

**Economic and Social Council**

Distr.: Limited
23 June 2004

Original: English

For action

United Nations Children's Fund

Executive Board

Second regular session 2004

13-17 September 2004

Item 10 of the provisional agenda*

Draft country programme document****Guatemala***Summary*

The Executive Director presents the draft country programme document (CPD) for Guatemala for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of \$3,648,000 from regular resources, subject to the availability of funds, and \$18,478,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2005 to 2008. This CPD is being submitted to the Executive Board at the second regular session on an exceptional basis because of a delay authorized by the Government in finalizing the 2005-2008 United Nations Development Assistance Framework and because of efforts of the United Nations funds and programmes to synchronize submission of their CPDs.

* E/ICEF/2004/12.

** In accordance with the Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF Extranet in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

*Basic data
(2002 unless otherwise stated)*

Child population (millions, under 18 years)	6.0
U5MR (per 1,000 live births)	49
Underweight (% moderate and severe, 1998/1999)	24
Maternal mortality ratio (per 100,000 live births, 2000)	240
Primary school attendance (% net, male/female, 2000)	86/82
Primary school children reaching grade 5 (% , 1999)	72
Use of improved drinking water sources (% , 2000)	92
Adult HIV prevalence rate (% , 2001)	1.0
Child work (% children 5 -14 years old)	..
GNI per capita (US\$)	1 750
One-year-olds immunized against DPT3 (%)	84
One-year-olds immunized against measles (%)	92

The situation of children and women

1. Democracy is under consolidation in Guatemala as the country begins to confront its historical inequalities. The principles of the Convention on the Rights of the Child were incorporated into national legislation with the July 2003 approval of the Law on Integrated Protection of Children and Adolescents (*Ley de protección integral de la niñez y adolescencia*). With mass media more sensitive to children and women's issues, public opinion has become more receptive. The new Government, elected in December 2003, has prioritized social investment in education, health, nutrition and protection in the implementation of the 1996 Peace Accords.

2. Guatemala has a young, predominantly rural (54 per cent) and diverse population, with 49 per cent under the age of 18 and 41 per cent self-declared as indigenous. The country remains at high risk for natural disasters and non-conventional emergencies, although since Hurricane Mitch, national and local authorities have displayed greater preparedness and response capacity, targeting the most vulnerable sectors of the population.

3. Classified as a middle-income country, Guatemala exhibits a highly unequal distribution of wealth and opportunities. Some 20 per cent of the population receives 64 per cent of total income, while the remaining 80 per cent benefits from only 36 per cent of that income. Nationally, 57 per cent of the population lives in poverty, but an even higher poverty incidence exists in rural areas (82 per cent) and among indigenous peoples (76 per cent). Extreme poverty rose during 2000-2002 from 16 per cent to 21 per cent, affecting an increasing number of children nationwide. It is estimated that approximately 67 per cent of the total child population aged 0-5, and 61 per cent aged 6-18, are poor, and this high prevalence creates a debilitating effect on families and encourages child labour. An estimated 507,000 children aged 7-14 (one fifth of children in this age group), are currently working, and one third of them are girls. Some 1.2 million Guatemalans out of a total population of 11.2 million now live abroad (95 per cent of them in the United States) and their remittances to the country are a major national source of income.

Tax revenues represent only around 10 per cent of GDP (2003) and are projected to decline still further, providing little optimism for increased social spending.

4. Despite a specific Peace Accord on Identity and the Rights of Indigenous Peoples, and collateral recommendations by the Committee on the Rights of the Child, the country has made very limited progress in this area, as noted by the Special Rapporteur on the Situation of Human Rights and Fundamental Freedoms of Indigenous Peoples. Legal protection of indigenous peoples remains inadequate, with limited social investment and scarce indigenous participation in politics. Indigenous girls are victims of gender, age and cultural discrimination. The majority of indigenous girls do not complete primary education but are instead employed in domestic labour or perform household work.

5. The overall institutional capacity of Guatemala's legal order remains weak, hindering full implementation of the Peace Accords. Given this year's departure of the United Nations Verification Mission in Guatemala (MINUGUA), the prospects for improvement are bleak. Despite modest progress in judicial system reforms, the country still lacks an effective policy for identifying and prosecuting human rights violators. Violent deaths during 2003 totalled 4,237 (3,631 for 2002 and 3,210 for 2001), with an average of 19 children and adolescents killed each month in the capital alone. Of the 383 females murdered in 2003, 75 were girls under the age of 18. Police data indicate that 306 of these cases were not thoroughly investigated. There is a widespread lack of trust in the justice system, due in part to a high level of impunity and corruption, but also to a lack of knowledge on how to utilize the existing mechanisms of justice. Guatemala has experienced an alarming increase in organized crime and youth violence, linked in part to illegal drug use and trafficking. Increased reporting of cases of intra-family violence contributed to revealing 5,490 cases in 2003, up from 1,287 in 2002.

6. In 2002, Guatemala processed 2,931 international child adoptions, the world's highest figure for percentage of total population placed in foreign families. In most cases, a child's adoptability can be established through a simple notarized act. While in 2002 the country acceded to The Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption, the mandated changes in adoption procedures were blocked in September 2003 by a ruling of the Guatemalan Constitutional Court. As a result, traditional adoption procedures have resumed, pending legislation that can align national law with the Convention on the Rights of the Child and The Hague Convention. A lack of data and limited knowledge about the right of birth registration exacerbates the vulnerability of children to trafficking or to adoption without protection of the Convention on the Rights of the Child. Increasing migration has also contributed to fragmented family structures, with particularly dangerous consequences for children. There is growing concern over child sexual exploitation known to be linked to trafficking and migration.

7. Basic social services are insufficient and lack an integrated approach, while service access and delivery continues to be discriminatory. Social policies have limited impact on reducing social exclusion, particularly for children, adolescents and women. The State provides scant early childhood care, with services concentrated in urban areas. Guatemala has the lowest level of public health spending in Central America (0.86 per cent of GDP in 2003). In 2002, infant and under-5 mortality rates showed a slight improvement at the national level but still remained alarmingly high (44 and 59 per 1,000, respectively) and were higher still

in rural areas (48 and 66 per 1,000) and among indigenous children (49 and 69 per 1,000). The under-5 mortality rate is especially associated with acute respiratory diseases and diarrhoea. Despite some modest achievements in water and sanitation, 40 per cent of rural households still lack access to drinking water and 24 per cent lack sanitation services. Knowledge of reproductive health, HIV/AIDS prevention and family planning is limited. Due to limited institutional maternity care, maternal mortality remains high, with figures three times greater for indigenous peoples. The majority of rural birth deliveries (70 per cent) are performed by midwives or family members generally ill-equipped for emergencies.

8. The increase in stunting (height/age) is particularly alarming, having risen from 46 per cent of children under five in 2000 to 49 per cent in 2002. A similar trend exists for school-aged children, with higher rates among those of indigenous origin (65 per cent) and those living in rural areas (55 per cent). An estimated 21 per cent of all children suffer from severe chronic malnutrition, with those under age three being particularly vulnerable. In rural areas, breastfed children between 6 months and 1 year of age receive only 16 per cent of needed calories, 35 per cent of proteins and 2 per cent of iron. Some 60 per cent of Guatemalan households lack sufficient income to cover costs of the basic food basket. Meanwhile, salt fortification decreased nationwide from 49 per cent in 1999 to 40 per cent in 2002, but went up to 69 per cent in 2003. The consumption of vitamin A is now lower than in previous years, mainly because increased sugar imports were distributed without fortification. These nutritional problems are associated with specific diseases and are intensified by scarce parental education and preparedness.

9. HIV/AIDS continues to spread and pose an enormous risk for the country. Between 1984 and 2003, 5,769 cases were recorded by health authorities. The rate of HIV prevalence for adults was 1.1 per cent in 2003, and the projected number of people affected by HIV/AIDS, according to UNAIDS, is now over 79,000 (a growing percentage being women). Reliable data on AIDS orphans are still not available.

10. In 2001, the net school enrolment rates were 42 per cent for pre-school, 87 per cent for primary, 30 per cent for basic secondary (grades seventh, eighth and ninth), and 17 per cent for diversified secondary. Gender discrimination, especially that affecting Mayan and rural women, continues to produce disparities, reflected in the net enrolment rates. The official net rate for indigenous children entering pre-school is 21 per cent (compared with 35 per cent non-indigenous), and 71 per cent for those entering primary school (compared with 84 per cent non-indigenous). Only 3 out of 10 enrolled students complete the third grade, and only 2 complete the sixth grade. An estimated 17 per cent of the child population aged 7-14 neither works nor studies while 418,027 adolescents aged 15-17 work. Moreover, an estimated 700,000 adolescents (500,000 in rural areas and 200,000 in urban areas) are at risk due to the lack of educational, vocational and work opportunities.

11. Highly unequal power relations in Guatemala hinder full participation. Guatemalans have limited knowledge of their rights. Children's participation is deterred by an authoritarian family structure and an education system that does little to promote tolerance, student organizing and exercising of the rights to information and expression of opinions. However, a higher level of organization among women, especially rural and indigenous women, is a result of progress in the implementation of the relevant Peace Accords.

Key results and lessons learned from previous cooperation, 2002-2004

Key results achieved

12. The 2002-2004 country programme focused on strengthening the awareness and fulfilment of rights at national and local levels, emphasizing actions in prioritized municipalities. This produced results in the legal framework, in public policies, and in the enhancement of institutional capacities. Knowledge of their rights among the most disadvantaged social groups also improved. Socio-economic (non-conventional) emergencies were included in national and local planning.

13. Approval of the Law on Integrated Protection of Children and Adolescents, after 12 years of impasse, established a child protection system, marking a profound change from previous legislation and clearly defining children as rights holders.

14. A high-profile dialogue in the mass media was fostered among political parties during the elections period. The initiative “Guatemala Invests in its Children and Adolescents” (*Guatemala invierte en su niñez y adolescencia*), establishing a commitment to prioritize investment in education, health, nutrition, and child protection, was embraced by the presidential candidates as well as most of the recently elected mayors and parliamentarians.

15. The programme prioritized 13 municipal governments in five departments. The elaboration of municipal plans and policies for children, adolescents and women has allowed for an increase in local social investment. Technical assistance provided to the municipal planning offices supported the fulfilment of local governments’ mandates and the development of monitoring systems to identify forms of exclusion affecting children, adolescents and women. Significant progress was made towards integrated actions in health, nutrition, water and education.

16. UNICEF and the Ministry of Health developed a strategy to optimize district capacities for basic services coverage of the excluded rural population. With UNICEF support, the Ministry institutionalized a trial run in one public hospital of an envisioned national programme for preventing mother-to-child transmission of HIV where preventive actions are offered through the provision of regular blood tests and counselling to pregnant women. More than 6,500 women have agreed to be tested during the last 20 months. The Ministry also expanded immunization initiatives through the introduction of new types of vaccines and vitamin A supplementation, the latter provided by UNICEF. Adolescent-friendly spaces were created, offering integrated care in the health districts. Progress was made in nutritional monitoring through nutritional censuses of under-5 and school-aged children, helping to strengthen the capacity of the health districts for detecting acute malnutrition. Monitoring mechanisms for fortified food and micronutrients were improved. Exclusive breastfeeding was also encouraged. In the area of water and sanitation, the basic model of rural intervention through municipal plans was systematized through a participatory process. School retention in rural and indigenous areas improved through the large-scale implementation of the pre-school model (*De la Mano, Edúcame*) and the intercultural bilingual model (*Nueva Escuela Unitaria Bilingüe*, or NEUBI), featuring an active methodology that promotes parental and community participation, and through the nationwide introduction of the active-school approach into primary school curricula.

17. Additional Child Protection Municipal Boards were established as a decentralized mechanism for strengthening protection, extending coverage to 136 of the 331 municipalities through the involvement of communities. Probation, community service and other alternatives to juvenile detention were also supported. Specialized training of judges helped promote implementation of new legislation concerning children and adolescents.

18. Decentralization and social auditing offered a favourable context for increased women's empowerment. Greater leadership capacity, especially among rural women, was developed through their participation in the national system of development councils. Additional empowerment came with the creation of friendly spaces for adolescents. Support for youth leadership helped promote adolescent rights, including access to services.

19. A strategy was developed for coping with nutritional emergencies and a municipal methodology created to identify children's vulnerability and risk. The establishment of public- and private-sector alliances helped provide care during the nutritional emergency arising from the economic crisis in the coffee sector. A new type of alternative complementary food for children 6-36 months old was developed with the private sector.

Lessons learned

20. The 2002-2006 programme initiated a gradual transformation from a service-delivery to a rights-based approach. Increased demand for the development of public policies, institution-strengthening and social mobilization for the defence and exercise of rights will require from UNICEF a higher level of advocacy and technical assistance.

21. The legal framework does not yet fully comply with the Convention on the Rights of the Child. Enhanced technical assistance is needed to reach a social consensus that will allow for: (a) strengthening the legislative agenda; (b) supporting government efforts in the implementation and institutionalization of laws and administrative regulations; and (c) encouraging widespread participation of civil society in creating laws and mechanisms for monitoring implementation.

22. Early childhood development and adolescent care were previously addressed through isolated interventions. The new programme will prioritize an integrated approach, especially through municipal frameworks articulating the roles of authorities, local services, communities, and families.

23. Despite social and cultural obstacles, organized women's participation at the national and local levels has proven effective in the channelling, management and social auditing of services.

24. Child and adolescent participation has not yet developed to a sustainable level. However, the student governments and adolescent-friendly spaces deserve to be expanded, favouring the continued development of cultural initiatives.

25. Bilingual education (NEUBI) has favourably impacted upon school retention for indigenous girls and warrants further expansion. The national scholarship programme will be better managed by municipal governments, with priority given to girls' education.

The country programme (2005-2008)

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Public policies and institutional capacity-building	1 148	6 010	7 158
State of law, participation and peace culture	1 130	11 668	12 798
Cross-sectoral costs	1 370	800	2 170
Total	3 648	18 478	22 126

Preparation process

26. In order to synchronize its cycle with that of other United Nations agencies in the country, UNICEF is ending its 2002-2006 programme of cooperation in 2004. A mid-term review was conducted in 2003, including a consultative process with partners and counterparts.

27. The concluding observations of the Committee on the Rights of the Child on the second periodic report of Guatemala were analysed and taken into account for the design of the new country programme, prioritizing elements such as violence, early childhood, bilingual/intercultural education, knowledge of rights, adolescent health and strengthening of the family environment.

28. The new programme is based on the Common Country Assessment (CCA), national government priorities, including the Peace Accords, the Millennium Development Goals, and the United Nations Development Assistance Framework (UNDAF). All United Nations agencies, funds and programmes in Guatemala have participated in the preparatory process, which included extensive consultations with government officials and civil society organizations, opinion surveys and analysis of focal group discussions. The UNDAF has defined expected outcomes for each identified problem as a basis for harmonized cooperation.

Goals, key results and strategies

29. The long-term goal is to ensure the fulfilment of the rights of all children, adolescents and women in a more equal society, free of discrimination.

30. The country programme seeks, in coordination with governmental and non-governmental counterparts, United Nations organizations and donors, to ensure that vulnerable and at-risk children, adolescents and women: (a) are given priority in national and local social, economic and fiscal policies; (b) have access to effective mechanisms to prevent, sanction and eradicate all forms of discrimination; (c) benefit from a strengthened protective environment where their rights are guaranteed by a national child protection system emphasising improved family competencies; (d) are assured access to good-quality, integrated basic services that are socially, culturally and environmentally appropriate, especially for rural dwellers and those of indigenous origin; and (e) participate in national and local decision-making processes within a context of reconciliation and a culture of peace, with special consideration given to indigenous peoples.

31. Achieving these key results will depend on the following strategies: (a) advocating for a strengthened legal framework in compliance with all in-force international conventions; (b) providing technical assistance, and advocating for, a national commitment and mobilization process for public policies and increased investment for children, including work with mayors on expanding the integrated approach developed in pilot municipalities; (c) strengthening national and local institutional capacities to implement the child protection system, provision of services and emergency response mechanisms; and (d) enhancing public knowledge about the rights of children and women, promoting participation and monitoring rights fulfilment.

Relationship to national priorities and the UNDAF

32. The country programme responds to national priorities in compliance with the Peace Accords and the UNDAF through emphasis on: (a) making children and their families a priority in macro-economic and social investment policies, especially in the reduction of extreme poverty and stunting malnutrition among children; (b) better access to quality, integrated basic services and universal primary education; (c) promoting the participation, freedom of expression and social auditing capacity of children, adolescents and women in decision-making processes; (d) developing effective mechanisms of prevention, sanction, and eradication of all forms of exploitation and violence affecting children, adolescents and women at risk; and (e) fostering full observance of human rights by reducing discrimination against children, adolescents and women in accordance with the Peace Accords.

Relationship to international priorities

33. Taking into account human rights treaties, the Millennium Development Goals, the medium-term strategic plan, *A World Fit for Children* and the Recommendations of the Committees on the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, the country programme incorporates stated priorities in its results-based programming and the Integrated Monitoring and Evaluation Plan, emphasizing: (a) strengthening policies and strategies to reduce stunting malnutrition among children, especially those under five; (b) achieving universal quality primary education for all, especially for indigenous and rural children; (c) prioritizing girls by promoting life skills, a higher level of education and protection against violence and discrimination; (d) reducing child mortality, increasing health coverage, integrated early childhood development and expanded immunization; (e) halting the spread of HIV/AIDS and mother-to-child transmission of HIV by guaranteeing access to good-quality services for pregnant women and HIV/AIDS-affected children and by enhancing educational efforts among adolescents; and (f) progressively eliminating child labour, sexual exploitation, trafficking and smuggling, abuse and other forms of violence and discrimination as well as developing initiatives for adolescents at risk.

Programme components

34. **Public policies and the strengthening of institutional capacities.** This programme embraces the socio-economic, institutional, fiscal and normative aspects of the responsibilities of duty bearers. It responds to two critical shortcomings identified by the CCA/UNDAF: concentration of wealth and opportunities and

limited access to basic services and social protection. Its twin cooperation components are as follows:

35. ***Integrated social policies.*** The main objective is to support national and municipal government institutions to develop and implement public policies aimed at: (a) strengthening government bodies responsible for public policies; (b) promoting sustainability of national and decentralized social investment; (c) developing tools for greater transparency and equity in allocating public resources to the social sector; and (d) promoting civil society's participation in the design, implementation and monitoring of the impact of social policies and expenditures.

36. ***Integrated care for survival and development.*** The main objective is to support national and local government and non-government bodies to provide adequate conditions for the survival and development of the most at-risk children, adolescents and women. Special emphasis will be placed on guaranteeing the quality of integrated services in health and nutrition for children, adolescents and pregnant and breastfeeding women, as well as ensuring better sanitary conditions for vulnerable groups. Health care actions will aim to: (a) increase coverage of maternal and child health towards the goal of universal access to quality health services; (b) strengthen integrated early childhood interventions and link them with education programmes; (c) expand preventive health and immunization 'plus' programmes; (d) promote and/or strengthen measures to prevent mother-to-child transmission of HIV/AIDS; and (e) promote integrated adolescent health, including HIV/AIDS prevention. The nutrition actions will focus on prevention of stunting malnutrition among children under five years old and of micronutrient deficiencies by: (a) strengthening nutritional monitoring capacity and developing preventive systems in municipalities to detect food insecurity; (b) encouraging breastfeeding for children under six months of age and food supplementation for those between six months and three years of age; (c) developing monitoring systems for detection of iron, vitamin A, and folic acid deficiencies; (d) providing vitamin A supplements to children aged 6-36 months; and (e) implementing family educational programmes on eating habits and nutrition. In water and sanitation, specific interventions will be developed for outlying rural areas, aiming to increase the quality and supply of drinking water as well as to preserve the environment.

37. ***State of law and culture of peace.*** This programme incorporates the key legal, cultural, and educational aspects required to promote the fulfilment of the rights of children, adolescents and women. It responds to three CCA/UNDAF priority areas: weak state of law, social and cultural discrimination, and inequity in the distribution of power. The programme has three cooperation components:

38. ***Protection of children, adolescents and women.*** This aims to create a protective and supportive environment for children and women by strengthening national and municipal child protection systems in accordance with the Convention on the Rights of the Child and the Law on Integrated Protection of Children and Adolescents. This involves efforts to: (a) reinforce the institutional capacity of the national and decentralized levels of the protection system; (b) advocate reform of the national legal framework in compliance with international instruments; (c) develop integrated initiatives for adolescents at risk; and (d) progressively eliminate child labour, sexual exploitation, and trafficking and smuggling of children, adolescents and women.

39. **Education, peace and interculturalism.** The main objective is to guarantee the right to quality education for all by strengthening and expanding appropriate educational strategies while eliminating obstacles and discrimination. Efforts will support fulfilment of the 2005 gender disparity elimination commitment and the 2015 goal of universal primary access, retention and completion for children and adolescents in culturally relevant educational services of good quality. The main actions include: (a) developing strategies for achieving universal primary education; (b) promoting effective school scholarship programmes managed by municipal governments; (c) expanding use of non-formal pre-school education models taking an integrated approach that includes family and community participation and is linked to health; (d) strengthening the implementation of national primary bilingual/intercultural education policies, emphasizing rural and indigenous girls; (e) designing and implementing flexible curricula for out-of-school adolescents and secondary education; (f) promoting a culture of peace and democracy through the participation of student governments, adolescent leaders, parents, and community members; and (g) incorporating education for peace in the curricula.

40. **Communication and participation for a culture of rights.** This strives to develop a culture of respect for human rights and the appropriate participation to fulfil them. Interventions will aim to: (a) monitor the media and train social communicators to ensure an adequate coverage of issues related to children, adolescents and women; (b) promote new spaces and opportunities for the expression of views and for participation, prioritizing adolescents and women; (c) raise awareness and mobilize different social groups (private sector, academic, political, religious); and (d) encourage the enhancement of capacity, as well as the participation, of children, adolescents and women in family, community and social contexts to enhance the impact these groups can make on decision-making processes and social auditing.

41. **Cross-sectoral costs.** Cross-sectoral costs are intended to cover programme implementation expenditures not attributable to individual programmes but clearly linked to their delivery. They consist mainly of salaries for staff associated with supplies, information technology, communications, and monitoring and evaluation activities, as well as operational costs necessary for smooth programme implementation, monitoring, and coordination.

42. **Cross-cutting issues.** These include: (a) a life-cycle approach differentiating while linking the three developmental stages of childhood; (b) gender equity; (c) interculturalism; and (d) emergency preparedness and response that incorporates a rights-based approach prioritizing at-risk and/or affected populations within all national agencies. The cooperation programme at the country office level will ensure the required flexibility for responding to emergencies. All programme components will emphasize strengthening the family as the main protective and supportive environment for child development.

Major partnerships

43. The major actors in programme implementation will be national and local government institutions. Partners will also include actors from the private sector, civic associations, rural and indigenous movements, faith-based groups, and non-governmental organizations. Special attention will be given to networks and

organizations of adolescents and women as well as to the increased involvement of the mass media.

44. The programme will draw on the specialized expertise of United Nations agencies, funds and programmes participating in the UNDAF, who will cooperate mainly through the thematic inter-agency groups envisaged in the UNDAF. With reference to specific issues, the country programme will coordinate: (a) public policies with the United Nations Development Programme (UNDP) and the Food and Agriculture Organization of the United Nations (FAO); (b) health and water and sanitation with the Pan American Health Organization (PAHO) and the United Nations Population Fund (UNFPA); (c) nutrition with the World Food Programme (WFP), FAO and PAHO; (d) bilingual and intercultural education with the United Nations Educational, Scientific and Cultural Organization (UNESCO); (e) child protection with UNDP, the International Labour Organization (ILO)/International Programme on the Elimination of Child Labour, the Office of the High Commissioner for Human Rights, the International Organization for Migration and UNESCO; and (f) HIV/AIDS with the Joint United Nations Programme on HIV/AIDS, UNDP, PAHO, UNFPA and UNESCO.

Monitoring, evaluation and programme management

45. The Presidential Secretariat for Planning and Programming (*Secretaría de planificación y programación de la Presidencia*, or SEGEPLAN) is the government institution responsible for coordinating with the country programme. An inter-sectoral mechanism for monitoring and coordination of the programme, including SEGEPLAN, UNICEF and other partners, will be established. The United Nations system, non-governmental organizations and donors will participate in monitoring. Annual plans of action will be prepared jointly by relevant partners and UNICEF.

46. An Integrated Monitoring and Evaluation Plan will be elaborated. Monitoring will be elaborated, facilitated by regular field visits and targeted surveys. The Government and UNICEF will conduct an annual joint review of all country programme components. A mid-term review will be carried out in the third year of the programme, and a final evaluation in the fourth year.
