

Summary Results Matrix: Government of Tajikistan – UNICEF Country Programme, 2010 – 2015					
UNICEF MTSP Focus Area	Key Results Expected in this Focus Area/ Baseline Estimates for these Results	Key Progress Indicators	Means of Verification of Results	Major Partners, Partnership Frameworks and Cooperation Progs.	Expected Key Results in this Focus Area will contribute to:
1. Young Child Survival and Development	<p>1.1 In 8 districts, all women giving birth and newborns receive quality essential and emergency obstetric and newborn care (EoNC) Baseline: 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% Baseline: <u>8 districts:</u> will be collected in 2009 <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: No. of maternity hospitals offering EoNC No. of early neonatal mortality cases</p> <p>1.2 <u>In 8 districts:</u> Proportion of PHC centres conducting growth monitoring Proportion of infants aged 0-6 months who are exclusively breastfed <u>Nationwide:</u> Proportion of households consuming adequately iodized salt Proportion of children aged 6-59 months fully covered with two doses of vitamin A in the last year 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 WFFC: Promoting healthy lives MDGs on reducing child mortality, improving maternal health, and eradicating extreme poverty and hunger</p>
2. Basic Education and Gender Equality	<p>2.1 Government policies and strategies address the issue of gender disparity and other inequities in basic education Baseline: 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 Baseline: 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. Baseline: In 9% of schools all students have access to improved gender-sensitive water and sanitary facilities (WASH School mapping, UNICEF 2008); 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: Proportion of schools that have access to improved gender-sensitive facilities for safe water supply and sanitary means of excreta disposal Proportion of students in grades 5-11 who report washing hands before meals and after defecation 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 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. WFFC: Promoting quality education MDGs: Achieve universal primary education; Promote gender equality and empower women; Ensure environmental sustainability</p>

<p>3. HIV/AIDS</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; 3.2 In the catchment areas of 25 YFHS clinics 40% of most at-risk adolescents (MARA) receive counselling, STI/HIV testing and treatment. Baseline: to be collected in 2009 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. Baseline: <u>Target schools</u>; to be collected 2009 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: Proportion of at-risk women attending ANC who receive VCT Proportion of HIV-infected women receiving ARV prophylaxis in accordance with national Prevention of Mother-to-Child Transmission (PMTCT) protocol 3.2 Proportion of MARA who have comprehensive HIV/AIDS knowledge and safe practice 3.3 Among 22% (824) target schools: 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 National report to UNGASS on HIV/AIDS PMTCT card annual report. MICS 3.2. National report to UNGASS on HIV/AIDS</p>	<p>MoH, its district departments and affiliated health institutions. WHO, UNFPA, UNAIDS 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 WFFC: Combatting HIV/AIDS MDG: Combatting HIV/AIDS, malaria and other diseases</p>
<p>4. Child Protection from violence, exploitation and abuse</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 Baseline: 9,340 children in institutions; 3 institutions transformed into secondary school 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. Baseline: 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 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) 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. WFFC: Protecting against abuse, exploitation and violence. Millennium Summit Declaration, Section VI: Protecting the vulnerable</p>
<p>5. Policy Advocacy and Partnerships for Children's Rights</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. Baseline: Social sector ministries have weak understanding of Medium Term Strategic Framework (MTEF) processes and Public Financial Management 5.2. Local authorities in at least 3 districts are better able to develop and manage development plans and mobilize resources that benefit children Baseline: 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 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 Policy Notes, MoH, MLSP, MoE Child Poverty Analysis, Ministry of Economic Development and Trade (MEDT) District Development Statistics</p>	<p>Parliament, MoF, MEDT, State Statistics Committee (SSC), local government. CSOs and research institutes. PRSP and JCSS incorporate this priority 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 WFFC: all goals MDGs: all</p>