



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

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UNITED NATIONS POPULATION FUND

Country programme for the Lao People's Democratic Republic

Proposed UNFPA assistance: \$10.5 million: \$7.5 million from regular resources and \$3 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2007-2011)

Cycle of assistance: Fourth

Category per decision 2005/13: A

Proposed assistance by core programme area (in millions of \$):

| | Regular resources | Other | Total |
|---------------------------------------|-------------------|-------|-------|
| Population and development | 1.65 | 0.5 | 2.15 |
| Reproductive health | 5.10 | 2.5 | 7.60 |
| Programme coordination and assistance | 0.75 | - | 0.75 |
| Total | 7.50 | 3.0 | 10.50 |

I. Situation analysis

1. The Lao People's Democratic Republic, a least developed country, is a mountainous, landlocked country with 49 ethnic groups. Seventy-three per cent of the population resides in rural areas and depends on agriculture. Access to markets and social services is limited, especially in remote areas and during the rainy season. About 23 per cent of the population is affected by unexploded ordinances.

2. About 30 per cent of the population lives below the poverty line. There are growing disparities between rural and urban areas in terms of wealth, economic opportunities and access to basic social services. The government strategy for economic growth and poverty reduction has identified agriculture and rural development, education, health and infrastructure development as priority sectors.

3. The population was 5.6 million in 2005. The annual population growth rate is 2.1 per cent, and the total fertility rate is 4.5 children per woman. Life expectancy at birth is 61 years. Sixty per cent of the population is under 24. Although the population growth rate is declining, the population will continue to increase due to large numbers of youth entering their reproductive years. Both internal and international migration is increasing, facilitated by improved road networks.

4. Access to health services is limited, especially among small ethnic groups, due to remote living areas and language barriers. The health care system is underdeveloped and underfunded, and the quality of services is poor. The utilization of health services is low. Skilled professionals attended only 22 per cent of deliveries in 2000. The 2005 maternal mortality ratio is high at 405 deaths per 100,000 live births. Contributing factors include early pregnancies and limited access to emergency obstetric care.

5. The contraceptive prevalence rate is only 35 per cent for modern methods (2005). About 22

per cent of married women who wish to limit their fertility lack access to family planning services. Young people have a limited understanding of reproductive health issues, including sexually transmitted infections and HIV/AIDS. HIV prevalence among the general population is estimated at less than 1 per cent, but has increased among vulnerable groups.

6. Progress has been made in achieving gender equality in the national legislative and policy arenas. However, gender disparities persist, with social attitudes and traditions contributing to the low status of women. Gender imbalances are apparent in access to education, school continuation rates, representation in decision-making processes and access to employment opportunities. Human trafficking and domestic violence are also present.

7. Although comprehensive policies exist in the areas of population, reproductive health and gender equality, they have not been fully implemented. The capacity to coordinate policy implementation among sectors, and from central levels to village levels, is low. The quality of human resources in all sectors is limited. The lack of systematically produced, high-quality, disaggregated data, and the limited capacity to make use of that data, have constrained efforts to establish evidence-based planning and monitoring systems.

II. Past cooperation and lessons learned

8. UNFPA has supported the Lao People's Democratic Republic since 1976 in data collection, policy development, maternal and child health, family planning, and, more recently, comprehensive reproductive health services. During the third country programme (2002-2006), key interventions included: (a) strengthening family planning services by providing contraceptives and by developing a reproductive health commodity security strategy and a contraceptive logistics management information system; (b) introducing a package of reproductive

health services, including mobile clinics, in the southern region; (c) creating demand for services by involving village volunteers and peer educators in outreach activities; (d) expanding education in schools in population and sexual and reproductive health, including HIV/AIDS and life skills, in collaboration with the United Nations Children's Fund (UNICEF); and (e) producing up-to-date data through surveys such as the 2005 reproductive health survey. The Reproductive Health Initiative for Youth in Asia, in collaboration with the European Commission, complemented the activities of the country programme, targeting vulnerable urban and rural youth, including commercial sex workers.

9. Lessons learned from the programme include the need to involve local partners in planning, implementing and monitoring interventions to improve performance and effectiveness and increase ownership. Capacity-building and advocacy efforts should be directed towards local partners and stakeholders. To improve the quality of services, training should be part of a systematic human resource development plan that addresses issues such as staffing and the roles of service providers at different levels. Responding to the needs of clients and the availability of equipment and supplies are also important in improving the quality of services.

10. Other lessons learned include the need to: (a) increase the number of skilled birth attendants; (b) rationalize vertical service structures by introducing more integrated services and reporting systems; (c) involve men to accelerate behaviour change; (d) accelerate the implementation of youth-friendly sexual and reproductive health services; and (e) use effective communication strategies and methods in a socially and culturally appropriate manner to reach target audiences and ethnic groups

III. Proposed programme

11. UNFPA and the Government formulated the programme based on the updated common country assessment (CCA) and the review of the

current programme. The programme contributes to the national goal of reducing poverty through enhanced livelihoods and improved access to social services, and responds to the challenges identified in the CCA. The programme is an integral part of United Nations Development Assistance Framework (UNDAF), which is aligned with the sixth national socio-economic development plan (2006-2010).

12. The importance of reproductive health and gender equality for poverty reduction and the linkages between population growth, food security, rural livelihoods and the environment are recognized in national policies and strategies. The programme centres on implementing and monitoring these policies and strategies, which include the national population and development policy; the national strategy for the advancement of women; the national reproductive health policy; and the national action plan for HIV/AIDS and sexually transmitted infections. Key strategies include: (a) policy dialogue; (b) advocacy; (c) systems and human capacity development; (d) integrated service delivery; (e) the use of sectoral approaches; (f) joint programmes with United Nations agencies; and (g) a focus on decentralized levels.

Population and development component

13. This component will contribute to the UNDAF outcome of enhanced livelihoods for poor, vulnerable and food-insecure populations through sustainable development by: (a) balancing population growth with available resources; and (b) enhancing ownership of and capacity for pro-poor planning, policy implementation and harmonized aid coordination in the areas of population, reproductive health and gender equality. There are three interrelated outputs in this component.

14. Output 1: Improved understanding of reproductive health, population and gender laws, policies and issues among parliamentarians, central and local government officials, governors and village chiefs and their commitment to

implement these laws and policies. Key activities include disseminating laws, policies and strategies among national partners and primary beneficiaries at the district and village levels and involving them in advocacy activities to increase their commitment and support. The issues will be integrated into in-service training courses and workshops for civil servants, political and ministerial meetings, parliamentary briefings, village meetings, traditional festivals and radio programmes. The programme will develop user-friendly and culturally sensitive information and advocacy materials for target groups.

15. Output 2: Streamlined and harmonized national and subnational coordination and monitoring mechanisms to implement key reproductive health, population and gender laws and policies. The programme will support a move towards sector-based approaches, as opposed to vertical project- and agency-based approaches, as part of the harmonization of aid coordination at central, provincial, district and village levels. Key initiatives include: (a) streamlining national and subnational coordination and monitoring structures and systems to implement laws, policies and plans; and (b) building the capacity of key government institutions and provincial governments to incorporate the national strategy for the advancement of women and the national population and development policy action plan.

16. Output 3: Improved capacity of national institutions and mass organizations in collecting, analysing and utilizing data for evidence-based advocacy, action planning and monitoring. The programme will collect, through surveys and research, high-quality data disaggregated by sex, age and other socio-economic factors. This data will be used to assess the situation, establish a baseline and targets, monitor progress and develop or adjust policies and plans. The programme will also use data and evidence to draw attention to emerging issues such as migration and gender-based violence. It will improve the sharing of data and its quality through capacity-building and technical support.

Reproductive health component

17. The outcome of this component is improved utilization of high-quality, equitable reproductive health services focusing on poor, rural and vulnerable populations. This contributes to UNDAF outcomes related to increased access to: (a) equitable, efficient and high-quality services focusing on maternal and child health, family planning and nutrition; and (b) prevention and treatment for sexually transmitted infections and HIV, focusing on the most vulnerable groups. Four interdependent outputs will seek to achieve this outcome.

18. Output 1: Improved health systems, including planning, management, human resources development, logistics and information systems, focusing on maternal and neonatal health, adolescent sexual and reproductive health, and prevention of sexually transmitted infections and HIV. Key initiatives include: (a) developing and supporting an integrated maternal and child health action plan; (b) lobbying government committees to address adolescent sexual and reproductive health, HIV and maternal health issues; (c) mobilizing key ministry leaders to develop action plans to integrate adolescent sexual and reproductive health and the prevention and management of sexually transmitted infections and HIV into the health system; (d) developing curricula and pre- and in-service training on family planning, skilled delivery and emergency obstetric care; and (e) supporting the integrated logistics management of reproductive health commodities linked to the health management information system. The World Health Organization (WHO) and UNICEF will jointly support these initiatives as part of the health sector-wide coordination efforts.

19. Output 2: Increased availability and accessibility of client-oriented reproductive health information and services in priority geographical areas. Key initiatives include: (a) building the capacity of service providers to deliver client-friendly, culturally appropriate and gender-sensitive services; (b) collaborating with WHO

and UNICEF to improve the quality and availability of integrated maternal and child health, family planning and nutrition services, especially emergency obstetric care, by increasing the number of skilled birth attendants and by strengthening referral systems; (c) promoting the participation of ethnic groups in planning and delivering services; and (d) expanding adolescent reproductive health services. The programme will integrate information on sexually transmitted infections and HIV into reproductive health services and will promote the use of condoms as a means of dual protection.

20. Output 3: Increased demand for sexual and reproductive health and reproductive rights in priority geographical areas. The programme will use behaviour change communication to promote reproductive rights and health-seeking behaviour and reduce high-risk behaviour. Behaviour change communication will use culturally sensitive, gender-sensitive and age-appropriate information, education and communication materials, peer education, community outreach and the mass media. UNFPA will support the sector-wide approach in education to ensure that sexual and reproductive health education is integrated into the national school curriculum, school activities and teacher training colleges. It will also promote male involvement.

21. Output 4: Increased coverage of HIV prevention for young people, pregnant women and vulnerable groups, including commercial sex workers and their clients, and mobile populations. Key initiatives include: (a) targeted behaviour change communication interventions, including peer education; (b) sexually transmitted infection/HIV counselling, services and referrals; and (c) comprehensive condom programming in priority areas according to the national strategy and in collaboration with non-governmental organizations (NGOs). The programme will offer voluntary counselling and testing for sexually transmitted infections and HIV to pregnant women in selected areas, in conjunction with their partners, aimed at preventing mother-to-child

transmission and will also collect data on sexually transmitted infections and HIV.

IV. Programme management, monitoring and evaluation

22. The programme will be managed, monitored and evaluated as part of the UNDAF. UNFPA will conduct joint programming with UNAIDS, UNDP, UNICEF and WHO, and will work closely with the United Nations Development Fund for Women (UNIFEM), the International Fund for Agricultural Development (IFAD), the World Bank, the Asian Development Bank and the Japan International Cooperation Agency. UNFPA, the Government and partner agencies will conduct joint monitoring, reviews and evaluation, using participatory methods that involve local partners. Data from the census, the reproductive health survey and other sources will be used to establish the baseline; new surveys and studies will be commissioned as necessary.

23. Monitoring, reporting, and evaluation efforts will employ government mechanisms, plans and data where possible. Joint government and United Nations working groups will review the progress of the programme, which will support capacity-building in data collection, analysis and use. The country office will provide continuous support for monitoring and evaluation, including training, monitoring and evaluation tools, survey design, data analysis and reporting. The office will also provide support in financial management and audit follow-up.

24. The country office consists of a representative, a deputy representative, an assistant representative, a national programme officer and five administrative support staff. Programme funds will be earmarked for three professional posts and four support posts within the framework of the approved country office typology. The UNFPA Country Technical Services Team in Bangkok, Thailand, will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR THE LAO PEOPLE’S DEMOCRATIC REPUBLIC

| National priority: enhanced livelihoods UNDAF outcome: the livelihoods of poor, vulnerable and food-insecure populations are enhanced through sustainable development | | | | |
|--|---|---|--|--|
| Programme component | Country programme outcomes, indicators, baselines and targets | Country programme outputs, indicators, baselines and targets | Partners | Indicative resources |
| Population and development | <p>Outcome: Enhanced ownership and capacity of stakeholders in pro-poor law and policy dissemination, planning, implementation and monitoring, and harmonized aid coordination in the areas of reproductive health, population and gender</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ▪ Government resources (human, financial) for reproductive health services (amount, %) ▪ Extent of use of sex- and age-disaggregated data from national and subnational databases in monitoring national and subnational development plans ▪ Proportion of: (a) villages with female village chiefs; and (b) districts with female district governors (%) ▪ Average age of marriage (sex disaggregated) by urban/rural area | <p>Output 1: Improved understanding of reproductive health, population and gender laws, policies and issues among parliamentarians, central and local government officials, governors and village chiefs and their commitment to implement these laws and policies</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Proportion of parliamentarians and government officials with correct knowledge of reproductive health, population and gender laws, policies and strategies ▪ Proportion of health administrators who know that unmarried people have the right to use reproductive health services ▪ Proportion of village chiefs and parents who know the legal age of marriage ▪ Proportion and number of parliamentarians, key government officials and village chiefs engaged in a supportive dialogue about gender-based violence ▪ Proportion of target group members who organized advocacy activities <p>Output 2: Streamlined and harmonized national and subnational coordination and monitoring mechanisms to implement key reproductive health, population and gender laws and policies</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Extent to which steps towards more sector-based coordination and monitoring mechanisms are put in place at the national level ▪ Proportion of provinces and districts where health interventions are coordinated by a single health coordination mechanism with clear monitoring responsibilities ▪ Proportion of provinces and districts where recommendations of coordination meetings are translated into provincial and district action plans <p>Output 3: Improved capacity of national institutions and mass organizations in collecting, analysing and utilizing data for evidence-based advocacy, action planning and monitoring</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ National data systems updated regularly and used for planning and monitoring ▪ Degree to which strategies and action plans are responding to new data and findings (evidence-based) and have realistic targets ▪ Proportion of action plans that include a monitoring and evaluation framework ▪ Research on knowledge and perception of gender-based violence that was used for advocacy purposes to reduce gender-based violence | <p>Ministry of Health; Ministry of Information and Culture; Committee for Planning and Investment; National Statistical Centre; provincial and district governors; village chiefs</p> <p>Lao Women’s Union; Lao Youth Union; Lao National Front; Lao Association of Parliamentarians for Population and Development; Lao National Council for the Advancement of Women</p> <p>UNDP; UNICEF; UNIFEM</p> | <p>\$2.15 million (\$1.65 million from regular resources and \$0.5 million from other resources)</p> |

| National priority: improved educational status, health status and general social well-being UNDAF outcome: increased and equitable access to and utilization of quality, prioritized social services | | | | |
|---|--|---|--|---|
| Programme component | Country programme outcomes, indicators, baselines and targets | Country programme outputs, indicators, baselines and targets | Partners | Indicative resources |
| Reproductive health | <p>Outcome: Improved utilization of high-quality, equitable reproductive health services focusing on poor, rural and vulnerable populations</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> Contraceptive prevalence rate (modern methods) Unmet need for family planning Percentage of births attended by skilled health personnel Caesarean sections as a proportion of all births Condom use at last high-risk sex | <p>Output 1: Improved health systems, including planning, management, human resources development, logistics and information systems, focusing on maternal and neonatal health, adolescent sexual and reproductive health, and prevention of sexually transmitted infections and HIV</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Long-term human resource development plan implemented to provide skilled midwives in communities for all births A plan to integrate existing logistics management information systems, including reproductive health commodities, essential drugs and medical supplies and to the health management information system An action plan to integrate adolescent sexual and reproductive health into the health system <p>Output 2: Increased availability and accessibility of client-oriented information and services on reproductive health in selected priority geographical areas</p> <p>Output indicators:</p> <ul style="list-style-type: none"> % of district hospitals and health centres providing: (a) comprehensive and basic emergency obstetric care; and (b) integrated mother and child health, family planning and nutrition services % of young people (married and unmarried) who have access to youth-friendly reproductive health services % of community members expressing satisfaction with reproductive health services % of women attending antenatal care receiving information and education on HIV prevention <p>Output 3: Increased demand for sexual and reproductive health and reproductive rights in priority geographical areas</p> <p>Output indicators:</p> <ul style="list-style-type: none"> % of vulnerable groups expressing positive attitudes towards utilizing sexual and reproductive health services % of the population aged 15-24 with: (a) comprehensive knowledge of sexual and reproductive health; and (b) knowledge of three modern contraceptive methods % of the population that believes that gender-based violence is wrongful behaviour in all circumstances National curricula integrate life skills and sexual and reproductive health education at upper primary and secondary school levels <p>Output 4: Increased coverage of HIV prevention for young people, pregnant women and vulnerable groups, including commercial sex workers and their clients, and mobile populations</p> <p>Output indicators:</p> <ul style="list-style-type: none"> % of the population with correct knowledge of HIV/AIDS by target group % of women attending antenatal care receiving testing for sexually transmitted infections and voluntary counselling and testing services when indicated Increase in condom usage through social marketing, community distribution or public sector | <p>Ministries of: Health; Education; Information and Culture</p> <p>Lao Women's Union Lao Youth Union; Lao National Front</p> <p>WHO; UNICEF; UNAIDS</p> <p>IFAD; World Bank; Asian Development Bank; Japan International Cooperation Agency; Health Unlimited</p> | <p>\$7.75 million (\$5.1 million from regular resources and \$2.5 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.75 million from regular resources</p> |