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Draft country programme document**

Bhutan

Summary

The draft country programme document (CPD) for Bhutan is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of \$4,830,000 from regular resources, subject to the availability of funds, and \$15,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2008 to 2012.

* E/ICEF/2007/8.

** In accordance with Executive Board decision 2006/19 (E/ICEF/2006/5/Rev.1), the present document will be revised and posted on the UNICEF website no later than six weeks after discussion of the CPD at the Board session. It will then be approved by the Executive Board at its second regular session of 2007.

Note: Submission of this document was delayed for technical reasons.

<i>Basic data[†]</i> <i>(2005 unless otherwise stated)</i>	
Child population (millions, under 18 years)	0.3 ^a
U5MR (per 1,000 live births)	75*
U5 underweight (% , moderate and severe, 1999)	19
Maternal mortality ratio (per 100,000 live births, 2000) ^b	260
Primary school enrolment (% net, male/female, 2006)	80/79
Primary schoolchildren reaching grade 5 (%)	89
Use of improved drinking water sources (% , 2004)	62**
Adult HIV prevalence rate (%)	<0.1
Child labour (% , children 5-14 years old)	—
GNI per capita (US\$)	870
One-year-olds immunized with DPT3 (%)	95
One-year-olds immunized with measles vaccines (%)	93

[†] More comprehensive country data on children and women are available at www.unicef.org.

^a 2005 census data.

^b WHO/UNICEF/UNFPA adjusted MMR is 420, which is adjusted for misclassification and underreporting.

* According to the latest 2005 census data, U5MR is 62 per 1,000 live births.

** According to the latest 2005 census data, this rate is 84 per cent.

The situation of children and women

1. The Kingdom of Bhutan is a landlocked state in the Himalayas, located strategically between China and India. The 2005 census reported a population of 635,000, of whom approximately 40 per cent are children. The majority of the population live in rural areas, but the pace of urbanization is increasing. Despite the country's small size and geographic isolation, the Government has made great strides in recent decades to improve the quality of life for its citizens. During past planning cycles, the proportion of government expenditures in health and education has been sustained at over 20 per cent of total spending, and these investments have led to striking reductions in child and maternal mortality. In 2008, Bhutan will become a constitutional monarchy, with power residing in an elected parliament. Decentralization has been initiated in all 20 districts, and the Government is now preparing its Tenth Five-Year Plan.

2. Despite these achievements, the 2004 Poverty Analysis Report found that 32 per cent of Bhutanese are living below the national poverty line of 740.36 ngultrum (\$16.37) per capita per month, and nearly all of these poor reside in rural areas. Between 1990 and 2005, the under-five mortality rate was reduced from 123 to 62 per 1,000 live births, according to the 2005 census, but there are significant differences between urban and rural areas. The major killers of children under five years of age are pneumonia and diarrhoea, accounting for 21 and 13 per cent of deaths respectively. Diarrhoeal diseases are especially prevalent during the summer months, largely due to poor hygiene.

3. The maternal mortality ratio dropped from 560 to 260 per 100,000 live births between 1990 and 2000, as the percentage of births attended by health personnel more than tripled, from 15 per cent in 1990 to 51 per cent in 2005. This still low level of attended deliveries results from a lack of awareness about pregnancy-related complications and delays in seeking help from health facilities.

4. Immunization coverage levels are high and there has not been a single case of polio since 1986. Bhutan is the first country in South Asia to have eliminated iodine deficiency disorders. The prevalence of malnutrition among children under five years of age was reduced by one half to 19 per cent between 1968 and 1999. Although there is not widespread hunger in Bhutan, malnutrition rates are highest in the eastern and southern regions of the country. A survey in 2003 showed that iron-deficiency anaemia is a serious problem, affecting 28 per cent of men, 55 per cent of women of child-bearing age and 81 per cent of children under age three years. While HIV prevalence is most likely under 0.1 per cent, a low rate of condom use and high-risk attitudes about sexual activity, among other factors, suggest that prevalence could soon rise steeply.

5. In 2006, the latest data from the Ministry of Education showed a net primary enrolment rate of 79 per cent. While there are significant disparities in enrolment between urban and rural areas and between different income groups, there is near parity between the numbers of girls and boys attending primary school. At the middle and higher secondary levels, the ratio widens. This poses a serious challenge for achieving gender parity at all levels by 2015. The major barriers for greater enrolment, especially of girls, in secondary schools are: cost; family duties in the home; school infrastructure, particularly limited-quality boarding, water and sanitation facilities; and traditional attitudes that place less value on girls' education.

6. Bhutan ratified the Convention on the Rights of the Child without reservations and it has established a National Commission for Women and Children with a mandate to promote and protect the rights of women and children. The health and education systems need a fuller range of services for children and women in distress such as counselling services, along with communication strategies involving educators, media and women and youth. Although there are limited data on child protection, there has been an increase in reported cases of sexual abuse. According to the Labour Force Survey undertaken by the Ministry of Labour and Human Resources in 2004, at least 25 per cent of children aged 10-14 years are working, mainly on family farms, in shops, restaurants and hotels, or as street vendors in urban areas.

7. These achievements and issues show that Bhutan is on the cusp of a widespread economic and social transformation. The 2005 Millennium Development Goals report showed that the country is on track to achieve most of the Goals by 2015. Continuing support from the international community will help to ensure the achievement of the Goals and related targets and equitable development, and that the most vulnerable and isolated communities in society are included in the development process. While the 2005 census has provided a wealth of new data, there is still a need to further strengthen data collection and analysis and use of data for planning, policy development and monitoring.

Key results and lessons learned from previous cooperation, 2002-2007

Key results achieved

8. From 2003 to 2007, UNICEF supported the Ministry of Health in expanding the health network into remote, underserved areas through the establishment of 103 outreach clinics that were provisioned with basic medical supplies. The Government was also supported to upgrade two hospitals and 142 basic health units (BHUs) with equipment and capacity development of health workers to provide quality emergency obstetric care. In collaboration with such partners as Bhutan Health Trust Fund and the World Health Organization (WHO), UNICEF supported the first nationwide vaccination campaign against measles and rubella, which took place in March 2006. The campaign achieved more than 98 per cent coverage with over 332,000 women and children vaccinated. The measles/rubella vaccine subsequently has been introduced as part of routine immunization.

9. To address the grave threat of iron deficiency anaemia, a national “Iron Day” was launched in 2004. Every Thursday of every week, over 12,000 school children receive a supplement containing 60 milligrams iron and 400 micrograms of folic acid. Twice yearly, the children also receive deworming tablets and a high-dose vitamin A supplement. Supplies, training and communication support are provided by UNICEF. As of 2006, “Iron Thursday” has been extended to non-formal education centres throughout the country, where nearly 70 per cent of the learners are women.

10. The rapid increase in the enrolment rate of girls in primary school, from 48 per cent in 2002 to 79 per cent in 2006, and near parity with boys could not have been achieved without external assistance, including UNICEF support to construct 120 community primary schools with clean water and sanitation facilities. UNICEF also helped to develop and print the new primary curriculum, ensure its distribution to 143 schools and train over 250 teachers in multi-grade teaching methods.

11. The “Young People on Wheels” initiative was launched in 2005 to promote awareness about HIV/AIDS prevention. Sixty out-of-school young people who formed an entertainment troupe with stars from the Bhutanese film industry have traveled to all 20 districts and reached an audience of over 50,000 young people with their messages.

Lessons learned

12. The past programme’s emphasis on facilities in primary education has proven its worth. More primary schools with adequate facilities helped to get more children, particularly girls, to enrol, but they did not ensure their retention and completion with expected learning outcomes. The strategy now will shift gradually from access to quality of education. Greater focus and resources are needed to create a stimulating learning environment for children, with special attention to teaching styles, positive discipline and other aspects of child-friendly education.

13. The main government policy for making pregnancy safer is more attended deliveries in health facilities. To this end, health assistants have been trained in midwifery and all new doctors must be able to provide basic emergency obstetric care. Despite these efforts, only one in two women has a delivery attended by a

trained health provider. While efforts to upgrade the staff and facilities of hospitals and BHUs must continue, the role of village health workers and community and religious leaders needs greater attention. A WHO study in 2006 urged that these actors be engaged to strengthen ties between service providers and communities, and to improve awareness about danger signs during pregnancy and the need for timely referral to health facilities with community support.

14. Bhutan eliminated iodine deficiency disorders in 2003, making it the first country in the region to do so. This was achieved by ensuring that all salt was iodized and by carrying out community education. Success depended on collaboration in vision, planning and delivery between different ministries and departments. The same lesson can be applied to the protective environment around children, which requires a practical vision and mechanisms for increasing collaboration between the police, justice officials, families and communities. This will be a major thrust of the new country programme.

The country programme, 2008-2012

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health, nutrition and sanitation	1 650	6 300	7 950
Quality education	1 000	5 200	6 200
Enabling environment for child protection	950	2 000	2 950
Planning, monitoring and communication	730	1 500	2 230
Cross-sectoral costs	500	—	500
Total	4 830	15 000	19 830

Preparation process

15. Analytical exercises supported by UNICEF contributed to the preparation of the Common Country Assessment in early 2006. The United Nations Development Assistance Framework (UNDAF) was developed in August 2006 with the active participation of the Government, non-governmental organizations (NGOs), donors and the United Nations country team. Consensus was reached on the expected results from United Nations system cooperation and its contribution to national development priorities in the areas of poverty reduction, health, education, good governance, environment and disaster management. Results expected from the UNICEF-supported country programme are based on the UNDAF and were developed in full consultation with implementing partners. The Tenth Five-Year Plan, which is under preparation, is expected to provide detailed plans and interventions, which will be incorporated into the country programme action plan.

16. UNICEF regional advisers undertook a number of missions to help the country office review strategies and initiate country programme development with partners.

A joint strategy meeting, involving the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the World Food Programme (WFP) and UNICEF, was held in February 2007 to review the programme strategies of each agency and ensure that the agency-supported results are based on the UNDAF.

Goals, key results and strategies

17. The overarching goal of the country programme is to support the Government of Bhutan to achieve the progressive realization of the rights of children and women, the Millennium Development Goals and national priorities.

18. UNICEF-supported programmes will contribute to several key outcomes for children and women: (a) health facilities in underserved areas with upgraded equipment, qualified staff and sufficient supplies to deliver essential services; (b) village health workers and religious and community leaders playing a stronger role to increase the utilization of health and nutrition services, particularly emergency obstetric care; (c) increased educational quality through the provision of early childhood care in targeted community centres, and a major thrust to ensure that 30 per cent of primary schools are child-friendly; (d) development of a juvenile justice act, and increased capacity among the police, justice officials and community workers to strengthen the protective environment around children; (e) young people will have access to information on HIV/AIDS through life-skills education; (f) all hospitals and grade one BHUs able to provide prevention of mother-to-child transmission (of HIV) (PMTCT) and paediatric antiretroviral therapy (ART) services; and (g) integration of Millennium Development Goal-based monitoring and evaluation into national monitoring and evaluation systems, thereby strengthening national capacities to implement results-based policies and plans.

19. The overall strategy is to reach underserved areas and groups with higher-quality information and services, delivered by trained service providers. Both nationwide and targeted interventions will be used. While a large portion of programme resources will be directed towards rural areas, the country programme, with relevant agencies, will assess the impact of urbanization on children and young people. In line with the lessons from the past programme, specific strategies will involve: (a) enhancing the quality of service delivery; (b) increasing demand for health and education services by strengthening communication and outreach at the community level; (c) building a multi-stakeholder vision for a protective and enabling environment for children; (d) strengthening national capacities to initiate relevant child protection legislation; and (e) improving capacities for evidence-based planning, monitoring and evaluation.

Relationship to national priorities and the UNDAF

20. The outcomes of the country programme address the priority problems of children and women and contribute to the collective aims of the UNDAF in Bhutan. The continued upgrading of health facilities and the focus on demand-creation at the community level will increase access to information and utilization of health services. The rapid expansion of child-friendly schools and the provision of early childhood care services in targeted communities will improve the quality of education, with a focus on hard-to-reach populations. The focus on judicial and

social services for adolescents and young people will contribute to a protective and enabling environment for children.

21. The collective aims of the UNDAF will make a number of strategic contributions to the priorities of the Government's Tenth Five-Year Plan. In particular, programme results and strategies will help to improve the accessibility and quality of health-care delivery, strengthen the quality and relevance of early childhood and primary education, and develop capacities at both institutional and community levels to foster good governance.

Relationship to international priorities

22. The country programme will contribute to the achievement of the Millennium Development Goals, particularly those for: (a) the eradication of extreme poverty and hunger; (b) universal primary education; (c) gender equality and the empowerment of women; (d) reduced child mortality; (e) improved maternal health; and (f) combating HIV/AIDS and other diseases. The new programme on an enabling environment for child protection will help to increase protection of children from violence, abuse, neglect and exploitation as well as to bring greater efforts to help young people to develop life skills and practice healthy and positive behaviours. The goals of *A World Fit for Children* and the priorities of the UNICEF medium-term strategic plan are reflected fully in the programme's strategic design and expected results.

Programme components

23. **Health, nutrition and sanitation.** In Bhutan, there is a pressing need to ensure that all women have safe deliveries, and that all children are born healthy and do not suffer from malnutrition and micronutrient deficiencies. The health and nutrition elements of the programme will focus on strengthening the quality and coverage of maternal and newborn care services, and on addressing micronutrient deficiencies. Ensuring that schools can offer adequate and safe facilities is important for the health of children and helps to increase enrolment and retention. The sanitation element of the programme will focus on expanding water and sanitation services and health and hygiene promotion in primary schools and religious institutions.

24. There are four main components: (a) maternal and neonatal care; (b) nutrition, with a focus on infants, young children and women; (c) immunization and child health; and (d) water, sanitation and hygiene (WASH).

25. The maternal and neonatal health component will support the expansion of emergency obstetric care in hospitals and BHUs. All hospitals and BHU health workers will have the skills to provide maternal and neonatal care as per national neonatal standards. There will also be a greater emphasis on advocacy with policy makers and on communication for behavioural change, using village health workers and religious and community institutions, in partnership with front-line service providers.

26. The immunization and child health component will work to maintain the country's polio-free status and will support the Ministry of Health with vaccines, cold-chain equipment and training to sustain immunization coverage at more than 90 per cent. It will also contribute to the reduction of diarrhoeal disease through

family hygiene and sanitation promotion. The nutrition project will promote breastfeeding and infant and young child feeding practices, and expand existing micronutrient supplementation activities for iron and vitamin A through the school and non-formal education systems. Vitamin A will be supplied to all children under five years of age and all post-partum mothers. Hospitals will be declared “baby-friendly” and possibilities for double fortification of salt with iodine and iron will be explored.

27. WASH activities will focus on achievement of universal access to clean water and sanitation facilities and on health and hygiene promotion in primary schools and religious institutions. All primary schools and monastic institutions will be targeted.

28. The main implementing partners are the Ministry of Health and the Ministry of Education for matters related to school health and sanitation. UNICEF will work with WFP to support school hygiene sanitation, nutrition and gender-related activities. UNICEF will partner with WHO to support the Government in ensuring standards of health care, including the expanded programme on immunization and maternal and child health, and with UNFPA on maternal and neonatal health and other reproductive health issues. Partnerships will be forged with World Bank and the Global Fund to Fight Aids, Tuberculosis and Malaria for communication interventions related to HIV/AIDS and with the World Bank on avian and human influenza.

29. **Quality education.** The quality of primary education, the poor completion rate, the drop in the number of girls making the transition from primary to secondary school and the qualifications and motivation of teachers, particularly in remote areas, are major concerns in the country. These issues were affirmed in Bhutan’s second report to the Committee on the Rights of the Child in 2006. UNICEF programme cooperation will focus on increasing retention and completion rates by improving the quality of primary education and ensuring equal access for all children. It will also increase the developmental readiness of young children for school, and provide a second chance to education for out-of-school young people through non-formal education.

30. There are three major components: (a) early childhood care and education (ECCE); (b) child friendly education; and (c) non-formal education.

31. The ECCE component will focus on strengthening the capacities of key partners, including parents and communities, to provide young children with early learning opportunities. Based on the results of a pilot initiative in 2007, ECCE centres will be established in 20 non-formal education centres in districts where net primary enrolment is low, and 75,000 non-formal education learners will acquire ECCE skills.

32. Child-friendly education is targeted to reach at least 30 per cent of communities and primary schools, and provide teachers with the capacity to deliver a quality education using comprehensive child-friendly methods and processes. In addition, targeted teachers and schools will be equipped to teach multiple grades and children with special learning needs. The primary-school curriculum will be revised to incorporate life-skills education. In areas with a low primary net enrolment rate, communication strategies will be developed and implemented to increase enrolment. This will be done in coordination with WASH activities. Young

people aged 15-24 years who are out of school will be provided access to functional literacy training and life-skills education through non-formal education.

33. The Ministry of Education is the main implementing partner. Other partners include the Ministry of Labour and Human Resources, the Ministry of Health, District Administrations (Dzongkhags), media, NGOs, communities, parents and children. UNICEF will also partner with WFP to address gender-related issues and care of young children and girls in schools and boarding facilities. UNICEF will work in close collaboration with UNFPA on life-skills education.

34. **Enabling environment for child protection.** As the country develops and traditional family structures are transformed, the protection of children is becoming a challenge. Emerging problems include increased violence and sexual assault against adolescent girls and women, the lack of a child-friendly juvenile justice system and a growing number of children entering the labour market in urban towns. These concerns were raised in the Government's 2006 report to the Committee on the Rights of the Child. The programme will enhance the capacities of key institutions to develop a range of mechanisms to protect children and young people from violence, abuse and exploitation.

35. The components cover: (a) a protective environment for children; and (b) youth and adolescent participation.

36. The protective environment for children component will support the review, adoption and implementation of a juvenile justice act, and initiate development of other child protection legislation. It will establish an effective complaint and response mechanism against violence, abuse and exploitation of children and women. Assistance will be given to ensure that police, judicial, penal and social systems are aligned with the legislation. UNICEF cooperation will assist service providers, communities, parents and children to understand and apply the principles of the Convention on the Rights of the Child, the Convention on the Elimination of all Forms of Discrimination against Women and other related conventions. It will also assist partners to rehabilitate and reintegrate women and children affected by violence and abuse, and children in contact with the law.

37. The youth and adolescent participation component will assist young people to acquire life skills and practice healthy behaviours. Technical and financial assistance will be given to government partners and NGOs to establish a range of tailored services, such as sports, counselling, youth clubs and discussion forums for young people, in targeted urban and rural areas.

38. Key implementing partners include the National Commission for Women and Children, the Judiciary, the Office of the Attorney General, the Royal Bhutan Police, the Ministry of Education's Department of Youth and Sports, the Ministry of Home and Cultural Affairs, the Ministry of Labour and Human Resources and NGOs.

39. **Planning, monitoring and communication.** The programme will have two major thrusts: strengthening the policy development and planning capacities of targeted ministries and departments, by strengthening the existing government systems for programme monitoring and evaluation, and advocacy and communication to promote behavioural change.

40. Under the planning and monitoring component, partner ministries and departments and all district administrations will have the capacity to use *DrukInfo*

(the local adaptation of DevInfo) and will be provided with technical assistance to strengthen results-based management. These will be used to support the achievement of sectoral and country programme results, and track their contribution to the Millennium Development Goals and the Government's Tenth Five-year Plan. UNICEF will also support the Government's capacity for emergency preparedness and response.

41. Advocacy and communication activities will advocate for the well-being of children and women. To address the limited capacity for information, education and communication initiatives, capacities of partners in the broadcast and print media will be developed to produce "edutainment" (education and entertainment) programmes related to issues concerning children and young people. The Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women will be promoted among national, community and religious leaders, health workers, teachers and non-formal education instructors. Programme communication to promote behavioural change will be a cross-cutting strategy to underpin and support the achievement of results in all areas of UNICEF programme of cooperation. Priority interventions will relate to safe motherhood, girls' education, with an emphasis on the secondary level, and HIV/AIDS prevention.

42. The main implementing partners are the Planning Commission, the National Statistics Bureau, the Ministry of Information and Communications, the Ministry of Health, the Ministry of Education, the Ministry of Home and Cultural Affairs and the Bhutan Broadcasting Service. Civil society partners will be drawn from the major print and electronic media.

43. HIV/AIDS prevention and care are cross-cutting elements of the country programme. Under the education programme, non-formal education learners and schoolchildren will have access to information on HIV/AIDS through life-skills education. Under the planning, monitoring and communication programme, adolescents and young people will have greater access to information about HIV/AIDS through their participation in youth forums and media events. Under the health and nutrition programme, all hospitals and grade one BHUs will provide PMTCT and paediatric ART services.

44. **Cross-sectoral costs** will cover the salaries and travel costs of staff supporting country office operations, training and communication initiatives, and the provision of office equipment.

Major partnerships

45. Each of the programme components will maintain strong partnerships with their key sectoral ministries and United Nations partners. This will involve annual planning, monitoring, and strategic reviews to ensure that results are contributing to the achievement of UNDAF and national priorities. The steady emergence of a more confident civil society and new NGOs creates opportunities for further collaboration. Opportunities for joint programmes will be pursued with UNDP, UNFPA, WFP and WHO. Collaboration with bilateral and other international development partners will be enhanced.

Monitoring, evaluation and programme management

46. The government will adopt results-based planning and budgeting and a multi-year rolling budget system in the Tenth Five-Year Plan. To contribute to greater harmonization and national ownership, the alignment with the multi-year rolling budget system and output-based budgeting will be promoted throughout the programme. The Department of Aid and Debt Management under the Ministry of Finance will coordinate the country programme. Implementation and management will be carried out by the relevant line ministries and departments. Subnational results will be achieved in cooperation with District Administrations and relevant ministries. Annual work plans for each programme component will be monitored through quarterly and annual reviews, feeding into national and UNDAF reviews. The UNICEF Programme Management System (ProMS) will facilitate results-based planning and monitoring. A harmonized approach to cash transfer will be adopted by UNDP, UNFPA, UNICEF and WFP.

47. UNICEF will make field trips jointly with government and other United Nations partners, where appropriate. Expansion of the *DrukInfo* system will be used for analysis as well as reporting on progress made towards Millennium Development Goals and priorities in the national development plan.

48. Major data-gathering activities for each programme component will be consolidated in an integrated monitoring and evaluation plan. At least two evaluations will be conducted to determine the effectiveness of the multi-grade teaching and child-friendly schools initiative, and of efforts to strengthen the protective environment for children. UNICEF will play an active role in UNDAF annual reviews and the UNDAF evaluation, particularly in areas related to education and health. This will be done in close collaboration with the Government, United Nations agencies and relevant development partners.

Summary results matrix: Government of Bhutan– UNICEF country programme, 2008 – 2012					
UNICEF MTSP focus area	Key results expected in this focus area/ baseline estimates for these results	Key progress indicators	Means of verification of results	Major partners, partnership frameworks and cooperation programmes	Expected key results in this focus area will contribute to:
1. Young child survival and development	<p>1.1 Hospitals and grade one basic health units (BHUs) have equipment, qualified staff, and sufficient supplies to deliver emergency obstetric care</p> <p>1.2 All hospital and BHU health workers provide quality immunization services and Vitamin A supplementation</p> <p>1.3 Village health workers, religious and community institutions implement behaviour change interventions related to maternal and child health and nutrition</p> <p>1.4 All primary and monastic schools and nunneries, equipped with functional water and sanitation facilities.</p>	<p>1.1.1 No. health facilities upgraded as emergency obstetric care centres.</p> <p>1.1.2. No. staff qualified to deliver emergency obstetric care</p> <p>1.2 Percentage of children under-1 year fully immunized</p> <p>1.3.1 Percentage of children <5 and post-partum mothers that received vitamin A</p> <p>1.3.2 Percentage deliveries attended by trained health staff</p> <p>1.4 Percentage of institutions with clean water and sanitary latrines</p>	<p>- National Statistical Bureau reports Health Annual Bulletin, Ministry of Health (MOH) reports</p> <p>- EPI coverage surveys, routine reports, surveillance of vaccine-preventable diseases</p> <p>- MOH reports, field visits</p> <p>- MOH reports and field visits</p>	Ministry of Health, District Administrations, WHO, UNFPA	<p><u>UNDAF outcome 2:</u> Increased access to, and utilization of quality health services</p> <p><u>WFFC goal:</u> Promote healthy lives.</p> <p><u>MDG:</u> Reduce child and maternal mortality</p>
2. Basic education and gender equality	<p>2.1 Non-formal education learners in 20 communities in six Dzongkhag with low primary net enrollment provide young children with early learning opportunities</p> <p>2.2 At least 30% of community primary and primary schools deliver comprehensive child friendly education</p>	<p>2.1.1 20 early childhood care and education (ECCE) centres operational</p> <p>2.1.2 No. of learners completing ECCE course</p> <p>2.2.1 Gross enrolment in 20 districts (female/male)</p>	- Education Mgt. Information System (EMIS) data	Ministry of Education, National Commission for Women and Children (NCWC), village and district level development committee District Administrations, WFP, UNFPA	<p><u>UNDAF outcome 3:</u> Increased access to a quality education, with focus on hard to reach populations</p> <p><u>WWFC goal:</u> Provide quality education</p>

Summary results matrix: Government of Bhutan– UNICEF country programme, 2008 – 2012					
UNICEF MTSP focus area	Key results expected in this focus area/ baseline estimates for these results	Key progress indicators	Means of verification of results	Major partners, partnership frameworks and cooperation programmes	Expected key results in this focus area will contribute to:
	2.3 Out-of-school young people between age 15 and 24 have greater access to education and receive life skills education through non-formal education curriculum.	2.2.2 Percentage of students completing grade 6 in 20 districts (female/male) 2.3 No. of young people (15-24) completing life skills education course			<u>MDG</u> : Achieve universal primary education <u>MDG 3</u> : Promote gender equality and empower women
3. HIV/ AIDS and children	3.1 All Hospitals and grade one BHUs provide PMTCT and pediatric antiretroviral therapy (ART) services. 3.2 Young people have access to lifeskills education for healthy and positive behaviours in relation to life choices.	3.1.1 No. of staff qualified in PMTCT 3.1.2 Percentage hospitals and grade one BHUs providing pediatric ART 3.2.1 No. of young people receive life skill education training	MOH progress report, Annual Health Bulletin, field visits MOE and NGOs progress report	All Government Ministries, under coordination of Ministry of Health, WHO, UNFPA, NCWC, NGOs	<u>UNDAF outcome 2</u> : Increased access to, and utilization of quality health services <u>WFFC goal</u> : Promote healthy lives. <u>MDG</u> : Halt and begin to reverse the spread of HIV/AIDS
4. Child protection	4.1 A juvenile justice act reviewed and its adoption and implementation advocated 4.2 A complaints and response mechanism to react established in districts to address violence, abuse and exploitation of children and women 4.3 Police, judiciary, penal and social systems implement child and woman friendly procedures in all districts.	4.1 Act reviewed by all partners 4.2.1 Mechanism established and operational in 20 districts 4.2.2 No. complaints registered, actions taken 4.3. No. Standard operation procedures in force	- Final drafts - System monitoring reports - Operation manual	Royal Bhutan Police, NCWC, Judiciary, Office of the Attorney General, UNDP, UNFPA and NGOs	<u>UNDAF Outcome 4</u> : Institutional capacity and people's participation strengthened for good governance <u>WFFC goal</u> : Protect against abuse, exploitation and violence. <u>MDG</u> : Promote gender equality and empower women; Protect the Vulnerable (Millennium Declaration, Section VI)

Summary results matrix: Government of Bhutan– UNICEF country programme, 2008 – 2012					
UNICEF MTSP focus area	Key results expected in this focus area/ baseline estimates for these results	Key progress indicators	Means of verification of results	Major partners, partnership frameworks and cooperation programmes	Expected key results in this focus area will contribute to:
5. Policy advocacy and partnerships for children's rights	5.3 Key ministries and district administrations use <i>DrukInfo</i> and results-based management for planning, monitoring and reporting on sector and programme results, and their contribution to MDGs and national priorities.	5.3.1 <i>DrukInfo</i> operational 5.3.2 MDG reports using <i>DrukInfo</i> 5.3.3 No. of sector and district plans applying results-based management principles	- Programme reports - MDG reports	Ministries of Health and Education, Planning Commission, District Administrations National Statistics Bureau, UNDP	<u>UNDAF outcome 1/CP outcome</u> : Enhanced capacity of public sector to implement results based policy and plans related to the MDGs) <u>WFFC goal</u> : All, cross-cutting <u>MDGs</u> : All, cross-cutting