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**Revised country programme document**

**Lao People's Democratic Republic**

*Summary*

The revised country programme document (CPD) for Lao People's Democratic Republic is presented to the Executive Board for final approval. At the second regular session of 2006, the Board commented on the draft CPD and approved the aggregate indicative budget for the country programme. In accordance with decision 2002/4 (E/ICEF/2002/8), the draft CPD has been reviewed, taking into account, as appropriate, comments made by delegations during that session. Any changes have been indicated in red. A summary results matrix is presented separately.

Decision 2002/4 also states that the present document will be approved by the Executive Board at the first regular session of 2007 on a no objection basis, unless at least five members have informed the secretariat in writing by 6 December 2006, of their wish to bring the country programme before the Board.

Basic data †

(2004 unless otherwise stated)

Child population (millions, under 18 years)	2.8
U5MR (per 1,000 live births)	83 a/
Underweight (% , moderate and severe, 2000)	40
Maternal mortality ratio (per 100,000 live births, 2005)	410 b/
Primary school attendance (% net, male/female, 2000)	65/60
Primary schoolchildren reaching grade 5 (% , 2001/2002)	64
Use of improved drinking water sources (%)	51
Adult HIV prevalence rate (% , end 2003)	0.1
Child labour <sup>i</sup> (% , children 5-14 years old)	24
GNI per capita (US\$)	390
One-year-olds immunized against DPT3 (%)	45
One-year-olds immunized against measles (%)	36

† More comprehensive country data on children and women are available at [www.unicef.org](http://www.unicef.org).

a/ CENSUS 2005 U5MR data is 98 per 1,000 live births.

b/ CENSUS 2005 MMR data is 405 per 100,000 live births.

## The situation of children and women

1. Life has been progressively changing in the Lao People's Democratic Republic, with considerable progress in infrastructure development, integration into regional institutions and foreign investment and tourism. Real gross domestic product grew by 7 per cent in 2005.

2. The country, with a population of around 5.6 million, almost half of whom are younger than 18 years of age, is currently ranked 133 out of 177 on the Human Development Index. **Approximately 23 per cent of the population live on less than \$1 a day.** Poverty is widespread, resulting in a poor socio-economic situation among women and children, with the delivery of basic services affected by disparities in geography and gender, and utilization also affected by ethnicity. The Lao People's Democratic Republic has one of the world's highest rates of contamination by unexploded ordnance (UXO).

3. The Government's *Vision 2020* aims to lift the country out of its least developed country status by 2020. The National Growth and Poverty Eradication Strategy (NGPES) is the strategic framework for poverty reduction and fits with international development commitments, including the Millennium Development Goals, the Millennium Declaration and the goals adopted by the General Assembly Special Session on Children. The NGPES, which recognizes the importance of sector-wide development in both education and health, has also been integrated into the Sixth National Socio-Economic Development Plan (NSED) 2006-2010.

4. The government ratified the Convention on the Rights of the Child in 1991, and although considerable progress has been made in **working towards realization of children's rights to survival, growth, development and protection**, there are still a number of challenging goals, especially in the areas of child survival, malnutrition, access to safe water and sanitation and quality basic education. By the end of 2006, a multiple indicator cluster survey (MICS) is expected to provide up-to-date information on important child-rights related and gender-disaggregated indicators.

5. Child survival indicators remain very low and the maternal mortality rate and prevalence of malnutrition are among the region's highest. With government

expenditures on health at under 6 per cent of the national budget, access to and quality of health care services are insufficient to ensure child survival. Despite efforts to strengthen immunization, the country's polio-free status is currently under threat and overall immunization rates are around 50 per cent. Access to safe drinking water and sanitary means of excreta disposal remains limited for most rural people. Child malnutrition rates are amongst the highest in the region. Although the country still has a low rate of HIV/AIDS prevalence, a rapid increase in internal and cross-border travel makes the country increasingly vulnerable to an AIDS epidemic. Between 2001 and 2004, the HIV prevalence rate among service women<sup>ii</sup> doubled from 1 per cent to 2 per cent. Of the total reported HIV cases in 2005, 40 per cent were women. The total fertility rate remains high, at 4.8 children per woman, so for each adult infected there could be a number of children affected.

6. The illiteracy rate for females (age 15 years and older) is 39 per cent (2001). Early childhood development continues to be affected by malnutrition, including micronutrient deficiencies. Organized pre-schools are limited to urban areas. The net primary school enrolment rate is 82 per cent for girls and 86 per cent for boys (Ministry of Education, 2005), yet on average only 47 per cent of girls and 52 per cent of boys complete primary school. There is a wide difference in enrolment and completion rates between urban and rural areas and between different ethnic groups. Shortages of learning materials, inadequate teaching and learning environments, and household chore requirements affect learning conditions, especially for girls from some ethnic groups. Only 43 per cent of primary schools provide full primary grades and about 90 per cent of schools in the poorest districts do not have a full primary cycle. Recently, however, education has started to gain priority in national policy and there are some early signs of readiness towards sector-wide development.

7. Recent economic and social change is exposing children and youth, and especially girls, to relatively new social issues such as trafficking, sexual exploitation, youth migration, HIV/AIDS, drug abuse and a breakdown in family support structures. Recent qualitative studies highlight protection issues pertaining to orphans, sexually and/or economically exploited children, victims of trafficking, children affected by substance abuse or by HIV/AIDS, disabled children, including UXO victims, and victims of violence and abuse.

8. Gradually, more children and young people have made their voices heard through participation in conferences, surveys, radio programmes and peer education activities. In particular, girls' and women's participation is expected to evolve further, as there is a growing realization that their role is vital to the country's sustainable growth.

## **Key results and lessons learned from previous cooperation, 2002-2006**

### **Key results achieved**

9. UNICEF support to the health sector has contributed to a foundation for improved quality and access to maternal and child health (MCH) and nutrition services. Outreach services have brought health care to women and children in one third of underserved provinces. The capacities of provincial and district health services, including for social mobilization for child health, have improved. During the past five years, support to the universal salt iodization (USI) programme has resulted in significant improvements in salt iodization and the country is close to eliminating iodine deficiency disorders (IDD). A 2005 national school-based survey showed that 85 per cent of households now consume iodized salt, compared to 75 per cent in 2000. Progress was also made in integrating vitamin A

supplementation and deworming into immunization programmes. Emergency preparedness and response were strengthened through capacity-building and provision of essential supplies.

10. Successful advocacy efforts contributed to increased commitment to HIV-affected children and their families by high-level government decision makers, who participated in the launch of the *Unite for Children, Unite against AIDS* campaign. The country's new HIV/AIDS strategy and action plan 2006-2010 includes a focus on children. The HIV prevention and care programme resulted in improved knowledge in schools, communities and workplaces. Curricula for education on HIV/AIDS, sexually transmitted diseases (STDs), reproductive health and drugs, using a life-skills approach, are now in place. Guidelines have been developed for prevention of mother-to-child transmission of HIV (PMTCT) that are suitable for a low-prevalence environment. Radio programmes in Lao and three ethnic languages have improved access to HIV/AIDS information. The establishment of self-help groups for people with HIV/AIDS and the involvement of Buddhist monks contributed to enhanced community care and reduction of stigma.

11. The water and environmental sanitation programme was successful in extending access to improved water supplies and also laid the foundation for achieving anticipated health and nutritional impacts. The *Learning with Joy* participatory tool kit has become the standard tool for teaching health and hygiene in schools, with extension to communities. A wide-reaching system for monitoring water quality has been established to give a clearer understanding of water quality parameters, including arsenic distribution. Support was provided for the development and adoption of water quality regulation and standards.

12. Girls' education was placed firmly on the public agenda through advocacy, and UNICEF support contributed to improving access and quality in primary education and enhanced donor coordination. UNICEF-supported provinces registered higher growth in girls' enrolment compared to the national average; teachers who received training demonstrated skills in using more interactive approaches; and partnerships between school and communities have been strengthened. In addition, there is increased recognition that these improvements require the necessary supportive policy formulation.

13. Good progress was made in enhancing a protective environment for children. In 2005, the Lao People's Democratic Republic signed a memorandum of understanding on human trafficking with Thailand. A national plan of action against commercial sexual exploitation of children is currently under review. Comprehensive national studies and reports have led to expanded knowledge on child protection issues. UNICEF supported the formulation of the Law on the Development and Protection of Women and a children's law. Child protection networks and the development of a social work curriculum are facilitating children's access to protective services. All these inputs have also contributed to child-friendly investigative procedures, increased youth participation, enhanced mine-risk awareness and increased knowledge of trafficking risks.

14. Awareness of child rights has increased among decision makers, the media, families and children themselves. UNICEF programme communication supported positive changes in knowledge, attitudes and skills related to reducing child mortality, increasing school attendance and combating HIV/AIDS and other diseases. The high visibility of the mission of UNICEF contributed to increased resources during the second part of the country programme. Late in 2005, UNICEF supported the development of a national avian influenza prevention and response plan. UNICEF is providing lead support for the Government's strategy on health education and community action.

## Lessons learned

**15. Achieving and sustaining high immunization coverage requires a recrafting of the national strategy.** With a decline in immunization coverage to around 50 per cent over the past five years, a number of reviews supported by UNICEF, the World Health Organization, the Asian Development Bank (ADB) and the Japanese Agency for International Cooperation (JICA) have concluded that immunization cannot continue to be delivered as a stand-alone, vertically managed intervention. With the Government's acceptance that the expanded programme on immunization (EPI) is in crisis, priority actions have been defined for improving management of vaccines and supplies; data-driven management, reporting and recording systems; delivery through both outreach and fixed-centre services; advocacy and communication; monitoring and supervision; and capacity development. In order to achieve the target of 80 per cent immunization coverage, the quality and timely delivery of services must be improved as part of a package of targeted MCH services, and strong advocacy and communication for community demand need to be scaled up in a sustainable way. UNICEF, with other partners, is rallying for results and working closely to support the Government to build an efficient MCH/EPI programme.

**16. Application of a human rights-based approach to programming is facilitated by including the principles of the approach in national strategic frameworks.** Engagement in the development of the Rural Water Supply and Sanitation Strategy, which encompasses the essential ingredients of a rights-based approach to programming, resulted in interventions with demonstrable acceptance of clear roles by functionaries and communities. This led to use of participatory processes, increased access to safe water and by reaching the most remote and vulnerable people, to reduced disparities, as reflected in recent documentation of the lessons learned project of the Office of the United Nations High Commissioner for Human Rights.

**17. Overburdening of government capacity by development agencies calls for enhanced coordination at all levels.** The competing demands implicit in the agenda of development agencies and donors tend to overburden the Government's limited human resource capacity, even in an environment of limited non-governmental partners. While UNICEF has worked intensively over recent years with the central Government, there is increasing justification for further decentralized approaches, especially in the light of the NGPES, which provides both the framework and rationale for such a move. As reflected in key documentation, including the NGPES, there is also a growing recognition of the importance of sector-wide coordination mechanisms, especially for education and health.

## The country programme 2007-2011

### 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>
Young child survival and development	2 500	7 000	9 500
Basic education and gender equality	2 000	11 840	13 840
Water, sanitation and hygiene	700	3 500	4 200
Child protection	700	5 000	5 700
HIV/AIDS and children	850	2 200	3 050

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child policy, advocacy and communication	1 135	800	1 935
Cross-sectoral costs	1 050	—	1 050
<b>Total</b>	<b>8 935</b>	<b>30 340</b>	<b>39 275</b>

### Preparation process

18. Key ingredients for the new country programme were an updated situation analysis, a mid-term review of the previous country programme and various related consultations with government and other partners. The United Nations Country Team started preparation of the Common Country Assessment at the beginning of 2005, and a United Nations Development Assistance Framework (UNDAF) prioritization retreat took place in mid-2005. The new country programme is closely aligned with the UNDAF and incorporates the organizational priorities of the UNICEF medium-term strategic plan (MTSP).

19. The Government submitted a report on the Convention on the Elimination of All Forms of Discrimination against Women in 2005, and the new country programme will incorporate interventions with regard to the concluding remarks made on trafficking of women and girls and on HIV/AIDS. **Furthermore, the Government acceded to the two Optional Protocols to the Convention on the Rights of the Child in mid 2006, and is in the process of finalizing a progress report to the Committee on the Rights of the Child.** In its concluding observations on the country's initial report in 1996, the Committee raised specific concerns regarding maternal and child mortality and malnutrition and called for action to improve primary health care. It also expressed concerns about juvenile justice.

### Goals, key results and strategies

20. The goal of the 2007-2011 country programme is to support the country's commitment to promoting and realizing the rights of all children and women, and thereby also to support achievement of the goals and objectives of the sixth NSEDP. The country programme aims to assist in: (a) formulating child- and women-friendly policies and strengthening national capacities to produce operational strategies and to monitor implementation; and (b) providing increased and more equitable access to and utilization of quality prioritized basic social services benefiting children and women in focus districts in six provinces, thereby contributing towards universal access.

21. The country programme will contribute to the following key results: (a) health policy standards and guidelines for ensuring provision of a quality, effective package of MCH and nutrition services developed and used by all of provinces and districts; (b) at least 80 per cent of boys and girls under one year of age fully immunized against seven diseases; (c) nationwide IDD elimination; (d) at least 80 per cent of households and primary schools in 30 poor districts in the six focus provinces have access to safe water and sanitation facilities; (e) increased government capacities for education reform and donor coordination; (f) a set of nationally-defined criteria for child-friendly schools and at least 100 schools in the six focus provinces demonstrating the criteria; (g) effective protection services for children, so that at least 50 per cent of reported cases are provided with the necessary services, including early intervention, referral, legal protection and reintegration; (h) comprehensive HIV prevention and care in the six prioritized provinces; and (i) enhanced capacities for emergency preparedness and response.

22. The new country programme's strategies build on those of the previous country programme and are consistent with the UNDAF 2007-2011. They include: (a) evidence-based advocacy, awareness-raising and partnerships to leverage resources for children and women; (b) capacity-building and technical assistance for development and implementation of policies and laws, setting standards and monitoring realization of child rights; (c) strengthening of capacities for enhanced delivery of basic social services; (d) strengthening participation of children, young people, women, families, communities and ethnic groups; (e) gender mainstreaming; and (f) improving disaster preparedness and response.

23. All programmes will aim at mutually-reinforcing results at national and at provincial/district level in six provinces (of a total 17 provinces). This particularly applies for the education, health, nutrition, water and sanitation related programmes, which will jointly pursue an integrated approach for community-based action for child rights. At national level, UNICEF will support development of policies and legislation, capacity-building, advocacy and awareness-raising. UNICEF-supported programmes will to a large extent overlap with the poorest districts identified by the NGPES and cover nearly a quarter of the country's total districts to support strengthening of capacities and implementation of policies and legislation, delivery of social services, enhanced planning and monitoring, social mobilization and development of innovative models.

#### **Relation to national priorities and the UNDAF**

24. The country programme supports the priorities identified in the NSEDP 2006-2010, and contributes to the implementation of strategic plans such as the National Plan of Action for Education for All, the National Strategic Plan on HIV/AIDS/STDs, the National Health Strategy and the Rural Water Supply and Sanitation Strategies. The country programme derives its strategy and content from the UNDAF, which is in line with national policies and the Millennium Development Goals, and is linked with these main outcomes of the UNDAF: (a) enhanced livelihoods of poor, vulnerable and food-insecure populations through sustainable development; (b) increased and more equitable access to, and utilization of, quality and prioritized social services; and (c) strengthened capacities of public and private institutions to fulfil their duties, and greater people's participation in governance and advocacy for the promotion of human rights in conformity with the Millennium Declaration.

#### **Relationship to international priorities**

25. The country programme will be guided by the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women and adopt a human rights-based approach to programming. Interventions will contribute to achievement of the Millennium Development Goals and the Millennium Declaration and the goals articulated in *A World Fit for Children*, adopted by the General Assembly Special Session on Children. The programme is aligned with the UNICEF MTSP, regional strategies and the recommendations of the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women.

#### **Programme components**

26. The **young child survival and development** programme will contribute to achieving priorities identified in the National Health Strategy. Envisaged key results include: (a) health policy standards and guidelines for ensuring provision of a quality, effective package of MCH and nutrition services developed and used by all of provinces and districts; (b) a strengthened and more sustainable immunization

programme; (c) enhanced capacities for delivery and utilization of integrated MCH/nutrition services in the six priority provinces, with at least 80 per cent of children under age one year fully immunized against seven diseases; (d) enhanced donor coordination in the health sector; (e) USI and IDD elimination achieved and sustained; and (f) enhanced capacities for emergency preparedness and response.

27. The child survival interventions project will support reform and building of institutional capacities and partnerships in the health sector. The improved nutrition of women and young children project will support advocacy and social mobilization for nutrition, including reduction of protein-energy malnutrition, achievement and sustainability of USI and IDD elimination, supply and management of supplements and deworming. The community action for early childhood development project will contribute to improved **health and nutritional status as well as to increased hygiene awareness of communities, by providing** an integrated package of MCH and nutrition services in selected districts.

28. The main implementing partners will be the Ministries of Health and of Industry and Commerce and the Lao Women's Union. Other partners will include the donor coordination group for health and HIV/AIDS, the Government/United Nations working group on food security and nutrition, the inter-agency coordinating committee for EPI, and the UNDAF/Government theme groups on health and poverty.

29. The **basic education and gender equality** programme will support achievement of goals and targets set in the National Plan of Action for Education for All. Envisaged key results are: (a) a comprehensive education sector development programme towards enhanced access to quality, learner-friendly education, with special focus on girls and ethnic groups; (b) a set of nationally-defined criteria for child-friendly schools and at least 100 child-friendly schools in the six focus provinces; (c) a set of nationally defined school readiness standards; and (d) in 36 identified districts, achievement of the targets set under the NSDEP for pre-school, the appropriate age of admission for grade 1, primary net enrolment ratio and girls' transition to lower secondary schools.

30. The education sector reform project will support individual and institutional capacity-building for education sector reform, emphasizing basic education. The child-friendly schools project will help parent-teacher associations and education offices in selected areas to develop and implement national criteria for child-friendly schools, including of improvement and/or provision of physical facilities in selected schools. The expanded learning opportunity project will support communities in preparing children to enrol and continue in primary schools, and to support girls' transition to lower secondary schools.

31. The main implementing partners are the Ministry of Education and the Lao Women's Union. At the local level, the school cluster administrative committees and parent-pupil associations will lead expansion of quality basic education services. Implementation of reform will require close partnership with the education donor working group and the government education and gender sector working groups.

32. The **water, sanitation and hygiene (WASH)** programme will contribute to the national sector goals towards increased equitable and sustainable access to and use of safe water and basic sanitation services, and improved hygiene. The programme envisages the following key results: (a) policies, standards and guidelines are developed and adopted for water quality; (c) an evidence-based communication strategy is developed to reduce disparities; (d) international, regional and national-level partnerships for policy dialogue on water quality, sanitation and hygiene promotion; and (e) at least 80 per cent of households and primary schools in 30 poor districts in the six focus provinces have access to safe water, and sanitation facilities for girls and boys and hygiene practices are promoted.

33. The planning and monitoring for the WASH project will support policy development and related advocacy, with a special focus on water quality issues. The WASH in rural communities project will support empowerment of communities to respond to their own needs. The WASH in schools project will improve the health of primary-school children through awareness of improved sanitation and hygiene practices in schools, with a link to actions in communities.

34. The main implementing partner is the National Centre for Environmental Health and Water Supply. Success will largely depend on cooperation between ministerial departments and other Ministries and mass organizations. UNICEF will continue to collaborate with other United Nations agencies and donors such as the Australian Agency for International Development (AusAID), the World Bank, ADB, JICA, the Water and Sanitation Program (WSP) and non-governmental organizations (NGOs).

35. The **child protection** programme will support the Government in building a protective environment for vulnerable children and prioritizing issues concerning children in contact with the law and related to child trafficking, violence, drug abuse and UXO accidents. The programme will ensure that at least 50 per cent of reported cases are provided with protection services, including prevention and early intervention, referral and reintegration services, plus legal protection.

36. The legal protection and justice for children project will support advocacy for legislation, law review and reform, and improvement of the child justice system. The improving community-based response for child protection project will focus on child protection networks and developing, implementing and monitoring protective services. The promoting action for child protection project will help to the need to raise awareness on child protection to prevent abuse and exploitation and generate positive action and response. It will support partners to develop, produce and disseminate advocacy materials particularly for trafficking, violence and UXO, and at the same time initiate a system of monitoring for child protection.

37. The main implementing partners are the Ministries of Labour and Social Welfare, of Justice and of Public Security, the People's Supreme Prosecutor and Supreme Court and the Lao Women's Union. Opportunities for enhanced programme implementation will be pursued through partnerships with other United Nations agencies such as the International Labour Organization and the United Nations Development Programme (UNDP), international NGOs, training and academic institutions, and children and young people themselves. In response to the increasing number of UXO accidents harming children collecting scrap metal and in line with the United Nations Inter-Agency Mine Action Strategy 2006-2010, UNICEF will play a lead role in coordinating mine-risk education and capacity-building for the newly created UXO National Regulatory Authority.

38. The **HIV/AIDS and children** programme will help to halt and begin to reverse the spread of HIV/AIDS among children, and to mitigate its impact on women, children and young people. Key results envisaged are: (a) in- and out-of-school youth in six prioritized provinces have correct information, skills and access to appropriate services to protect themselves from HIV and other STDs; (b) HIV prevention, PMTCT, integrated into MCH programmes in hospitals and communities in the selected provinces; and (c) parents and children living with HIV/AIDS supported through enhanced access to and utilization of quality treatment, care and support and participate in planning, management and implementation of the response to the pandemic. With partners, a model will be developed for comprehensive HIV prevention and care in priority provinces.

39. The prevention, skills and services project will reach 80 per cent of adolescents in school and 40 per cent of out-of-school youth in the prioritized provinces with correct information, skills and access to the appropriate services. The

PMTCT project will aim to integrate HIV prevention into MCH programmes in hospitals and communities in the selected provinces. The participation, support and treatment project will support parents and children living with HIV/AIDS through enhanced access to and utilization of quality treatment, care and support.

40. The implementing partners are the Ministries of Health, of Education and of Information and Culture. The programme will work closely with provincial committees for the control of AIDS, Lao Buddhist Fellowship, Lao Front for National Construction, Lao Federation of Trade Unions, Lao Youth Union, international NGOs, national mechanisms linked to the Global Fund to Fight AIDS, Tuberculosis and Malaria and other United Nations agencies.

41. The **child policy, advocacy and communication** programme will build awareness of and support for child rights at all levels of society by combining monitoring, policy analysis and advocacy with social mobilization and communication for behavioural change targeted to both men and women. Key results planned include: (a) improved research and data on the impact of national development policies on children; (b) strengthened capacities among leaders to support and advocate for child-friendly policies; (c) increased media coverage of the situation of children; (d) expanded advocacy for child rights through young people's radio; and (e) enhanced social capacities to adopt positive behaviour which improves health, education and well-being.

42. The child rights' monitoring and policy analysis project will contribute to building national capacities to collect and analyze data and monitor progress for children. The child rights advocacy project will draw on this and build support for child rights among decision makers, notably National Assembly members. It will also strengthen young people's abilities to advocate for their rights through radio and community participation. The social mobilization and communication for behavioural change project will provide technical support to sectoral programmes to prepare, implement and monitor their information, education and communication strategies and campaigns. In addition, it will develop radio partnerships to support social mobilization and behavioural change, with a priority focus on emergency preparedness and response. The media and external relations project will build media capacities, publicize UNICEF advocacy initiatives and promote global visibility for the country programme.

43. The main implementing partner is the Ministry of Information and Culture. Existing relationships with the National Statistical Centre and National Assembly will be strengthened, and new partnerships will be developed with research institutes.

44. **Cross-sectoral costs** will support coordination of the entire country programme and implementation of such cross-cutting strategies as gender mainstreaming, the human rights-based approach to programming and results-based management. They will also cover such operating costs as telecommunications and security.

#### **Major partnerships**

45. The country programme will be implemented in partnership with government counterparts at all levels, such as mass organizations as the Lao Women's and Youth Unions, United Nations agencies, bilateral and multilateral donors, National Committees for UNICEF and international NGOs. Several programmes will be implemented jointly with other United Nations agencies. For instance, the World Food Programme and UNICEF will jointly support implementation of an AusAID-funded education project in the remote northern part of the country, which provides assistance for expansion of quality education including water and environmental sanitation facilities and school feeding, as well as for sectoral coordination support.

### Monitoring, evaluation and programme management

46. The National Commission for Mothers and Children is the focal point for country programme coordination. To specify the roles, responsibilities, timeframes and inputs for planning, managing and monitoring project implementation, annual work plans will be prepared and approved by government partners and UNICEF.

47. Monitoring of national development strategies and targets, the Millennium Development Goals, the goals of *A World Fit for Children* and implementation of the MTSP will be conducted under the child policy, advocacy and communication programme. Together with UNDP and the United Nations Population Fund, UNICEF will support further use of *LaoInfo* for reporting progress towards the Millennium Development Goals. The 2006 MICS will contribute to key data, disaggregated by sex, age and geographical area.

48. Programmes will be monitored through regular field monitoring, joint annual reviews, including mid-term reviews of the UNDAF and the country programme in 2009. Regular monitoring activities will be reinforced through research, evaluations and reviews as outlined in the five-year integrated monitoring and evaluation plan.

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<sup>i</sup> Definition used for Child Labour (SOWC,2004): Percentage of children aged 5-14 years of age involved in child labour at the moment of the survey. A child is considered to be involved in child labour under the following classification: (a) children 5-11 years of age who, during the week preceding the survey, did at least one hour of economic activity or at least 28 hours of domestic work and, (b) children 12-14 years of age who, during the week preceding the survey, did at least 14 hours of economic activity or at least 28 hours of domestic work.

<sup>ii</sup> A service woman is defined as a woman between the ages of 15 and 49 who works in small drink shops, beer gardens, karaoke bars, or other entertainment establishments at which men may seek to access women for the purposes of commercial sex. Source: CHAS, MOH. December 2005: "Second Generation Surveillance 2nd Round on HIV, STI and Behavior 2004".