

| Summary Results Matrix: Government of Tajikistan – UNICEF Country Programme, 2010 – 2015 |  |   |  |  |  |
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| UNICEF MTSP Focus Area   | Key Results Expected in this Focus Area/<br>Baseline Estimates for these Results   | Key Progress Indicators   | Means of Verification of Results   | Major Partners, Partnership Frameworks and Cooperation Progs.  | Expected Key Results in this Focus Area will contribute to:  |
| <b>1. Young Child Survival and Development</b>   | <p>1.1 In 8 districts, all women giving birth and newborns receive quality essential and emergency obstetric and newborn care (EoNC)<br/><b>Baseline:</b> to be collected in 2009</p> <p>1.2 In 8 districts: at least 50% of parents have improved child care practices; while nationwide 90% of children receive adequate vitamin A; at least 75% of households consume adequately iodised salt and 90% of children are fully immunized, with no district reporting coverage below 85%<br/><b>Baseline:</b><br/><u>8 districts:</u> will be collected in 2009<br/><u>Nationwide:</u> 64.8% vitamin A supplementation (TLSS 2007), Adequately iodised salt consumption: 49% (TLSS 2007), 85% fully immunized children (MoH, 2008) 25.4% infants 0-5 months exclusively breastfed (MICS 2005)</p>   | <p>1.1. Among maternity hospitals:<br/>No. of maternity hospitals offering EoNC<br/>No. of early neonatal mortality cases</p> <p>1.2 <u>In 8 districts:</u><br/>Proportion of PHC centres conducting growth monitoring<br/>Proportion of infants aged 0-6 months who are exclusively breastfed <u>Nationwide:</u><br/>Proportion of households consuming adequately iodized salt<br/>Proportion of children aged 6-59 months fully covered with two doses of vitamin A in the last year<br/>Proportion of one-year-olds who received OPV-3, PV-3 and measles</p>  | <p>1.1 Project monitoring framework; Ministry of Health (MoH) statistics</p> <p>1.2 MoH Statistics, MICS, Sanitary Epidemiological Service</p>         | <p>MoH, its district departments and affiliated health institutions. WHO, UNFPA, UNAIDS and WFP, UNDP, GFATM, and CSOs. GAVI, JICA, World Bank, and EC.</p> <p>UNDAF, PRS and JCSS incorporate this MTSP priority.</p> | <p>UNDAF expected outcome of improved access for the vulnerable to quality basic services in health, education and social protection; and that national institutions are strengthened for adequate gender-sensitive response for food and nutrition security<br/>WFFC: Promoting healthy lives<br/>MDGs on reducing child mortality, improving maternal health, and eradicating extreme poverty and hunger</p> |
| <b>2. Basic Education and Gender Equality</b>  | <p>2.1 Government policies and strategies address the issue of gender disparity and other inequities in basic education<br/><b>Baseline:</b> NSED does not address demand constraints on girls education</p> <p>2.2 Early learning programme models are piloted and evaluated and a conducive policy environment is established<br/><b>Baseline:</b> NSED does not identify cost-effective approaches to increasing pre-school access and quality</p> <p>2.3 In 15% of schools, all students have access to improved gender-sensitive facilities for safe water supply and sanitary means of excreta disposal; demand constraints on girls participation are lifted and girls' attendance rates in grades 7-9 increased by at least five percent.<br/><b>Baseline:</b> In 9% of schools all students have access to improved gender-sensitive water and sanitary facilities (WASH School mapping, UNICEF 2008);<br/>Net secondary (grade 5-11) attendance rate: T-76.1%, F-69.9%, M-82.1%;</p> | <p>2.1. A national programme to lift demand-side constraints and targeting 95% girls completion of basic education is approved by the President's Office and the Parliament</p> <p>2.2 Early learning interventions are costed and positively evaluated as models for scaling up.</p> <p>2.3 Among 15% target schools:<br/>Proportion of schools that have access to improved gender-sensitive facilities for safe water supply and sanitary means of excreta disposal<br/>Proportion of students in grades 5-11 who report washing hands before meals and after defecation<br/>Girls' attendance rate in grades 7-9 (as a % of girls aged 13-15 years)</p> | <p>2.1 Country programme baseline and end-point household surveys; Ministry of Education (MoE) reports<br/>2.2 Project records; project KAP survey</p> | <p>MoE, its district departments and technical institutions. UNFPA, UNDP, GFATM, UNESCO and ILO. World Bank, GTZ, USAID, EC and NGOs in context of FTI.</p> <p>PRSP and JCSS incorporate this MTSP priority</p>        | <p>UNDAF expected outcome of improved access for the vulnerable to quality basic services in health, education and social protection.<br/>WFFC: Promoting quality education<br/>MDGs: Achieve universal primary education; Promote gender equality and empower women; Ensure environmental sustainability</p>  |

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| <p><b>3. HIV/AIDS</b></p>   | <p>3.1 In 54 maternity hospitals and reproductive health centres of 18 districts, ANC service integrate voluntary counselling and HIV testing (VCT) for all at-risk pregnant women, with 90% of all HIV+ pregnant women and their infants receiving ARV therapy and children living with HIV/AIDS receiving treatment;<br/>3.2 In the catchment areas of 25 YFHS clinics 40% of most at-risk adolescents (MARA) receive counselling, STI/HIV testing and treatment.<br/><b>Baseline:</b> to be collected in 2009<br/>3.3. In 22% (824) of schools, at least 70% of students aged 13-15 years (grade 7-9) have knowledge of and practice healthy life skills.<br/><b>Baseline:</b> <u>Target schools:</u> to be collected 2009<br/>Nationwide: 4,2% of HIV/AIDS comprehensive knowledge among school students 13-15 age, and vocation students 16-18 respectively (Global School Based Health Survey, WHO/CDC/UNICEF 2006)</p> | <p>3.1 In 54 maternity hospitals and reproductive health centres of 18 districts:<br/>Proportion of at-risk women attending ANC who receive VCT<br/>Proportion of HIV-infected women receiving ARV prophylaxis in accordance with national Prevention of Mother-to-Child Transmission (PMTCT) protocol<br/>3.2 Proportion of MARA who have comprehensive HIV/AIDS knowledge and safe practice<br/><br/>3.3 Among 22% (824) target schools:<br/>Proportion of males and females in grades 7-9 with comprehensive correct knowledge of HIV/AIDS and safe practice</p> | <p>3.1 Project/ MoH monitoring framework; YFHS annual client survey<br/>National report to UNGASS on HIV/AIDS<br/>PMTCT card annual report.<br/>MICS<br/><br/>3.2. National report to UNGASS on HIV/AIDS</p> | <p>MoH, its district departments and affiliated health institutions. WHO, UNFPA, UNAIDS<br/>UNDP, GFATM, and CSOs.</p>  | <p>UNDAF expected outcome of improved access for the vulnerable to quality basic services in health, education and social protection<br/><br/>WFFC: Combatting HIV/AIDS<br/><br/>MDG: Combatting HIV/AIDS, malaria and other diseases</p>   |
| <p><b>4. Child Protection from violence, exploitation and abuse</b></p> | <p>4.1 The child care system and residential institutions are optimized and transformed into services that rely more on alternative community-based social services and prevention of family separation<br/><b>Baseline:</b> 9,340 children in institutions; 3 institutions transformed into secondary school<br/>4.2. The juvenile justice system respects the best interests of the child, and community based alternative practices aimed at minimizing deprivation of liberty are used.<br/><b>Baseline:</b> limited community-based alternative services – 5 are in operation in selected districts</p>  | <p>4.1. Percentage reduction of children in residential care type institutions<br/><br/>4.2. Among formally reviewed children in conflict with law, number of children referred to Juvenile Justice Alternative Services</p>  | <p>Evaluation report, Report Commission on Child Rights (CCR)<br/><br/>Case reports.</p>   | <p>CCR, Ministry of Labour and Social Protection (MoLSP) and its district departments, Ministry of Justice (MoJ), MoH and MoE. European Commission (EC) and Swiss Agency for Development and Cooperation(SDC)</p> | <p>UNDAF expected outcome of improved access for the vulnerable to quality basic services in health, education and social protection.<br/>WFFC: Protecting against abuse, exploitation and violence.<br/>Millennium Summit Declaration, Section VI: Protecting the vulnerable</p> |
| <p><b>5. Policy Advocacy and Partnerships for Children's Rights</b></p> | <p>5.1. Social sector ministries are better able to make their case for resources in the context of public finance reforms and financial crisis.<br/><b>Baseline:</b> Social sector ministries have weak understanding of Medium Term Strategic Framework (MTEF) processes and Public Financial Management<br/>5.2. Local authorities in at least 3 districts are better able to develop and manage development plans and mobilize resources that benefit children<br/><b>Baseline:</b> Local development plans do not incorporate strategies to address children's priorities</p>  | <p>5.1 Evidence that MTEF policy papers for health integrate essential and emergency obstetric and newborn care, immunization (including vaccine procurement), and youth-friendly health services; and for education integrate demand-side interventions for girls education<br/>5.2 A district development plan is approved by Khukumat that integrates measures to address child mortality and malnutrition, HIV/AIDS, girls education and school water and sanitation; and there is evidence that major measures have been implemented</p>                       | <p>Budget performance reports, MoH, MoLSP, MoE<br/>Policy Notes, MoH, MLSP, MoE<br/>Child Poverty Analysis, Ministry of Economic Development and Trade (MEDT)<br/><br/>District Development Statistics</p>   | <p>Parliament, MoF, MEDT, State Statistics Committee (SSC), local government. CSOs and research institutes.<br/>PRSP and JCSS incorporate this priority<br/>Local Governments</p>                                 | <p>UNDAF outcome that good governance and economic and social growth are jointly enhanced to reduce poverty, unlock human potential, protect rights and improve core public functions<br/><br/>WFFC: all goals<br/><br/>MDGs: all</p>   |