

Executive Summary

Achievements

1. Parliament passed the Child Care and Protection Act (2011), strengthening the framework for a national child protection system. A child protection system mapping and assessment will identify institutional capacity and human resource requirements to update the legislation's operational plan and its integration into the 11th Five Year Plan.
2. Bhutan conducted a world-first 2nd Stage Disability Assessment as a follow-up to the Bhutan Multiple Indicator Survey 2010^[1]. The Rapid Neurodevelopmental Assessment tool reconfirmed suspected disability cases for children 2-9 year olds. Upon publication the report will identify children for equity-focused strategies and interventions on inclusive education, health and child protection.
3. Communication for Development (C4D) for re-introduction of the Pentavalent vaccine was a success, addressing public doubts and media speculation on vaccine safety and building confidence and skills of health workers to interact with parents while also developing the media's understanding of vaccination and its benefits for children.
4. Equity-focused Marginalised Budgeting for Bottleneck analysis of the health system enabled finalisation of a set of cost-effective, high impact and evidence-based interventions to target unreached and vulnerable groups in five priority districts, being Lhuntse, Mongar, Zhemgang, Dagana and Samtse in the East and South. The analysis was also done for the first time in education enabling formulation of strategies for early stimulation in ECCD and comprehensive parenting programmes. The five priority districts identified through this analysis will be targeted for convergence activities in 2012 across health, education and child protection.

Challenges

1. Programme implementation hampered by government's engagement in many important activities, such as the mid-term review across all 20 districts in February and March, local elections in June, and the Royal Wedding in October engaged officials at district and central levels.
2. Some child protection activities were strategically deferred to 2012 to enable a more evidence-based implementation using findings from the child protection system mapping and assessment that was included into the work plan during the mid-year review.
3. Construction of school water and sanitation facilities was delayed due to inadequate coordination between central district administrations, and the shortage of both skilled and unskilled human resources. It was further aggravated by the earthquake in September 2011.

Partnerships

1. An innovative public-private ECCD partnership enabled development of innovative communication materials for young children, caregivers and policy makers. The collaboration of 107 participants from government agencies, the media, NGOs and individual artists including young people facilitated ownership among partners and cost-effectiveness in producing high quality materials.
2. Through partnership between Government, the UN, Asian Development Bank and Save the Children, UNICEF supported development of an integrated training package on the Safe School Initiative which reduced duplication and increased synergy in supporting emergency preparedness in schools.
3. Child protection partnerships have been strengthened through the child protection system mapping and assessment and formation of the Child Labour Task Force, requiring stakeholders from Government, civil society and the private sector to explore synergies for child protection.

^[1] The Bhutan Multiple Indicator Survey is a customized version of the MICS 4

Country Situation

The Honorable Prime Minister led a highly consultative mid-term review of the government's 10th Five Year Plan in all 20 districts. The review commits to scaling down poverty through delivery of a minimum programme of: safe drinking water; electricity; mobile networks; access to primary education and basic health services; and road connectivity. BhutanInfo was used to create standardized socio-economic situation assessments of districts and sub-districts for the review while BMIS 2010 contributed information on MDG progress.

Poverty (MDG1): The Multidimensional Poverty Index estimates poverty at 25.8%. Dagana, Samtse, Zhemgang, Lhuntse and Gasa^[1] are the worst five districts with rates up to 46%. Findings are consistent with the 2007 Bhutan Living Standards Survey poverty estimate of 23%, with five poor districts of Samtse, Zhemgang, Lhuentse, Mongar and Samdrup Jongkhar having rates up to 53%.

Nutrition (MDG1): BMIS 2010 shows high stunting at 33.5% with no significant gender difference. Bhutan achieved its target of halving underweight children from 12.7%, with wasting now at 5.9%. 48.7% of children are exclusively breastfed in their first six months. Stunting attracted high-level attention during the 11th Round Table Meeting, resulting in increased support from development partners in this area.

Education (MDG 2 & 3): MDG 2 is on track. The national primary net enrolment ratio is 95% and the 2011 completion rate was 107%. With gender parity in primary school at 1.02 and secondary at 1.03, MDG 3 on gender parity is achieved. However, disparities remain in primary enrolment between rural and urban areas and among children from poor rural families, particularly from the east and south. About 85% of the poorest children attend school compared to 97% of the richest. Similarly, literacy among young rural female is 45% compared to 78% for urban. Literacy among young women from poorest households is only 21% compared to 85% for the richest quintile.

Health/WASH (MDGs 4, 5, 6 & 7): Although MDG 4 targets for U5MR are on track, there is a significant variance. The target is achieved in urban areas (41), among educated mothers (31), and in the richest households (39), while the poorest households (106) and the eastern region (87) lag far behind. MDG 5 target of MMR is also on track but similar disparity exists amongst poor and rural areas of the east and south. Every tenth mother delivers low birth-weight babies indicating maternal under-nutrition. 15% of women aged 20-24 years gave birth before 18 years. While access to primary health care is nearly 95%, about 37% of mothers still deliver at home. Increased attention to youth is required to achieve MDG 6: the proportion of women 15-49 years with comprehensive knowledge of HIV is only 17.5%. Lhaksam, Bhutan's PLWHA group, promoted open discussion on HIV when five members publically shared their stories and positive status for 2011 World AIDS Day, hosted by Her Majesty the Queen Mother. The MDG 7 safe drinking water target is achieved at 96% with no significant disparity. However, sanitation coverage is only 58% with disparities between urban (78%) and rural (51%) and the richest (95%) and poorest quintiles (31%). 97% of schools have access to sanitation facilities although the functional rate is lower at 65%. Bhutan faces a 'triple burden of diseases' ^[2] which could jeopardize the sustainability of free primary health care.

Child Protection: The BMIS 2010 estimates child labour at about 18% with little gender variation. About 31% of women were married before 18 years – Bhutan's legal age for marriage. Child marriage is more common in rural areas and being married before 15 years is more common among girls in the poorest households. 68% of women report an accepting attitude towards domestic violence. Bhutan is now opening to the idea of child protection systems strengthening, which is framing implementation of the Child Care and Protection Act (2011). The Adoption Bill and Domestic Violence Bill are expected to be enacted in 2012.

Economy: Bhutan's economy grew an average 8.2% per annum since the 2004/2005 fiscal year and is expected to grow 9-10% per annum between 2010/2011 and 2015/16. Despite high growth, the economy remains fragile. The current GDP debt burden at 60% is expected to rise in coming years and is driven by hydropower Rupee loans. At USD 2,277, Bhutan's per-capita income is one of the highest in South Asia, which may prompt reduced external assistance. Growth rates, driven by capital-intensive sectors like

hydropower, do not generate sufficient employment. ODA remains critical to Bhutan's aspiration of Gross National Happiness. Reductions will hinder achievement of the MDGs with equity.

Good Governance: Local government elections in May strengthened democratic institutions and empowered people to exercise their franchise but failed to deliver gains for women with only 1 of 205 local government positions won by a woman.

11th Round Table Meeting: Held every 2.5 years, Bhutan's 11th Round Table Meeting for Government and Development partners in September at the midpoint of the 10th Five Year Plan, enabled reflection on progress, challenges and consulted on the roadmap for developing the 11th Five Year Plan. Partners pledged to continue donor assistance until Bhutan's vision for 2020 is realized.

Earthquake: Through the UN Delivering as One, UNICEF supported the Government's response to an earthquake in September. Despite minimal impact on life, the joint assessment by Government, the UN System and the World Bank estimated USD\$24 million of damage to property across all 20 districts. Approximately 7,965 homes and 117 schools suffered damage and many houses, public buildings and cultural and religious monuments were destroyed.

Happiness goal for MDGs: Bhutan, co-sponsored by 68 Member States, introduced the resolution "*Happiness: towards a holistic approach to development*" to the United Nations, which was unanimously adopted. The resolution promotes an inclusive, equitable and sustainable development approach.

[1] Gasa with small population remains an outlier. The income poverty incidence for Gasa is only 4%.

[2] The 'triple burden of diseases' refers to the impact of having to simultaneously address communicable diseases, non-communicable diseases and climate-related diseases through the health system

Who are the deprived children in your country context?

Despite Government's commitment to provide every child with free basic primary education and health services, children from the poorest, rural, and remote areas in the east and south are the most deprived. These include out-of-school children, children living with disabilities, child monks and nuns, malnourished children, child labourers and married girls.

Drivers of inequity include:

- a) **Social services and systems:** Indirect and opportunity costs deter poor families from sending their children to schools and provide them with health services. Even though extended classrooms and outreach clinics are providing their services to the most isolated communities, a few pockets are still yet to be reached. Lack of skilled teachers and health workers are available to meet the needs of children with disabilities. Child monks and nuns have no access to formal education.
- b) **Social and cultural:** Traditional beliefs on infant feeding practices increase the risk of child malnutrition. Stigma attached to certain diseases and disabilities risk children's exclusion from health and education services. Despite being prohibited, child marriage is still practiced, particularly among the rural, poor and uneducated.
- c) **Economic:** Low parents' education, small landholdings and limited access to resources in rural and remote areas drive families into vicious intergenerational cycles of poverty. With increased rural-urban migration, children of the urban poor risk inadequate access to basic social services. Girls working illegally in drayangs (entertainment venues) report harassment, exploitation and abuse in the workplace.
- d) **Geographic:** Marginalised Budgeting for Bottleneck analysis identified five particularly deprived districts mainly Lhuntse, Mongar, Zhemgang Dagana and Samtse in the east and south.

Data/Evidence

BMIS 2010 data provided on the situation of children and women that have strengthened monitoring of the MDG progress, allowed regional and global comparisons, and provided baselines for several indicators. As the BMIS report is based on the standard global MICS template, detailed coverage of specific topics is not possible. With UNICEF support, the Government is undertaking four thematic analyses on health, education, child protection, and youth and adolescence. These thematic analyses will provide in-depth data on inequities and their determinants in Bhutan. Engagement of an external expert to support the thematic analyses has made it possible to concurrently build the analytical capacity of implementing partners, particularly programme managers. Though effective in building analytical capacity, this approach does require more time and follow-up. Consequently the analyses will only be completed in the first quarter of 2012. The reports will be timely inputs when formulating the 11th Five Year Plan and the new UNDP/CPD by March 2012.

The Marginalised Budgeting for Bottleneck analysis using data from BMIS 2010 and other sources identified major health and education bottlenecks and determinants for effective service provision for unreached and vulnerable children and women. A cost-effective strategic package “best buy” for the health sector with evidence-based interventions has been developed to target five priority districts. The MBB analysis, which was the first ever for an Education sector, identified bottlenecks and formulated strategies for early stimulation in ECCD and comprehensive parenting programmes for children of 36 to 59 months.

Monitoring Mechanism

Periodic reviews with implementing partners are a primary mechanism to track, assess and evaluate results for the most deprived children, families and groups. Mid-year and annual reviews and planning meetings are conducted through UN-Government theme groups to resolve implementation issues and operational challenges. The annual Country Programme Board meeting is a high-level decision-making forum to oversee and guide the country programme. As per the Paris Principles, the UN system in Bhutan uses the Government’s Standard Progress Report, generated from their web-based Planning and Monitoring System. However, ensuring quality results-based reporting through this system remains challenging. Despite several revisions, the UN results framework struggles to robustly track progress against the Country Programme, hindered by limited capacity among implementing partners and many UN staff to develop quality outcome indicators and undertake results-based reporting. With the Resident Coordinator’s Office, the HACT/M&E interagency group led by UNICEF will deliver results-based management training in 2012 for implementing partners and UN staff members focusing on framing indicators and results-based reporting.

Administrative data from the health and education ministries provide reliable and consistent data to track MDG indicators at district level. These data are mostly confirmed by BMIS 2010. UNICEF, with other partners, joins and supports the Government’s Joint Sector Reviews. The annual education sector review in 2011 assessed progress of the education sector’s targets under the 10th Five Year Plan, including reaching unreached children for primary education. The health sector also conducted programme reviews on child health and reproductive health to assess the delivery of their services to reach the vulnerable groups. Health workers in six districts have been trained to pilot the use of health data from basic health units to monitor delivery of a continuum of care.

BhutanInfo, a national adaptation of DevInfo, was piloted in two districts to promote evidence-based planning and monitoring. It now facilitates dissemination of data across sectors at the district and sub-district levels. However, the absence of proper institutional frameworks poses a challenge for replicating BhutanInfo to other districts. In 2012 BhutanInfo will be institutionalised in consultation with relevant sectors at all levels.

Support to National Planning

The government undertook an exhaustive and highly consultative mid-term review of the 10th Five year Plan to assess financial and physical progress against planned results and finalise corrective measures to accelerate progress towards planned results nationally and specifically in poor-performing districts. Led by

the Honourable Prime Minister himself, net enrolment rate was one of the key indicators assessed in all 20 districts. UNICEF assisted the Government to utilise BhutanInfo to illustrate progress of key indicators at district and sub-district levels.

Statistical literacy and effective data usage is limited among implementing partners. A Data Sub-Group comprising UN agencies and the National Statistical Bureau has been established within the Poverty Theme Group. The sub-group promote data generation and dissemination and seek to raise the capacity and culture of data usage across all agencies at national and sub-national levels.

The UN interagency HACT/M&E group will focus on strengthening Government's standard procedures and templates to conduct periodic reviews and build the capacity of implementing partners for results-based reporting and results-based management.

Any other relevant information related to data/evidence?

References and links: BMIS 2010: <http://www.nsb.gov.bt/index.php?id=11>

- b) State of Nation: Prime Minister's Annual report to the National Assembly
- c) Governor Statement to the Annual Financial Institutes Conference
- d) Round Table Background document: http://rtm.gnhc.gov.bt/rtm_doc.aspx
- e) MTR Report of SAARC Development Goals: <http://www.gnhc.gov.bt/publications/>
- f) Ppt. slide on "Progress towards achievement of the MDGs"
- g) World Bank Economic Update, April 2011

Country Programme Analytical Overview

Bhutan is a self-starter country for the UN Delivering as One. The Delivering as One mechanism provides an opportunity for UNICEF to strategically ensure the visibility of children, women and youth across the UN / Government Country Programme. In 2011, the UN achieved 84% physical achievement and 75%^[1] financial achievement against the planned results of the Country Programme. Continued investments to support the UN Delivering as One will help position children and equity as central to the development agenda in Bhutan.

UNICEF Bhutan will use a number of programme strategies to intensify the equity agenda for the coming year, including communication for development, upstream advocacy coupled with evidence-based programming, programmatic and geographical convergence, capacity building and knowledge management.

Communication for Development strategies for child protection and water and sanitation will reach rights holders to empower the necessary knowledge, attitudes and practices for appropriate behaviour and care seeking practices.

Upstream policy advocacy will continue, particularly to secure strategic coverage and prioritisation of children, youth and women in development of the 11th Five Year Plan. This advocacy will be supported by evidence-based programming to demonstrate the effectiveness of approaches such as systems building and an equity focus. To this end, the country office will intensify convergence of programme interventions on districts/blocks with the worst social and economic indicators, identified through BMIS 2010 and the 2011 Marginalised Budgeting for Bottleneck analysis for health and education. These areas are primarily found in the east and south, as stated before.

Capacity building will continue to feature strongly. Competency-based training will introduce much-needed practical skills grounded in theoretical knowledge for child protection partners. National roll-out of established training curriculums such 'Educating for GNH' will help ensure that children in rural and remote areas also benefit from a better performing education sector.

To sharpen evidence-based decision making, the country office will continue to collaborate with the National Statistical Bureau to improve the efficiency of data use, including to guide the next 11th Five Year Plan.

[1] The final financial achievement is pending from some agencies due to late closure of their accounts.

Effective Advocacy

Mostly met benchmarks

- a)** To secure a shift towards child protection systems strengthening, the country office drew on global evidence demonstrating the value of a systems approach and complemented it with an analysis of benefits for Bhutan in making this shift now, such as linking it finalisation of the Child Care and Protection Act operational plan and preparation for the 11th Five Year Plan, and positioning it as a proactive response to emerging child protection issues identified in the BMIS 2010.
- b)** UNICEF was able to add value to the Government's efforts to model an equity approach to health service provision by orienting the Government to the Marginalised Budgeting for Bottleneck analysis tool and facilitating the inclusion of the education sector into the analysis. This promoted convergence among the health and education sectors and enabled design of a cost-effective strategic "best buy" package with evidence based interventions to target unreached and vulnerable populations in five most deprived districts.
- c)** Working through the UN System and a civil society partner to deliver a joint message, UNICEF was able to advocate for open discussion of sensitive issues such as adoption, birth registration and night hunting[1] through production of a feature film touching on these themes. A partnership for innovative communication on ECCD involving public-private and non-government partners led to the development of a range of materials like illustrated and photo based books, series of posters, booklet, radio and TV spots to advocate on issues identified through research such as the BMIS 2010.
- d)** During the 2011 Round Table Meeting, the UNICEF regional director was enlisted to raise the issue of unaddressed child stunting issues in collaboration with WHO, UNDP and the World Bank, resulting in commitments from the Ministry of Finance and the Ministry of Health to develop a comprehensive program.
- e)** The launch of BMIS was designed to sensitive decision-makers on how to interpret the data with equity focus. Promotional and presentation materials highlighted achievements, issues and gaps based on the findings, helping to highlight many sensitive issues on child protection and domestic violence.
- f&g)** Though a comprehensive advocacy plan was not in place in 2011, programmes advocated on emerging issues and opportunities. In a joint effort with UNDP, UNICEF supported the Department of Disaster Management to hold a high-level advocacy conference to build support for the draft National Disaster Bill and for the development of Bhutan Disaster Assessment tool with senior Government officials. Documenting lessons learned and innovations is not regularly practiced. Advocacy is included as a standing agenda of UNICEF's Head of Section meetings to strategise on priority areas for advocacy but country office still lacks a systematic approach.

[1] *Night hunting* is a form of traditional courtship practised in the past, mostly in Bhutan's rural Eastern and Central regions. Young men go out at night with the aim of entering girls' houses to engage in sexual activities. It may be described as the rural equivalent of urban dates (blind or pre-fixed dates). It can be associated with sexual violence.

Changes in Public Policy

UNICEF was active in development of relevant public policies during the year.

UNICEF participated in health care financing discussions which included an analysis of the unit cost of treatments in referral hospital, district hospital and basic health units. This identified the cost efficiency of appropriate treatment in basic health units, which led to recommendations to introduce proper referral systems to maximize effective usage of facilities and resources. UNICEF's involvement in the reproductive health programme review helped secure agreement to the introduction of reproductive and newborn health strategies.

For education, UNICEF led drafting of the Special Education Needs Policy, the functional English equivalent curriculum for non-formal education and the Early Child Care and Development Policy. UNICEF participated in the Joint Education Sector Review 2011, which has now recommended mapping of the basic and functional literacy levels and literacy policies in the districts.

In Child Protection, the Child Care and Protection Act was passed unanimously by Parliament. UNICEF's support to the current child protection system mapping and assessment will ensure that the operational plan to guide implementation is effective and equitable. Having been developed with UNICEF support, the National Youth Policy was endorsed and launched with consultations underway to develop the National Youth Policy Action Plan.

With other development partners, UNICEF assisted Government to construct the Multi-dimensional Poverty Index for Bhutan using BMIS 2010 data. The Government is now exploring its use in revising the formula for local government Annual Grants.

Leveraging Resources

The findings of the BMIS 2010 were published and launched in 2011. The findings clearly indicate that Bhutan is facing stunting and malnutrition issues with significant disparity. During the 2011 Round Table Meeting, UNICEF strongly supported advocacy for increased investments to address this issue. As a result of the discussions of the Round Table Meeting, the World Bank is now committed to support the government on addressing the issue while the Government has committed to increasing its investment in addressing stunting.

UNICEF continues to collaborate with the World Bank on the Global Partnership for Education by providing technical inputs within the local development partner group consultations to address disparity issues among others. UNICEF also participates in the GFATM Country Coordinating Mechanism, advocating for an increased focus on disparity and UNICEF's four 'P's.

Capacity Development

Partially met benchmarks

a) The Bhutan Disaster Assessment (BDA) tool for effective disaster management was developed through a highly consultative process between the UN and government partners. Stakeholders were engaged throughout the process and all focal persons at national and district levels were oriented on the features and usefulness of the tool. Further training on the usage and the protocol of the tool and BDAInfo will be rolled out in 2012.

The training for teachers on Educating for GNH was undertaken after coming to an agreement through a series of consultative meetings with implementing partners on how to first build the capacity of the core trainers, on the need for trainers' module and the content of the module. An orientation session was held

for the core trainers from twenty districts before initiating the training of teachers.

b) To address the lack of support services for children and capacity gap of frontline workers to address child protection issues identified during an orientation workshop in 2010, APSSC delivered training on child protection in emergencies. It included orientation to the 'return to happiness' psychosocial support tool that will be rolled out through school & NGO counsellors and ECCD workers in 2012. For Bhutan's 12 full-time school counsellors, this tool will complement their training in mental health facilitation.

A Safe School Initiative training package addressing earthquake mock drills, education in emergencies, and structural and non-structural hazards was jointly developed with Department of Disaster Management, Ministry of Education, Asian Development Bank and Save the Children. The package, which was informed by the Ministry of Education capacity assessment and designed to promote cohesion among development partners' support, and has been rolled out in four districts to date. Teachers have improved their School Disaster Management Plans and are integrating topics on disaster and climate change to prepare children against disasters. Public health engineers are now knowledgeable on water supply survey designs and WASH in Emergency.

c) Teacher trainers from 20 districts introduced positive disciplining in their schools using the warmth and structure model and also trained their neighbouring schools on it. Trained District Education Officers from all 20 districts established community ECCD centres in the rural areas and sensitized parents of young children and other community members. Consultations are underway to integrate child protection knowledge and skills into an existing NGO volunteer network that currently focus on gender-based violence. Capacity building on community-based research, project management and assessment methods equipped a network of Young Volunteers in Action to adopt two remote communities as Gross National Happiness Villages.

d) UNICEF is gradually handing over responsibility for supply and procurement to the Ministry of Education, using their processes. Throughout this process, UNICEF's supply team are working closely with the Ministry to strengthen their system and capacity and to monitor the transition as many challenges remain.

e) Supported by regular theme group review meetings, the Country Programme Board is the formal mechanism for information gathering on performance and progress towards results against the Country Programme.

Communication For Development

Partially met benchmarks

a) A multi-pronged C4D intervention to support re-introduction of the Pentavalent vaccine mobilised local media, district and village health workers, doctors and affected families to share facts and experiences on the importance of immunization and safety of the vaccine. Similar strategic C4D action plans are now in place for Maternal, Child Health and Nutrition to mobilise multiple stakeholders including village health workers, non-formal education learners and local government members along with mothers, caregivers and the local media.

b) Health professionals, mothers, girl students, and the media were involved in identifying the underlying causes for public speculation over the safety of the Pentavalent vaccine. Concern about its safety followed the Ministry of Health's 2009 decision to stop the vaccine to investigate eight infant deaths, which proved to be coincidental and not related to the vaccine. This participatory situational assessment identified that involvement and information sharing on the investigation findings were critical for the local media and health workers to in turn address public safety issues among the general public. A strategic C4D

action plan and subsequent multimedia communication materials were developed in consultation with the participants. Similarly, consultations with pregnant mothers, mothers with infant children, health workers, traditional healers, local leaders and community representatives identified underlying causes for low maternal and child health and nutrition in remote communities and informed development of C4D strategies and action plans accordingly.

c) The participation of the media and health workers was central to the development of the C4D strategy to support the Pentavalent reintroduction. Consultative meetings with the media and workshops with the health workers that were held at the national and district level were conducted in all 20 districts. Posters, question and answer booklets, learning aid materials for health workers, and a media guide book were developed and distributed to all health centres and media houses. A joint media action plan was developed and implemented by the broadcast and print media. National and district level communication plans were developed for all health workers. This harmonised C4D actions, demystified the issue for key actors and empowered health workers to participate in the dissemination of information, which resulted in successful re-introduction of the Pentavalent vaccine.

d) All materials to support successful re-introduction of the Pentavalent vaccine were pre-tested with health workers, media personals and the general public.

e) Systematic C4D monitoring mechanisms are not yet in place.

f) Field observations and informal assessments were conducted on the performance and use of communication materials.

Service Delivery

Fully met benchmarks

Not applicable - the Bhutan country office has graduated from service delivery approaches.

Strategic Partnerships

Mostly met benchmarks

a) The Royal Government of Bhutan (RGoB) continues to be the most significant partner for UNICEF and all the support, including one to the civil society, is channeled through the Gross National Happiness Commission.

Of the 19 registered civil society organisations, UNICEF collaborates with two on youth and violence against women & children. UNICEF has initiated a partnership with Lhaksam, the country's PLWHA network, to address the increasing needs of children affected by AIDS.

The current child protection system mapping and assessment is enabling analysis of current and potential partners and their capacity, while the Child Labour Task Force completed a mapping of child protection partners in 2011. These initiatives helped identify the Department of Immigration as a key child protection partner for future collaboration.

Through the UN Delivering as One, the UN Country Team, Theme Groups, HACT/M&E group, Operation Management Team and Communication group provide mechanisms for synergies. UNICEF engages in-country and offshore donors and development partners regularly through the donor coordination mechanisms such as the monthly donor lunch and joint sector reviews in education and health led by Danida. The World Bank is an increasingly important in-country partner given their investments in health and education and capacity to compliment UN support for youth issues focussing on economic empowerment.

b) Within the UNICEF guidelines, rules and procedures, PCAs with registered NGO partners will be explored. Civil society organisations in Bhutan have just been registered under the Civil Society Organisation Act (2010).

c) In 2011, the child protection programme expanded and redefined strategic partnerships with civil society. The Youth Development Fund board approved child protection as a new programme area, and UNICEF now supports the development of their child protection programme strategy. UNICEF's partnership with RENEW, a gender-based NGO, recommenced in 2011, recognising their work with women on gender-based violence necessarily involves a concurrent duty of care for children.

The Child Health Advisory Group was established in partnership with WHO, Save the Children, the Ministry of Education and the Ministry of Health. A partnership was established with WHO and UNFPA for the development of reproductive Health and Newborn Strategy and Action Plan for 2012-2017.

d) Within the UN Delivering as One framework, communication and feedback are provided through mid-year and annual review and planning meetings. Partners reflected that operational procedures are now uniform and simpler although the work-load on UN agencies has increased. UNICEF's participation in joint annual sectoral review meetings with Ministry of Education, Ministry of Health, DANIDA and other stakeholders provides further opportunities for strategic communication. The monthly donor lunch meeting for UN agency heads and donors continues to be an effective forum for updating and discussing issues of common interest.

e) In response to the September earthquake UNICEF through the lens of the UN Delivering as One, took the lead in the management of relief materials for shelter and family kits.

f) The office is yet to establish a mechanism to systematically monitor and maintain a database on partnerships as the civil society base is growing.

Mobilising Partners

While collaboration with traditional partners are becoming stronger, new partnerships are being mobilised to foster more equitable results for children and help scale-up progress for deprived children:

UNICEF is now collaborating with RENEW, a gender-based violence NGO, to integrate child protection capacity throughout their existing nationwide network of volunteers. This step is critical to reaching children in their homes and communities with child protection awareness and prevention initiatives. With training materials under development, this initiative will be piloted in 2012.

Investing in the capacity of community-level village health workers has improved quality of health care for children, particularly in community-based integrated maternal and neonatal care and child malnutrition.

Child protection and youth participation outcome level groups have been formed informally among actors within the Governance and Education Theme Groups to help better articulate child protection and youth issues and thus elevating their perceived importance and relevance.

The Round table meeting of September 2011 provided excellent opportunity for UNICEF to collaborate with WHO and World Bank to form strategic alliance for addressing chronic malnutrition (stunting).

In an effort to further streamline and coordinate statistical activities like data generation and usage, a Data Subgroup within the Poverty TG has been established with partnership of UNDP, UNFPA, WFP, UNICEF and NSB. The subgroup represented by UNICEF is already a founding member of the Advisory Technical Group for the implementation of the Bhutan Living Standard Survey (BLSS) 2012 which will provide many disaggregated information and enable programming for more equitable results for children and help scale-up progress for deprived children.

Knowledge Management

Mostly met benchmarks

a) Reproductive health and EPI reviews helped formulate strategic interventions to reach vulnerable women and children with health services. Informed by analysis of ECCD services, Early Learning and Development Standards have been developed to institutionalise quality early learning initiatives for children 3-5 years old. A child protection system mapping and assessment is underway to help finalise the Child Care and Protection Act operational plan and prioritise interventions to protect the most vulnerable children. Thematic analyses in health, education, child protection and youth and adolescence using the BMIS 2010 data set will provide further in-depth situational analysis of most disadvantaged children correlating with other social and economic determinants. A 2nd Stage Disability Assessment will provide a reliable estimate of disability prevalence, types and severity. An assessment of children affected by HIV through partnership between the Government, the Royal Institute of Health Sciences and a PLWHA group is underway with ROSA funding and will be completed in 2012. These studies will contribute to the situation analysis of women and children in Bhutan, which will be finalized in 2012 to inform the next CPD.

b) The IMEP consolidated research carried out by programmes. A work process for research has been drafted to strengthen quality assurance. A checklist based on UNICEF evaluation guidelines is used to assess studies commissioned by UNICEF. The capacity of local consultancy firms, implementing partners and UNICEF staff in basic statistics/sampling/data analysis and report writing requires further strengthening.

c) Using BMIS 2010 findings, UNICEF ensured that women, children and social issues were visible in the 2011 Round Table Meeting background paper on Bhutan's development progress and challenges.

The reproductive health review assessed the current status of the programme and served as an effective advocacy tool to increase attention to adolescent health issues and to institutionalise neonatal care.

The Government was assisted to use BhutanInfo for its mid-term review in 2010 and 2011. To enable the Department of Disaster Management to manage information for rapid disaster assessment, BDAInfo – an adaptation of EmergencyInfo – was developed to conduct rapid assessments following disasters.

d) UN's Solution Exchange Development Network is a popular forum for exchanging experiences and knowledge on development issues amongst Government, UN, civil society, academia, media, and private sector practitioners. Human interest stories, news articles on programmes and staff news were published and circulated to national partners through the UN newsletter.

e) Regular review and Country Programme Board meetings provide a formal mechanism to discuss and document implementation progress between implementing partners and the UN System. Key achievements and lessons learnt are highlighted and taken into consideration for the next planning. The country office

produces an internal weekly media update to track implementation and inform on any issues and updates relating to children specifically and other related issues in general.

f) Knowledge management and dissemination is not systematically governed. In line with the country office's focus on quality assurance, implementation of draft work processes for studies, assessments and evaluation will enable efficient usage amongst internal and external users.

Human Rights Based Approach to Cooperation

Mostly met benchmarks

a) The education programme used the prevalence rate of poverty and illiteracy as the criteria to select sites for establishment of community-based ECCD centres to ensure that centres equitably benefit the most disadvantaged children.

b) Refer to section 3 on capacity development.

c) UNICEF successfully advocated for increased meaningful and equitable participation of children and youth in development of the National Youth Policy Action Plan through two key messages: 1) the importance of equity and diversity in participation, ensuring that initiatives reach beyond urban high school students and 2) that participation should be a central programme strategy rather than a one-off activity. Several participation initiatives have been incorporated into the development of the National Youth Policy Action Plan and UNICEF will assist Government to institutionalise participation throughout implementation of the policy.

Young people's participation was central to the development of the non-formal education and post-literacy English curriculum, ensuring their voices and interests were addressed to make it interesting and meaningful. It is expected to enhance access for out-of-school youth, particularly females, to alternate education to acquire equal and greater opportunities in their lives. It is currently being piloted in 6 districts where young learners are also involved.

d) By enlisting parents, family members and communities to identify and refer out-of-school children for non-formal education, key community stakeholders are empowered as duty bearers. The Marginalised Budgeting for Bottlenecks analyses involved relevant officials not only on the use of the tool but also in making use of the most relevant data to devise appropriate strategies. In line with the focus of streamlining strategies in the most priority areas, relevant district health officials were involved in the exercise leading to formulation of the most relevant strategies in line with their local context.

e) UNICEF successfully advocated for the inclusion of child friendly budgeting into the Government's existing gender-responsive budgeting programme by highlighting it as an opportunity to respond to concluding observations from the CRC Committee prior to submission of the next periodic report. The National Commission for Women and Children is now preparing Bhutan's next CRC Report for submission in 2012. UNICEF will continue to support this process.

f) The BMIS 2010 made a wealth of information available on the situation of women and children rights holders in Bhutan, disaggregated by key factors such as location, gender, education levels and wealth. Four thematic analyses on health, education, child protection and youth are currently underway to mine the BMIS dataset for additional insights, particularly to further identify the most disadvantaged.

Gender

Mostly met benchmarks

a) To help mainstream gender throughout UNICEF's work, and in response to UNICEF's Gender Policy, each programme section has a gender focal point who participates in the Gender Task Team and helps to progress the Gender Strategic Priority Action Plan. The Gender Strategic Priority Action Plan identifies flagship programmes for each section that have been prioritised based on a gender analysis to help the country office operationalise gender equality initiatives. There was increased attention to gender mainstreaming across the UN System in 2011, including commissioning of a gender audit that will be finalised in 2012 and the introduction of gender responsive budgeting frameworks for Government. All work plans include gender issues, and to strengthen gender mainstreaming across the 2012 work plans for the UN System, all theme groups were sensitised on gender mainstreaming during their planning workshops.

To strengthen the evidence available for gender analysis, four thematic analyses of the BMIS 2010 on health, education, child protection, youth & adolescence are currently underway mainstreaming gender. These will highlight gender-related disparities and other equity issues for children and women. It will incorporate in-depth analysis on the situation of women-headed households.

b) For the first time a targeted workshop on gender responsiveness built the capacity of 15 male and 15 female teachers and principals to promote gender equality in school management, curriculum delivery and child participation in curricular activities at the school level.

The 2011 reproductive health programme review incorporated an analysis of gender-based violence and its link to reproductive health outcomes. The review highlighted the need for greater attention to gender equity in reproductive health programming at the individual and structural levels to empower women to protect their health and reduce barriers in accessing health. The review recommended establishing linkages and channels between reproductive health programmes and social development activities such as microenterprise, livelihood projects, and alternative educational programs to empower women.

c) Refer to section 8 under c.

d) As part of the UN System, UNICEF is currently participating in a gender audit of the UN Country Programme, which will incorporate analysis of staff capacity and programme success in advancing gender mainstreaming. Gender Markers at the PCR level continued to be monitored by the gender focal person in each programme section.

Environmental Sustainability

Partially met benchmarks

a) Bhutan is vulnerable to natural hazards like earthquakes, GLOF, seasonal floods, landslides and fire. In UNICEF Bhutan currently, environmental sustainability is mainly translated in its WASH and education programmes and in disaster/emergency preparedness and response across all programmes. Climate change and disaster risk reductions will be addressed more coherently in the next programme cycle.

b) Support to emergency preparedness/response is integrated in all of the programmes' work plans to address capacity building, coordination gaps and pre-positioning emergency family kits, school-in-a box, school in a tent, recreational kits, WASH kits etc. The WASH programme is looking for alternative water

sources (rainwater harvesting) owing to drying up of water sources due to climate change. Implementing partners and stakeholders are regularly trained in disaster preparedness, such as education in emergencies; child protection in emergencies; and disaster/emergency management coordination training.

c) The National Youth Festival included environmental sustainability as a key sub-theme. participants learnt environmentally friendly creative arts including waste re-use and made recommendations to protect the environment as part of their youth forum. As part of Educating for Gross National Happiness, all school principals in the country have pledged to nurture their schools into Green schools. The initiative focuses on teaching children respect for environment, learning to live in harmony with nature, conserving scarce resources and keeping their school green.

d) Capacity development for disaster management is managed through the environment and disaster management theme group, with multiple Government and UN agencies participating and bringing their comparative expertise. The Bhutan Disaster Assessment tool was developed through intensive consultations of all relevant stakeholders, partners and district officials to draw on all existing expertise in the country. However the tool requires further refinement and simplification to be improve its application.

e) Monitoring and evaluation processes integrating sustainability and climate change risk assessment are not yet in place.

South-South and Triangular Cooperation

Tripartite Cooperation of UNICEF, BBS and Thai Public Broadcasting Service

Since 2008, UNICEF and Bhutan Broadcasting Service initiated a joint collaboration to enhance participation of children, women and youth through quality broadcast media programmes. The collaboration has resulted in institutionalisation of weekly radio and TV programmes for children, women and youth. This also gave birth to popular TV programmes like "My World", "Super Speller" and "*Nashoen* or Youth Express".

In 2010-2011 UNICEF supported eight female and three male Bhutan Broadcasting Service radio and TV producers for children, women and youth programmes to be trained at the Thai Public Broadcasting Service in Bangkok. Besides training in programme production, programme managers and producers learnt about the roles and responsibilities of a public broadcasting service and how to create programme content that is distinctive, bold, inspiring and promotes public participation. This helped Bhutan Broadcasting Service in recognising their potential to be an effective public broadcasting service and the need for collaboration with other broadcast organizations in the region.

Consequently, Bhutan Broadcasting Service and Thai Public Broadcasting Service signed a Memorandum of Understanding for cooperation in institutional capacity building to develop relevant public TV programmes particularly for children, youth and family. The two organisations agreed to further the collaboration through exchange of programmes and expertise and provision of assistance, which demonstrated cooperation from the South. UNICEF as a triangular collaborating agency supports this cooperation by facilitating the travel and logistical costs of Bhutan Broadcasting Service participants as well as subject matter content of programmes with children, women and youth related themes.

Country Programme Component: Health, nutrition and sanitation

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
PCR1: Capacity of RGOB to formulate and implement results oriented policies and strategies that create an enabling environment for reproductive health, maternal and child health, STI, HIV/AIDS, TB and malaria programmes strengthened.	2	FA1OT7, FA1OT4
PCR2: Capacity of RGOB strengthened to increase access to and delivery of quality health services for all including reproductive health, maternal and child health and nutrition, TB, malaria and other non-communicable diseases.	2	FA1OT7, FA1OT4, FA1OT13 (a), FA1OT13 (b)
PCR3: Capacity of government to respond to prevention, care and treatment of HIV/AIDS and STI through multi-sectoral approach strengthened	2	FA3OT1, FA1OT4
PCR4: RGOB and community partnerships enhanced to promote utilisation of health services	3	FA1OT6, FA1OT8

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	0.00	0.00	0.00
OR-R	1,690,000.00	1,581,594.48	1,570,840.31	99.32
RR	330,000.00	425,372.62	403,185.77	94.78
Total	US\$2,020,000.00	US\$2,006,967.10	US\$1,974,026.08	

Results Achieved

Maternal and Neonatal Care

Policy and knowledge management:

- Through a consultative equity analysis, UNICEF assisted Ministry of Health to identify bottlenecks in health coverage to vulnerable and unreached populations in five priority districts. A cost-effective strategic "best buy" package was designed for convergence with ECCD in these districts in 2012.
- A Reproductive and Newborn Health Strategy based on the Reproductive Health Review is under development

Systems and services:

- All women and children in need receive improved maternal and neonatal care from health facilities through training of 600 health workers on antenatal care and postpartum haemorrhage management. 77% of pregnant women attended four or more antenatal visits in 2011, compared to 44% in 2008. Newborn and paediatric care was strengthened by training 30 nurses from all 20 district hospitals.
- Early detection of HIV status and treatment of infants with HIV-positive mothers has been enhanced through establishment of an Early Infant Diagnosis facility in the National Referral Hospital.

Demand creation:

- A Health Communication Strategy to build demand for maternal and child health services is operational.

Immunisation and Child Health

Policy and knowledge management:

- A new Child Health Advisory Group oversees and guides implementation of child health programmes.

Systems and services:

- Integrated Management of Neonatal and Childhood Illness (IMNCI) has been institutionalised in three levels of the health system: hospitals, basic health units and community. 750 village health workers (70% of all village health workers) including 65 females can now practice community-based IMNCI.
- 25 health assistant graduates have comprehensive theoretical and practical IMNCI training through pre-service training at the Royal Institute of Health Science.
- All children with diarrhoea now receive zinc supplementation.

Demand creation:

- A well-orchestrated Communication Plan facilitated the successful reintroduction of the Pentavalent vaccine in June 2011. The immunisation schedule was revised with TD replacing TT and DTP replacing DT. The Hep B zero dose was endorsed and newborns started receiving the vaccine in September.

Nutrition:

Systems and services:

- Village health workers from 14 districts can now recognize newborn danger signs and screen malnourished children using Mid-Upper Arm Circumference.
- Health workers in five districts now have the capacity to manage Severe Acute Malnutrition.
- Bhutan's Iodine Deficiency Disorder elimination status was sustained through Monitoring of Universal Salt Iodisation at basic health units.

Demand creation:

- Infant and Young Child Feeding training equipped some 2,000 mothers and caregivers in five districts with correct knowledge on exclusive breast feeding, complementary feeding and harmful feeding practices.

WASH:

Systems and services:

- About 2,500 boys and 2,500 girls access improved water and sanitation at school through construction of facilities, including reconstruction support from the 2009 Earthquake.
- Through a school 'clean toilet competition' focusing on improving toilet use and maintenance, over 10,000 children have access to cleaner and better maintained toilets.

Demand creation:

- About 20,000 school children gained correct knowledge on hand washing and water disinfection options through World Water Day and Global Hand-washing Day celebrations.

Most Critical Factors and Constraints

Critical factors or Constraints:

- Implementation was interrupted by government's engagement in many important activities. The mid-term review across all 20 districts in February and March, local elections in June, and the Royal Wedding in October engaged officials at district and central levels.
- Lack of available skilled resource persons forced the cancellation of a number of planned training activities for health workers on OBGYN, paediatrics and other specialised areas. Ministry of Health introduced a policy to keep medical doctors 8 months in the clinical work and allows only 4 months (October –January) for public health activities.
- Inadequate capacity of program officers in program management and low priority given to monitoring and supervision by the Ministry of Health constrained planned monitoring in districts.
- Difficulties in convincing media and district health workers on the safety of the Pentavalent vaccine was due to the misconception that the death of 5 infants in 2009 was an adverse event from immunization. In fact, the deaths were coincidental and unrelated to the vaccine. A series of in-depth discussions and workshops on the safety of Pentavalent vaccine and dissemination of investigation findings not only brought them on board but also mobilized their critical support in informing the public and parents on the safety of Pentavalent vaccine and its importance.

- Construction of school water and sanitation facilities was delayed due to inadequate coordination between central and district administrations, and the shortage of both skilled and unskilled human resources. It was further aggravated by the earthquake in September 2011.

Lessons learned:

- Due to the limited number of medical specialists available as resource persons, training activities that do not require the participation of medical specialists will be prioritised, including policy and strategy development, training at district level, village health worker training, monitoring and assessment of activities and IEC material development. Engaging international technical experts will be considered for more specialised trainings.
- Capacity building of partners, especially district health officers (DHOs) in project management is essential. Monitoring and evaluation activities can be delegated to DHOs provided their capacity in supervision is strengthened.
- It is important to identify and work closely with champions within the mass media that can influence and solicit the support of other journalists. The focus of the Communication Plan on the reintroduction of Pentavalent vaccine has been shifted from parents to health workers building their knowledge and skills on the safety of the vaccine and their communication skills. Intensive training of health workers targeted to convince in the safety enabled the successful reintroduction of Pentavalent vaccine.
- A Quality Assurance mechanism within the Country Office has been established for studies, assessments and surveys as well as for quality printing materials. This has enhanced the office's capacity to oversee the production of quality materials.
- In view of Bhutan's rapid economic and social development, UNICEF must shift its focus upstream with high-level technical assistance and develop an exit strategy for implementation-focussed support such as construction projects.

Key Strategic Partnerships and Interagency Collaboration

- The Health Programme was proud to enjoy the support and partnership of several UNICEF National Committees in 2011, including UNICEF Netherlands, UNICEF Germany, UNICEF Japan, UNICEF Switzerland and UNICEF United Kingdom. In addition, health global thematic funding, UNAIDS (UBW), UNDAO, AusAID, Human Security Fund, UNICEF equity funds and Donor Pooled Emergency Fund supported the health programme. The Dutch NatCom support was instrumental in implementing Integrated Management of Neonatal and Childhood Illness (IMNCI) and community-based newborn care.
- WHO, UNFPA and UNICEF jointly supported the Ministry of Health to conduct the first ever Review of Reproductive Health Programme and to incorporate the recommendations into a Reproductive and Newborn Health Strategy and Action Plan (2012-2018). UNICEF and UNFPA under the UN Health Thematic Group developed the outline of the strategy for the endorsement of the Ministry of Health.
- With WHO, UNFPA and the World Bank, UNICEF led an interagency partnership between Ministry of Health, Ministry of Education, National Statistical Bureau and Gross National Happiness Commission to undertake Marginalised Budgeting for Bottleneck analysis for strategic planning and budgeting to accelerate achievement of MDGs. The subsequent investment case documents a set of low cost and high impact interventions to remove bottlenecks affecting in coverage of MCH services in five priority districts. The MCH program of the Ministry of Health and the ECCD program of the Ministry of Education were strategically converged during the analysis around the focus of Early Childhood Care at the community level and agreed on the modality of service provision.
- WHO SEARO and UNICEF jointly conducted a review of the EPI service delivery system, Vaccine Preventable Disease Surveillance and HPV Post Introduction Evaluation.
- UNICEF and SNV commenced a partnership to converge programmes addressing water supply, sanitation in schools, hygiene promotion and breast feeding in one remote sub-district.

Humanitarian Situations

- UNICEF assisted stakeholders to draft a WASH emergency preparedness plan.
- Health workers from five districts (Mongar, Trongsa, Tsirang, Wangdue and Haa) have been trained to respond to the effect of disasters on nutritional status, and identify and treat malnourished children to prevent them from progressing to severe malnutrition, including during emergencies.

- With AusAID funding, UNICEF's support to reconstruction efforts from the 2009 Earthquake has now seen 12 of 13 schools reconstructed, sanitation installed for 16 of 50 schools, and water supply installed for 3 of 40 schools across six affected districts.

Summary of Monitoring, Studies and Evaluations

Reproductive Health Programme Review

Findings: The reproductive health programme is making good progress towards the targets of Bhutan's 10th Five Year Plan and the MDGs. The antenatal care coverage was 97% for at least one visit and 77% for at least four visits in 2010, reflecting commendable success of the programme. The concept of a "continuum of care" approach has been adopted and neonatal care has been integrated within the wider component of maternal health and in the IMNCI. The need to establish functional adolescent-friendly health systems was highlighted. The findings and recommendations from Reproductive Health Programme Review informed the development of the Reproductive Health Strategy.

Rapid Assessment of Integrated Management of Neonatal and Childhood Illness (IMNCI) Programme:

Findings: IMNCI is universally practiced in all basic health units and most drugs and equipment are available in all facilities. Reduction in antibiotic use was observed following IMNCI implementation.

Based on the recommendations of the mid-way Rapid assessment, the IMNCI program now incorporates post-natal home visits into IMNCI guideline. The district IMNCI supervisors are skilled on managing sick young infant care and on engaging the Village Health Workers for community-based IMNCI as a result of the internship programme in the regional hospitals. The IMNCI is now institutionalized as a pre-service course in Royal Institute of Health and Science thereby mainstreaming IMNCI within the overall health care services.

Future Work Plan

Maternal and Neonatal Care:

- Review Village Health Worker programme and develop long term Community Health Strategy.
- Introduce Continuum of Care monitoring at the hospitals and basic health units as a part of the Health Management Information System.
- Introduce postnatal home visits for village health workers and basic health unit health workers in five most deprived districts to assess mother and newborn care and expand innovative communication program in the community
- Develop behaviour change communication on Maternal and Child Health, Nutrition & Hygiene/ Sanitation with Village Health Workers, elected district and local representatives in five priority districts
- Conduct a training of trainers on revised PMTCT and paediatric HIV management guideline

Immunization and Child Health:

- Assess child care services at hospital level.
- Develop a Child Health Strategy and Action Plan.
- Conduct IMNCI Supportive Supervision and Complete Community IMNCI training in all 20 districts.
- Increase the number of skilled health workers on hospital-based IMNCI from 1 doctor per district to 3 per district through training.
- Strengthen IMNCI pre-service training in Royal Institute of Health Science.
- Train health workers on ECCD in five most deprived districts.
- Assess vaccine and cold chain management and provision nationwide, including traditional vaccine and kerosene based cold chain equipment.

Nutrition:

- Establish Nutrition Rehabilitation Unit in five district hospitals for the management of Severe Acute Malnutrition.
- Complete the training of health workers on infant and young child feeding and lactation management in all 20 districts.
- Introduce iron syrup to children under 5 years of age.
- Assess anaemia prevalence and worm infestation prevalence through survey in schools.

WASH:

- Construct rainwater harvesting schemes and explore alternative water supply technology such as water pump, deep wells in schools.
- Train teachers on promotion of key hygiene behaviour for school children.
- Train caretakers on operation and maintenance of WASH facilities for proper and sustainable use.
- Develop a mechanism for the sustainable maintenance of water and sanitation facilities in the schools and advocate for its use.
- Support the application of modern survey methods and design of water supply schemes.

Country Programme Component: Quality education

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
PCR5: School enrolment, particularly for girls, increased through improved facilities, school feeding and targeted advocacy		2 FA1OT1, FA2OT6, FA2OT7
PCR6: Improved quality of education delivered by relevant stakeholders		2 FA2OT7, FA2OT1, FA2OT4, FA2OT6
PCR7: National capacity to revise and implement the educational curricula enhanced		2 FA2OT6, FA2OT7
PCR8: National capacity for disaster risk management strengthened.		2 FA2OT9

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	557,195.41	556,924.48	99.95
OR-R	2,540,000.00	847,549.11	820,631.71	96.82
RR	200,000.00	503,664.34	47,4607.69	94.23
Total	US\$2,740,000.00	US\$1,908,408.86	US\$1,852,163.88	

Results Achieved

Early Childhood Care and Development:

Policy and knowledge management:

- An inaugural Marginalised Budgeting for Bottleneck analysis in the education sector identified bottlenecks for early stimulation in ECCD and comprehensive parenting programmes and enabled formulation of strategies to address bottlenecks.

Systems and services:

- 30 new Community ECCD centres, along with 20 existing centres across all 20 districts, provided 1,500 children (around 50% girls) from remote and poor communities with access to quality early learning and development programmes. 32 ECCD Government focal persons (30% females) are now skilled to establish community-based ECCD centres for most remote and disadvantaged communities.

Demand creation:

- An ECCD media awareness campaign targeting policymakers and parents increased demand for more community ECCD centres and parenting education programmes in rural areas. 4,000 parents (mostly mothers) in eight districts with high prevalence of poverty, illiteracy and inadequate childcare are acquiring positive parenting skills through non-formal education.
- 60 new female ECCD facilitators across 20 districts are delivering the comprehensive ECCD curriculum

to young children, applying child-friendly and developmentally appropriate teaching approaches.

Child Friendly Education/ Educating for Gross National Happiness:

Policy and knowledge management:

- UNICEF assisted the National Statistics Bureau to conduct a world-first 2nd stage childhood disability assessment of 2-9 year olds to inform equitable policy development.
- UNICEF, with support from NYHQ, provided technical inputs to align the Special Education Needs Policy with international standards.

Systems and services:

- UNICEF trained 250 teachers in two districts on "Educating for GNH" to improve quality education. Remaining teachers will be trained in 2012/13 to ensure national coverage. 1,500 children (almost 50% girls) in 37 extended classrooms in the low enrolment districts of Dagana, Samtse and Chukha now enjoy improved multi-grade teaching. 58% of primary schools with multi-grade set up will have continued access to quality multi-grade teaching through the in-service and pre-service training of 450 teachers.
- 42 visually impaired and 63 deaf and hearing impaired children received specialized education services that enabled them to continue learning different subjects using braille and Bhutanese sign language respectively.
- Provision of acrylic sheets, corrugated galvanized iron sheets, furniture, solar lighting and solar lanterns in over 40 remote community primary schools and some extended classrooms enabled more than 12,000 children (50% girls) in 12 districts with low net attendance rate to access an improved and joyful learning environment.

Non formal education:

Policy and knowledge management:

- A monitoring tool was developed and piloted to ensure quality delivery of NFE programme and institutionalise a proper monitoring system in place. The system will be institutionalised in 2012.

Systems and services:

- Of the 12,968 NFE learners enrolled nationwide, 9,093 females completed the basic literacy course and over 3,000 learners (70% female) have completed the post literacy course in 2011. Over 3,000 NFE students were aged 15-24 years. Learners were also sensitised on disaster preparedness and management.

Demand creation:

- Post literacy learners now have access to a functional English curriculum. Young people contributed to the curriculum's development, ensuring its relevance for youth.

Most Critical Factors and Constraints

- Implementation was interrupted by government's engagement in many important activities. The mid-term review across all 20 districts in February and March, local elections in June, and the Royal Wedding in October engaged officials at district and central levels, as well as teachers and students. This hampered training and monitoring activities in the districts, including delaying the assessment on second stage childhood disability.
- On one hand the country office as part of preparation to roll out VISION asked implementing partners to complete most of their activities by early in the fourth quarter; on the other hand partners were struggling to clear the backlog from the beginning of the year. These events pushed activities to early 2012.
- The programme was challenged by weak monitoring and supervision of implemented activities by partners, especially in remote areas and for non-formal education.
- Extensive negotiations with the Government on the framework for Educating for GNH continued along with the need to quality control development of the training materials, delayed roll-out of the training, and coverage reduction to school teachers in 2011 in 2 instead of 10 districts.

Key Strategic Partnerships and Interagency Collaboration

- The Education Programme enjoyed the support and partnership of several UNICEF National Committees in 2011, including UNICEF Netherlands, UNICEF Australia, UNICEF Japan and UNICEF Switzerland. In addition, education global thematic funding, UNDAO, AusAID, Human Security Fund, UNICEF

equity funds and Donor Pooled Emergency Fund supported the education programme. Support from UNICEF Netherlands was instrumental in supporting the special education programme to ensure education for children living with a disability.

- In partnership with Ministry of Education and education development partners such as the World Bank, JICA, HELVETAS, Canada Foundation, UNFPA, WFP and DANIDA, UNICEF participated in a joint Education Sector Review that also served as the UNDAF outcome evaluation on education to avoid duplication of the review.
- Through public-private partnership, innovative communication materials for young children were developed. 107 participants from agencies like Bhutan Broadcasting Services, Ministry of Health, Youth Development Fund, Draktso (a vocational institute for people living with disabilities), Save the Children, along with artists, script writers, private movie makers and young people were involved in developing a range of materials for children, caregivers and policymakers.
- UNICEF partnered to develop an integrated training package on safe school initiative by merging earthquake mock drills, education in emergencies and structural and non-structural hazards with the Department of Disaster Management, Ministry of Education, Asian Development Bank and Save the Children.
- In collaboration with the Ministry of Education and Save the Children, UNICEF assisted to validate the age appropriateness of the Early Learning and Development Standards for 36 -72 month-old children, finalise a training module on comprehensive parenting and train ECCD facilitators on comprehensive ECCD curriculum.
- With the Royal University of Bhutan, UNICEF collaborated on the infusion of gross national happiness principles and values as a teaching approach in tertiary education including in the country's two education colleges, and in incorporating multi-grade teaching and ECCD into pre-service training.
- With UNESCO, UNICEF concluded a joint activity to establish and pilot a non-formal education management information system in three districts.

Humanitarian Situations

- With 55 teachers trained in 2011, more than 300 teachers in six districts are now trained on education in emergencies, enabling them to be first line responders during emergencies and disasters. School Disaster Management Plans have improved in schools with trained teachers and children at these schools can now perform earthquake mock drills.
- UNICEF supported the reconstruction of 13 school facilities damaged by 2009 earthquake in eastern Bhutan- Mongar, Trashigang, Trashiyangtse and Pemagatshel. 12 of the 13 schools that supported for the reconstruction after the 2009 earthquake are now completed and hundreds of children are accessing education under a safe infrastructure. A full-time engineer is stationed in the field to provide quality assurance to this project.
- Following the earthquake of September 2011, CERF and EPF funds enabled UNICEF to rapidly deploy 5,000 emergency family kits to affected families; to dispatch 100 school-in-a-tent to the worst-hit districts of Samtse, Punakha, Paro, Haa, Chukha and Thimphu; to procure and distribute 20,879 corrugated galvanized iron sheets to Dagana, Gasa Haa, Paro, and Trashigang, Trashiyangtse, Trongsa, Thimphu, and Zhemgang districts to restore shelter for the school children and their families as well as child monks rendered homeless by the earthquake. Another 100 school-in-a-tent are now strategically pre-positioned across the country.

Summary of Monitoring, Studies and Evaluations

Second Stage Childhood Disability Survey:

This world-first survey on Childhood disability was undertaken in collaboration with Ministry of Health and the National Statistical Bureau. It was done in two stages: stage one screened disability prevalence during the Bhutan Multiple Indicator Survey 2010 using the Ten Questions Module in a sample size of 15,000 households (as per MICS 4) and stage two confirmed prevalence using a standardised tool like the Rapid Neurodevelopmental Assessment tool (RNDA). For stage two, health personnel and teachers administered these assessments and to confirm the cases of disability. Rigorous data cleaning and analysis is underway and the findings will be published in early 2012. Once published, the report will produce data on the prevalence of single and multiple disabilities by type (gross motor, fine motor, vision, hearing, speech, cognition, behavior and seizure), severity, gender and location.

Joint Annual Education Sector Review 2011:

The review was conducted by Ministry of Education and funded by DANIDA with participation of relevant stakeholders and development partners. The review focused on the following: 1i) access and quality of the formal education system, including access to primary and basic education, female enrolment at tertiary level, the quality of education, and the sustainability of educational provision; and 2) provision of adult literacy and non-formal education. It highlighted the significant overall progress in primary and secondary education but noted the relatively low internal efficiency of the education system, evidenced by the high number of dropouts and repeaters. The opportunity costs of this low internal efficiency appear to represent a significant proportion of Ministry of Education's recurrent budget. It also identified challenges that need to be addressed at the higher secondary and tertiary levels. The report stressed that the targets of 70% literacy rate for 2013 and 100% for 2015 will not be achieved if the number of NFE learners does not increase. Each of the Dzongkhags and the Gewogs with the full assistance of instructors, supervised by the NFCED must collectively work in advocacy, social marketing of NFE, doing media campaigns, in order to reach the desired goals. It recommended mapping of the basic and functional literacy levels of the population per districts, thus being able to deliver appropriate and relevant NFE interventions as needed. It will also determine the literacy policies in place in the districts, the support they are providing and the extent of their literacy involvement. The technical review report also served as an UNDAF outcome evaluation for education.

Future Work Plan

ECCD:

- Expand Community based ECCD centres in areas with high poverty prevalence, high repetition and dropout rates particularly in the eastern and southern regions to increase access to early learning opportunities and scale up comprehensive parenting programme in ECCD centres and NFE centres.
- Converge with WASH and H&N on early stimulation and ECCD in six priority districts.
- Develop diploma course with the Royal University of Bhutan on ECCD.

Child Friendly Education:

- Roll out capacity development of teachers on educating for GNH in the remaining 18 districts and to provide technical support on holistic assessment of school children.
- Continue infusion of GNH principles and values as teaching approach in tertiary education.
- Formulate strategic interventions through C4D activities and provision of special education services based on the Second stage disability assessment.
- Implement major strategies of the Special Education Needs Policy

Non-Formal Education:

- Roll out English curriculum in all NFE centres at the post literacy curriculum level. Make NFE more relevant to out of school young people, and accelerate establishment of NFE Centres in hard to reach communities and districts that have high rate of illiteracy and poverty prevalence.
- Continue to strengthen the life skills education component to ensure that adolescents at risk will be equipped with skills to face the challenges of adulthood.

Education in Emergencies:

- Implement Safe School Initiative in the 13 remaining districts in collaboration with Ministry of Education, Department of Disaster Management, Save the Children and Asian Development Bank to ensure national coverage.
- Develop the disaster preparedness plan in Education sector.
- Develop training on ECCD in emergencies.

Country Programme Component: Enabling environment for child protection

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
PCR10: Strengthened national capacity and systems to formulate, review and implements national legislation in line with ratified international conventions.	3	FA4OT1, FA4OT2, FA4OT5
PCR9: National capacity strengthened to address the emerging challenges faced by young people	2	FA5OT8, FA2OT8

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E				
OR-R	800,000.00	396,028.46	385,505.66	97.34
RR	190,000.00	236,135.86	201,605.61	85.38
Total	US\$990,000.00	US\$632,164.32	US\$587,111.27	

Results Achieved

Child Protection:

Policy and knowledge management:

- Parliament passed the Child Care and Protection Act (CCPA) with a costed operational plan. Following orientation to child-friendly services and care standards through a ROSA-supported regional consultation, Government will align the rules to the UN Guidelines on Alternative Care.
- 2011 saw a discernable shift toward systems building. Findings from the current child protection system mapping and assessment using the UNICEF toolkit and through technical assistance from UNICEF Malawi will help finalise the CCPA operational plan. A multi-sectoral Child Labour Task Force developed an action plan and recommendations for Cabinet based on a systems analysis of child labour.
- The National Commission on Women and Children, Ministry of Health and Lhaksam, Bhutan's PLWHA network, are partnering on a situation analysis of children affected by AIDS with ROSA support.

Systems and services:

- A Police Women and Child Protection Unit (WCPU) was established in Paro. Reinstallation of the police complaints and response mechanism improved efficiency of WCPUs in three urban centres (Thimphu, Paro, Phuentsholing) to respond to women and children's cases. The Police-Youth Partnership Programme empowered 734 youth across 20 districts as active citizens in crime prevention. 48 vulnerable youth in three urban centres, many in conflict with the law, graduated from the Police-Out-of-School-Youth Partnership Programme. Some are now being encouraged to become police cadets.
- A school-based guidance and counselling framework is operational.
- Bhutan's 12 full-time school counsellors and other key stakeholders are trained in mental health facilitation and can identify and report child protection concerns.

Demand creation:

- 'The Raven Tells a Story', a children's book on Bhutan's Constitution by Her Royal Highness Ashi Sonam Dechan Wangchuck, orients children to rule of law and their rights.

Child Participation

Policy and knowledge management:

- The National Youth Policy was endorsed by Parliament and launched in December.
- UNICEF, through the UN Delivering as One, supported an international Economics and Happiness conference co-hosted by the Honorable Prime Minister and Jeffrey Sachs, stimulating dialogue on the adoption of happiness in guiding and monitoring development.

Systems and services:

- Peer-based alcohol and drug services reached 826 male and 133 female youth. Service quality was enhanced by training 30 peer counsellors on treatment and outreach approaches. 43 males and 23 females utilised residential alcohol and drug rehabilitation.
- Operational support to five youth centres enabled them to register 15,420 visits (4,895 female and 10,525 male) for youths to enjoy recreational activities, life skills, and Internet and library facilities.

Demand creation:

- Over 200 children from diverse backgrounds nationwide developed recommendations to advance Gross National Happiness during the National Youth Festival. A dialogue between school students and an adult expert panel for International Day of Youth, broadcast on national television, enabled young people to share their concerns and aspirations about issues affecting them.
- Youth were empowered as leaders: over 100 Young Volunteers in Action supported development of two vulnerable communities; 21 male and 26 female youth developed their leadership and mindfulness capacity.

Most Critical Factors and Constraints

- A 100% turnover of staff in the UNICEF Child Protection Section and consequent staff shortages constrained implementation. At the same time, there has been significant turnover of Government focal points. Together, this has led to some erosion of institutional memory. For instance the child labour task force, with all new members, was not able to build directly on what had been achieved in 2010.
- The addition of the child protection system mapping and assessment during the mid-year review led to the strategic decision to defer a number of planned activities to enable a more evidence-based approach to implementation, resulting in lower than expected implementation rates of the AWP. This will however lead to more efficient investments in 2012 and beyond.
- Several services are currently dependant on UNICEF funding for staff remunerations, including drop-in centres, youth centres and rehabilitation centres. Salary support absorbed over 10 per cent of the 2011 budget for the youth programme, and is clearly not a sustainable strategy to pursue now that the importance of these positions has been established. While youth centre salaries will be transferred to Government as of 2012, other services are yet to develop clear strategies to secure recurrent budget for their positions. UNICEF is supporting partners to identify options to find alternate funding for these costs and partners were advised that salary support will be phased out after 2012.
- Youth centres and specialised drug and alcohol services for youth, are reaching a disproportionate number of males. A gender analysis is required to explore the limitations of existing services to reach female youths and to develop strategies to encourage female youth to access services and support, including tailoring services to better meet their needs.
- Due to flooding in Bangkok and early closure of books for VISION migration, final payment of USD 20,000 from RR for printing of the children's book 'The Raven Tells a Story' had to be OBOd till 2012. Advance print copies were received to enable the launch of the product. The remainder are now in transit.

Key Strategic Partnerships and Interagency Collaboration

- The Child Protection Programme enjoyed the support and partnership of several UNICEF National Committees in 2011, including UNICEF Netherlands and UNICEF Czech Republic. In addition, child protection global thematic funding, AusAID, UNAIDS (UBW) and UNICEF equity funds supported the child protection programme. Support from UNICEF Netherlands was instrumental in establishing the new Police Women and Children's Protection Unit in Paro.
- Child protection's partnership network has expanded and strengthened considerably in 2011. To consolidate the efforts of child protection partners under the UN Governance Theme Group and enable the participation of other child protection partners not under the theme group, child protection planning and review meetings have been conducted. The child protection system mapping and assessment, the establishment of the Child Labour Task Force and the child protection planning meetings have all promoted stronger collaboration and coordination among the child protection partners.
- Through the UN Gender Task Force, UNICEF, UNFPA, UN Women, WFP and UNDP partnered with

RENEW to produce a feature film to foster open discussion on child protection and gender issues.

- A new partnership with the Department of Immigration led to agreement to develop and institutionalise rights-based child-friendly procedures for all immigration officers.
- The newly established Bhutan National Legal Institute has become a primary partner for justice for children, coordinating the justice for children component of the child protection system mapping and assessment.
- The Bhutan Narcotic Control Agency (BNCA), the Colombo Plan and UNICEF established a partnership agreement to roll out cost-effective best practice capacity building for alcohol and other drug services in the country in 2012. UNICEF funded a partnership between BNCA and the Department of Local Governance to sensitise 81 local leaders in four districts on drug and alcohol related legislation.
- The board of the Youth Development Fund – a lead NGO – approved child protection as a key programme area, and UNICEF is now supporting them to develop a child protection programme strategy. RENEW, a gender-based NGO, is taking the lead to establish a community-based child protection network through their existing volunteer network.
- A new relationship with Lhaksam, Bhutan's PLWHA group, has emerged following support from APSSC for their attendance at the International Congress on AIDS in Asia and the Pacific.

Humanitarian Situations

- 35 child protection service providers and partners from 11 out of 20 districts were trained on child protection in emergencies and oriented to the Return to Happiness psychosocial support tool. Participants included 12 full-time school counselors, three school principals, two ECCD focal teachers, eight teacher counselors, six Department of Youth and Sports counselors and officials, and the civil society partners. Draft terms of reference for volunteers to deliver psychosocial support to children affected by emergencies and to establish emergency child protection structures in schools were developed during the training. National Commission for Women and Children, the Department of Youth and Sports and the Department of Disaster Management have now agreed to strengthen institutionalisation of child protection in the existing emergency/disaster preparedness and response mechanism. The training benefited from technical support from APSSC, who also previously supported training of two counselors as trainers in the Return to Happiness psycho-social support tool.

Summary of Monitoring, Studies and Evaluations

- Child protection and youth thematic analyses of the Bhutan Multiple Indicator Survey are underway with technical assistance from APSSC to mine the dataset for additional information.
- The ongoing child protection system mapping and assessment will provide a consolidated baseline for the child protection system to help monitor implementation of the Child Care and Protection Act.
- The early draft of a 2009 assessment of vulnerable and at-risk adolescents (13-18 years) in Bhutan exploring social and health risk behaviours was extensively reworked and finalised to better enable partners to utilise the rich findings during the development of the National Youth Action Plan. Drawing on a sample of 392 adolescents purposefully identified from settings in which risk-behaviour commonly occurs. The study used a mixed-methods approach to identify both risk behaviors and the outcomes and consequences of these risks for a number of important life issues including HIV. The report demonstrates that significant inequalities and gaps exist within and between different groups of adolescents in Bhutan, highlights the interconnected nature of risk-behaviors especially drug-use and risky sexual behavior, and identifies associated factors or predictors of being at-risk (low and no education, being male, and being poor). Being in school emerged as a protective factor: a comparison of the at-risk sample with an in-school sample from the 2009 *National Baseline Assessment of Drugs and Controlled Substances* showed that in-school youth had lower rates of sexual activity as well as lower tobacco and alcohol use.
- A Youth Perceptions of Happiness report has been developed based on survey data collected in 2008 to contribute to the National Youth Policy Action Plan development. Most youth said they were happy (80%), that their parents/guardians were happy (81%), and that their community was happy (75%). As their focus shifts from their own happiness, to that of their parents/guardians and then to their community, the reasons they give for happiness moves from personal areas, such as psychological well-being, to wider societal factors, such as living standards and good governance.

Future Work Plan

Child Protection:

- Support submission of CRC periodic report and drafting of a national plan of action for children to accelerate CRC implementation
- Finalise the child protection system mapping and assessment and use findings to update the Child Care and Protection Act (CCPA) operational plan, finalise the CCPA rules and regulations, and incorporate the CCPA operational plan into the 11th Five Year Plan
- Support strategic priorities under the CCPA operational plan including establishment of a case management and referral system, introduction of child and women-friendly procedures for immigration and the justice system, communications campaign on the CCPA and child protection and the development of a partnership strategy for civil society to support implementation of the CCPA.
- Strengthen and expand Police Women and Child Protection Units, Police-Youth Partnership Programme and Police-Out-of-School-Youth Partnership Programme.
- Assist the Child Labour Task Force to review Labour and Employment Act regulations to better align with ILO standards to design a communication strategy to eliminate child labour and to develop targeted strategies to protect girls from exploitation in the entertainment industry.
- Institutionalise positive discipline and a complaints and response mechanism into the central monastic body, observing the International Day of Prayer and Action for Children to raise visibility of this work.
- Sensitise school principals on child protection and secure their support for implementation the national guidance and counselling framework.
- Build the technical capacity of child protection partners to design and implement child protection programmes, including in emergencies.
- Integrate child protection into existing civil society gender-based violence volunteer and adolescent volunteer networks.

Child Participation:

- Develop and support implementation of the National Youth Policy Action Plan.
- Train stakeholders on child and youth participation and support platforms to promote their meaningful involvement.
- Support youth-friendly services to reach the most vulnerable youth and especially females to pilot an integrated 'one-stop shop' service model and assess existing alcohol and other drug services to inform development of a roll-out strategy along with standard operating procedures.
- Expand and strengthen child and youth leadership opportunities including for vulnerable and at-risk young people.
 - Develop a communication strategy to empower young people to protect themselves from alcohol and other drug misuse.

Country Programme Component: Planning, monitoring and communication

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
PCR11: Local governance systems and capacity strengthened with increased participation of women.	2	FA5OT5
PCR12: Transparency, efficiency, effectiveness, participation and accountability strengthened at all levels.	1	FA6OT1
PCR13: Enhanced capacity of public sector to implement results based policy, plan and programme development for MDGs, GNH and other national priorities	2	FA5OT1, FA5OT3

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E				
OR-R	470,000.00	124,572.43	118,578.36	95.19
RR	146,000.00	186,378.85	180,273.58	96.72
Total	US\$616,000.00	US\$310,951.28	US\$298,851.94	

Results Achieved

Advocacy and Programme Communication:

Policy and knowledge management:

- Facilitated successful re-introduction of the Pentavalent vaccine through strategic C4D actions. A comprehensive C4D strategy was developed for Maternal Child Health and Nutrition and hygiene and sanitation involving the Reproductive Health and Nutrition Programmes and Health Promotion Division.

Systems and services:

- Bhutan Broadcasting Service (BBS) institutionalised children, women and youth programmes on the national TV and Radio.
- Support to nurture a south-south cooperation agreement with Public Service Broadcasting in Thailand has enhanced the capacity of BBS on quality media programmes for children, women and youth. Programme producers are now capable of producing innovative programmes, resulting in more variety of creative programmes being produced and aired as regular weekly programmes for women, children and youth, including 'Dr. BBS', 'Parenting Programme', 'Super Speller', 'My World' and 'Youth Express'.

Demand creation:

- In collaboration with the Education Section, partnered with stakeholders and artists from across the country to develop innovative communication material for ECCD. The successful development of a range of high-quality materials through a week-long workshop highlighted the importance of multi stakeholders' partnership in developing creative products.
- Oriented implementing partners and UNICEF programme staff on C4D, its critical role in achieving programmes goals and objectives, and good practice for the strategic design of C4D. Implementing partners have now reflected developing C4D strategies in their new rolling work plans

Planning, Monitoring and Evaluation:

Policy and knowledge management:

- Following UNICEF training through APSSC, a multi-sectoral team of government officers coordinated the launch of Bhutan Multiple Indicator Survey (BMIS) 2010 in August 2011 in partnership with UNFPA. To promote Government ownership of the survey, Government team members were supported to take the lead in preparing and presenting their respective sectoral findings during the launch event. UNICEF assisted the team to design and distribute launch materials like posters, stacked information sheets and notebooks based on MICS dissemination guidelines and informed by their analysis of the sectoral findings.

- A world-first 2nd Stage Disability Assessment using the Rapid Neurodevelopment Assessment Tool (RNDA) tool was conducted as follow up to the BMIS 2010, with the report expected to be published early 2012. The assessment improved the institutional capacity of the NSB to collect, analyze and report on disability.

- Thematic analyses on Health, Education, Child Protection, and Youth & Adolescents using the BMIS 2010 dataset is underway in collaboration with UNFPA for completion by March 2012. The analyses investigate dimensions such as geography, wealth quintile, gender disparities, location, mother's education and cross-sectional mapping to help identify the marginalized and most vulnerable groups with an equity focus. These analyses will influence formulation of the new 11th Five Year Plan priorities in early 2012.

Most Critical Factors and Constraints

Advocacy and Programme Communication:

- The concept of C4D is new to implementing partners, who lack the knowledge and skills to develop C4D strategies. The orientation on C4D conducted with implementing partners in the last quarter of the 2011 to enhance their knowledge and awareness might help to address the gap from 2012 onwards.
- There is a limited pool of private media, advertising and marketing agencies to engage in the development of creative C4D materials.
- The UNICEF office is yet to develop a clear framework on how to strategically expand existing partnerships with other local media

Planning, Monitoring and Evaluation:

- Inadequate data literacy across all sectors both within UNICEF and the Government hampered progress of the BMIS 2010 thematic analyses.
- A planned collaboration with the National Statistical Bureau to build the capacity of implementing partners, local consultancy firms and UN staff on research methodology including sampling was deferred due to inability in identifying an appropriate external training institute and the engagement of the NSB with other unexpected priorities.
- The Small Area Estimate Methodology for obtaining estimates of social indicators at sub-district levels using the findings of BMIS and other surveys proved to be highly technical, time consuming and hence not feasible. The poverty incidence for gewogs (sub-district) based on the Bhutan Living Standard Survey (BLSS) 2007 and the Population and Housing Census of Bhutan (PHCB) 2005 were estimated using this methodology in 2010. To address this limitation, the UN Data sub-group will initiate and pilot a system of data collection at the sub-district level in 2012.
- As a UN Delivering as One self-starter, increased strategic alliance with other UN agencies through joint work plans have led to more efficient partnerships to achieve common results. However, coordination across UN agencies continues to be time-consuming.

Key Strategic Partnerships and Interagency Collaboration

The Planning, Monitoring and Communication Programme was proud to enjoy the support and partnership of UNICEF Netherlands. In addition, policy and advocacy global thematic funding, UNICEF equity funds and UNDAO funding supported the programme. Support from UNICEF Netherlands facilitated institutionalisation of programmes for children, women and youth on national TV and radio, enhancement of data usage amongst stakeholders through the innovative BMIS launch events, and finalisation of the Bhutan Disaster Assessment (BDA) tool for post-disaster assessment and preparedness.

Advocacy and Programme Communication:

- Bhutan Broadcasting Service is the key implementing partner for advocacy and programme communication, however through engagement with the sectoral programmes, C4D activities are also implemented with ministries like health and education.

Planning, Monitoring and Evaluation:

- With the support of UNDP, The National Statistical Bureau, Gross National Happiness Commission and Centre for Bhutan Studies are the key implementing partners. • A Sub-group on Data has been formed within the UN Poverty Theme Group with the membership of National Statistical Bureau, UNDP, UNFPA, WFP and UNICEF
- Collaboration continued with Department of Disaster Management and UNDP to finalise the Bhutan Disaster Assessment (BDA) tools and mechanism.

Humanitarian Situations

The Bhutan Disaster Assessment (BDA) tools and mechanisms were finalised to enable the Department of Disaster Management to coordinate effective preparedness and response to disasters. Standard Operating Procedures and the BDAInfo using EmergencyInfo was developed. Following the Sikkim earthquake on 18 September 2011, which had a substantial impact on infrastructures in Bhutan, the Local Authority

questionnaire of the BDA tool was piloted by the Joint Assessment Team. The tool proved to be cumbersome and highlighted the need to train assessors on its implementation. The tool is now being refined to focus on post-crisis information and will be rolled out with a series of trainings for the districts in 2012. A Webinar on BDA Tool and BDAInfo was hosted within the DevInfo community to share the implementation experiences and was well attended.

Summary of Monitoring, Studies and Evaluations

Bhutan Multiple Indicator Survey 2010, provides Provides up-to-date information on the situation of children and women along with furnishing data required for monitoring progress towards the MDGs, the goals of A World for Children and other international and national goals.

In 2011, the Bhutan Multiple Indicator Survey (BMIS), supported in partnership with UNFPA, was widely used in the medias, MTR of SAARC Development Goals, the MTR of the government's 10th FYP and the 11th Round Table Meeting (RTM) background documents. It was also used in the construction of the Multidimensional Poverty Index (MPI) and subsequently in Bhutan's National Human Development Report 2011. In collaboration with the concerned government sectors, the UN System and other partners, thematic analyses on health, education, child protection, youth & adolescent, and gender is being undertaken using the BMIS dataset which will inform and feed into the formulation of the government's 11th Five Year Plan early in 2012.

Despite the robustness of the methodology and findings ensured through internal and external quality assurance, it was initially time consuming and difficult to convince many of the government sectors on the validity of the findings. This highlights the importance of intensive involvement of the relevant sectors throughout the process. The way the National Statistical Bureau has adopted to approach the upcoming Bhutan Living Standard Survey 2012 is by stakeholder consultations which are being planned and an advisory Committee being instituted to oversee the survey with membership from all major sectors and the UN data sub-group. To make the global MICS more relevant to the emerging issues, optional modules on youth and adolescence should be included in subsequent rounds.

Future Work Plan Advocacy and Programme Communication:

- Build the capacity of all implementing partners including media and the UN on C4D strategies.
- Develop C4D strategy for Child Protection and Water and Sanitation.
- Develop radio and TV programmes on Health, Education, Child protection and Youth themes with a focus on reaching five districts that have low status in socio-economic indicators.

Planning, Monitoring and Evaluation:

- Build the capacity for UNICEF and Government partners in data analysis.
- Institutionalise BhutanInfo within government and the UN.
- Train all focal points from central and dzongkhags including the UN on BDAInfo/DevInfo.
- Orient key government and UN agencies on social policy and social protection in collaboration with UNDP.

Country Programme Component: Cross-sectoral costs

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
PCR 14: Ensure adequate resources, oversight and effectiveness for the achievement of results for children in Bhutan		1 Support 1, Support 2, Support 3

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E				
OR-R	0.00	30,929.01	30,929.01	100.00
RR	100,000.00	102,499.82	86,035.41	83.94
Total	US\$100,000.00	US\$133,428.83	US\$116,964.42	

Results Achieved

- Cross-sectoral allocations ensure the smooth operation of the country office including salary support and maintenance of the office and its equipments.
- Within the scope of UN Delivering as One, cross-sectoral allocations enabled UN Common Services to be strengthened, including: security; support to the Resident Coordinator's Office; and maintenance of the Solution Exchange Network.
- UNICEF's visibility was promoted by Fundraising and advocacy within the country and among donors in particular, the Representative's involvement in strategic events helped to reinforce UNICEF as a key development partner in Bhutan.

Most Critical Factors and Constraints

A new UN House is under development, however in the meantime the location of the UNICEF office away from the existing UN House is logistically and financially inefficient.

Key Strategic Partnerships and Interagency Collaboration

The mechanism of Delivering as One significantly enhances interagency collaboration for common services and advocacy. The participation of the Resident Coordinator at UNICEF led and supported events increases the visibility of children's issues in the country.

UNICEF's active participation in the Interagency HACT Working Group facilitates resolution of a number of operational challenges.

Humanitarian Situations

Following the September Earthquake, UN House was evacuated due to structural damage. Within the spirit of Delivering as One, UNICEF hosted the Resident Coordinator and other critical UN staff for approximately two weeks until their building was certified to be safe.

Summary of Monitoring, Studies and Evaluations

Not applicable.

Future Work Plan

Continue working with UN partners to establish a new UN House.

Finalise a fundraising strategy for the country office to increase and diversify resource mobilisation.

Effective Governance Structure

a) The IMEP with the list of studies, surveys and evaluations in key programme areas for 2011 was compiled from the signed 18 month rolling work plans and finalised in consultations with all programme sections. The IMEP was used to monitor the implementation of those studies.

b, d & f) The Joint Annual Education Sector Review was one of the evaluations undertaken in 2011, conducted by external consultants with Danida funding. UNICEF is a key member of the technical working group. The review focused on two dimensions, 1) access and quality with sustainability of education, and 2) the provision of adult literacy and non-formal education. While acknowledging significant progress in primary and secondary education, it highlights the relatively low internal efficiency of the system in high number of dropouts and repeaters. The joint review report also served as an UNDAF outcome evaluation on education to avoid duplication. The recommendations of the review, including to make NFE more relevant to out-of-school young people, and accelerate establishment of NFE Centres in hard to reach communities and districts having high illiteracy and poverty prevalence fed into the 2012-2013 rolling work plan of Education UN Theme Group.

The joint collaboration of UNFPA, WHO and UNICEF to support the Ministry of Health in developing the terms of reference for the Reproductive Health Review, hiring external consultants and conducting the review ensured objectivity and fairness and better synergies among all agencies involved. The recommendations of the Reproductive Health Review formed the basis for developing the Reproductive Health Strategy.

c) The National Statistical Bureau with support from UNICEF could not implement the planned capacity building of implementing partners, local consultancy firms and UN programme colleagues on study design, methodology and sampling. This is due to the engagement of National Statistical Bureau in the mid-term review of the Government's 10th Five year Plan, the BMIS 2010 launch and the second stage disability assessment. This activity was deferred to 2012.

In an effort to streamline standard and quality, the office developed a checklist for studies, assessment and evaluation based on UNICEF Evaluation checklist along with a standard format for tables. The UNICEF Style Guide shared with staff is now provided to all consultants working on developing UNICEF materials. The country office will apply it strictly to review any publications that the office supports. The office also used peer review and external proof readers for all study, survey and assessment reports to ensure better quality of the reports.

e) The Representative emphasised the importance of quality assurance in UNICEF supported studies, survey and assessments by guiding the review of these reports and establishing accountability frameworks for each level in ensuring the quality of studies. For example, each section was assigned to review the relevant chapters of BMIS report and present on their review findings and recommendations to improve the report. This exercise significantly improved not only the quality and ownership of the BMIS report but also the capacity of programme colleagues in data interpretation and analysis.

Strategic Risk Management

a) The office established an Enterprise Risk Management team led by the Deputy Representative with participation of the Planning Officer, Operations Officer and Emergency Focal Point. The Enterprise Risk Management team reviewed the Risk Control and Self Assessment and developed the draft 2011 Enterprise Risk management Action Plan. The Action Plan is divided into two parts, namely 1) sustaining the risk management and; 2) addressing high level risk identified in the Risk Control and Self Assessment. Sustaining the risk management includes actions required for risk management introduction and institutionalisation, scanning of risk environment, oversight of risk management, implementation of risk management through HACT in UN Delivering as One context, and monitoring and reporting. Addressing high level risks identified in the Risk Control and Self Assessment includes actions required to address

issues on aid environment, UN reform and supplies and logistics management.

b) The CMT has scheduled Enterprise Risk Management as a standing agenda biannually to review the risk profile and monitor the progress of the Enterprise Risk Management Action Plan, which was endorsed by CMT in October 2011.

c) Both programme and operations sections identified emergency preparedness priority activities and reflected them in the annual work plan and annual management plan as well as in the key actions in the online EWEA to ensure office's readiness for emergency. In addition, the office implemented risk management through HACT in the context of UN Delivering as One by strictly carrying out the following assurance activities in 2011 based on the Micro Assessment risk rating of the implementing partners.

-- On-site review to 16 implementing partners: once for low, twice for medium, & thrice for high risk implementing partners, and

-- Scheduled audits for 4 implementing partners.

These reviews found that overall, internal control is good for most implementing partners. No misappropriation of UNICEF funds was found. Although several recommendations were made through the Micro Assessments, partners have not yet been able to develop action plans to systematically address these issues: the UN HACT Group will review and address this constraint in 2012.

d) The common Business Continuity Plan for UN Agencies in Bhutan was revised to integrate UN Pandemic Preparedness Plan (Sept 2009) after an agreement on the need to synchronise several existing plans to facilitate quick and effective response and action during an emergency.

e) The office has established mechanisms for timely responses to internal and external changes of the operating environment. These include 1) annual review of Royal Audit Authority and Anti-Corruption Commission reports by Operations Manager to scan whether UNICEF assisted programmes/projects are involved and report back in the weekly Senior Management Meeting and the Head of Section meeting as relevant; 2) update weekly media reports on any negative publicity concerning UNICEF and weak financial management of implementing partners and share with senior management and concerned heads of section.

Evaluation

a) The IMEP with the list of studies, surveys and evaluations in key programme areas for 2011 was compiled from the signed 18 month rolling work plans and finalised in consultations with all programme sections. The IMEP was used to monitor the implementation of those studies.

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Effective Use of Information and Communication Technology

a) In 2011, in line with the Information Technology Service and Support Division's initiative, many new ICT services and infrastructural upgrades were implemented with the aim to improve organisational effectiveness across UNICEF. The IT Unit was mostly engaged in preparing, upgrading and rolling out such services. However, the primary focus was given to preparing the infrastructure and other IT resources that would enable the performance of VISION and SAP roll out at the Country Office.

b) During the exercise of updating the UN common Business Continuity Plan, the ICT task Force under the Crisis Response Team also relooked at roles and responsibilities under the Business Continuity Plan, which was updated accordingly. UNICEF IT unit played a critical role in the ICT task force.

c) Taking into account the upcoming VISION implementation which relies heavily on Internet connectivity, the office switched to a primary Internet service provider from a secondary provider after comparing the quality, rate and performance of Internet service providers in the country. Plans are on way to have dual ISP lines for high resiliency in the first quarter of 2012. The VHF radio system was repaired and relocated from UNICEF office to another site for better coverage. Regular radio checks were implemented as preparedness for emergencies. The VHF system is used by all UN Agencies in Bhutan on a cost-sharing agreement. The office also purchased a new generator with auto start feature replacing the old and less powerful generator which was faulty and damaged approximately USD 19,000 worth of ICT equipment due to its fluctuating voltage. The new generator automatically takes over when the main power source fails, and supports the entire electrical load of the building. This has reduced interruptions in the office operations. Before installing the new generator, the office electrical wiring and earthing were also enhanced to prevent further damages to the office equipment.

d) Due to the absence of international ICT vendors and limited capacity of the local vendors in Bhutan, long term agreements have not been entered into except for the provision of Internet with a local Internet service provider under an SSA for one year.

e) Printer cartridges are disposed of with a recycling agent. Other equipment is disposed of through scrap dealers as no agencies offer to recycle equipment.

f) The office IT unit undertook the initiative to maintain UNICEF applications and interface. In July-August 2011 all office workstations were upgraded from Windows XP to Windows7. The office firewall was

changed to Open Systems in line with the Information Technology Service and Support Division's decision to outsource the security arrangement. In December 2011, the office also implemented server virtualization in line with the ITSSD guideline and roadmap. About three of the existing physical servers are now running as virtual servers.

Fund Raising and Donor Relations

a) UNICEF Bhutan Country office sent 100% of donor reports on time and the reports are using the standard format to ensure minimum quality standards. The established work process is strictly adhered to, ensuring timeliness and quality. The respective head of section forwards the draft report one month prior to the due date to the Communication Officer who then edits and forwards it to the Deputy Representative for finalization, who submits it to the Donors prior to the due date.

b) In 2011, UNICEF Bhutan mobilized US\$ 4,991,920 (77%) of its US\$ 6,442,000 ceiling in the CPD. The ceiling on other resources in 2011 was increased by US\$ 2,500,000 (83%) to US\$ 5,500,000 from the 2010 ceiling of US\$ 3,000,000. A draft fundraising strategy was revisited and is still pending finalisation. The office relies heavily on the contributions from global thematic fund and the UNICEF National Committees including the Netherlands, Japan, Switzerland, Czech Republic, Australia and Germany. In 2011, UNICEF Netherlands completed its third year of support through a country-specific thematic contribution of US\$ 1 million per year to support all four programmes throughout Bhutan's country programme cycle. This thematic approach from UNICEF Netherlands has been critical for the office, providing a predictable umbrella of support for the office that enables flexible annual allocation across all four programmes based on their needs. Moreover, the UNICEF Netherlands donor reporting requirement of using COAR together with human interest stories instead of four separate individual thematic reports on health, education, child protection and policy advocacy has tremendously reduced the reporting workload. In 2012, further collaboration with UNICEF Netherlands is planned to enhance donor communication materials to support their fundraising efforts for Bhutan.

c) In response to the earthquake of September 2011, through the UN Delivering as One approach USD 1.5 million were mobilised from CERF, among which about US\$ 856,000 came to UNICEF.

d&e) 2011 available funds have been utilised according to their intended purposes and donor conditions. The expiring PBAs during the year have been utilised at more than 98%. The CMT and Programme Implementation Meetings are effective mechanisms in monitoring PBA implementation status as indicated in the office management report.

f) As a Delivering as One self-starter, the UN-Bhutan continued to receive funding through the Expanded Window of about US\$ 273,693 in 2011, out of which about US\$ 105,159 (38%) was allocated to UNICEF. As the office was selected as one of the countries in the region for the Schools for Asia initiative, the National Committee Toolkit for education has been developed with support from ROSA and Private Fundraising and Partnerships (PFP) and will be launched in January 2012.

Management of Financial and Other Assets

a) The office received "satisfactory" rating in the latest internal audit conducted in 2008 and maintained good practices through the monitoring by CMT.

b) All planned resources are matched with planned results outlined in the UNDAF and the cCPAP. Validation and updates on the results and resources available have been done during the mid-term review and also on an ongoing basis through the mid-year and annual review and planning meetings within the established UN Theme Groups. The prioritised activities with available funds against the agreed results are finalised and signed in the 18-month rolling work plan. The funding gaps of planned and available resources are analysed to identify the priority areas for resource mobilisation to ensure that the planned results will be achieved.

- c)** The office continues with the established mechanism of the CMT and Programme Implementation Meeting to monitor and improve management of donor contributions. The monthly CMT and Programme Implementation Meeting monitors donor report schedules, expiring PBAs as well as the DCTs > 6 months as standing agenda items. The timely monthly and year-end closures of accounts were implemented, including bank reconciliation statements. The well-established procedures continue to ensure security of financial documents, vouchers and unused cheques.
- d)** In 2011, UNICEF Bhutan spent 92% of RR, being US\$ 1,195,708 of the total allocation of US\$ 1,304,051. 100% of PBAs were used before expiry and at least 99% of OR-E was used on time. There were no outstanding DCTs over 9 months.
- e)** The 2011 local Support Budget expenditure of US\$ 359,113 is 7% of the total programme expenditure of US\$ 4,829,118. Efficiency and cost-saving in operation were achieved through the continued sharing of security and handyman services with other UN agencies (UNDP, UNFPA, WFP and FAO) and the common LTAs for services like conference facilities, vehicle maintenance, travel, stationeries and toner cartridges. The UNICEF office continues to be housed in a separate location to other UN agencies, incurring additional operating costs and staff time.

Supply Management

- a)** UNICEF responded in a timely manner to the Government's request during the earthquake of September 2011 through procurement of 5,000 family kits, 20,000 corrugated galvanised iron sheets, and 200 school tents amounting to US\$ 661,924 which were distributed to all affected districts. UNICEF China supported in the procurement of school tents.
- b)** The supply unit coordinated procurement service for vaccine and other cold chain equipment funded by GAVI and the Royal Government of Bhutan.
- c)** Overall the total supply component was around 25% of the country programme budget which includes procurement by UNICEF and through government using direct cash transfer in addition to the earthquake emergency response. The quality and timeliness of procurement was maintained for both local and off shore except for procurement through Government.
- d)** All the procurement available within country was sourced locally while supplies involving large quantities and/or not available locally along with vaccines were sourced from the neighbouring countries of Nepal, Bangladesh and India, APSSC in Bangkok, and headquarters - Copenhagen. The local suppliers profile was updated whenever details of new suppliers were available.
- e)** The office did not receive any supply in-kind assistance in 2011.
- f)** The HACT interagency group developed the Annual Fixed Assets (Non- expendable property report) form for recording details on use, security, control, maintenance, disposal and theft of all UN supported and controlled assets and attractive items/non-capital assets like laptop, printers, digital camera, whether purchased directly by UN agencies or by government using UN fund. The form, which is completed by concerned implementing partners for submission to the funding UN agencies, was useful for monitoring local procurement through the Government.
- g)** Warehouses are maintained by the Government. Private transport vendors are utilized to facilitate delivery of supplies to end users.
- h&i)** Monitoring and quality assurance remains challenging as the existing system continues to be managed through an Excel sheet on an ad-hoc basis. A database system to monitor supplies in real time is still under development but was put on hold temporarily in 2011 to see what monitoring would be possible

under VISION.

j) UNICEF works closely with other UN agencies (UNDP,WFP,FAO,UNFPA and WHO) to establish the common UN LTAs and the supply task force is led by UNICEF

k) The Supply Division supported the Country Office to procure vaccines and cold chain equipment.

l) The professionalism of the Supply Unit has been further enhanced by having the Senior Supply Assistant enrolled in the Certified in Procurement Services (CIPS) Programme and the Logistics Assistant enrolled in a degree programme in business management.

m) Acknowledging the Paris Declaration in using the national system, UNICEF agreed to use the national procurement system in purchasing education or school related supplies. However, challenges remain due to limited procurement capacity and staff within ministry. UNICEF supply unit continues to provide capacity development to the Procurement Unit of the Ministry of Education.

Human Resources

a) Individual and office-wide trainings were prioritised based on the needs especially with regards to VISION and IPSAS training. Capability and competency gaps among staff were identified during the PER/ePAS review and planning and were addressed either through on-the-job training, participatory learning hours, UNICEF workshops or specialized external training. Regular learning hours were conducted for all staff to upgrade their skills and knowledge. Following are the 2011 group trainings: :

- **VISION training** – The Deputy Representative as a global core group member and regional trainer along with nine super users were trained as trainers followed by end user training in the last quarter of 2011 on Programme, Supply, Finance and HR. Staff undertook required web-based courses on VISION and IPSAS through ilearn.

- **Orientation to UNICEF** carried out with all new staff.

- **Security training** was conducted for all staff as a part of safety and security.

- **Gender training** – two national staff were trained on gender regionally.

- **Social Policy Workshop:** With support from the ROSA Social Policy Adviser all programme staff of UNICEF are now oriented and aware on concepts of social policy, social protection and Human Rights Based Approach to programming.

- 15 staff members (5 male and 2 female general services staff; and 4 male and 4 female national officers) were trained externally in different fields to build their capacity and enhance their knowledge and skills as and when trainings were available.

US\$ 20,000 was secured for capacity development of local staff through global training fund.

b) As an essential part of the excellence endeavour, the Performance Appraisal process received considerable attention throughout the year. PER completion for 2010 was only achieved in the third quarter, far behind the required completion period. Objectives for 2011 were set by end of first quarter. PERs were monitored through formal periodic performance discussions between supervisors and supervisees, and informally more frequently through coaching. During the evaluations, the link between the PER and career development was reinforced and strengthened.

c) The office ensured that all programme staff have attended training on emergency preparedness in their relevant fields either on health and nutrition, WASH, education and child protection and are capable to support their counterparts in planning emergency preparedness based on CCC.

d) Office does not have a trained counsellor but there are two peer support volunteers in the office that play a vital roles for staff as and when needed.

e) The office has attained the minimum standards on HIV/AIDS in the workplace as per the guidelines. The interagency HIV/AIDS team organised a session on UN Cares for all UN staff upon return from external

training. Confidentiality has been stressed and maintained in the management of information regarding HIV status. Staff members who are HIV positive have access to good quality care through periodic medical visits in Bangkok and the National Referral Hospital in Bhutan. All vehicles are equipped with First Aid kits and condoms are available in all restrooms in the UNICEF and UN premises.

Efficiency Gains and Cost Savings

Through the UN Delivering as One, Theme Groups continue to be an effective forum for enhancing synergies, resolving common issues and avoiding duplications amongst implementing partners and UN agencies. The joint work plans and streamlined reporting through the Government's Standard Progress Report reduced transaction costs for implementing partners.

The office has formed a VISION team consisting of nine super users led by Deputy Representative who is in the global core group. The VISION team is an efficient body to coordinate and respond to issues related to VISION and IPSAS, which resulted in the successful data migration and VISION end user training. The office mobilised US \$ 32,254 from the sale proceeds of an old office vehicle. The funds were utilised to procure a new generator and replace IT equipment.

With nationalization of the Operations Manager's position from January 2011 a cost saving of approximately US\$ 186,000 per annum was achieved. To ensure smooth functioning of the operations, the country office is availing oversight and shared services from UNICEF Nepal.

Changes in AMP and CPMP

The Annual Management Plan will be updated to reflect the structural changes of the programmes and management as per the new VISION system and staffing. Some changes already enacted are: new Telecom Assistant and Child Protection Officer posts created; and the NOA Education Officer post upgraded to NOB level to reflect the structural changes of the programmes. The current CPD of 2008-12 was extended by one more year to align with the other UN agencies in the spirit of Delivering as One and as per the Government's end period of the current plan extending to 2013.

Summary Notes and Acronyms

CCPA	Child Care and Protection Act
C4D	Communication for Development
ECCD	Early Childhood Care and Development
EPI	Extended Programme on Immunization
GNH	Gross National Happiness
NFE	Nonformal Education
RNDA	Rapid Neurodevelopment Assessment

Document Centre

Evaluation

	Title	Sequence Number	Type of Report
1	Reproductive Health Programme Review	002	IMEP
2	Midway Rapid Assessment of Integrated Management of Neonatal and Childhood Illness (IMNCI) Programme	001	Evaluation
3	Bhutan Multiple Indicator Survey (2010)	003	Survey

Other Publications

	Title
1	Short Programme Review of Child Health Programme Report
2	Reproductive Health Programme Review Report
3	Integrated Management of Neonatal and Childhood Illness Treatment Chart
4	EPI Manual
5	Media Guide for Pentavalent Vaccine
6	Q and A, a Guide for Health workers on Immunization and Pentavalent vaccine
7	National Youth Policy

Lessons Learned

	Title	Document Type/Category
1	Second Stage Disability Assessment Survey	Innovation
2	Early Childhood Bottleneck Analysis for accelerating MDGs with Equity	Innovation

Programme Documents

	Title	Document Type
1	Progress towards achievement of the MDGs	Ppt. slide made during MICS launch