategic Plan, 2006-2009

These Matrices Results for the five MTSP Focus Areas should be read in close conjunction with the text, especially chapter V.

The Matrices lay out the established international goals and commitments to which each Focus Area of UNICEF's work is intended to contribute, and the key result areas in which UNICEF will engage with partners and provide support through programmes of cooperation.

The Matrices also contain a set of more specific targets, which will provide a basis for assessing progress in the next Plan period with a significant level of organizational attribution. These targets are accompanied by indicators, which form part of the monitoring and evaluation framework for the MTSP (see Annex 2); by an indication of the broad range and type of interventions which UNICEF will support under each target, depending on country needs and priorities; and by a summary of key partnerships and partnership frameworks for each Focus Area.

The Matrices incorporate the UNICEF Core Commitments to Children in Emergencies in the respective Focus Areas.

A broad indication of expected coverage is also given for the targets, in relation to regions and country situations. This is for strategic planning and guidance purposes, and does not preclude the detailed agreements on UNICEF cooperation reached through the normal country programming process, led by national partners.

Draft – Results Matrices

UNICEF Medium Term Strategic Plan, 2006 – 2009

Focus Area 1 : Young Child Survival and Development

Strategic Intent –State Parties acquire the capacity and systems to ensure the right of the child to survival, growth and development; and to the attainment of the highest attainable standard of health.

Priority Goal - MDG 4: Reduce the 1990 under-five mortality rate by two-thirds by 2015.

Related Goal - **MDG 1:** Eradicate extreme Poverty and Hunger (Target 2, Indicator 4: Prevalence of underweight children under-five)

Related Goal - **MDG 5:** Improved Maternal Health (Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio)

Related Goal - **MDG 6:** Combat HIV/AIDS, malaria and other diseases (Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases)

Related Goal - **MDG 7:** Ensure environmental sustainability (Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and sanitation)

Related Goal - **MDG 3:** Promote gender equality and empower women (Target 4: Eliminate gender disparity in primary and secondary education)

Related Goal - **MDG 8:** Develop a global partnership for development (Target 17: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries; In cooperation with the private sector, make available the benefits of new technologies—especially information and communications technologies)

Related Goal: **UN Special Session on Children and World Fit for Children** (WFFC Plan of Action : Promoting Healthy Lives).

Key Result Area 1 : Scale up high-impact health and nutrition interventions¹

Organizational Targets	Indicators	Interventions to be supported	Coverage focus
1. Increase and sustain to at least 80% vaccination coverage ² in districts and population groups with coverage levels below the national average (in 60 countries with high child mortality rates and/or with large numbers of child deaths ³ , and among populations with high U5MR in countries with moderate or low	1. Under-five mortality rate, infant mortality rate and malnutrition (weight/age) are the three indicators measuring the combined impact and actions in the four Key Result Areas 2. Measles immunization coverage	<ul style="list-style-type: none"> • Strengthen immunization services --including: polio eradication, measles control and maternal and neonatal tetanus elimination • Malaria treatment for children and pregnant women • Accelerated deployment of ITNs to protect vulnerable groups in malaria-endemic areas • Provision of high impact health and nutrition intervention packages⁶ through facility-based and outreach services (including CDD/ORT, ARI control 	60 countries with high U5MR in terms of rates or magnitude Also, sub-national level populations with disproportionately high U5MR in countries with moderate or low U5MR

¹ Interventions provided by facilities and/or outreach services.

² Vaccination coverage refers to all antigens given to children under one year of age and for measles containing vaccine up to two years of age as well as pregnant women as outlined by the national schedule. In the case of newly introduced vaccines, they should have been introduced at least for five years.

³ This includes the 42 countries which account for some 90% of all under-five deaths (base year, 2000) and 42 countries with the highest under-five mortality rates (overlapping categories).

⁴ This includes the 42 countries which account for some 90% of all under-five deaths (base year, 2000) and 42 countries with the highest under-five mortality rates (overlapping categories).

⁵ With universal coverage by 2015 as the long term target.

⁶ The content of these packages will be evidence-based and adapted to the local epidemiology .

<p>U5MR). In all high child mortality, malaria-endemic countries, increase and sustain to at least 60% the percentage of young children and pregnant women sleeping under an ITN in all malaria-endemic districts</p> <p>3. Increase and sustain to at least 60% the effective coverage of high impact health and nutrition intervention packages, with emphasis on families in poverty, in 60⁴ countries with high child mortality rates and/or with large numbers of child deaths, and among populations with high U5MR in countries with moderate or low U5MR</p> <p>4. All high U5MR countries have country-owned and -led poverty reduction strategies (PRS)—or equivalent national development strategies—that set medium-term targets tailored to country circumstances—for scaling up high-impact health and nutrition child survival intervention packages and define equity-based national plans and priorities for achieving those targets, linking policy agendas to medium-term expenditure frameworks.</p>	<p>3. DPT3 immunization coverage</p> <p>4. Neonatal tetanus protection at birth</p> <p>5. Household availability of insecticide treated nets (ITNs)</p> <p>6. Proportion of children who received at least one high-dose vitamin A supplement within the last six months</p> <p>7. % of children under five with ARI taken to an appropriate health provider</p> <p>8. % of children born of HIV positive mothers receiving regular cotrimoxazole prophylaxis</p> <p>9. % of high U5MR countries with medium-term expenditure frameworks that include quantified, progressive⁵ targets for scaling-up of high-impact health and nutrition preventive interventions.</p> <p>10. % of high U5MR countries reporting U5 mortality gains based on coverage trends of high-impact health and nutrition newborn and child survival interventions</p>	<p>and Pneumonia Treatment, Vitamin A etc)</p> <ul style="list-style-type: none"> • Technical support for national- and district-level sector plans and budgets that are data- and outcome-driven and address major supply/demand bottlenecks • Monitoring, disease and nutritional surveillance and surveys • Data-driven and evidence-based advocacy • Communication for behaviour change and social development • Prevention of accidents and drowning in children (in countries where this is a significant cause of death) • Treatment of children infected by HIV/AIDS for secondary and opportunistic infections • Leverage resources for U5MR reduction in partnership with national governments with GFTAM, GAVI, IFF and other global funds • Procure and supply essential supplies for scaling up high-impact health and nutrition interventions with UNICEF programme funds and other funding at national level • Conduct commodities assessment at national and sub-national levels in support of achieving targets • Prevention and control of anaemia and other micronutrient deficiencies by fortification, supplementation and dietary diversification 	<p>Malaria-endemic countries and malaria-endemic regions within countries</p>
<p>Key Result Area 2 Improved family and community care practices that impact on young child survival, growth and development</p>			
<p>Organizational Targets</p>	<p>Indicators</p>	<p>Interventions to be supported</p>	<p>Coverage focus</p>
<p>1. Increase by at least 50% the number of families utilizing</p>	<p>1. % of infants exclusively breastfed (<6 mos.)</p>	<ul style="list-style-type: none"> • Community-Integrated Management of Neonatal and Childhood Illnesses (C-IMNCI) 	<p>All programme countries with relevant interventions as</p>

⁷ as defined in *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS*, UNICEF and partners, February 2005.

<p>appropriate care and feeding practices for child survival, growth and development</p> <p>2. Increase by at least 50% the number of families with access to services and essential resources that contribute to child survival, growth and development</p> <p>3. All programme countries have an enabling policy environment for improved family and community care practices.</p>	<p>2. % of children under five years with diarrhoea who received ORT and continued feeding</p> <p>3. % of children orphaned and made vulnerable by HIV/AIDS⁷ receiving free basic external support</p> <p>4. % of households that support young (0-3y) children's development</p> <p>5. % of newborns receiving thermal protection</p> <p>6. % of children <5 who are undernourished (underweight and/or wasted)</p> <p>7. % countries with quality programmes at scale that support good parenting and programme communication for marginalized, disadvantaged and excluded children.</p> <p>8. % of births attended by skilled health personnel.</p> <p>9. No. of children 0-59 m with suspected pneumonia in the previous two weeks receiving antibiotics</p> <p>10. No. of programme countries with national development plans that include quantified, progressive⁸ targets for scaling-up improved family and community care practices that impact young child survival, growth and development.</p>	<ul style="list-style-type: none"> • Promotion of exclusive breastfeeding and complementary feeding • Community-based care and support of HIV/AIDS affected children • Parenting education for children under 5 years • Strengthen community level Assessment-analysis - action processes (Triple -A) • Child injury prevention through parental/community education and prompt primary care for injuries • Provision of essential health and nutrition resources and commodities at community level • ECD information and materials linked to health and nutrition services • Communication for behaviour change and social development • Capacity building of outreach workers including skilled birth attendants • Partnership with Civil Society Organizations and Community Based Organizations to implement core interventions as appropriate • Data-driven and evidence-based advocacy • Support for improved legislation, quality assurance and accountability monitoring • Scale up for Universal Salt Iodisation in affected countries to eliminate IDD • Prevention and control of anaemia and other micronutrient deficiencies by fortification, supplementation and dietary diversification • Technical support for national sector plans and budgets that are data and outcome-driven and address major operational bottlenecks • Build government capacity to work with communities, families, and civil society to improve family care practices. 	<p>appropriate, based on epidemiology, with emphasis on reaching the poorest and most vulnerable</p>
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Key Result Area 3 Increased access to an improved water source and basic sanitation

Organizational Targets	Indicators	Interventions to be supported	Coverage focus
1. Support adequately financed,	1. Proportion of population	<ul style="list-style-type: none"> • Water supply and sanitation services for low-income 	High U5MR countries for

⁸ With universal coverage by 2015 being the long term target.

<p>locally determined programmes consisting of hygiene, sanitation and water supply interventions, focusing on rural and urban poor in 60 countries with high child mortality and low water and sanitation coverage rates</p> <p>2. Support community-based hygiene improvement and water safety plans that lead to a reduction in water related diseases in all programme countries. Reduce childhood diarrhoea and other water-related diseases through promotion of essential hygiene practices: hand washing, water safety and sanitary excreta disposal</p> <p>3. Provide leadership with other key agencies on working with governments to strengthen sector plans, policies and budgets for hygiene, sanitation and water supply, with a focus on achieving the MDGs and adopting demand-responsive, equitable and decentralised approaches; expand capacity for improved social sector plans, policies and budgets analysis and ensure their incorporation into national Poverty Reduction Strategies, Sector Wide Approaches and explicitly support by UNDAFs.</p>	<p>using an improved water source (disaggregated by urban/rural and wealth quintiles)</p> <p>2. Proportion of population using an improved basic sanitation facility (disaggregated by urban and rural and wealth quintiles)</p> <p>3. Percentage of households where caregivers wash their hands with soap at key times</p> <p>4. % caregivers using a safe means of disposing excreta of children below 3 years</p> <p>5. Mean time required to go to water source, collect water and return home</p> <p>6. Proportion of adult women, adult men, girls and boys who fetch water</p> <p>7. % households that treat their water to make it safer to drink</p>	<p>rural and peri-urban communities, schools and health posts and clinics in cooperation with key partners</p> <ul style="list-style-type: none"> • Develop and strengthen delivery mechanisms for improved sanitation, linked to a range of demand-responsive, effective and environmentally sustainable household and school based options. • Operationalise demand-responsive approaches to water supply, with increased emphasis on equity and system sustainability. • Operationalise equitable and sustainable approaches to community-based water resources management. • Hygiene promotion in poor rural and peri-urban areas • Promote water safety on a national scale • Operationalise effective approaches to hygiene communication for behaviour change, reflecting equity concerns • With other partners, eliminate Guinea worm as a public health problem • Introduction and/or strengthening of national sector-wide policies for demand-responsive approaches to hygiene promotion, sanitation and water supply, reflecting lessons learned and equity concerns. • Evidence-based advocacy • Technical support for budget analysis and cost-benefit/effectiveness analysis • With WHO, manage the Joint Monitoring Programme to monitor and report on progress on the indicators of MDG Target 10 • In priority countries, strengthen national sector capacities for turning statistical analysis into policy, planning and resource allocation. 	<p>Target 1</p> <p>All Regions and programme countries for Target 2 and 3</p>
<p>Key Result Area 4: In declared emergencies, every child is covered with life-saving interventions (as per UNICEF Core Commitments to Children in emergencies (CCCs))</p>			
<p>Organizational Targets</p>	<p>Indicators</p>	<p>Interventions to be supported</p>	<p>Coverage focus</p>
<p>Fully implement the CCCs for young child health, nutrition and water, sanitation and hygiene in declared emergency situations.</p>	<p>1. % 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>2. % of children between 6</p>	<ul style="list-style-type: none"> • Rapid assessment • Coordinating role for life-saving public health interventions in support of children and women and for the provision of infant feeding and nutrition rehabilitation services for children. • Disaster preparedness plans in place 	<p>Man-made and natural disasters in all programme countries;</p> <p>Declared emergencies, as a part of the UN system, based on sector leadership</p>

	<p>months and 4 years of age vaccinated against measles. 3. % of severely malnourished children provided with therapeutic feeding 4. % of households/population affected with a minimum safe drinking water supply</p>	<ul style="list-style-type: none"> • Interventions in the first six to eight weeks as specified in CCCs , such as : <ul style="list-style-type: none"> - Immunization, cold-chain equipment, vaccines, training and social mobilization - Vitamin A supplementation - Essential drugs, emergency health kits, ORT/ORS, micronutrient supplies; etc. - Emergency shelter and family kits (blankets, tarpaulins, cooking sets, etc. - Child and maternal feeding and support for therapeutic and supplementary feeding with WFP and NGO partners - Nutritional monitoring and surveillance - Safe drinking water - Bleach, chlorine or water purification tablets - Jerry cans or appropriate alternatives and instructions and messages pm handling of water and disposal of excreta solid waste - Support for disposal of excreta, solid wastes, disposal of animal corpses - Construction and messages on use of trench and pit latrines separately for men/women, boys/ girls • Interventions beyond the initial response to cover: <ul style="list-style-type: none"> - Establishment of essential health care services including outreach services, home-based management of childhood illnesses, emergency obstetric care services, treatment of malaria, diarrhoea and pneumonia; - Tetanus toxoid with auto-disable syringes and other critical inputs such as cold-chain equipment, training and behaviour change expertise, and financial support for advocacy and operational costs for immunization of pregnant women; - Infant and young child feeding, complementary feeding and, where necessary therapeutic and supplementary feeding with WFP and NGO partners; - Health and nutrition education including messages on importance of breastfeeding and safe motherhood practices; - Water supply and sanitation approaches and 	
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		<p>technologies consistent with national standards to reinforce long-term sustainability;</p> <ul style="list-style-type: none"> - Define continued involvement in water, sanitation and hygiene based on national guidelines, country programme and sustainability of sector interventions; • Vulnerability mapping • Building capacity within UNICEF and nationally 	
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Key Partnerships

- *Governments*: In all cases (except possibly acute emergencies and civil strife) national authorities to be strengthened and supported to carry out child survival and development activities and to build capacity to sustain these functions in an equitable way.
- *U.N. Agencies*: WHO has a recognized global policy setting, normative, and coordination role in public health. WHO collaborates with WFP, UNICEF and UNHCR in emergencies. WHO is also a partner with UNICEF and others in the emerging global maternal, newborn and child health partnership and a UNICEF partner on water quality issues, and Guinea worm eradication, along with the Carter Center, WHO, and World Bank.
- *WFP* (as per UNICEF/WFP MoU): With increasingly complementary roles in Emergency settings and provision of nutrition and food-based guidance.
- *World Bank*: UNICEF collaborates with the Bank on provision of technical support for improved planning and budgeting processes , especially at the central level. The Consultative Group for Early Childhood Care and Development also includes collaboration with the World Bank, UNESCO, WHO and INGOs, including:
- *UN Water*: Coordination of 24 UN agencies involved in water and sanitation.
- *Joint Monitoring Programme for Water Supply and Sanitation* to monitor MDGs: UNICEF and WHO, in cooperation with World Bank, UN-Habitat, and others
- *FAO* works closely with UNICEF on food security related issues.
- *Maternal mortality reduction*: UNICEF proposes to focus on supporting antenatal care services and community-based delivery and newborn care services, while playing a supportive role in joint programmes with WHO and UNFPA to increase the coverage of emergency obstetrical care services.
- *Global Alliances*: UNICEF is a founding member of several global alliances such as GAVI and Roll Back Malaria, and is a co-sponsor of TDR and UNAIDS. It will continue to work closely with the Global Alliance for Improved Nutrition (GAIN). Global Alliances such as GAIN and FFI (Flour Fortification Initiative) have both funding and policy development roles, and some implementation role.
- *International Non-Governmental Organizations (INGOs)*: Key INGO partners include Medecins Sans Frontieres, The Micronutrient Initiative, ICCIDD (the International Council for Control of Iodine Deficiency Disorders), The IDD Network, Helen Keller International, Oxfam. The Consultative Group for Early Childhood Care and Development, a coordinating body with the Bernard van Leer, Soros Foundation, Aga Khan Foundation, CCF (Christian Children’s Fund), Save the Children, UNESCO, WB, WHO and others). The West Africa Water Initiative (WAWI): Hilton Foundation, USAID, World Vision, Wateraid and others. The WABA and IBFAN play a critical role in monitoring the Breastmilk Substitute Code and IYCFC issues.
- *Academia*: Universities both in programme countries and regions such as Americas, Europe and Oceania collaborate on, or are commissioned to, supply ideas, pilot interventions and testing for efficacy and effectiveness to be scaled up at country level, often with support of UNICEF and other partners. Can be a focus of regional and national capacity building. In sanitation and hygiene promotion, collaboration with the Water and Sanitation Programme of the London School of Hygiene and Tropical Medicine, WEDC, the International Water and Sanitation Centre (IRC) in the Netherlands. In water supply and sanitation for schools: the International Water and Sanitation Centre (IRC) in the Netherlands, Water Supply and Sanitation Collaborative Council (WSSCC), WFP, Plan International, SEAMEO. In household water treatment, the CDC plays a significant role together with NGOs and the private sector.
- *Bilaterals*: Major support in the WES sector comes from: AusAID, DFID (UK), EU, Japan, Netherlands (DGIS), NORAD (Norway), SIDA (Sweden), and US. Very significant support comes from CIDA (Canada) and USAID (especially for micronutrients). Immunization is generously supported by GAVI and partnerships within this include among others Bill and Melinda Gates foundation, Canada, CDC/United States, Denmark, DFID/United Kingdom, GAVI, Germany/KfW, Netherlands, Norway, Rotary International, UN Foundation, US Red Cross, and WHO.
- *Private Sector*: Major support from the private sector for WES and Nutrition comes from Unilever, Procter & Gamble, and this area will grow. In emergencies- UNHCR, OXFAM, ICRC, MSF, USAID and many others.

- *National NGOs and partners:* To best address the specific requirements and conditions in each country, UNICEF programme support strategies are country-specific and developed locally by UNICEF, governments and partners, which are often local/national NGOs. The specific mix and weight of the strategies will be determined by the country situation. Some of the key strategic partnerships and alliances are: national governments, local NGOs, UN agencies (WHO, UN Habitat, UNOPS), international NGOs (Oxfam, WaterAid), research/learning institutes (IRC, WELL, SKAT), World Bank and WSSCC/WASH.

Focus Area 2 : Basic Education and Gender Equality

Strategic intent – Parents, communities and Governments acquire the capacity and support necessary to fully implement their obligation to ensure the right of all children to free, compulsory quality education.

Priority Goal - MDG 2: Achieve Universal Primary Education (Target: By 2015 all boys and girls are able to complete a full course of primary schooling)

Related Goal: **MDG 3:** Promote Gender Equality and Empower Women (Target: Eliminate gender disparity in primary and secondary education, preferably by 2005 and to all levels by 2015)

Related Goal: **MDG 8:** Develop a Global Partnership for Development (Target: Make available the benefits of new technologies, especially information and communication.

Related Goal: **Convention on the Rights of the Child** (Articles 28 and 29)

Related Goal: **UN Special Session on Children/WFFC:** Providing Quality Education (Target: Expand and improve comprehensive early childhood care and education, for girls and boys, especially for the most vulnerable and disadvantaged children; Plan of Action, para 39a).

Related Goal: **Education for All** (EFA Dakar Goals , except for adult literacy)

Key Result Area 1 : Right Start and Good Foundations: Children’s developmental readiness to start primary school on time improved, especially marginalized children

Organizational Target	Indicators	Interventions to be supported	Coverage focus
<p>1. Increase proportion of children starting school at the prescribed age by at least 40% of the gap, to achieve 100% by 2015</p> <p>2. Increase from 6 to 40 the number of countries that have developed nationwide standards for monitoring developmental readiness in their childhood development and learning programmes</p>	<p>1. % of children starting school at the officially prescribed age, disaggregated by gender and other variables related to disadvantaged groups.</p> <p>2. % of countries with national standards for monitoring developmental readiness in their early childhood development and learning programmes.</p>	<p><i>Promote stimulating and gender-sensitive early learning environments for growth and development of all children</i></p> <ul style="list-style-type: none"> • Establish and maintain safe spaces and early learning centres in communities • Parent education programmes, with particular attention to care and protection for children affected by HIV/AIDS, disabilities and other special needs. • “Child-to-child” programmes for promoting transfer of knowledge and practices on good health • Birth registration campaigns <p><i>Advocate for and support national laws, policies and budgets for monitoring of developmental readiness and transition to school as part of major processes like CRC Reporting, PRS, CCA/UNDAF, and SWAps.</i></p> <ul style="list-style-type: none"> • Develop and implement adoption of national standards for monitoring developmental readiness in early childhood development and learning programmes • Link health, nutrition and other early intervention sectors with primary school; • Identify and address gaps in service delivery for ECD and education through interactive links between service providers. • Link health, nutrition and hygiene promotion initiatives in education. 	<p>All Regions</p> <p>LDCs; Middle-Income Countries;</p> <p>Countries identified as “weak” from CRC Report;</p> <p>Countries with high HIV-prevalence</p>

Key Result Area 2 Gender and other disparities reduced in relation to increased access, participation and completion of quality basic education			
Organizational Target	Indicators	Interventions to be supported	Coverage focus
<p>1. Reduce proportion of primary-school-aged children out-of-school by at least 40%, in partnership with Governments and other agencies</p> <p>2. Increase Transition Rates to post-primary Education and Training Destinations, especially for girls and disadvantaged children to be on track for 100% by 2015</p> <p>3. Improve the GPI in primary and secondary education to be on course for achieving full parity by 2015, in partnership with Governments and other agencies</p> <p>4. At least 90% of programme countries have education sector plans with measures to reduce gender disparity and other disparities</p>	<p>1. National enrolment rates and NAR, disaggregated by gender and other variables (primary & secondary schools)</p> <p>2. Transition rate from primary education to Post-Primary Education and Training Destinations, disaggregated by gender, disadvantaged group, and “destination”</p> <p>3. Gender Parity Index – GPI (at Primary and Secondary levels)</p> <p>4. No. of programme countries with Education Sector Plans that aim to reduce gender and other inequalities</p>	<ul style="list-style-type: none"> • Identify, assess, and analyze barriers, disparities and opportunities in basic education, through disaggregated data collection and disparity analysis for access, progression, completion and learning achievement • Promote global and national advocacy for free and compulsory education <p><i>Provide policy support and technical assistance to government communities and influence the funding priorities of partners to address: the needs of girls ,the hardest to reach and/or suffering most from discrimination or lack of protection</i></p> <ul style="list-style-type: none"> • Support learning opportunities and eliminate discrimination against HIV/AIDS-affected children, those involved in child labour, late-starters and those denied access • Support access to learning opportunities through both formal and non-formal options—and support countries to establish equivalencies. • Support learning needs of adolescents, including over-age students in primary schools • Support provision and more equitable distribution of education supplies and services <p><i>Empower families/communities and children to voice and exercise their right to education.</i></p> <ul style="list-style-type: none"> • Develop and implement social mobilization and communication strategies <p><i>Promote, support and strengthen partnerships for programming convergence and resource mobilisation.</i></p> <ul style="list-style-type: none"> • Providing strong leadership for UNGEI • Expanding joint programming with UN agencies • Support EFA objectives through engaging with SWAps, PRS, EFA-FTI, national budget analyses and CRC reporting 	<p>All Regions</p> <p>Particular efforts in low enrolment, high gender gap, high disparity countries; countries affected by HIV/AIDS; LDC’s and low birth registration countries</p>
Key Result Area 3 <u>Equality and Quality Models</u>: Educational quality improved and school retention, completion and achievement rates increased			
Organizational Target	Indicators	Interventions to be supported	Coverage focus

<p>1. Increase proportion of Grade 1 cohorts (especially girls), who reach at least Grade 5 by X% over the 4-year period</p> <p>2. Increase by 60% the number of programme countries with national quality standards based on CFS or similar/equivalent models</p> <p>3. Increase by 20% the number of programme countries with standardised tests for measuring learning achievement, linked to the national curriculum</p>	<p>1. Survival rate (cohort flow) to Grade 5 by gender and other disparity variables</p> <p>2. No. of programme countries adopting quality standards through models such as CFS for primary education</p> <p>3. No. of programme countries with standard tests for measuring learning achievement linked to national curriculum</p>	<p><i>Address non-school causes of drop-out and repetition through support for:</i></p> <ul style="list-style-type: none"> • National policies and legislation on child labour, early marriage, re-entry policies for young mothers • Reduced burden of household chores and family income-generating activities on children • Support campaigns and social mobilization to prevent drop-out • Health/nutrition interventions affecting physical well-being, cognitive development and learning readiness of children (e.g. school meals, anaemia and IDD reduction, anti-helminths) <p><i>Improve the learning environment in schools through:</i></p> <ul style="list-style-type: none"> • Setting standards for child-friendly architecture, equipment and design • Support for provision of safe water supply, appropriate, gender-segregated sanitation facilities and hygiene education for primary schools • Support for development of models to make schools violence-free; including gender violence and corporal punishment <p><i>Enhance pedagogical quality in schools through:</i></p> <ul style="list-style-type: none"> • Teaching/learning processes that help ease transition from home to school • Interactive learning for knowledge, skills, attitudes, values and behaviour change (e.g., rights, peace, democracy, management of “risk behaviour”) • Gender-sensitive and age-appropriate life skills education for children in and out of school, with a strong focus on HIV-AIDS prevention • Improve environment for children with disabilities and support inclusive pedagogy for “slow learners” as well as “gifted learners”; and provides accelerated learning for over-aged learners • Monitor learning achievements • Build capacity of teachers and their support networks, with attention to gender issues, the status and rights of teachers, as well as their duties • Build capacity of learners and parents to participate in school governance. • Promote modern technological skills (especially ICT) and use of appropriate technologies / teaching 	<p>All Regions and all programme countries, with a focus on LDCs; countries with low-enrolment rates and high gender gaps, as well as countries with a generalized HIV/AIDS epidemic</p>
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		<p>methods.</p> <ul style="list-style-type: none"> • Provide high quality, relevant teaching-learning materials and other learning resources (supplies/services) <p><i>Strengthen school accountability through</i></p> <ul style="list-style-type: none"> • Support for decentralization and capacity-building • Promotion of greater community involvement and student participation in school management • Support for a code of ethics for teachers' trust-building with communities 	
Key Result Area 4: Education restored in emergencies and post-conflict situations, and education systems safeguarded against threats such as the HIV/AIDS pandemic			
Organizational Target	Indicators	Interventions to be supported	Coverage focus
Fully implement CCCs for Education in Declared emergencies	<p>1. % of children affected by the emergency, with access to safe learning/play spaces (disaggregated by gender and age-group)</p> <p>2. % of affected schools reopened, replaced or made operational with trained teachers and adequate supplies (by primary and secondary).</p> <p>3. Rate of change in priority educational indicators for countries with generalized HIV/AIDS epidemic</p>	<ul style="list-style-type: none"> • Rapid assessment • Sector coordinating role as appropriate for restoring education activities in partnership with other UN agencies and NGOs. • Disaster preparedness plans in place <p>First six to eight weeks</p> <ul style="list-style-type: none"> • Set up temporary learning spaces with minimal infrastructure • Reopen schools and start the reintegration of teachers and children by providing teaching and learning materials and organizing recreational activities <p>Beyond initial response</p> <ul style="list-style-type: none"> • Re-establish or sustain primary education or both • Provide education and recreation kits and basic learning materials and teacher training • Promote the resumption of quality educational activities in literacy, numeracy and life skills issues such as HIV/AIDS, prevention of sexual exploitation and abuse, conflict resolution and hygiene • Establish community services such as water supply and sanitation near schools where appropriate <p>54 countries with generalized HIV/AIDS epidemic</p> <ul style="list-style-type: none"> • Rapid training for replacement teachers • Organize double-shifts and other measures to enhance use of capable teachers • Prepare appropriate plans for ensuring education of orphans and children made vulnerable by HIV/AIDS (such as day-boarding) 	<p>Coverage: all emergency-affected countries: conflict/post-conflict and transition, and natural disasters;</p> <p>54 countries with generalized HIV/AIDS epidemics; and, in other programme countries, sub-national regions with generalized HIV/AIDS epidemics</p>

		<ul style="list-style-type: none"> • Training of teachers for multiple tasks where affected by HIV/AIDS. • Major drive for HIV prevention in schools 	
<p>Key Partnerships</p> <p>KRA 1: UNESCO, WHO, WFP; NGOs; UNAIDS, bilaterals; research organizations; HIV/AIDS organizations, Consultative Group for Early Child Care and Development and partners, World Bank, Regional Banks, ADEA, World Forum, OMEP, Bernard van Leer Foundation, Child-to-Child Foundation</p> <p>KRAS 2 and 3: Within 3-Axis partnership framework (UNGEI, EFA, FTI) as follows: Key UN partners (UNESCO, and UIS; ILO; WFP; UNFPA; UNAIDS); World Bank and regional banks; major bilaterals; NGOs and community-based organizations (including faith-based groups); teachers' organizations</p> <p>KRA 4: Humanitarian Assistance agencies and development partners (including OCHA, UNDP; UNHCR, WFP, ILO; UNESCO, NGOs, CBO, others) and networks (including INEE, IASC); HIV/AIDS partners, UNDG (DGO), ECHA, ECPS, UN Peace-keeping Missions; World Bank, Regional development banks, other IFIs; OECD-DAC; private sector; diaspora</p>			

Focus Area 3: HIV/AIDS and Children

Strategic Intent – To put young children and adolescents at the centre of the HIV/AIDS agenda and build the capacity of State parties to halt and begin to reverse the spread of HIV/AIDS among children up to the age of 18 years.

Priority Goal – MDG 6: Halt by 2015 and begin to reverse the spread of HIV/AIDS

Progress in halting and reversing the spread of HIV/AIDS will contribute to:

Related Goal - **MDG 1** - Eradication of poverty and hunger (MDG1)

Related Goal - **MDG 2** - Achievement of universal primary education

Related Goal - **MDG 3** - Greater gender equality and women’s empowerment

Related Goal - **MDG 4** - Reduction of child mortality

Related Goal - **MDG 5** - Improvement of maternal health, especially in the most-affected countries.

Key Result Area 1: Number of paediatric HIV infections reduced; proportion of HIV-positive women receiving ARVs increased; proportion of children receiving treatment for HIV/AIDS increased

Organizational Target	Indicators	Interventions to be supported	Coverage focus
<p>1. No. of new paediatric infections reduced by at least 40 per cent⁹</p> <p>2. Ensure that at least 80% of HIV-positive women receive ARVs for PMTCT.</p> <p>3. In collaboration with WHO initiative on ‘3 by 5’ and other partners, strengthen the capacity of governments to ensure that the male/female ratio of adults receiving ARVs matches the gender distribution of the epidemic in different Regions.</p> <p>4. In collaboration with WHO Initiative on ‘3 by 5’ and other partners, strengthen the capacity of governments to ensure that at least 15% of people receiving ARVs are children.</p>	<p>1. Proportion of pregnant women HIV positive receiving ARVs to prevent mother-to-child transmission.</p> <p>2. Proportion of HIV-infected women receiving ARV therapy for their own infection.</p> <p>3. Proportion of HIV-infected children receiving ARV therapy.</p>	<ul style="list-style-type: none"> • National governments efforts to coordinate and implement an accelerated expansion of coverage, sustained uptake and improved efficiency of interventions to prevent mother-to-child transmission of HIV • Actions to improve access of children living with HIV/AIDS to quality care, support and treatment, including through procurement services • Access of HIV-positive mothers to care, support and treatment through PMTCT Plus services and child-care points, including through procurement services • Gender-sensitive programme communication to strengthen community-driven demand for services, including treatment preparedness and literacy • Improved access to and management of drug and diagnostic supplies, including paediatric formulations, for PMTCT and ARV programmes, including through procurement services • Advocate for lower prices for PCR test kits (Polymerized Chain Reaction test for HIV diagnosis) 	<p>54 countries with generalised epidemics; and countries with concentrated epidemics, focus on linkages to primary prevention and promote and support universal access to treatment, care and support</p>

Key Result Area 2 : Increased proportion of children orphaned and made vulnerable by HIV/AIDS receiving quality family, community and government support

⁹ UNAIDS 2004 baseline: 640,000.

¹⁴ As defined in *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS*, UNICEF and partners, Feb 2005

Organizational Target	Indicators	Interventions to be supported	Coverage focus
In 54 countries with generalised epidemics, increase to at least 30 per cent the proportion of children orphaned and made vulnerable by HIV/AIDS who are receiving care, support and protection	1. Ratio of school attendance of orphans to school attendance of non-orphans 10-14 years, disaggregated by sex (MDG indicator 20) 2. Proportion of children orphaned and made vulnerable by HIV/AIDS ¹⁴ receiving free basic external support ¹⁵	<ul style="list-style-type: none"> Scaling up actions across the MTSP Focus Areas to strengthen the capacity of duty-bearers such as central or regional governments, local basic service providers and families and communities to care for, support and protect children orphaned or made vulnerable by HIV/AIDS, prolong the lives of parents and other care-givers, and improve their livelihoods Development of gender-sensitive norms and standards, human resource capacities, and social welfare mechanisms to protect the rights of children orphaned or made vulnerable by HIV/AIDS In collaboration with donor partners (World Food Programme, Family Health International and others) support for the integration of quality care and support for children orphaned or made vulnerable by HIV/AIDS into national and sub-national policies, plans, basic services and development instruments, and into rapid assessments in emergency situations Successful innovations for the equitable access to essential services such as education, health, nutrition, water, sanitation, and protection for all children, with a priority focus on children orphaned or made vulnerable by HIV/AIDS and including linkages with home-based care Research and evaluation and disseminate lessons learned in the above areas as a means of expanding the knowledge and evidence base for programming Country efforts to introduce the National Policy and Planning Effort Index for Orphans and Vulnerable Children¹⁶ 	Priority to be given to action in 54 countries with generalised epidemics (prevalence > 1% in the general population)
Key Result Area 3: Reduce adolescent risks and vulnerability to HIV/AIDS by increasing access to and use of gender-sensitive prevention information, skills and services			
Organizational Target	Indicators	Interventions to be supported	Coverage focus
1. In all countries, at least 30% of adolescents (10-18), both in and out of school, have correct information and relevant skills and services to reduce HIV risk and vulnerability	1. % of males and females aged 15-24 (with sub-analysis for 15-19 year-olds), with comprehensive correct knowledge of HIV/AIDS.	<ul style="list-style-type: none"> Data-driven development of legislative measures, policy instruments and strategies for programmes on children, adolescents and HIV/AIDS, with special attention to the disproportionate and specific vulnerabilities of young women and girls 	Strategies will be Region- and country-specific and responsive to underlying key determinants, age and gender characteristics, stage of the epidemic and

¹⁵ This indicator will also be used in emergency situations.

¹⁶ See footnote 8.

<p>2. In countries with adult prevalence above 5%, at least 60% of adolescents, both in and out of school, have correct information and relevant skills and services to reduce their risk and vulnerability to HIV</p> <p>3. In countries with adult prevalence below 5%, develop (by 2007) and implement a comprehensive prevention strategy for adolescents most at-risk</p> <p>4. In all emergency-affected countries, HIV/AIDS risks and vulnerabilities to be included in rapid assessments and, where relevant, programme responses</p>	<p>(MDG indicator 19b)</p> <p>2. Proportion of males and females aged 15-19 who had sex before the age of 15</p> <p>3. Prevalence of condom use at last high-risk sex for males and females, 15 to 24 years of age (MDG indicator 19a)</p>	<ul style="list-style-type: none"> • Advocacy, communication and social mobilization to promote a protective and enabling environment and strengthen measures to prevent or reduce: stigma and discrimination; vulnerabilities associated with high-risk behaviour; and gender inequalities, gender-based violence, and gender stereotyping. • Interventions to facilitate the active participation of adolescents, including those who are especially vulnerable and marginalised, in HIV prevention forums and activities • In collaboration with and complementary to the work of UNFPA, WHO, UNODC and other partners, support national and sub-national programmes to provide age-relevant, gender-sensitive sexual and reproductive health information, skills and services to reduce child and adolescent risk and vulnerability to HIV. UNICEF supports balanced and comprehensive prevention strategies which promote abstinence, faithfulness, partner reduction, and consistent condom use through school- and community-based life -skills based interventions; peer education and outreach; adolescent-friendly health services, counselling, testing, outreach and referral; mass media and interpersonal communication interventions; all of which provide relevant information and education on sexuality, reproductive health, parenthood and substance abuse; the prevention and treatment of sexually-transmitted infections; as well as other evidence informed measures to reduce adolescent risk and vulnerability to HIV infection. UNICEF also supports the provision of post-rape care and post-exposure prophylaxis in emergency situations in countries with generalized epidemics. • On-going age-and sex-disaggregated assessment and analysis of risks and vulnerabilities to HIV infection of adolescent girls and boys between the ages of 10 and 18 years in countries with emerging and generalised epidemics • Increase UNICEF and partner organizations' awareness of the <i>IASC Guidelines for HIV/AIDS Interventions in Emergency Settings</i> and build their capacity to implement programmatic responses to HIV/AIDS in emergencies 	<p>programmatic and financial contribution of other partners</p>
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Key Partnerships

UNICEF will continue to play a strong role in country-level *UN Theme Groups*, joint programming on HIV/AIDS and the roll-out of the “Three Ones”.¹⁷ UNICEF will also strengthen its role in *leveraging resources and results from GFATM, MAP, PEPFAR, PRS, SWAps and bilateral agencies* for national programmes on Children and HIV/AIDS. Children and adolescents will become increasingly important partners in programming and implementation.

UNAIDS - UNICEF places high priority on its role as a cosponsor of UNAIDS, the main partner for all Key Result Areas, including ongoing interaction and collaboration with other UNAIDS cosponsors and the UNAIDS Secretariat.

Global Campaign for Children and AIDS: Many country and regional offices, headquarters divisions, and National Committees will play a major role in this six-year Campaign, which will attempt to mobilize a wide range of partners in raising additional funds to support countries in reaching more children orphaned or made vulnerable by HIV/AIDS.

Inter-Agency Task Teams and Working Groups on HIV/AIDS: UNICEF will also continue engagement in forums convened by UNFPA (Young People and HIV), UNESCO (Education), UNODC (HIV Attributed to Injection Drug Use and Within Prison Settings) as well as those convened by UNICEF (PMTCT and Children and AIDS). These mechanisms help coordinate and harmonize the work of UNAIDS cosponsors and other leading players and address gaps in programme knowledge.

UNAIDS Reference Groups on Monitoring and Evaluation and Estimates and Projections: UNICEF will also continue to play an active role in these groups.

Other vital partnerships: Technical Support Group on HIV Prevention Planning, Global Youth Coalition on AIDS, and the Global Partners Forum on Children and AIDS, convened by UNICEF and the World Bank.

¹⁷ “Three Ones”: One national plan, one coordinating mechanism and one monitoring and evaluation framework in each country.

Focus Area 4: Child Protection: Preventing and Responding to Violence, Exploitation and Abuse

Strategic Intent - To place the protection of children from violence, exploitation and abuse more prominently on the development and humanitarian agendas of Governments, and make the protective environment more effective for all children.

Priority Goal: Millennium Declaration (Section VI)

Related Goals: **MDGs 1, 6, and 8**

Related Goal: UN Convention on the Rights of the Child and its optional protocols

Related Goal: **CEDAW and Beijing Declaration and Platform of Action**

Related Goal: **Protocol to Prevent, Suppress and Punish Trafficking in Persons** Especially Women and Children to the UN Convention on Trans-national Organised Crime, **ILO Conventions 138 and 182**

Related Goal: **UN Special Session on Children** (especially objectives 6 and 7 on protecting children from harm, exploitation and war) and against abuse, exploitation and violence (goal 3 of the Plan of Action)

Related Goals: **Stockholm Declaration** and Agenda for Action and **Yokohama Global Commitment**

Related Goal: **Geneva Conventions** on International Humanitarian Law and additional protocols, the **Rome Statute on ICC**

Related Goal: UN guidelines and standard minimum rules related to juvenile justice

Related Goal : **Convention on the Prohibition of the Use, Stockpiling, Production, and Transfer of Anti-Personnel Mines** and on their Destruction and the Convention on Prohibitions or Restrictions on the Use of Certain Conventional Weapons which may be Deemed to be Excessively Injurious or to Have Indiscriminate Effects

Key Result Area 1: Government decisions are influenced by increased awareness of child protection rights and improved data and analysis on child protection. This KRA aims to influence policy decisions at national and local levels including increased resource allocation for child protection (link with Focus Area on Policy analysis, Advocacy and Partnerships for Children's rights), and to promote social change using the child protection indicators developed in 2002-2004 and those to be developed in 2005-2007

Organizational Target	Indicators	Interventions to be supported	Coverage focus
1. At least 80 countries have disaggregated baseline data available on key child protection indicators	1. No. of countries that have disaggregated baseline data available on key child protection indicators	<ul style="list-style-type: none"> • Routine and systematic data collection and analysis on key Child Protection indicators • Develop information systems on child protection • Promote reporting on key indicators to policy makers, general public and regional and international monitoring mechanisms 	LDCs, low- and middle-income countries, industrialised countries for some indicators in all Regions
2. At least 70 countries include key child protection data in national development plans and reports to treaty bodies	2. No. of countries that include data on key child protection indicators in national development plans and treaty body reports	<ul style="list-style-type: none"> • Strengthen capacity of staff and partners (including children and adolescents) to conduct analysis and apply data and research on child protection 	Low-income and lower-middle income countries and countries preparing for UNDAF in 2006-2009 and/or conducting DHS and MICS surveys
3. Conflict-affected countries monitor and report on the protection of children (CCC 1, 5 related to Child Protection and SCR 1539/04)	3. Proportion of conflict affected countries monitoring and reporting violations of the child protection rights.	<ul style="list-style-type: none"> • Conduct Rapid Assessment of protection issues related to children and women in emergencies • Facilitate or strengthen monitoring mechanisms through government and civil society in emergencies and non-emergency situations and advocate against, report and communicate on abuse, violence and exploitation 	Emergency-affected countries. On monitoring and reporting, particularly countries affected by armed conflict.

Key Result Area 2: Ensure effective legislative and enforcement systems and improved protection and response capacity to protect children from all forms of abuse, neglect, exploitation and violence, and eliminate the worst forms of child labour. This key result area focuses on strengthening community and institutional capacity to address protection of children from all forms of abuse, exploitation and violence as well as worst forms of exploitative child labour. UNICEF

accountabilities towards this KRA are also reflected in focus area on Young Child Survival and Development (detection, reporting and referral of child abuse and violence; and possibly injury prevention); Basic Education and Gender Equality (violence in schools, education as a strategy against child marriage, child labour elimination); HIV/AIDS and Children (risk of infection due to sexual and other forms of gender based violence, increased vulnerability to exploitation of children affected by HIV/AIDS); and First Call for Children in Policies, Laws and Budgets (policies that reach the marginalised and excluded to decrease the risk of exploitation of children).

Organizational Target	Indicators	Interventions to be supported	Coverage focus
<p>1. At least 90 countries implement programmes to strengthen institutional protection and response capacity against a) abuse, exploitation and violence and/or b) exploitative child labour</p> <p>2. Institute follow up actions on UN Study on Violence against children at country level</p> <p>3. Countries with high prevalence implement programmes to end harmful traditional or customary practices such as child marriage and/or FGM/C</p>	<p>1. No. of countries signed, ratified CRC Optional Protocol 1</p> <p>2. No. of countries that implement programmes to strengthen institutional protection and response capacity against abuse, exploitation, and violence</p> <p>3. Proportion of women 15-49 who have been mutilated/cut</p> <p>4. Proportion of women 15-49 with at least one mutilated/ cut daughter</p> <p>5. Proportion of women 20-24 who were married or in union before they were 18</p> <p>6. No. of countries that lift reservations on CEDAW articles 16 (1) a&b and (2) and CRC 24 (3)</p> <p>7. % of children aged 5-14 involved in child labour</p>	<ul style="list-style-type: none"> • Identify and strengthen evidence base around effective rights based approaches to address abuse, exploitation and violence against children; • Contribute to and disseminate findings and ensure follow-up of UN Study on Violence against Children. • Strengthen network of partnerships to address attitudes and practices related to abuse, exploitation and violence against children. • Strengthen institutional capacity of child protection systems to address abuse, violence (including in schools) and exploitation • Develop and implement policy and legislation in line with international standards • Advocate for increased resources and improved accountability mechanisms and systems for service delivery • Advocate and promote participation of children and young people to prevent, monitor and develop support groups to tackle abuse, violence and exploitation. • Support specific advocacy, awareness building and communication approaches to prevent and address FGM/C • Support advocacy, policy and communication activities to delay early marriage in identified countries. • Advocate for and support development of policies and mechanisms for effective measures against exploitative child labour <p>Provide for rehabilitation and social integration of children removed from exploitative child labour by ensuring free basic education, and wherever possible alternative education.</p>	<p>All Regions and countries in both developed and developing world - follow up the UN Study on Violence against Children</p> <p>Primarily in low & lower middle income countries</p> <p>30-50 programme countries to assess potential for scaling up</p> <p>Countries with significant FGM/C, child marriage prevalence, including as a result of immigration</p> <p>Countries with high prevalence of exploitative child labour</p>

Key Result Area 3: Children are better protected from the impact of armed conflict and natural disasters			
Organizational Target	Indicators	Interventions to be supported	Coverage focus
1. Emergency-affected countries implement programmes to prevent sexual abuse and exploitation of children and women 2. End the recruitment and use of children in armed conflict and ensure their effective release and reintegration 3. Advocate against use of landmines and coordinate mine risk education (CP CCC 4, 9 and 10).	1. No. of countries signed and ratified the Optional protocol 2 on CRC 2. No. of countries in emergency which implement programmes to prevent sexual abuse and exploitation of children and women 3. No. conflict situations in which children are still being recruited and used in breach of international law	<ul style="list-style-type: none"> • Raise awareness, strengthen advocacy and capacity to address sexual abuse and exploitation of children and women by military, humanitarian workers and others • Prevent recruitment, facilitate release and reintegration of children based on good practices/ programmatic guidance • Provide appropriate training and education in children's rights and protection as well as in international humanitarian law to all civilian, military and police personnel involved in peacekeeping operations • Coordinate mine risk education, advocate against the use of landmines and other indiscriminate weapons 	Emergency-affected countries
Key Result Area 4: Children are better served by justice systems which ensure greater protection for them as victims, witnesses and offenders.			
This KRA aims to strengthen legislation and capacity within the law enforcement and justice sectors as well as to influence public attitudes towards justice for children to ensure greater respect for the rights of children as victims, witnesses and offenders (with focus on issues under KRA 2 and 3).			
Organizational Target	Indicators	Interventions to be supported	Coverage focus
1. In at least 50 countries detention is used as a last resort and for the shortest time in line with international standards 2. In at least 30 countries child friendly and gender appropriate investigation and court procedures are established or strengthened 3. All post conflict countries have international child justice norms and standards reflected in relevant laws and policies	1. No. of children in detention / 100,000 children under 18 years 2. No. of countries which have and use child-friendly and gender appropriate investigation and court procedures 3. No. of post-conflict countries where child protection is addressed in amnesties, truth and reconciliation mechanisms, and war crimes tribunals	<ul style="list-style-type: none"> • Legal and policy reform for the incorporation of child justice standards • Institutional capacity building of law enforcement and justice sectors • Establishment of diversion programmes • 4. Increase public awareness, dialogue and support for child justice 	1. Low income countries with good governance structures & middle income countries where reform not yet started. 2. Low & middle income countries. 3. Increase coverage in low & middle income countries, initiate in LDCs & post conflict countries. 4. All programme countries
Key Result Area 5: Number of children separated from their families reduced and national capacity to ensure protective family or alternative care for children strengthened			
UNICEF accountability towards this KRA is cross-sectoral and aims to increase availability, access, quality and coverage of community-based family support services, birth registration, and social safety nets that reach the most marginalised and excluded families to increase the likelihood that they can remain together.			
Organizational Target	Indicators	Interventions to be supported	Coverage focus
1. At least 60 programme countries have systems for the provision of alternative care, including standards, policies and systems for monitoring foster care and national adoption or	1. No. of children per 100,000 <18 years living in residential care 2. No. and proportion of children not living with their	<ul style="list-style-type: none"> • Advocacy and support for development of free and compulsory birth registration and legislation reducing marginalisation and preventable separation, and promoting positive care arrangements. • Technical support and resources for development 	1. Middle income & selected industrialised, low income countries with good governance structures

<p>kafalah</p> <p>2. All programme countries with less than 60 % birth registration rate ensure free and compulsory registration of births with focus on excluded communities and groups</p> <p>3. All emergency-affected countries implement registration, tracing, interim care and reunion for separated children, establishment of child friendly spaces and provision of psychosocial support (Core Commitments for Children in Emergencies: Protection 2,3,6,7,8)</p>	<p>parents</p> <p>3. Existence of policies on alternative care in line with international standards/good practice</p> <p>4. % of births registered within the first 30 days after birth</p> <p>5. Proportion of separated children in emergencies reunified or placed in alternative care arrangements</p>	<p>and full implementation of standards, policies, systems capacity and attitudes to provide a continuum of care options and promote family reunification and permanency and strengthening birth registration systems and advocating for free and compulsory birth registration.</p> <ul style="list-style-type: none"> • Support registration, tracing, interim care, psychosocial support and reunion for separated and unaccompanied children in emergencies 	<p>2. All programme countries</p> <p>3. Emergency-affected and post-conflict countries.</p>
<p>Key Partnerships Strategic partnerships will be built with UN agencies, UN country teams, IFIs, regional development banks to raise awareness of the linkages between child protection and positive development outcomes. Partners in developing/strengthening data collection and systems will include UN agencies (UNODC, ILO, UN Statistical Office), the World Bank (WB), national statistical offices and research institutions. Civil society and human rights organizations, regional and national human rights mechanisms, intellectual leaders and media will be partners in breaking the silence, raising awareness and influencing public opinion.</p> <p><i>SG Study on Violence against Children:</i> UNICEF, WHO and the OHCHR will be the UN partners in this study; regional networks developed during the consultation processes will be relied on for follow up of the study recommendations as well. Political and religious leadership will be relied on to spearhead attitude change, youth associations/groups, women’s associations, FBOs, professional associations etc. for social mobilisation.</p> <p><i>Emergencies:</i> Close collaboration will continue with the ICRC, UNHCR, UN Mine Action Service, CDC, INGOs and IRC.UNICEF will work primarily with UN agencies and INGOs at the global level, through inter-agency coordinating committees and task forces, to prepare joint guidelines and resource materials on various child protection issues.</p> <p><i>Legislative initiatives and advocacy:</i> At the global level, UNICEF will work primarily with the IPU; regional inter-parliamentary conferences and opportunities to interact with national parliaments on child protection will be used for advocacy.</p> <p><i>UN Agencies:</i> At regional and country level UNICEF will seek partnership with several UN agencies: with UNODC for joint efforts in the area of bilateral, multilateral or sub-regional agreements on cross border trafficking; with ILO and WB on child labour for joint advocacy in favour of ratification of international instruments and action plans and strategies for implementation. Partnership with youth organisations and networks will help to ensure relevance of plans and interventions, and partnerships with the private sector will focus mainly on promotion of the Code of Conduct on prevention of sex tourism.</p> <p><i>Justice issues:</i> UNICEF will continue partnerships with UN agencies, IRC, IFIs and INGOs at the global level, including the Inter-Agency Coordination Panel on Juvenile Justice. At the regional and country levels UNICEF offices will also seek partnership with UN agencies, particularly UNODC on juvenile justice</p> <p><i>National and international NGOs and civil society organisations:</i> Ongoing partnerships are planned to develop common advocacy positions and campaigns to promote appropriate care for children without parental care, including through the Better Care Network, whose Secretariat UNICEF will host. Likewise support from the WB, UNDP, WFP, regional banks and key bilateral donors will be sought to improve resource allocations and build capacity of Ministries of Social Welfare or similar bodies, to allow them to fulfil their mandate and improve their accountability.</p>			

	<p>information/knowledge management systems developed and in use (including Internet, Intranet, external databases, e-journals, library and records management systems)</p> <p>6. % state parties submitted quality reports to the CRC and CEDAW committees on time</p> <p>7. % state parties employing a participatory process leading to the submission of CRC and CEDAW reports.</p>	<p>aggregated and disaggregated data on children and women</p> <ul style="list-style-type: none"> • Further develop, update and disseminate DevInfo databases with the UN system including an emergencies module • Support development and use of national databases for PRS monitoring, CRC/CEDAW monitoring <p>Production of reports using data and analyses at national, regional and global levels to help identify gaps for budgeting, programming and achievement of MDGs</p>	
Key Result Area 2: Research and policy analysis on children and women			
Organizational Target	Indicators	Interventions to be supported	Coverage focus
<p>With partners, generate and disseminate high-quality research and analysis addressing the implications of international policy frameworks, national legislation and public policies for the rights of women and children</p>	<p>1. # countries with regularly updated analyses [standards to be defined] of the realization of child and women 's rights & the impacts of policies on children and women</p> <p>2. # of countries and Regions generating thematic analyses (e.g. on poverty, disparities, on economic or humanitarian crises affecting MDG outcomes) using a human rights and gender analysis framework.</p> <p>3. # countries with state/CSO jointly-managed budget analysis and monitoring systems to improve resource allocations for the progressive realization of children and women's rights, and for the promotion of gender equality.</p> <p>4. # of global thematic studies and reports (incl. SOWCR)</p>	<p><i>Child rights research and analysis</i></p> <ul style="list-style-type: none"> • Support and contribute to global and regional analyses, national plans, CRC/CEDAW reporting and related policy frameworks including MDG monitoring, PRS, SWAPs, CCAs • Support to national emergency preparedness and response plans integrated children's and women's issues in them • Support comprehensive research and analysis of the realization of children's and women's rights, vulnerability analysis, causes of underlying trends and disparities at various levels, including the role and capacity of institutions and key duty-bearers. <p><i>Issue and policy impact analysis</i></p> <ul style="list-style-type: none"> • Identify knowledge gaps, undertake/support research and develop position papers and publications on themes and emerging issues of concern for the realization of children's rights and gender equality. (emphasis on marginalized children, the poorest families and conflict prevention and response). • Support governments, institutions and civil society partners to analyze the impacts on children and women of current and proposed policies, budgets and legislative and 	<p>All countries and Regions (including industrialized countries for some themes)</p> <p>Selected countries, all Regions and globally.</p>

		<p>administrative reforms in country, regional and global contexts.</p> <ul style="list-style-type: none"> Identify and develop policy/legislative options and recommendations, based on human rights and gender equality principles, cross-country comparative analysis of public policy, national, regional and global best practice. Prepare periodic syntheses, studies & public advocacy reports including SOWCR. <p><i>Capacity development for research and policy analysis</i></p> <ul style="list-style-type: none"> Develop resources and build capacity (jointly with partners) at national and international levels, including within UNICEF, for research and policy analysis relevant to children and women. (e.g. through production of practical guides, case studies, technical assistance and facilitation of academic and professional networks. Develop and implement a knowledge management strategy to support this capacity. 	<p>Global and regional levels; progressive development in all countries</p>
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Key Result Area 3: Policy dialogue and leveraging

Organizational Target	Indicators	Interventions to be supported	Coverage focus
<p>Leverage knowledge and resources for children through policy dialogue with key decision-makers at all levels, in partnership with other concerned agencies and organisations. Based on the evidence and analysis generated, support improved resource allocations and enhanced investments in children. Where appropriate, propose UNICEF procurement services to relevant partners to ensure that national and international funds are allocated with priority for children and that essential commodities purchased for children and their families offer a high value.</p>	<p>1. # of countries completing legislative, policy, and institutional reform to conform with CRC and CEDAW. 2. % of countries in which UNICEF contributes evidence and analysis on the situation of children and women, and on economic and social policy options, [to relevant national planning mechanisms,] including SWAps and PRS processes. 3. # of countries and institutions of development cooperation that increase budgetary allocations to policies, institutions and programmes benefiting children, women and poor families. 4. # of partnerships generating</p>	<p><i>Policy dialogue for children</i></p> <ul style="list-style-type: none"> In collaboration with the World Bank, UN and other partners, contribute and communicate evidence, research, analysis and international good practice on children’s and women’s rights and gender equality to international fora, national planning, implementation and monitoring processes, (including PRSs, SWAps & post-conflict transition plans). Facilitate participation especially of adolescent girls and boys in decision-making, and through advocacy and participation improve policies, leverage resources and better results for children and families, particularly in poverty and crisis situations. 	<p>All countries & Regions, including industrialized countries.</p> <p>All countries and Regions, including industrialized</p>

	<p>increased investments for children</p> <p>5. # of countries, including emergency and transition countries, in which children’s issues and concerns are addressed in relevant national planning mechanisms and the resulting policies, plans and programmes.</p> <p>6. # of countries and Regions with established mechanisms for institutionalized dialogue among governments, civil society organizations, regional/international agencies, children and young people on (a) national legislation, (b) CRC and CEDAW reporting and Committee Concluding Observations and Recommendations (c) national policies (d) MDG progress and (e) development assistance.</p> <p>7. % of countries where UNDAF and Transition Plans demonstrates integration of human rights and gender equality principles according to criteria agreed under the Action 2 UN Reform process.</p> <p>8. Number of countries using procurement services to procure supplies for children and their families.</p> <p>9. Number of children reached through UNICEF procurement services.</p>	<p><i>Policy advocacy networking</i></p> <ul style="list-style-type: none"> • Develop, foster and engage in participatory policy advocacy networks to influence national, regional and global debates in order to promote attention and increase resource allocations to children’s and women’s rights. • Support policy forums and young people’s participation on child-related policy issues, including on children in emergencies and post-conflict transition; • Assist in developing civil society and institutional capacity for budget monitoring, CRC and CEDAW monitoring, reporting and communication. <p><i>Communication for social change</i></p> <ul style="list-style-type: none"> • Through partnerships and development of networks, engage in civic education and innovative strategies of public communication to influence social norms and attitudes and promote social change, gender equality, peaceful resolution of conflicts, promotion of democratic dialogue and respect for human rights. <p><i>Procurement of essential commodities for children</i></p> <ul style="list-style-type: none"> • Ensure government and partners (especially World Bank, regional and international financial institutions and global funds) are aware of UNICEF procurement services and consider them as a procurement option 	<p>countries.</p> <p>All countries and Regions, with particular attention to those in transition and conflict situations.</p>
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Key Result Area 4: Enhanced participation by children and young people

Organizational Target	Indicators	Interventions to be supported	Coverage focus
<p>Support partners to enable the opinions and views of girls and boys to be taken into account in the creation and implementation of policies and programmes that affect their lives—in homes, schools, communities and at national level—in accordance with their evolving capacities, including in situations of</p>	<p>1. # of countries in which children’s views are systematically sought (through opinion polls or other representative surveys; focus groups discussions conducted with girls and boys and young people especially in marginalised and/or high risk situations) and disseminated</p> <p>2. # countries with institutionalized</p>	<p><i>Information collection from children</i></p> <ul style="list-style-type: none"> • Solicit disaggregated data/information from children and young people on issues affecting their lives. <p><i>Awareness raising on children’s participation</i></p> <ul style="list-style-type: none"> • Raise awareness and change attitudes & practices in families, schools and communities on children’s and adolescents’ rights to participation in accordance with 	<p>All countries and Regions.</p> <p>All countries</p>

<p>conflict and crisis.</p>	<p>mechanisms at local/sub-national/national levels for sustained engagement of children and young people in policy development and/or programme implementation</p>	<p>their evolving capacities, including attention to ethical standards and processes.</p> <ul style="list-style-type: none"> • Support the integration of children’s participation as a regular feature in local institutions with special focus on the rights to participation of girls. <p><i>Establishment of mechanisms/fora/networks for participation of children and young people</i></p> <ul style="list-style-type: none"> • Promote opportunities and facilitate the equal participation of girls and boys and of young people in design and implementation of policies for social change and reweave the social fabric at local, national regional and global levels 	<p>All countries</p>
<p>Key Partnerships Within the context of the CCA and UNDAF, UNICEF will support knowledge-generation, national and international debate and dialogue among a broad range of governmental and civil partners on economic, social and cultural issues relevant to the realization of children’s and women’s rights – with a special focus on institutions and groups representing decision-makers, those who influence public opinions and beliefs, those who advise on economic and social policies and budgets, and those who are the voice of civil society, children and young people.</p> <p>Strategic partners at the national level include governmental agencies and institutions, academic and research institutes, media, NGOs and civil society organizations, women’s organizations (including children’s and young people’s networks), UNCTs and the World Bank.</p> <p>Strategic partners at the regional level include regional bodies, intergovernmental organizations, NGOs and research/policy networks.</p> <p>At the international level UNICEF will continue to work closely with, and expand its partnerships with, other UN system agencies, the World Bank and other IFIs, international NGOs and policy and research institutions in all regions.</p> <p>Alliances will be built and strengthened with global movements and campaigns that aim to reduce poverty, promote social justice and gender equity and improve quality of life.</p>			