

Summary Results Matrix: Government of Afghanistan – UNICEF Country Programme, 2010 – 2013

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 & Cooperation Programs	Expected Key Results in this Focus Area will contribute to:
1. Young Child Survival and Development	<p>1.1. ANDS, national sector strategies, plan and budget (in Health - Nutrition - ECD – WASH) are evidence-based and support high-impact, measurable and synergistic interventions to achieve the MDGs</p> <p>1.2. 75% of pregnant women, newborn and under five children in 4 provinces utilize access to integrated community minimum package including nutrition and water, sanitation and hygiene.</p> <p>1.3. 50% of pregnant women in four provinces have access to the services of skilled birth attendants and to antenatal care</p> <p>1.4. Increased national immunization coverage to reduce the burden of vaccine preventable diseases among under-five children by 80%</p> <p>1.5. 15% increase in access / use of sustainable safe drinking water and 20% increase access and use HH toilet with a special focus on under-served and vulnerable population</p> <p>1.6. - Effective Emergency Preparedness and Response Plan developed, updated quarterly and implemented in coordination with all the cluster (WASH, Nutrition)</p>	<p>1.1.1. Proportion/% of sector strategies assessed to be evidence-based-based and support high impact and measurable interventions</p> <p>1.1.2 Government expenditure on Health / Nutrition / ECD / WASH as a percentage of total government expenditure</p> <p>In 4 selected provinces:</p> <p>1.2.1. % of pregnant women who use antenatal care services</p> <p>1.2.2. % of children receiving integrated community minimum package / 1.2.3. % of children under age 3 years underweight / 0-6 months exclusively breastfed /1.2.4 % of HH using iodized salt / 1.2.5. Coverage of Vit A supplementation</p> <p>1.3.1. % of births attended by skilled health personnel</p> <p>1.4.1. 0 polio status / 1.4.2. Coverage of measles vaccination / 1.4.3 Tetanus prevalence</p> <p>1.5.1: % of HH with access / use to safe drinking water / having sanitary excreta disposal facility / practicing key safe hygiene behaviour - - 1.5.2: % Health facilities having safe drinking water and sanitation facilities</p> <p>1.6.1. EPRP update on quarterly basis</p> <p>1.6.2. % of affected population : - (a) provided</p>	<p>Content Analysis/Social Policy Studies</p> <p>- Multiple Indicators Cluster Survey (MICS)</p> <p>- Health Management Information System (HMIS)</p> <p>MICS</p> <p>EPI coverage surveys</p> <p>Routine Facility WES reports</p> <p>National Risk and Vulnerably assessment (NRVA)</p> <p>- Rapid assessment of</p>	<p>+ Government, World Bank (WB)CSO, NGOs implementing MoPH, World Bank, USAID, EU supported Basic Package of Health Services,</p> <p>WHO, UNFPA, UNIFEM MRRD.MOPH, MOE</p> <p>Afghanistan National Disaster Management Authority (ANDMA), UN agencies, Provincial Disaster Management Committees and SC/UK, etc / MRRD, NGOs, CDCs</p>	<p>MDG 1: Eradicate extreme poverty and hunger</p> <p>MDG 3: Promote gender equality and empower women</p> <p>MDG 4: Reduce child mortality</p> <p>MDG 5: Improve maternal health</p> <p>MDG 6: Combat HIV/AIDS, malaria and other diseases</p> <p>MDG 7: Ensure environmental sustainability</p> <p>WFFC</p> <p>UNDAF Outcomes 3.1 : Afghans, particularly those who are under-served, have greater and more equitable access to quality basic services</p> <p>UNDAF Outcomes 3.1 : More Afghans pursue education opportunities and healthy lifestyles</p> <p>ANDS Pillar III - Social and economic development: Health and Nutrition</p>

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	- In declared emergency areas more than 90% of children are covered with life saving interventions (CCC)	with safe water, toilet facilities and hygiene - (b) between six months and 15 years vaccinated against measles & Vit A supplementation - (c) of severely malnourished children provided with therapeutic feeding	the situation of children affected by emergency - Monitoring systems for CCC commitment during emergencies -MRRD reports		
2. Basic education and gender equality	<p>2.1. Appropriate policy, legislation and budget allocations aimed at universal school readiness and primary school.</p> <p>2.2. 50% increase in literacy rates among 15-24 years old females</p> <p>2.3. 20% increase in primary school enrolment for girls</p> <p>2.4. 60% of girls who enrolled in grade one reach grade 5 in 5th year of education cycle</p> <p>2.5. 30% primary schools are child friendly</p> <p>2.6. 80% of schools have sustainable and child friendly water and sanitation facilities, well maintained and used effectively, learn, adopt and sustain key hygiene practices</p> <p>2.7. - In declared emergency, educational response is provided meeting the standards reflected in UNICEF's CCC</p>	<p>2.1.1. Government expenditure on basic education as a % of total government expenditure / # of policies and legislations in place</p> <p>2.2.1. 15-24 literacy rate</p> <p>2.3.1. Net/Gross enrolment ratio in primary school for girls by urban/rural and disadvantaged groups</p> <p>2.4.1 % of girls starting grade 1 who reach grade 5</p> <p>2.5.1. % schools practiced nationally defined child friendly school standards</p> <p>2.6.1. % of primary schools with safe drinking water and adequate sanitation facilities</p> <p>2.6.2. % of children adopt proper hand washing at schools and at homes.</p> <p>2.7.1. % of children affected by the emergency, who have access to safe learning/play spaces (WASH dimension)</p>	<p>2.1.1: Social Policy Studies</p> <p>2.2.1. & 2.3.1. & 2.4.1. MICS, NRVA, Education Management Information System (EMIS)</p> <p>2.5.1. & 2.6.1. EMIS and Monitoring data</p> <p>2.6.2. External study on hand washing practices of school children</p> <p>2.7.1. Monitoring Report</p>	<p>UNESCO, WFP, WHO, UNIFEM</p> <p>World Bank, USAID, JICA, Danida and various national and international NGOs</p> <p>UNESCO, World Bank, USAID, JICA, Danida and various national and international NGOs</p> <p>World Bank, USAID, JICA, Danida and various national and international NGOs</p> <p>Government: MOE, MRRD, RRDs, DoE,</p> <p>ANDMA, UNAMA, UNDP, WFP, Provincial Disaster Management Committees and SC/UK</p>	<p>- MDG 1: Eradicate extreme poverty and hunger / MDG 2: Achieve universal primary education / MDG 3: Promote gender equality and empower women / MDG 7: Ensure environmental sustainability</p> <p>- WFFC goal to: Provide quality education;</p> <p>- UNDAF Outcomes 3.1 : Afghans, particularly those who are under-served, have greater and more equitable access to quality basic services</p> <p>UNDAF Outcomes 3.1 : More Afghans pursue education opportunities and healthy lifestyles</p> <p>- ANDS Pillar III - Social & economic development: Education</p>
3. HIV/ AIDS and Children	3.1. 60% of the general population of young people have access to the information, skills and services to protect themselves from HIV/AIDS/ STI and drug use;	3.1.1 % of adolescents in six selected provinces with adequate knowledge and practice of healthy life styles		UNAIDS	UNDAF Outcomes 3.1: Afghans, particularly those who are under-served, have greater and more equitable

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	<p>3.2 100% of MARA have access to the information, skills and services to protect themselves from HIV/AIDS/ STI and drug use.</p> <p>3.3. 100% of known HIV+ pregnant women requiring ART receive treatment and 100% of pregnant women who test positive for HIV have access to comprehensive PMTCT</p> <p>3.4. 100% of babies born to identified HIV+ women (exposed) on cotrimoxazole prophylaxis and 100% of identified HIV+ infants receive appropriate care and treatment, including ART</p> <p>3.5. In emergency situation, HIV risk and vulnerability to be included in rapid assessments and programme responses.</p>	<p>3.2.1. % of MARA (disaggregated by context, age, gender, location) who both identify correctly ways of preventing HIV and reject major misconceptions / 3.2.2. % of MARA (disaggregated by context, age, gender, location) reporting the use of sterile injecting drug equipment the last time they injected drugs / 3.2.3. % of MARA (disaggregated by context, age, gender, location) who have had sexual intercourse before the age of 15 (anal sex i.e. male-to-male) in context where this is prevalent.</p> <p>3.3.1. % of identified pregnant women receiving ART in accordance with national approved treatment protocol</p> <p>3.4.1. % of identified children with advanced HIV infection receiving ART in accordance with the nationally approved treatment protocol</p> <p>3.5.1. Number emergency situation with HIV risk and vulnerability included in rapid assessments</p>	<p>NGO / Government annual reports</p> <p>- Health Management Information System (HMIS)</p>		<p>access to quality basic services</p> <p>MDG 6: Combat HIV/AIDS, malaria and other diseases</p>
4. Child Protection	<p>4.1. Children are protected through more effective child rights-based policies, legislation and child protection systems.</p> <p>4.2. Families and communities are better informed and equipped to protect children & youth (esp. girls) from abuse, violence and exploitation especially gender-based violence and harmful practices.</p>	<p>4.1.1. Child Act enacted / 4.1.2. % of laws, policies, regulations and procedures harmonized with international standards / 4.1.3. # of child protection policies developed.</p> <p>4.2.1. # of vulnerable & at-risk children and families (disaggregated by 'context') assisted through CPAN interventions; 4.2.2. # of functional CPANs (province / district) addressing gender-based violence and harmful practices / 4.2.3. # of provincial CPANs developed and implementing "family preservation" interventions for the most</p>	<p>3.1.1. Government publication of policies and legislation</p> <p>NGO / Government annual reports, project studies and assessments, CPAN/DoLSA regular reports</p>	<p>Relevant line Ministries (Ministry of Labour, Social Affairs, Disabled & Martyrs; Justice, Interior, Youth Affairs, Refugees and Repatriation, Attorney Generals Office), Parliamentarians</p> <p>Afghanistan Independent Human Rights Commission, ILO, UNAMA, UNHCR, Save the Children Alliance,</p>	<p>MDGs to: Protect the Vulnerable (MD, Section VI);</p> <p>WFFC goal to: Protect against abuse, exploitation and violence.</p> <p>UNDAF 1.1. Stabilisation process is strengthened through effective integrated UN support to the</p>

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	<p>4.3. Effective child protection monitoring, reporting and data collection/analysis mechanisms will be developed to ensure evidence-based advocacy & programming in Child Protection</p> <p>4.4 Effective emergency preparedness and response plan developed and implemented in collaboration with Child Protection sub-cluster</p>	<p>vulnerable families / 4.2.4. # of youth (male/female, in-school/out-of-school) accessing information/services through YICC;</p> <p>4.3.1. # of periodical reports on the situation of children in armed conflict prepared by the Country / Regional Taskforces MRM and submitted to the Security Council Working Group / 4.3.2. # of analytical reports on the situation of children in armed conflict prepared by the CTF MRM and submitted to UNCT, UNHCT, and Protection Cluster for advocacy purposes / 4.3.3. # of cases of children affected by armed conflict referred to CPAN for assistance/support services; 4.3.4. # of thematic studies on child protection.</p> <p>4.4.1. EPRP developed and updated regularly in collaboration with child protection sub-cluster / 4.4.2. # of child protection situation assessments conducted for acute and protracted emergency situations in the country</p>	<p>Country Task Force MRM periodical reports to UNSC. Child Protection thematic studies. NGO reports. CPAN/DoLSA regular reports.</p>	<p>CPAN, and local NGOs, Youth groups and networks.</p> <p>ANDS Social Protection Strategy; the UNDAF</p>	<p>Government and communities.</p> <p>UNDAF 1.3. The institutions of democratic governance are integrated components of the nation-state.</p>
<p>5. Policy Advocacy and Partnerships for Children's Rights</p>	<p>5.1 Increase awareness of child vulnerability to economic, social and environmental conditions, through updating of situation analysis including disaggregated data, information and knowledge on children and women to reflect existing disparities and to focus on marginalized populations</p> <p>5.2. Articulate and secure UNICEF's inputs into key national processes with a view to positioning children and women at the centre of Afghanistan's development agenda</p> <p>5.3 Policies, conventions and legislation that enable fulfillment of children's rights drafted, adopted</p>	<p>5.1.1 MICS 2009 and 2013 published and disseminated / Child poverty and disparities studies published, disseminated and the recommendations implemented / 5.1.2 AfganInfo / DevInfo updated regularly and used by UNICEF, partners and government agencies / 5.1.3. An M&E mechanism established and functional at national/government level for monitoring & reporting progress on MDG/ANDS</p> <p>5.2.1. # of key challenges for children, women and gender equality addressed during ANDS and other sector strategies reviews</p> <p>5.3.1. # of legislations that include provisions/perspectives for the fulfillment of children's</p>	<p>Government publication of policies and legislation</p> <p>Project evaluation Results</p> <p>Project evaluation Results</p> <p>Monthly Project Implementation Reports</p> <p>Project evaluations</p>	<p>Ministries of Justice</p> <p>Ministry of Economy (Planning and Local Government)</p> <p>National Children's Rights Commission</p> <p>National Women's League</p>	<p>MDG 8: Develop a global partnership for development</p> <p>WFFC goal to: Combat HIV/AIDS</p> <p>UNDAF Expected Outcomes: Cross cutting issues</p>

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	<p>and operationalised Leverage national and international resources allocation to invest in children.</p> <p>5.4. Articulate issues of social exclusion and marginalization to promote social protection programme</p> <p>5.5. Improve the CP planning and implementation through regular reviews / evaluations taking into account the evolving context in the country.</p>	<p>rights</p> <p>5.3.2. % of financial resources invest in children against the total ANDS expenditure</p> <p>5.4.1. Proportion of vulnerable children receiving free external support</p> <p>5.5.1 # of reviews conducted with a follow up action implemented</p> <p>5.5.2. IMEP implementation rate</p>			

Note: Figure of MICS 2009 will be used as baseline for all key results, unless otherwise stated