

UNICEF - ROYAL GOVERNMENT OF BHUTAN

COUNTRY PROGRAMME EVALUATION

(1997-2001) & (2002-2006)

May 2004

UNICEF – ROYAL GOVERNMENT OF BHUTAN
COUNTRY PROGRAMME EVALUATION

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DEPARTMENT OF AID & DEBT MANAGEMENT
MINISTRY OF FINANCE
ROYAL GOVERNMENT OF BHUTAN

FORWARD

The last 30 years of RGOB - UNICEF collaboration has brought about all round improvement in the social sectors of Bhutan. The collaboration through the Masterplan of Operation (MPO) has been well blended with the overall government five year plans. The support of UNICEF especially in the field of Health and Education has been remarkable which is reflected well in the improvements achieved in those social indicators.


The current Country Programme Evaluation (CPE) exercise is a timely initiation brought about by the Government and the UNICEF country office. It is the first ever exercise of its kind to be undertaken in Bhutan and covers two MPO periods of 1997 – 2001 and the current MPO (2002-2006) thus covering seven years of collaboration.

We are very fortunate to have found a fully independent consultant in Mr. Biswajit Sen who has steered the Evaluation Team through a detailed and vigorous evaluation processes. Many pertinent issues and findings in the current level of collaboration have been brought out. The recommendations that have been highlighted in this report will be very useful ‘food for thought’ when we embark on preparation of our next MPO.

The fact that this Evaluation took place alongside the MTR process has also added on to its utility in that the findings will feed the MTR which in turn will guide and reformulate the programme collaboration focus areas for the remaining period of the current MPO (2002-07). The MTR will serve as the take-off point for refocusing and realigning not only the remaining part of the current MPO period but also in designing the next MPO.

I would like to conclude by acknowledging the professional service rendered by the consultant and the team members of the CPE team and all other responsible officials in the Government and UNICEF office for cooperating and ensuring a smooth sail of the CPE processes. I would also like to thank UNICEF for providing financial support for this CPE exercise.

Tashi Delek!


Nima Wangdi
Director

ABBREVIATIONS

ANC	Antenatal Care
ANM	Auxiliary Nursing Midwife
ARI	Acute Respiratory Infection
BBS	Bhutan Broadcasting Service
BCA	Basic Cooperation Agreement
BHU	Basic Health Unit
CCD	Child Care and Development
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CP	Country Programme of Cooperation
CPE	Country Programme Evaluation
CRC	Convention on the Rights of the Child
DADM	Department of Aid and Debt Management
ECCD	Early Childhood Care and Development
ECD	Early Childhood Development
EMIS	Education Management Information System
EMOC	Emergency Medical Obstetric Care
EPI	Extended Programme on Immunisation
H/A	Height for Age
HMIS	Health Management Information System
IDD	Iodine Deficiency Diseases
IEC	Information, Education and Communication
IMCI	Integrated Management of Child Illnesses
IMR	Infant Mortality Rate
KA	Knowledge and Attitude
KAP	Knowledge, Attitude and Practice
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MDG	Millennium Development Goals
MIS	Management Information System
MMR	Maternal Mortality Rate
MoH	Ministry of Health
MOU	Memorandum of Understanding
MPO	Master Plan of Operations
MTR	Mid-Term Review
NCWC	National Commission on Women and Children
NFE	Non-formal Education
ORC	Outreach Clinic
ORS	Oral Re-dehydration Salt
PME	Programme Monitoring and Evaluation
PPA	Project Plan of Action
RGoB	Royal Government of Bhutan
ROSA	UNICEF Regional Office for South Asia
SPBD	School Planning and Building Division
UNDAF	United Nation Development Assistance Framework
UNICEF	United Nation Children's Fund
UNICEF-BCO	UNICEF – Bhutan Country Office
VHW	Village Health Worker

W/A	Weight for Age
W/H	Weight for Height
WATSAN	Water and Sanitation
WFP	World Food Programme
WHO	World Health Organisation

GLOSSARY

Activity - Actions taken or work performed through which inputs, such as funds, technical assistance and other types of resources are mobilized to produce specific outputs.

Basic Cooperation Agreement (BCA) - The agreement UNICEF establishes with each partner country seeking UNICEF cooperation for children and women. It outlines the general principles under which UNICEF will operate in the country and constitutes the legal basis for UNICEF's presence and programme operations.

Bilateral – A bilateral agreement is one between two countries. Agencies that provide assistance on a government-to-government basis are referred to as bilateral agencies or organisations, e.g. the Canadian International Development Agency (CIDA).

Civil society – Individuals and organisations that are not part of local, national or other levels of government. This includes community-based (CBOs) and non-governmental organisations (NGOs), trade unions, religious groups, academic institutions and other private, voluntary groups.

Country Programme of Cooperation (CP) – The overall term for UNICEF cooperation in a country – directed to a variety of services and activities to benefit and support the human rights of children and women.

Emergency - a situation which threatens the lives and well-being of large numbers of a population and in which extraordinary action is required to ensure their survival, care and protection. Emergencies may be created by natural or technological disasters, epidemics or conflicts.

Indicator - An indicator is a measure, which is used to detect change in a situation, or the progress in an activity, or the results (process, output, outcome, impact) of a project or programme.

Input - Human, financial and material, technological or information resource mobilised for an activity

Impact - The longer-term intended or unintended result (technical, economic, socio-cultural, institutional, environmental or other) of a programme, corresponding to the programme goal. The impact describes the changes at the level of the right-holders (children and women).

Millennium Development Goals (MDGs) – The set of 8 goals and 18 targets, initially endorsed and further developed subsequent to the Millennium Summit.

Multilateral – A multilateral agreement is one among several parties. Agencies or organisations that involve more than two countries, e.g. United Nations agencies like UNICEF, are often referred to as multilateral agencies.

Output - The specific products — goods, services or other — that are the result of one or more activities.

Outcome - The results generated by a programme, typically related to institutional change, quality or coverage of a service, or behavioural change. The achievement of outcomes normally depends on the contributions of several partners.

Regional Office (RO) - UNICEF has Regional Offices supporting Area or Country Offices (COs) within the following geographic regions: Eastern and Southern Africa (ESARO); West and Central Africa (WCARO); the Americas and the Caribbean (TACRO); East Asia and the Pacific (EAPRO); South Asia (ROSA); the Middle East and North Africa (MENARO); and Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States (CEE/CIS/B). In addition, UNICEF has one RO in Geneva serving as focal point for relations with National Committees (GRO).

Result – Results can be obtained at various levels of a country programme. Typically, the result of an activity or project is referred to as output, the result of a programme is referred to as outcome, and the resulting change on the situation of the intended rights-holders is referred to as impact. Results at different levels form a results chain, which describes the necessary sequence to achieve the desired objectives (input => output => outcome => impact).

Stakeholders – People or groups that have an interest in a programme or activity and/or are likely to be affected by it.

Strategy – A broad outline considering and choosing between possible choices for UNICEF assistance focusing on the most critical needs, particular opportunities or UNICEF’s unique advantages, and discarding less promising options. A strategy provides an overview both of the “mix and balance” of the interventions to be supported and actions to be taken, and of their inter-linkages and sequencing over time.

UNDAF – The United Nations Development Framework helps UN agencies, when preparing the Country Programmes, to achieve consensus on priority issues for development cooperation and the broad distribution of roles and responsibilities to support national efforts to achieve the MDGs and other commitments arising from conventions and international conferences.

UNICEF – ROYAL GOVERNMENT OF BHUTAN

COUNTRY PROGRAMME EVALUATION

EXECUTIVE SUMMARY

The Royal Government of Bhutan has consistently been proactive in prioritizing the realization of the rights of children and women in national development through a series of progressive policies and programmes. Bhutan's later entry into the development arena has led to it giving greater emphasis on all dimensions of social development in the nation building process. The Royal Government of Bhutan ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1981. The Royal Government of Bhutan ratified the Convention on the Rights of the Child and the World Summit for Children Declaration in 1990. A National Plan of Action for Children was prepared and incorporated in the Seventh National Five Year Plan (1992-1997). Over the years a series of legislative and policy measures supporting the above has also been adopted. One of the distinguishing features of this commitment has been a consistently high level of investment in the social sectors, particularly health and education, which has ranged between 18% to 23% in all the National Five Year Plans of the Royal Government of Bhutan. The resulting impact of this commitment over the years has been the steady improvement in the Key Human Development Indicators that characterize Bhutan today. With focused policies and strategies Bhutan is well positioned to achieve the Millennium Development Goals that has been endorsed by the Royal Government of Bhutan at the UN Millennium Summit in September 2000.

The Basic Cooperation Agreement (BCA) signed in 1974 has broadly guided UNICEF's support to Bhutan. Since then UNICEF has been an important supporter and contributor to the Royal Government of Bhutan through a variety of collaborative programmes. The UNICEF supported country programmes have also played an important role in advocating policies and institutional structures to support the implementation of specific interventions. In the initial years of the cooperation some of the programmes, such as EPI, also supported the expansion of the basic healthcare network to the rural areas, on which the health delivery system is based today. The overarching goals of the successive collaborative programmes have been to enhance the rights and welfare of children and women. The programmes have primarily covered the sectors of health and nutrition, education and water, environmental sanitation and hygiene; and within them virtually all types of activities. However from the current phase of collaboration there has been a shift from such sectoral programme collaboration to a more comprehensive rights based approach.

Over the long term of the collaboration there has been notable successes achieved through the collaboration process between UNICEF and the Royal Government of Bhutan. The Gross Enrolment Rate for Primary level schooling has gone up from 55% in 1990 to 72% in 1997, essentially through an expansion of the schooling system (Primary + Community School Nos. expanding from 245 in 1997 to 365 in 2000 to 435 in 2004). Gross Enrollment Rate is currently estimated to be 82%. Girls now constitute 48% of total enrolment (2003), compared to 39% in 1990. Over the past decade significant improvements have also been made in the health status of the population,

but not as rapidly as in the earlier decades, when there was only a rudimentary health care system. Infant Mortality rate has fallen from 71 per 1000 live births in 1994 to 60.5 in 2002. Similarly, the Under-5 Mortality Rate has fallen from 96.9 in 1994 to 84 in 2002. Immunization coverage for all antigens for under-one year olds has been impressive in Bhutan and consistently higher than 80% since 1997. In the last decade there has been a significant drop in the Maternal Mortality Rate from 380 per 100,000 births in 1994 to 225 in 2000. . Access to safe drinking water for the population has increased from 45% in 1990 to 58% in 1997 to 77.8% in 2002. Similarly access to sanitation has increased from 70% in 1997 to 88% in 2002. Over a longer time period, the prevalence of IDD, which was as high as 65% in children, has been eliminated (the first country in South Asia to do so). There have been no reported cases of polio since 1986 in Bhutan. Neonatal tetanus related deaths have also been eliminated since 1994. All the above impacts have been achieved through the programmes of cooperation between UNICEF and the Royal Government of Bhutan.

However, as basic levels of social development through an expanding public social infrastructure are achieved, new problems and complexities emerge. Therefore, sustaining the results achieved becomes more difficult. Access and delivery of different social services to those not yet reached poses new kinds of management challenges. The question of quality of services and benchmarking of standards to global levels assumes increasing importance. Strategic priority setting to fill in the gaps is increasingly necessary. Finally, in an increasingly globalize and inter-connected world, many factors cannot be controlled and there is a constant need to monitor changing conditions and research the hidden and emerging social problems.

Due to the changing context of social development in Bhutan as well as the new perspectives, programming frameworks and priorities of UNICEF, the manner in which collaborative programmes between UNICEF and the Royal Government of Bhutan are planned and functioning needs to be reassessed. This is the overarching rationale for the present Country Programme Evaluation.

The objectives of the Country Programme Evaluation are therefore.

- To assess the **relevance** of UNICEF's core strategy for realization of the rights of Children and Women in Bhutan.
- To review the **progress** of UNICEF's country programme in order to determine the **effectiveness** and **efficiency** of its programme interventions in meeting their planned objectives and coverage as identified in the last two Master Plan of Operations (1997-2001) and (2002-2006).
- To examine the experience of implementation of the country programme and draw out **lessons** that can be used to improve programme planning and implementation in the future, especially with reference to **sustainability** and **replicability**.

The **criteria** used for the Country Programme Evaluation essentially covers the five dimensions of **Relevance, Effectiveness, Efficiency, Sustainability and Replicability**. This was presented to the Steering Committee established by the Royal

Government of Bhutan for the Country Programme Evaluation and ratified in a meeting on 15th April 2004.

The Country Programme Evaluation **methodology** employed the following process. For the ongoing Sectoral Assessment's, draft reports provided the initial information on the progress and constraints in each of the four current programmes of collaboration between the Royal Government of Bhutan and UNICEF. (Child Care and Development, Health and Nutrition, Expanded Basic Education and Planning, Communication and Participation). This was followed by a desk review of the several studies and programme evaluations supported by UNICEF-BCO. Consultations were held with M&E Officer- ROSA to integrate UNICEF frameworks for country programme evaluation into the reporting process. A field visit to three districts within Bhutan was undertaken next to conduct semi structured interviews with beneficiaries, frontline workers and district officials. Based on the data collected from the desk review and field visits, discussions with programme officials of both UNICEF and the Royal Government of Bhutan were undertaken. The interconnection between different data sources were established and the data analyzed from the perspective of the evaluation criteria. A draft evaluation report was prepared and the major findings of the country programme evaluation presented to a wider body of stakeholders in the social development sectors of Bhutan. Based on their comments the CPE report was finalized.

The Country Programme for the period 1997-2001 essentially adopted a **sectoral** framework for programming. The three main programmes were **Health and Nutrition, Rural Water and Sanitation** and **Basic Education**. The Country Programme for the period 2002-2006 followed a different framework for programmes. There are three major programmes: (i) **Child Care and Development**; (ii) **Expanded Basic Education**; and (iii) **Health and Nutrition**. However, within each programme there are several projects and further subprojects. Further many of the sub-projects have been further broken down into specific activities. There are certain basic differences in both the programme content and framework used in the two country programmes. In the 1997-2001 programme, there was no explicit focus on Early Childhood Development. In the 2002-2006 country programme, two projects, the Family-based Child Care Development project and Early Childhood Care and Development project give explicit attention to this theme. Except for the above differences, even though the programmes are clustered slightly differently, the two country programmes are essentially the same in their content and need to be seen as a continuum. The similarity is particularly striking when we go down to the activity level. This implies that, in essence, UNICEF supported programme interventions have been the same for at least the last seven years and there has been no major re-strategizing of its programme interventions. The overall financial allocation for the two country programmes is virtually the same with US \$ 14.2 million being the budget for the period 2002-2006 programme.

Evaluation Findings

The two UNICEF country programmes of 1997-2001 and 2002-2006 have been supporting the majority of programmes and projects in the basic health care and primary and adult education sectors. In addition, it supported the rural water supply programme during the period of 1997-2001.

The progress in the key indicators of human development for children and women between 1997 and present shows that the UNICEF supported country programmes, combined with the strong commitment of the Royal Government of Bhutan to social development, has been very **relevant** for Bhutan's social development. The expansion of the social infrastructure in health, primary education and rural water supply has enabled a majority of the Bhutanese population to access services in health care and basic education. Both the Community School concept, with its element of community contribution, and the Non-formal Education programme, with its components of functional literacy, have been effective instruments for participation of women and children towards their empowerment. However, specific problems remain in the realization of the rights of all children and women, especially those in vulnerable situations. Issues of protection of children in vulnerable situations from abuse and exploitation have not been addressed in the current country programme. This is because it was not perceived to be a major social issue during the planning of the current country programme. However, with the establishment of the National Commission on Women and Children, it is being taken up in a priority manner. Also, the recently published Assessment of Protective Factors for Vulnerable Children in Bhutan by the Ministry of Health discusses issues of child protection. The issue of providing high quality health care to pregnant women to bring down the Maternal Mortality Rates, which continue to be high, needs to be given a much higher priority within the general health care system. Child nutritional status and the extremely high prevalence of anemia within children have only recently been accorded the strategic priority they deserve in the programme framework.

Overall the Country Programme has been comprehensive in its **effectiveness** in addressing the objectives set forth in the current country programme. The general quality of services offered in the different sectors, particularly in primary health care and primary education, was observed to be of fairly acceptable levels by general standards. However as these service facilities are upgraded, it is important to have clear benchmarks and guidelines for standard setting in all programmes and make this clear to frontline workers. Both policy formulation and preparation of National Action Plans has been a key feature in many projects within the country programmes. Examples include a Nation Action Plan for Children, National EPI Action Plan, and National Plan for Education. Recent examples include an Early Childhood Development Policy and the setting up of the National Commission for Women and Children. Hence the advocacy role of UNICEF has proven very effective in creating a positive environment for programme implementation. To further enhance programme effectiveness it is necessary to set uniform standards of quality in all services; institutionalize monitoring, evaluation and MIS systems; create formal community groups, and enhance specialized subject based refresher training for frontline workers.

The UNICEF supported country programme has been reasonably strategic in both choice of interventions to be prioritized and nature of partnerships within the UNDAF framework. Although the UNDAF, as a comprehensive method of integrating UN responses, has not evolved with the Royal Government of Bhutan, there are examples of multilateral cooperation between UNICEF and other UN agencies with the Royal Government of Bhutan. A recent example is the MOU signed between UNICEF and World Food Program offices of Bhutan for an integrated approach to nutrition for school children.

Institutional arrangements for programme planning and implementation within the government system at the central level have been well established. The UNICEF country programmes have supported the putting in place of such structures both for a programme, as well as different projects, which has enhanced programme **efficiency**. While the Ministry of Education and Health are the overall co-coordinating bodies for the major sectoral programmes within these ministries, specific units have been created to plan and manage specific projects like the non-formal education cell within the Ministry of Education. A recent example of the efficient response to making such institutional arrangements has been the creation of an Early Childhood Development Section within the Ministry of Education. As many of the emerging issues in social development, such as early childhood development, providing health care to school children and child protection are cross-sectoral in nature, renewed emphasis on inter-sectoral co-ordination mechanisms would be necessary to ensure continued efficiencies in programme implementation. Programs which attempt to selectively look at specific districts, such as Family Child Care and Development, have not been as effective as the process of decentralization within the government system, which is still ongoing.

It is the Royal Government of Bhutan's policy to provide free health care and primary education to its population. The policy is particularly relevant to the context of Bhutan where there is no private sector in health and a very small one in education. The logical corollary of this decision also implies that gradually, as capacity is built up, and the system expands, it is necessary that certain activities and inputs previously supported by UNICEF are gradually taken over by the government and made **sustainable** as an integral part of the government system. An example of this process established by the Royal Government of Bhutan is the creation of the Health Trust Fund.

The example of community schools is a good case for **replication** in other programme areas, especially in programmes, which combine the need for behaviour change with service delivery. Another case for replication is the case of rural water supply systems where the locally trained water mechanic and user community take over the maintenance of the rural water supply systems. However the key to successful replication of such community participation based programmes is the creation of semi-formal bodies from within the communities. There are other successful programme experiences which can be replicated. For example the initial success in goitre eradication can be replicated for anemia control.

Recommendations

The analysis of the mix of programmes in the Master Plan of Operations (2002-2006) shows a very wide number of projects and sub-projects over which resources are spread thinly. There is a need to consolidate the UNICEF supported programmes in a more cohesive manner and make some strategic choices.

The programming framework to be used for planning and design of different programmes must first specify the results to be achieved in terms of the change in the situation of children and women's rights, before structuring into either projects or locating them in specific counterpart Ministries. The desirable results would be linked to both the national priorities, as articulated in the Ninth Five Year Plan of the Royal Government of Bhutan, as well as the Millennium Development Goals. The Results

Based Framework being currently used in the sectoral assessments would become the basis for such programme planning. Such an approach to programming would become increasingly critical as a variety of situations affecting children and women cut across sectoral and project boundaries. Cross sectoral programmes around early childhood development and child protection particularly need such an approach. It will also allow for clearer monitoring of results achieved through UNICEF supported programmes.

The longer term planning for the programmes should be limited to the project level and it is not necessary to delineate sub-projects and activities within them. This detailing of activities should be part of the Annual Plan of Action. This would ensure flexibility in planning to respond to changing situations.

The choice can be further narrowed down depending on the resources available with UNICEF. It is more important to support all the activities within one project well than to provide scattered support of a gap filling nature to many programmes. Resource allocation decisions across projects and programmes should be taken through discussions between UNICEF and Royal Government of Bhutan at the planning and review stages of the country programme preparation cycle.

In relation to specific projects in the Health and Nutrition programme the following is recommended. EPI project is well implemented and this evaluation has thrown up no additional recommendation. The detailed EPI evaluation study recommendations should therefore be adopted. The whole Safe Motherhood project should henceforth be focused on building up a strong facility based demand system for institutional care and delivery through community mobilization, and expanding EMOC facilities and training in EMOC. The Child Health project should be consolidated into a single Integrated Management of Child Illnesses (IMCI) package for delivery through the hospital/BHU system. A special focus within it should be given to ARI illnesses that are still widely prevalent in children within Bhutan. Anemia Control in Children and Women has recently been given the highest priority and taken up as a special campaign using multiple strategies and channels for implementation and this should be sustained. A more comprehensive Refresher In-service Training Package should be designed and implemented for BHU staff (health assistant, ANMs). The School Health and Nutrition project is a new project for more comprehensive UNICEF support being recommended by this evaluation.

In the Expanded Basic Education programme, the proposed plan for expansion of Community Schools coverage to those not yet reached should be continued. The evaluation has uncovered the need to reevaluate the whole Classroom Practice dimension in the community schools, particularly as community schools are rapidly being upgraded to primary schools and they are often no longer multi-grade schools. The School Sanitation and Hygiene programme achievement level needs improvement in both coverage and quality. The hygiene component of the school sanitation project needs to be given much greater priority. The Non-formal Education programme provides valuable channels to reach rural women with a variety of social messages.

A new project is recommended for the next programme cycle to reach the girl child beyond the primary school level. The ongoing programme with religious institutions has started having a certain impact within a short period of time. It is critical that UNICEF, as an advocate of child rights, initiates at least an independent project with a

clear set of strategies around the issue of Protection of Children in Vulnerable Situations in the next programme cycle, using recommendations from the Assessment of Protective Factors for Vulnerable Children in Bhutan (MoH, 2004). The District and Block level system in Education, Health and Planning has a critical role to play in field based qualitative monitoring systems through onsite visits. The ongoing development of the Health MIS and Education MIS should be also further strengthened to gather, collate and utilize data for decision making.

One area where strategies for implementation need further strengthening within UNICEF supported programmes is where the community and society has to be reached directly for behaviour change (i.e. social mobilization and advocacy). All programmes have a strong component of this and in addition to the channels of formal institutional structures like schools and health units; there is a need to develop alternative channels of communication and advocacy. A successful example of such alternative communication strategies for behavioural change is the experience of the Religion and Health project. The absence of civil society institutions and private media in Bhutan is a constraint and creative solutions need to be continuously searched for in this field. The initiative taken in partnering BBS should be further expanded and consolidated. Local initiatives like developing wall newspapers by non-formal education groups/youth forums, linkages with systems having strong rural extension systems such as the agriculture extension networks are two other possible small initiatives.

While the Royal Government of Bhutan has taken a policy decision at the highest level towards decentralization, this process is still ongoing. The UNICEF supported programmes on the other hand are primarily thematic/issue based. Hence at this stage of the decentralization process, it would not be desirable for UNICEF to choose specific districts for specific programmes, rather it should continue to work primarily at the national level to integrate the themes within the governed institutional structures.

The programmes and projects chosen for collaboration need to be designed well, as a first step in the programme planning cycle. Planning workshops should be used for this purpose (within the MTR process). The objective of such workshops is not what or where UNICEF can put in resources but what components make for a 'good' project or programme (within the framework of the Ninth Five Plan and the Millennium Development Goals). The result of such workshops will be the design of programmes/projects to be implemented. The Annual Plan of Action should be the last exercise in the planning process and strictly adhere to the resource allocations and programme designs derived from the preparation of a focused Annual Plan.

The long-term collaboration process between UNICEF and the Royal Government of Bhutan has been very beneficial to move social development in Bhutan forward. Specific operational issues such as the streamlining of cash assistance component within programmes have also been dealt with in a timely manner. However there are certain constraints that have risen, in the quality of the partnership process between the Royal Government of Bhutan and UNICEF country office at the operational level because of procedural requirements in programme implementation and the because the basic planning document (MPO) does not provide enough guidance for preparation of a focused Annual Plan in the joint programme planning processes between UNICEF and the Royal Government of Bhutan. It is recommended that the opportunity provided by the MTR process be used productively to transform the quality and level of relationship

between two critical national and international institutions through the following processes.

- Creating a small Programme Planning Consultative Group with representatives from UNICEF and the Royal Government of Bhutan at the thematic programme level that can coordinate the redesign and selection of programmes and projects for the balance of the country programme period.
- Each programme organizing a Programme Design Workshop that looks at the vision, components and needs of different programmes/interventions.
- A short joint UNICEF – RGoB familiarization visit to neighboring countries, especially India, could be organized as to get oriented how such multilateral collaborations are being managed in different situations. The team should be representative of all collaborating sectors i.e. Ministries of Health and Education in addition to the DADM from the Government.

UNICEF – ROYAL GOVERNMENT OF BHUTAN COUNTRY PROGRAMME EVALUATION

1. INTRODUCTION

1.1 Background

Bhutan is a developing country that has retained its strong cultural roots and identity. As is the case with every nation, Bhutan has several distinctive features that influence its development both positively and negatively. Its landlocked, mountainous terrain limits the scope for rapid expansion of a traditional manufacturing sector, but offers potential for a dynamic services sector. Its widely dispersed population within a mountainous terrain increases the cost and complexity of reaching services to the entire population. On the other hand, the low total population (estimated at 716,424 in the 2002 Statistical Yearbook of Bhutan) allows for lower absolute levels of investment and close monitoring of specific inputs and service facilities. Bhutan's initial economic backwardness and geopolitically strategic location has necessitated a strong government structure. As a result, the government has been the primary actor in both economic and social sectors. The near total absence of a private sector in both health and education services is striking in Bhutan. The positive dimension of this has been that with an enlightened governance system over the past many decades, the Royal Government of Bhutan has consistently accorded a high priority to the public social service sector, particularly health and education. Religion has always played an important role in Bhutanese society and continues to offer the critical balance required for holistic development. New emerging socio-economic problems, such as regional differentials in levels of development, also characterizes the country. The danger of these differentials being further accentuated through modernization is very real and poses a new challenge for nation building in Bhutan. Poverty and regional disparities are new social issues being addressed by the Royal Government of Bhutan today. Finally, Bhutan is a 'young' country with over fifty percent of its population below the age of twenty-five. The hopes and aspiration of the youth in a changing world introduces a new dialectic in the development of Bhutanese society.

The Royal Government of Bhutan has consistently been proactive in prioritizing the rights and development of children and women in social development through a series of progressive policies and programmes. The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) was ratified by the Royal Government of Bhutan in 1981. The Convention on the Rights of the Child and the World Summit for Children Declaration was ratified by the Royal Government of Bhutan in 1990. A National Plan of Action for Children was prepared and incorporated in the Seventh National Five Year Plan (1992-1997). Over the years, a series of legislative and policy measures supporting the above has also been adopted. These have also been usually backed by creation of appropriate institutional structures, the most recent example being the establishment of the National Commission on Women and Children. One of the distinguishing features of this commitment has been a consistently high level of investment in the social sectors, particularly health

and education, which has ranged between 18% to 23% in all the National Five Year Plans of the Royal Government of Bhutan. The resulting impact of this commitment over the years has been the steady improvement in the Key Human Development Indicators that characterize Bhutan today. With focused policies and strategies, Bhutan is well positioned to achieve the Millennium Development Goals that have been endorsed by the Royal Government of Bhutan at the UN Millennium Summit in September 2000.

However as minimum levels of social development through an expanding public social infrastructure are achieved, new problems and complexities emerge. To sustain the results achieved becomes more difficult. Improving access to and delivery of different social services among the hardest to reach poses new kinds of challenges. The question of quality of services and benchmarking of standards to global levels assumes increasing importance. Strategic priority setting to fill in the gaps is increasingly necessary. Finally, in an increasingly globalize and inter-connected world, many factors cannot be controlled and there is a constant need to monitor changing conditions and research the hidden and emerging social problems.

The Basic Cooperation Agreement (BCA) signed in 1974 has broadly guided UNICEF's support to Bhutan. Since then UNICEF has been an important supporter and contributor to the Royal Government of Bhutan through a variety of collaborative programmes. The UNICEF supported country programmes have also played an important role in advocating policies and institutional structures to support the implementation of specific interventions. The overarching goals of the successive collaborative programmes have been to enhance the rights and well being of children and women. The programmes have primarily covered the sectors of health and nutrition, education and water, environmental sanitation and hygiene; and within them virtually all types of activities. However from the current phase of collaboration there has been a shift from such sectoral programme collaboration to a more comprehensive rights based approach.

1.2 Rationale for Country Programme Evaluation and Objectives

Both the changing context of social development in Bhutan and the new perspectives, programming frameworks, and priorities of UNICEF, necessitates a reassessment of how the collaborative programmes between UNICEF and the Royal Government of Bhutan are planned and functioning.

This is the overarching rationale for the present Country Programme Evaluation.

UNICEF - Royal Government of Bhutan has completed implementation of its Country Programme (1997-2001) and is currently implementing its Country Programme for the period 2002-2006, which is also aligned to the Ninth National Five Year Plan of Bhutan (2002-2007). Even though structured differently, these two Country Programmes are a continuum, as a majority of the programme components and activities are similar in nature. The exception to this is the introduction of an Early Childhood Development programme in the

current country programme. There has not been any comprehensive Country Programme Evaluation carried out of previous programmes that looks at the country programme as a whole. Specific programme and project evaluations and several surveys and research studies have however been carried out and utilized to fine-tune specific programme strategies and priorities. Both the changing social context and the absence of a holistic evaluation of all UNICEF supported programmes make it necessary for UNICEF Bhutan to re-examine its work, take stock of its achievements, successes and failures and draw lessons for planning of the next programme cycle. The need to make strategic choices in a limited resource environment cannot be over-emphasized and the country programme evaluation can provide feedback on strategic choices that need to be made.

In light of the above, and as the current UNICEF supported country programme reaches its mid term, a broader Mid Term Review process is planned by UNICEF in partnership with the Royal Government of Bhutan. The Country Programme Evaluation is envisaged as an important input into this review process. The Country Programme Evaluation intends to build upon and contribute to an internal sectoral/programme wise assessment and review process that is ongoing. The sector assessments look at the issues and concerns in each specific programme. The country programme evaluation on the other hand looks more at common cross-sectoral issues, highlighting and drawing examples from different programme experiences. The objectives of the Country Programme Evaluation are therefore:

- To assess the **relevance** of the Country Programme's core strategy for realization of the rights of children and women in Bhutan.
- To review the **progress** of the UNICEF supported Country Programme, in order to determine the **effectiveness** and **efficiency** of its programme interventions in meeting their planned objectives and coverage, as identified in the last two Master Plans of Operation (1997-2001) and (2002-2006).
- To examine the experience of implementation of the country programme and draw out **lessons** that can be used to improve programme planning and implementation in the future, especially with reference to **sustainability** and **replicability**.

1.3 Scope of Country Programme Evaluation: Framework and Criteria

The focus of this Country Programme Evaluation is on PROGRAMMES, in terms of their choice, programme mix, design, content and finally implementation. The Country Programme Evaluation does **not take an in-depth** look at the content of various government policy and legislative measures; the nature and quality of the relationship between UNICEF and the Royal Government of Bhutan; the internal management and work processes that guide the operational dimensions of programme implementation. While all these

factors do affect programmes, they are beyond the scope and mandate of this Country Programme Evaluation.

By virtue of UNICEF being the leading international organization mandated to work for the rights of children and women, UNICEF plays a much broader role in addition to the specific programmes it supports within Bhutan. Accordingly, the evaluation also touches upon not only UNICEF's programmes, but also on UNICEF's broader role of advocacy for the rights of children and women.

The conceptual **framework** used for the evaluation is the traditional evaluation framework that looks at the **Inputs, Outputs, Outcomes and Impact of programmes**. While the measurement of inputs and outputs is more relevant in a monitoring system, in an evaluation the stress is on outcomes and impact. The connection between each of these stages in the programme cycle is often not automatic. Within UNICEF's global thinking and the introduction of the Results Framework, it is increasingly realized that in many contexts, inputs and outputs (installation of water and sanitation systems, opening of schools and health clinics) do not necessarily lead to outcomes (use of facilities, increase in girl's enrolment) and impact (decreased mortality and morbidity rates, increased learning level achievements). Hence within the Country Programme Evaluation, greater weight will be given to the outcomes of the different interventions.

Given that the Country Programme Evaluation is an evaluation of ongoing programmes, and one of the objectives is to draw lessons from the implementation experience, equal importance will be given to evaluation of implementation **processes**, i.e. what is the quality of delivery of the services and change in behaviour patterns at the ground level. Table 1 overleaf shows the above evaluation framework with examples of indicators from health and education.

The **criteria** used for the Country Programme Evaluation essentially covers the five dimensions of **Relevance, Effectiveness, Efficiency, Sustainability and Replicability**. The detailed list of criteria for each of these dimensions is shown in Annexure 2. This was presented to the Steering Committee established by the Royal Government of Bhutan for the Country Programme Evaluation and ratified in a meeting on 15th April 2004.

Table 1**Evaluation Framework**

		Example from Education	Example from Health
INPUT	Human/financial resources Invested	No. of schools opened, No. of teachers trained	No. of ORC constructed No. of EMOC established
OUTPUT	Achievement of different interventions	No. of functioning Primary Schools	No. of functioning ORC/EMOC
OUTCOME	Results achieved through different Interventions	Gross and net enrollment ratio; % of school going girl children to total children	Health Coverage in %; Trend of MMR
IMPACT	Final results of interventions + Environmental factor	Learning Achievement levels of all children enrolled in schools.	Morbidity and mortality levels of children and women brought down significantly
PROCESS	Method of intervention	Capacity of school to manage academic standards	Provision of training to Health Workers; sustained provision of consumables and other supplies

EVALUATION IS ABOUT ASKING THE RIGHT QUESTIONS

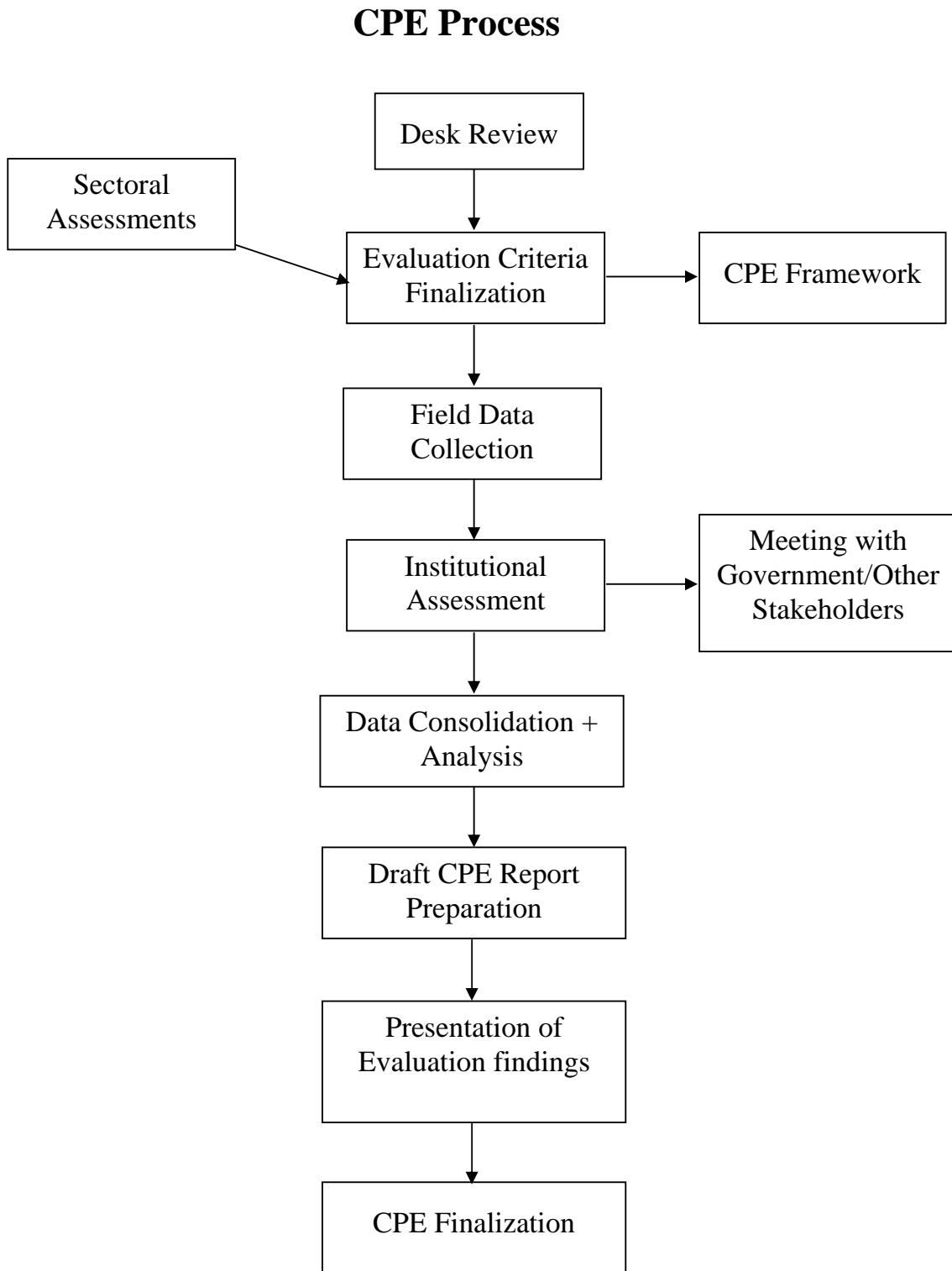
1.4 Evaluation Methodology and Process

The Country Programme Evaluation methodology followed the process shown in Figure 1. The ongoing **Sectoral Assessment** draft reports provided the initial information on the progress and constraints in each of the four current programmes of collaboration between the Royal Government of Bhutan and UNICEF: Child Care and Development, Health and Nutrition, Expanded Basic Education and Planning, Communication and Participation. In addition, a **Desk Review** was undertaken that analyzed all the available literature and documents (Annexure 1 provides the reference document list). Of particular importance in the desk review was the critical analysis of the Master Plan of Operations for the period 1997-2001 and 2002-2006, as these two documents provide the basic planning and programme design framework for the ongoing programmes supported by UNICEF-Bhutan. The desk review provided the basis for formulating the **Evaluation Criteria** (Annexure 2), which was ratified by the Steering Committee established for the Country Programme Evaluation.

The next, and most important, step in the evaluation process was a **field visit** to the districts of **Punakha, Wangdue, and Trongsa** where different dimensions of each of the programmes were reviewed at the ground level. Even though the sample size covered by these visits was small, the objective of the field visit was to gain a **qualitative insight into the outcomes and processes that define the actual implementation of the different programmes**. The field visits also combined discussions with a wide array of frontline workers, and community members, in addition to visits to schools and basic health units. These semi-structured interviews enabled the evaluator to assess the **capacity and constraints of the institutional systems** on which the whole programme implementation process is dependent. This was followed by discussions with a majority of officials of the Royal Government of Bhutan who are directly involved in the collaboration process with UNICEF.

Based on the data collected from the desk review, field visits and discussions with programme officials of both UNICEF and the Royal Government of Bhutan, the interconnection between different data sources were established and the data analyzed from the perspective of the evaluation criteria. A draft evaluation report was prepared and the major findings of the country programme evaluation presented to a wider -body of stakeholders in the social development of Bhutan.

Figure 1



The evaluation report is organized around strategic, cross-sectoral issues. Given the time frame for the evaluation (5 weeks), a detailed sectorally organized evaluation would not have been able to look in sufficient detail into each programme. Further the ongoing Sectoral Assessments are looking at the sectoral aspects in detail.

Two overriding concerns have informed the evaluation process and perspective. Firstly, the evaluation is not an audit of programme results. Rather the evaluation examines past programme planning and implementation processes, to draw lessons for future action. Hence the evaluation report gives as much importance to findings as to recommendations. Second, the evaluation focuses on drawing out the 'big picture' within a strategic perspective. The focus of the evaluation has been on analysis of the strategic direction of the country programme.

It is important to mention the **weaknesses** of the evaluation process. Firstly, even though a variety and substantial amount of data is available in various publications and documents on Bhutan and its social indicators, programme evaluations are not about statistics but programme design, content etc. There was a lack of such qualitative data available. Secondly, due to both shortage of time and human resources, the field visits could not cover a diverse range of situational contexts. It is the evaluator's experience however that increasing sample sizes does not necessarily give more qualitative insights, especially when systemic features are being looked at. Further there are more lessons from successful experiences than from a failed project. Thirdly, the absence of strong monitoring and evaluation systems within the institutional structures make data availability and collection a separate exercise in itself. As the evaluation exercise is not a research study/survey this was not feasible within the evaluation exercise. Fourthly, it was not feasible to distinguish between what exactly has been UNICEF's distinctive contribution and the general contributions of the government system as a whole, which has a variety of other independent inputs. Finally, all evaluations are subjective and judgmental and to a large extent depend on the international perspectives brought in by the evaluator.

2. THE BHUTAN CONTEXT

2.1 Social Development: Achievements and New Concerns

Over the last four decades Bhutan has made steady progress in improving the situation of children and women in the country. This has been possible through a sustained and systematic investment in the social sectors of health, basic education, and rural water supply systems, in addition to general infrastructure development.

Table 2 below gives a bird's eye view of how Bhutan's progress in human development compares to other countries in South Asia.

Table 2 Progress in Selected Human Development Indicators in South Asia

		Bhutan	Nepal	Bangladesh	Pakistan	India	Sri Lanka	South Asia
1 Under 5 Mortality Rate	1960	300	315	248	227	242	133	244
	2002	84	91	77	107	93	19	97
2 Infant Mortality Rate	1960	175	212	149	139	146	83	148
	2002	64	66	51	83	67	17	70
3 Life Expectancy	2002	66	60	61	61	64	73	63
4 Adult Literacy	2002	54	42	40	43	57	92	47
5 Net Primary Enrolment Rate	2002	53	73	89	56	76	97	74

Source: The State of the World's Children, 2004

However, the context, constraints and opportunities in each country are very different and the long-term trends are difficult to capture because the baseline statistics are often not that reliable.

The progress can be better captured in comparing trends in key indicators over a much shorter time period of the last decade. This would enable us to capture the current status and provide pointers to programme priorities and directions. The Desk Review of various documents uncovered the following picture.

- Out of a total estimated population of Bhutan in 2002 of 716,424, the population of children in different age groups were as follows:
 - Under 5 children – 110,690
 - 5-14 children – 190,571
 - 15-18 Children – 64,417(Source; Statistical Yearbook of Bhutan-2002, CSO, Planning Commission, Royal Government of Bhutan)

The above figures give an idea of the reach required in different programmes to achieve universal converge. The population growth rate has come down in this decade from 3.1 in 1994 to 2.5 in 2002. The urban: rural population distribution continues to be 20:80. However it is likely that this distribution pattern is rapidly changing, but can only be verified through a full census. A population density of only 18.7 persons/km² shows the complexity of the distribution of services to such a dispersed population.

- The Adult Literacy Rate was estimated at 54% in 1997, with a Female Adult Literacy Rate of 34%. Therefore, adult literacy based programmes, such as Non-Formal Education, continue to be relevant in Bhutan.
- The Gross Enrolment Rate for primary level schooling has gone up from 55% in 1990 to 72% in 1997, essentially through an expansion of the schooling system (Primary + Community School numbers expanding from 245 in 1997 to 365 in 2000 to 435 in 2004). Gross Enrollment Rate is currently estimated to be 82%. The goal of attaining universal education will be increasingly difficult and needs special focus (source: General Statistics-2003; Ministry of Education, Policy and Planning Division).
- The Net Enrolment Rate of the total school age population between 6 and 12 years continued to be low at 53% in 1999 (boys-58%; girls-47%). Although this has improved to 60% in 2002 (boys 64%: girls 56%) a substantial gap remains. Net enrolment rate is a globally accepted indicator for gender equity in education, as it is critical that girl children join school at the right age to ensure completion of the education cycle. The net primary enrolment rate in Bhutan also does not compare favourably with the regional average. The large difference between gross and net enrolment rates, particularly in the case of the girl child, is a worrisome indicator and needs to be accorded a high priority in UNICEF programming through systematically addressing the problems of access to girl child education and retention of the girl child in school.
- One positive feature in primary level education has been that the gender disparity in enrolments has been significantly reduced over the years within primary schools. Girls now constitute 48% of total enrolment (2003), compared to 39% in 1990. Also there is not a significant difference in the repeat percentage between boys and girls, once in school.
- Unfortunately, one indicator for quality of education, systematic data on the exact drop out rate in each grade, is not available. However it is estimated that 78% of children entering primary school reach grade 6 (significantly higher compared to 35% in 1990).
- The disaggregation of the data on literacy and education at the primary level, shows that while indicators for educational status have improved

over the years; universal access is not simply a matter of opening new schools of different types. Focused attention needs to be given to removing access barriers for girl child education in dispersed populations through reducing the distance from schools and improving the overall quality of education.

- Over the past decade significant improvements have also been made in the health status of the population, but not as rapidly as in the earlier decades when there was only a rudimentary health care system. Infant Mortality Rate has fallen from 71 per 1000 live births in 1994 to 60.5 in 2002. Similarly, Under 5 Mortality rate has fallen from 96.9 in 1994 to 84 in 2002. Life expectancy has remained static at 66 years. While all these indicators do not vary significantly in comparison with regional averages, the improvement has not been as dramatic as in the earlier years, when the basic infrastructure was not yet in place.
- Immunization coverage for all antigens for under-one year olds has been impressive in Bhutan and consistently higher than 80% since 1992. This has been a major contributory factor to reducing infant and child mortality rates. While many operational problems remain in Bhutan's immunization programme (as brought out in the EPI Evaluation), the extensive coverage has been a major achievement.(source: National EPI survey-2002)
- Of greater concern today is the nutritional and morbidity status of children. The percentage of children under 5 who are underweight has been 38% in both 1989 and 1997. During a nation-wide anaemia survey in 2002, anthropometric measures of children under three years of age were taken. Stunting (low H/A) was present in 54%, severe stunting in 24%, wasting (low W/H) in 8%, severe wasting present in 2%, underweight (low W/A) in 34% and severe underweight in about 9% of the children studied.
- A nation-wide anaemia survey was conducted in 2002. The survey showed that anaemia prevalence was 81% in children of 6-60 months of age, 55% in non-pregnant women and 28% among men. Another study done by Ministry of Health showed 64% anaemia among school children. The major cause of this situation has been identified as iron deficiency. (source: Anaemia among children and women in Bhutan; How big is the problem (2003)- Ministry of Health, Royal Government of Bhutan)
- The above trends in the status of children's health and nutrition show that while significant achievements have been made, particularly in reducing child mortality through immunization, it is time to focus more strategically on problems that remain, particularly in child nutrition and infant feeding practices. Anemia control needs to be taken up as campaign based programmes by themselves, rather than as activities within the general health care system.

- While the general health status of the population has improved through expansion of the public health care system, a special area of concern has been the health of women. In the last decade there has been a significant drop in the Maternal Mortality Rate from 380 per 100,000 births in 1994 to 255 in 2000. However these levels of Maternal Mortality are still significantly high. Percentage of deliveries by trained health personnel continued to be only 20% in 1997 (This has gone up to around 40% in 2003). The number of hospitals with full fledged EMOC facilities continues to be limited in Bhutan. The access to and quality of Emergency Obstetric Care also remains limited for different reasons. In 1997, it was estimated that 50% of pregnant women do not attend antenatal clinics for regular checkups. Field visits showed that there is a marked improvement in this situation but there is still scope for increasing demand for such services substantively (source; National maternal mortality technical committee review; Draft Report of the Emergency Obstetric Care Facilities Utilization Study-2003),
- There is no universal data available for different factors contributing to different forms of morbidity for women. General malnutrition, combined with workload, are major contributory factors. The wide prevalence of anaemia in women is also a major contributory factor, and needs focused attention in any mother and child care package.
- A significant achievement has been the coverage attained in access to safe drinking water and sanitation. Access to improved sources of drinking water for the population has increased from 45% in 1990 to 58% in 1997 to 77.8% in 2002. Similarly, access to sanitation has increased from 70% in 1997 to 88% in 2002. This has contributed to significant improvements in children's morbidity status such as reduction in diarrhea. However the continued prevalence of hygiene related problems such as worm infestation shows the need for a more comprehensive behavioural change based hygiene practice programme.
- Over a longer time period, the prevalence of goitre, which was as high as 65% in children has been brought down to less than 5%. There have been no reported cases of polio over the last five years and Bhutan has been declared polio free by international authorities.

To summarize, Bhutan has achieved significant progress over the decades in improving the indicators that define the Human Development status of its population. As basic levels, education and health services have been made accessible to the majority of the population through investment in and expansion of service facilities. Further dramatic changes will require focused strategies and programme interventions, such as a focus on reducing maternal mortality in health, anemia control in nutrition, and increasing the net enrolment rate in education. While the overall status and availability of service facilities need to be continually maintained at current levels (such as continued slow improvement in immunization coverage), the time has probably come to

shift gears and address in a more focused and strategic manner, a new generation of problems and issues that are more specific. These include:

- Enhancing girl child enrolment at the primary level and closing the gap between gross and net enrolment rates in primary education through improved quality of education.
- Improving the nutritional status of children through anaemia control and deworming, as well as improvements in dietary practices and food security.
- Reduction in Maternal Mortality and Morbidity Rates.
- Protection of children in vulnerable situations.
- Improvement in hygiene and sanitation practices through behavioural change.

Refocusing of priorities, as suggested above, will require a variety of changes regarding the manner in which programmes are designed and strategies formulated for implementation. Such issues will be discussed in the proceeding sections of the evaluation.

2.2 Opportunities and Threats

Both the trends in the social indicators and the overall environment within which UNICEF supported programmes are being planned and implemented are characterized by opportunities and threats. Some of the key opportunities and threats to programming in Bhutan, when compared to other countries are:

Opportunities

- **Increasing Demand for Different Social Services by the Population**
This situation characterizes services in the education, health, family planning and other services. Such a condition allows programmes to be quickly accepted by the population once introduced.
- **Fair degree of community participation brought about by a cohesive community culture**
Traditional community structures in Bhutan are cohesive, still strong, and thereby lend themselves to unified community participation where required. An example of this is the success of getting community contributions in the construction of community schools and outreach clinics intervention.
- **Wide social infrastructure base in place for new programme implementation**
Both in health and education, an extensive infrastructure has been built up over the last decade to reach the population in different locations. This allows for a functioning delivery mechanism through which new programmes can be easily introduced.
- **Strong commitment of royal government of Bhutan to social sector development**

Sustained investment levels of over 20% to the social sectors in the National Five Year Plans, progressive policy formation and adoption favouring women and children's development and a well functioning social service sector under the government, all show the strong commitment to social issues by the Royal Government of Bhutan. This provides a positive policy and programme environment to introduce programmes in the social sector in Bhutan.

- **Gender equity as a traditional cultural and social structural feature**

Bhutan's progressive policies towards women over the last few decades have strengthened the traditional culture where women's equal role in development, society and economy is universally accepted and far ahead of other developing countries. This provides a solid foundation for different kinds of social programming that bring about gender equity.

- **High value accorded to children's welfare and development in Bhutanese society**

The high value accorded to the welfare of children, both girls and boys, is visible in the acceptance of immunization and modern health care practices and rapid increases in enrolment of children, especially girls, in schools. This provides a sound base for introducing new programmes directed at realization of the rights of children.

- **Important role of religion and religious institutions in Bhutanese society**

The importance of religion and the institutions therein within Bhutanese Society is visibly strong. This provides a strong base and institutional structure for bringing about positive behavioural based social changes in the broader society through such institutions.

Threats

- **Persistence of certain problems in the social sectors in spite of large investments**

While the overall health and education status of the population has been improving, as the basic social infrastructure is put in place, specific problems that should have been addressed earlier continue to exist (such as anaemia) and take away the gains made through other interventions. Many such problems remain 'hidden', and unless addressed through new kinds of interventions, will hinder progress in the social indicators over time.

- **Difficult mountainous terrains impeding universal coverage**

The small total population of Bhutan should ideally allow for universal coverage of the population, once a programme is planned and executed in a sustainable manner. However, much of this advantage is negated by the extremely dispersed population in a mountainous terrain.

- **Inadequate Human Resources in social sectors**
Inadequacy of medical doctors both in terms of quantity and quality in the hospitals will negate the tremendous effort that is being put into the areas of maternal health and childhood illnesses. The inability of matching the expansion community schools with provision of qualified teachers is also an area of concern.
- **Rapidly changing trends in society and economy**
Progress and modernization lead to change and a new generation of social issues. A flexible and rapidly responding system is required to address such new problems. For example as education spreads, young people will shift to urban areas and have different aspirations, expectations and problems. The need to address new kinds of challenges like an urban environment, unemployment among the educated, adolescent health and life skills in a new environment, is becoming increasingly critical in Bhutan and will need quick and flexible responses.
- **Limited civil society and private sector institutions**
The role of civil society organizations and the private sector in the social sectors in Bhutan is limited. In other countries they have played an important role in researching new social issues and advocating change, as well as innovating, at a small scale, demonstrable solutions and models for wider replication. The absence of these institutional structures in Bhutan that could complement government efforts is a constraint.
- **Absence of strong institutions in the communication sector**
Modern institutions in the communications sector, such as mass media, increasingly play an important role in shaping social behaviour, both positively and negatively. The use of such media to complement more conventional programme interventions is a powerful instrument available to governments and others. The nascent existence of such media in Bhutan is a threat to rapidly communicating social messages and bringing about positive change in society. The expansion of the BBS through radio and TV will assist in reducing this constraint.
- **Rise in regional inequalities and hard to reach communities**
However small and cohesive a country, as change takes place, regional disparities between different districts and regions are bound to increase. The increasing need of addressing this problem in a focused manner assumes greater significance over time and the threat of failure to do so can lead to a loss of gains in social development made in the initial years.
- **Decentralization combined with lack of capacity at the local level**
From a social development perspective, centralization and decentralization is value neutral and the lack of efficacy and simultaneous capacity development at the local level can lead to a drop

in the quality of services. A failure to balance these factors is a threat to the maintenance of the social infrastructure built up over the years.

- **Porous boundaries with regions of neighbouring countries having a different situation profile**

The health and economic status of neighbouring countries is much worse than in Bhutan and the threat of entry of polio will continue to remain.

3. UNICEF – ROYAL GOVERNMENT OF BHUTAN: COUNTRY PROGRAMME

3.1 Country Goals and Programme Frameworks: Analysis of Master Plan of Operations - 1997-2001 and 2002-2006

Given the review of the overall programme environment in Bhutan in the previous Section of this report, this section critically analyses the conceptual and strategic framework of the two sequential country programmes between 1997-2001 and 2001-2006.

The Country Programme for the period 1997-2001 essentially adopted a **sectoral** framework for programming. The three main programmes were **Health and Nutrition, Rural Water and Sanitation** and **Basic Education**. The other three programmes were basically strategies to support the three sectoral programmes and included Advocacy and Social Mobilization, Monitoring and Evaluation and Programme Support. The overarching goal of the country programme was to enhance the welfare and development of children and women in Bhutan. The essence of the three sectoral programmes lay in the projects within each programme and covered the following.

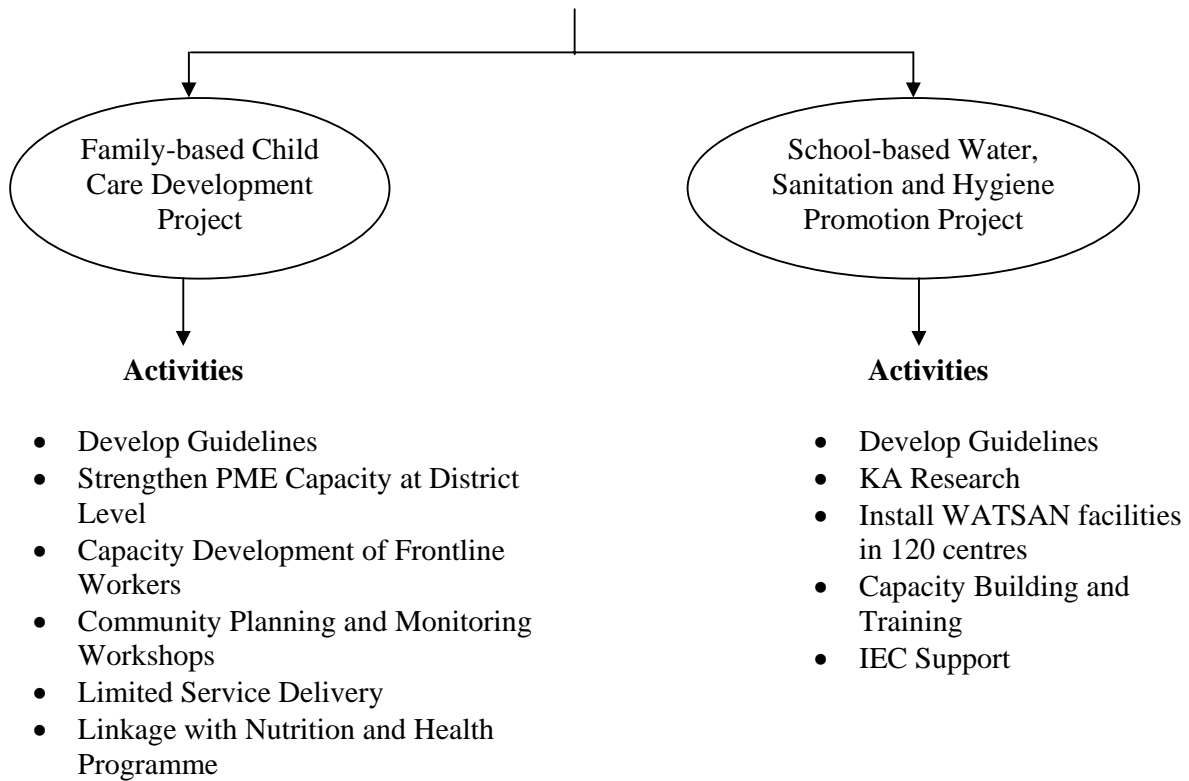
Health and Nutrition	Water and Sanitation	Basic Education
- Maternal and Child Health	- Environmental Sanitation	- Primary Education
- Nutrition and Child Care	- Rural Water Supply	- Non-formal Education
- Human Resource Development		- Special Education
- Programme Support	- Programme Support	- Programme Support

Again, the Programme Support component of these programmes was a supportive strategy for programme implementation. The total budget, from all sources of funds, for the country programme 1997-2001 was US \$14.2 million over the total period of the programme, with Water and Sanitation having the maximum allocation (30.5%), followed by Health and Nutrition (27.3%) and Basic Education (24.8%). The Country Programme for the period 2002-2006 followed a different framework for programmes.

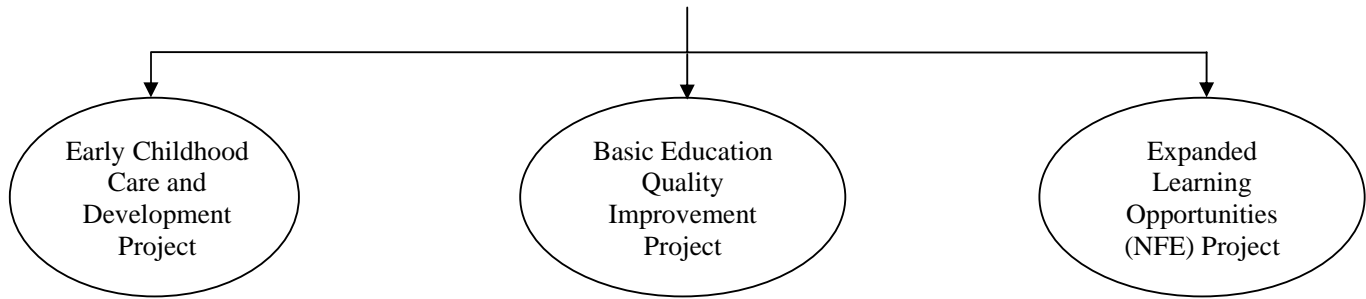
- There are three major programmes **Child Care and Development, Expanded Basic Education, and Health and Nutrition.**
- However, within each programme there are several projects and further subprojects. Further many of the sub-projects have been further broken down into specific activities. Figure 2 below charts out this complex programme matrix up to the activity level for the present Country Programme.
- There are certain basic differences in both the programme content and framework used in the two country programmes. In the 1997-2001 programme, there was no explicit focus on Early Childhood Development. In the 2002-2006 country programme, two projects, the Family-based Child Care Development project and Early Childhood Care and Development project, give explicit attention to this theme. The second major difference is that UNICEF is no longer supporting an independent Rural Water Supply programme. However UNICEF continues to support a single activity in this programme of training to rural caretakers of water supply systems. UNICEF has continued to support the School Water, Sanitation and Hygiene programme as a project under the Child Care and Development programme as a more focused institution based programme.
- Except for the above differences, even though the programmes are clustered slightly differently, the two country programmes are essentially the same in their content and need to be seen as a continuum. The similarity is particularly striking when we go down to the activity level. **This implies that UNICEF supported programme interventions have essentially been the same for at least the last seven years and that there has been no major re-strategizing of its programme interventions.** Results of these interventions therefore need to be seen over a longer period of time in the MTR process than just the last two years.
- The overall financial allocation for the two country programmes is virtually the same with US \$ 14.2 million being the budget for the period 2002-2006 programmes. There has been an enhanced allocation to the Basic Education programme (32.3%), a fairly substantial allocation to the new Child Care and Development programme (22.1%), and a marginal decline in the level of allocation to the Health and Nutrition programme (22.0%).

Figure 2 UNICEF PROGRAMME FRAMEWORK FOR 2002-2006

PROGRAMME 1 CHILD CARE AND DEVELOPMENT PROGRAMME



PROGRAMME 2 EXPANDED BASIC EDUCATION PROGRAMME



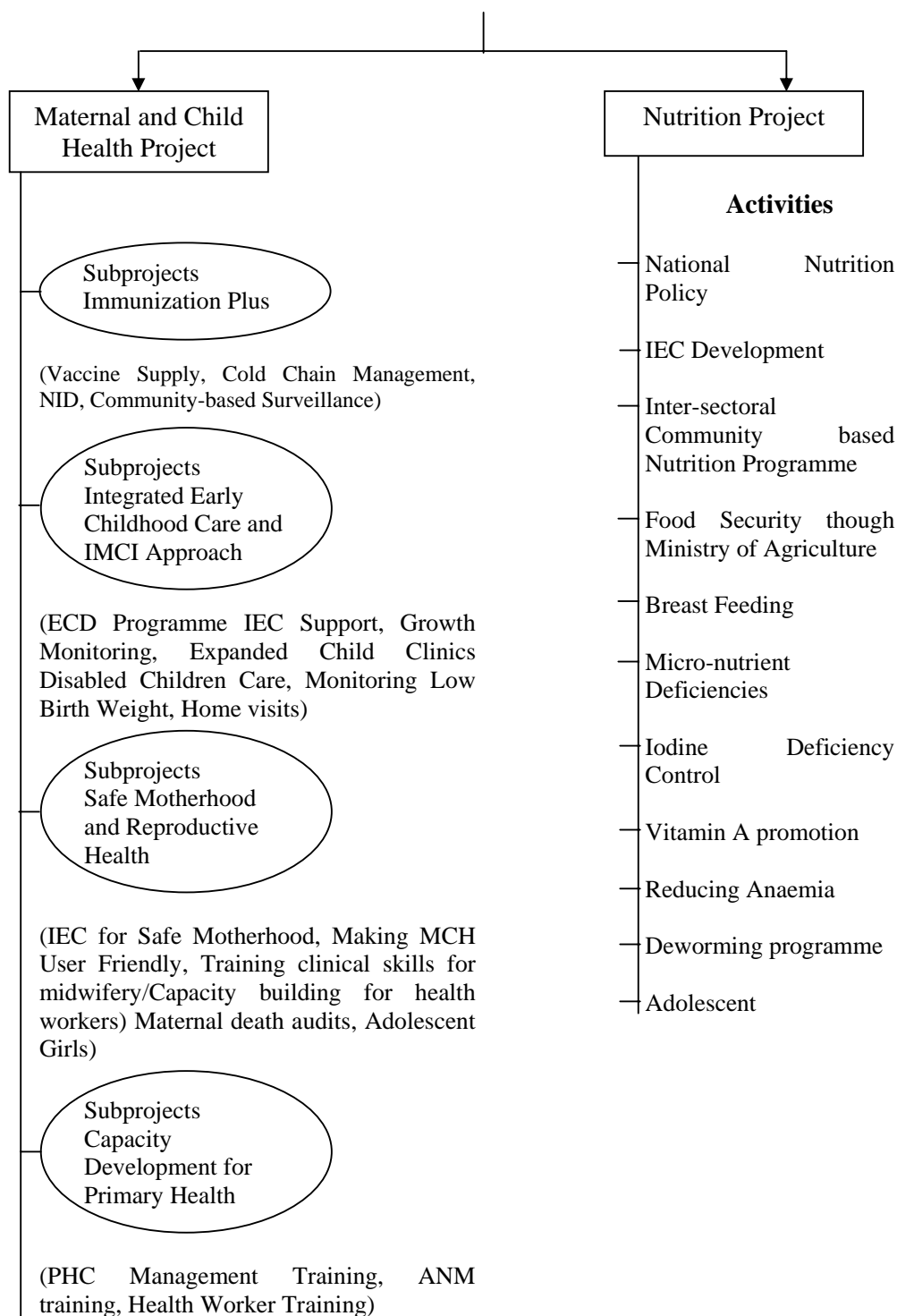
- Subproject: Policy Development for ECCD (Activities: Policy Formulation/Curriculum/Training Material)
- Subproject: Community based ECD (Activities: pilot Villages/Baseline Survey/Test Concepts)

- Subproject: Child Friendly Schools (Activities: Policy Formulation/Monitor Learning Achievement, Education for Disadvantaged, Teacher Training, Supplementary Readers, Sports and Games)
- Subproject: Local Planning and Monitoring (Activities: Participatory Planning, Local Action Plans, EMIS)
- Girls Education Sub-project (Activities: Research, Plan for enhancing enrolment, multi-grade teaching, school health project)
- Subproject: School Cluster Development (Activities: Resource Centres, Local Resource Persons, In-service Teacher Training, cluster based support to teachers)
- Subproject: IT for Teacher Education (Activities: CD Roms, Distant Education)

- Subprojects: NFE (Activities: Develop Curriculum and Materials, Capacity Building, Improve Learning Environment in NFE Centres)

PROGRAMME 3

HEALTH AND NUTRITION PROGRAMME



The Country Programme goal for the period 2002-2006 is to work towards the realization of rights for all children using the principles of the CRC and CEDAW and taking into account the Government's Five Year Plan, the UNDAF process and UNICEF's Medium Term Strategic Priorities.

The more specific programme and project objectives define the specific results to be achieved, measured and evaluated at the end of the Country Programme period. These are laid out in the Master Plan of Operations (2002-2006) Document (page 13-15) and are not being reproduced below.

An **analysis** of the programme and project objectives shows that they are fairly specific in nature to provide broad directions of intent in each project. However the objectives are not time bound, i.e. they rarely refer to how much will be achieved at the end of this programme period. Secondly, the objectives are not quantified even where this is feasible. Thirdly, often each objective is a clustering of many objectives making it difficult to pinpoint (e.g. in the nutrition programme one objective is “to improve maternal and child nutrition through household food security, access to basic health care services and adequate caring practices”), in terms of causal factors for achievement/non-achievement. The strength of how the objectives have been formulated lies in that they focus on outcomes and impact, and not on outputs, as often is the case.

Given the broad framework provided in terms of goals and objectives for every project, it is a relatively easy task to break this down to Annual Objectives and Plans of Action.

Analysis of Country Programme 2002-2006 – Master Plan of Operations

From a planning perspective, the present country programme can be critically analyzed conceptually and strategically.

Conceptually when we look at the Master Plan of Operations (2002-2006), the following observations can be made.

- The conceptual basis of the new programme on Child Care and Development is weak. The School-based Sanitation, Water and Hygiene Promotion project can be an integral component of the Education programme. The Family-based Child Care project is an attempt at convergence and to work directly at the community level and district level. Both these objectives are essentially strategies and a function of how fast the decentralization process within the government takes place. Convergence and Decentralization are processes and there is a danger in constructing them as independent programmes. Rather they should link elements from existing programmes and projects together as a process.
- The Expanded Basic Education programme has three distinct projects centered on educational themes and is cohesive. However, the concept of Early Childhood Development (ECD) is both complex and cross sectoral encompassing health, psychosocial care, as well as education, and quite distinct from literacy based educational programmes. Hence it would have been more logical to have ECD as a project under Child

Care and Development, especially as it is a new programme and closely linked to Family-based Child Care and Development.

- The priorities to be given to the different sub-projects within each programme are not very explicit and certain sub-projects actually cut across project boundaries. For example, Girls' Education Enrolment and Enhancement encompasses and needs to be integrated through gender sensitive activities such as female teacher recruitment and training, gender sensitive curriculum, disaggregated EMIS etc. Therefore placing Girls Education as a sub-project actually reduces the priority given to it.
- The Health and Nutrition programme is conceptually more coherently organized. However in each of the sub-projects, the links between this programme and other programmes would have to be made explicit. There is also a substantive overlap between strategies and activities. For example making MCH interventions user friendly is a specific strategy to bring in women to the Basic Health Units and not a distinct activity.

Strategically there is a major problem in the organization of the present country programme. Given the facts that:

- The environment in Bhutan is changing with the priority shifting from a simple expansion of social infrastructure to more specific problems and their solutions.
- The total resource base of UNICEF has remained unchanged.
- UNICEF's primary role is **not** that of a simple donor agency but as a wider advocate for children and women's rights.
- UNICEF's human resources and capacity to manage programmes is finite and limited.
- The collaborative processes and systems for supply and financial management are complex in both UNICEF and the Government of Bhutan.
- Other bilateral and multilateral donors are funding basic sectoral infrastructural projects.

It is therefore essential that UNICEF and the Royal Government of Bhutan make certain strategic choices and focus their resources and interventions in emerging priority areas.

Such a strategic focus, and the logic for it, does not emerge from the UNICEF supported current country programme as it has been designed. There are a very large number of sub-projects within each project, and an even larger number of activities. Such an exhaustive listing in a five year country programme does not lend itself to either focused strategies or rational resource allocation. Further, it reduces the flexibility to carry out mid-course corrections. This conclusion however needs to be qualified during the process of the implementation of the country programme given that there has been

some flexible refocusing. For example within the expanded education programme, community schools have been given a greater priority.

Hence, the Country Programme Evaluation recommends a complete re-look at how the Master Plan of Operations can be reorganized and what priorities should be adopted to redefine results for the balance period of the present country programme.

3.2 Programme Results and Achievements (2002-2006)

The expansion of the social infrastructure in health, education, and water and sanitation was feasible through the variety of investments and inputs provided in the two country programmes between 1997 and 2004. All these service facilities have been equipped and are currently functioning. It is difficult to delineate UNICEF's specific contributions and achievements in this expansion process, as no consolidated review or evaluation at the end of the country programme 1997-2001 took place. The results of this expanded social infrastructure are reflected in the trends in social indicators discussed in detail in Section 2.1

For the country programme period 2002-2006, it is easier to specifically identify the results and achievements against set objectives, programme and project wise. Major achievements have been highlighted here in a summary form, the details of which have been delineated in the sectoral assessments.

Health and Nutrition Programme

EPI plus

- As shown by the 2002 cluster evaluation survey, Universal Child Immunization (UCI) coverage was sustained at 89%. For specific antigens the coverage was BCG-83%, DPT-83%, Hepatitis-B3-83%, OPV-89%, and Measles-78%. UNICEF's support (through vaccine, equipment and training) has been consistent over the years, as had the support of WHO through the leading of the immunization campaigns.
- Towards long term sustainability of EPI coverage, the preparation of the following support packages have been supported by UNICEF.
 - A Comprehensive EPI Multi Year Plan of Action.
 - Training Manual for EPI jointly with WHO.
 - A National EPI Communication Plan.
 - A National EPI Policy and Guidelines.
- Towards capacity building of health system for EPIs.
 - EPI management training has been provided to all health personnel involved in the programme.

- Integrated surveillance systems for all epidemic diseases have been established.
- Zero' Polio and Zero Maternal and Neonatal Tetanus status has been maintained in the country.

Integrated Management of Childhood Illnesses (IMCI)

While the results of the UNICEF supported interventions in meeting the objectives set in the country programme will only be known through a survey planned this year, some of the intermediate achievements have been the following:

- IMCI Training Manual and support material have been developed.
- 100 health workers from 7 districts were trained in IMCI jointly with WHO.
- Over 1700 primary caregivers/mothers were trained in IMCI from 7 districts.
- Basic ORS/ARI treatment drugs were procured and distributed to meet the national requirements.

Maternal Health Care

- There has been a steady increase in deliveries attended by skilled birth attendants from 20% in 1997 to 38% in 2003.
- Comprehensive EMOC facilities are being gradually provided to 9 hospitals and 15 BHU-Grade 1 facilities in the country now.
- Basic and comprehensive EMOC training for non-specialists has been introduced for the first time and will enable a faster expansion of EMOC care in the country.

Rural Health Care

The key element in sustaining rural health care is the Village Health Worker (VHW) and UNICEF supported the network of over 1200 VHWs, their basic and refresher training courses, as well as the outreach clinic system network.

Nutrition

- From a goiter prevalence rate of as high as 64. % in 1983, Bhutan has moved to a status of normal iodine nutrition in 2003-a major achievement for any country globally.
- Policy for a code for marketing of breast milk substitute was ratified by the National Assembly in 2003.
- Plans to tackle the issue of anaemia through various strategies have been formulated and implementation has begun.

- Training manuals, guidelines and initial training programmes have been initiated in the area of Country Based Nutrition and Nutrition Rehabilitation.
- Supplies of micro nutrients (Vitamin A, Iron) continued to cover national needs.

Expanded Programme of Basic Education

Basic Education Quality Improvement

A variety of inputs have been provided through UNICEF to improve the status and quality of basic education in Bhutan. Major inputs include:

- Both policy and institutional development for special education for disabled children were initiated from this country programme, with the establishment of a special education and ECCD division in the Ministry of Education.
- Teaching-learning material, teaching guides, as well as training programmes through local master trainers were held for multi grade teaching, science teaching and supplementary reading materials.
- Science equipment and sport box kits have been provided to selected schools in Bhutan.
- Material supplies for the expansion of community schools continued within this country programme.
- Planning processes for a modern Education Management Information System (EMIS) has been initiated.

Enhancing Girl's Education

A comprehensive Girl Child Enrolment campaign has been jointly initiated with UNICEF and the Ministry of Education. A much greater focus has now been given to this strategy within the overall education programme supported by UNICEF.

Continued expansion of more easily accessible community schools continues to be supported by UNICEF, as a UNICEF sponsored study showed that distance from school is a critical access barrier to girl child education.

Non-Formal Education

The non-formal education programme was continued into the current country programme and comprehensive assistance was provided through policy formulation, development of curriculum and materials, capacity building of instructors and improvement in the learning environment of such centres.

- In the last two years, 250 new NFE centres were opened and 7500 new learners (70% women) enrolled.

Early Childhood Care and Development

This is a new project initiated during the current country programme. Therefore, it will take more time to achieve concrete results. Currently UNICEF is providing assistance to the development of ECCD national policy and establishment of ECCD cells in the Ministry of Education. Strategies have been developed to promote ECCD through the NFE centres at the community level and an ECCD training package and curriculum developed for this purpose.

Child Care and Development Programme

This programme contains two distinct projects.

Integrated Family Based Child Care and Development

The programme is essentially a multi-sectoral convergent approach to programme planning that attempts to integrate interventions at the district, community and family level. Institutional arrangements towards this has been formalized through establishing a multi-sectoral task force in the centre and selected districts and awareness and training provided to primary and secondary caregivers in selected districts. Capacity building and awareness to this new approach to social development will continue to be the focus of this project.

School-based Sanitation Intensification

The project combines the provision of school sanitation facilities with the promotion of hygiene through school children. All primary and community primary schools are included in the programme. The major achievements of this programme are:

- Water schemes and latrines were constructed in select schools and are proposed to be rapidly expanded to all the new community primary schools. With the objective of covering all schools within Bhutan with water and sanitation facilities.
- Health and hygiene sessions have been integrated in the primary school curriculum.
- Maintenance of school environment is systematically promoted in all schools.

Religion and Health

This programme has been systematically building quality sanitation facilities in monasteries. The recent evaluation of the programme also shows the success achieved by it in enhancing the early referral of illnesses and pregnancies by women, through messages by monks on need for timely health care.

3.3 Programme Planning and Design: Lessons Learnt

There are certain specific lessons that can be culled out from both the conceptual analysis of the Master Plan of Operations (2002-2006) and the varying achievements of different programmes over the period. These lessons could be useful in formulating guidelines for future programme planning processes.

- The programming framework to be used for planning and design of different programmes must first specify the results to be achieved in terms of the change in the situation of children and women's rights, before structuring into either projects or locating them in specific counterpart Ministries. The results desirable would be linked to both the National priorities, as articulated in the Ninth Five Year Plan of the Royal Government of Bhutan, as well as the Millennium Development Goals. The Results Based Framework being currently used in the sectoral assessments would become the basis for such programme planning. Such an approach to programming would become increasingly critical as a variety of situations affecting children and women cut across sectoral and project boundaries. It will also allow for clearer monitoring of results achieved through UNICEF supported programmes.
- Both the Health and Nutrition programme, and to an even greater extent, the Education programme show that UNICEF support has gone into a wide variety of discrete activities. While this in itself may be useful, unless the activities are clustered into cohesive packages, the impact of the specific inputs is diluted. The clustering of all supplies, training and management related to child health into Integrated Management of Childhood Illnesses are a case of how projects can be better defined. Similarly in Education, curriculum design, pedagogy, teaching learning material, and classroom design can be clustered into a Joyful Learning package. Such clustering of programme activities and inputs into 'packages' would give a greater focus, enhance impact, and ease the management of programme implementation.
- The distinction between activities, strategies and programme inputs often get blurred, leading to a situation where programme implementation becomes difficult. A case in point is the Family Childhood Care and Development project. The components of this programme are not clearly delineated or interconnected, making it extremely difficult for different stakeholders to clearly set goals for achievement. The lesson learnt is that such convergent or cross-sectoral programmes need to be pre-designed in greater detail before implementation is initiated.
- When programmes centre on behaviour change (hygiene education, ECD), particularly at the community level, these are by their very

nature difficult to implement. Adequate pre-implementation research (KAP studies) followed by a clear set of activities, communication strategies and identification of channels for communication is required. It is unlikely that only training inputs to caregivers will be adequate.

- Another dimension of programme planning is where different ‘projects’ and ‘sub-projects’ best fit in to maximize synergies from inter-sectoral linkages. A case in point is the school sanitation and hygiene package. While its close link with health makes it appear like a health programme component, its placement within the Education (school construction and curriculum) programme would be more effective from an implementation point of view. The lesson learnt is that programme components should not be viewed sectorally; rather they should be integrated into those projects that are centered on different beneficiary groupings.
- The review of achievements also provides positive programme design lessons among implemented projects. A project that combines all the elements starting with policy development and adoption, institutional structure creation and development, service delivery systems, training and capacity building and caregiver participation has a more cohesive structure and impact than supporting only a single component/activity. The vertical adoption of all these different programme components together is essential to sustain impact and replicate success throughout the country. The success achieved in EPI is a case in point. The lesson learnt is that when a social issue is taken up for programming, all the above strategies need to form the basis of the design of a project or programme rather than just a few components.
- Increasingly social issues, and thereby programmes, are cross sectoral in nature. The example of Early Childhood Development is a case in point. Further many of these social issues need sustained social mobilization and advocacy with a wide range of caregivers. On the other hand, most implementing institutions and service delivery mechanisms are vertically and sectorally organized. This is a major programming challenge in the future planning processes. While no lessons have as yet emerged because of the nascent nature of these programmes in Bhutan’s context, inter-sectoral mechanisms are going to become increasingly critical to address new social issues as the challenge of reaching the population with basic health and education services is overcome.

4. EVALUATION FINDINGS: CROSS-SECTORAL ISSUES

This section is based on a synthesis of the findings from: (i) reading of different documents in the desk review; (ii) a field visit which allowed the evaluator to see various facilities such as community schools and Basic Health Units; (iii) meetings with officials from the Health and Education Ministries; and (iv) reported data from the draft sectoral assessments. The section is structured as per the Evaluation Criteria framework presented to the CPE Steering Committee.

4.1 Programme Relevance: Strategic Priorities

The two UNICEF country programmes of 1997-2001 and 2002-2004 have been supporting comprehensively (although only partially), the majority of programmes and projects in the basic health care and primary and adult education sectors. In addition, they supported the rural water supply programme during 1997-2001 period.

The **progress in the key indicators of human development** for children and women between 1997 and present (Refer Section 2.1) show that the UNICEF supported country programmes, combined with the strong commitment of the Royal Government of Bhutan to social development, has been very relevant for Bhutan's social development. The expansion of the social infrastructure in health, education and rural water supply has enabled the majority of the Bhutanese population to **access services in health care and basic education**. The field visits showed that the community primary schools have made accessible primary schooling to the girl child from the rural areas, while the increasing use of the Basic Health Units (BHU), along with Outreach Clinic structure, has made basic health care facilities accessible to Women and Children. These two institutional innovations have been very relevant **in reaching the hitherto unreached population in different parts of the country**. Both the Community School concept, with its element of community contribution and the Non-formal Education programme, with its element of strong women's enrolment, have been effective instruments for **participation of women and children towards their empowerment**.

Given the low baseline figures that characterized Bhutan in terms of Key Human Development Indicators until the early 1990s, the UNICEF supported Country Programmes, and specific projects in it, have therefore been very relevant to the social context of Bhutan and has been responsive to a variety of priority needs and rights of children and women of Bhutan. The UNICEF supported Country Programmes have also been well integrated into the overall National Five Year Plans in terms of setting priorities, commitments, targets and projects. The country programme cycle for the current country programme follows the Ninth Five Year Plan of the Royal Government of Bhutan in all the specific UNICEF supported programme areas. These include targets for opening of community schools, outreach clinics and other facilities, as well for specific results to be achieved, such as enrolment rates and girl child education. Even in new programme areas, such as early childhood development, advocacy by UNICEF, has led to its inclusion in the current National Five Year Plan.

Gender equity has been a strong commitment of the Royal Government of Bhutan and has also been addressed by the UNICEF supported Country Programmes through gender disaggregated data collection and monitoring; special studies, such as on Girl child Education; focused projects on women health; and strategies within programme implementation that focus on the girl child. Focus on reaching the not yet reached rural population has also been a characteristic of the country programme strategies. The adoption and priority accorded to achieving the Millennium Development Goals in recent years by the Royal Government of Bhutan is another point of relevance that goes beyond the country programmes.

The UNICEF supported country programme has been reasonably strategic in both choice of interventions to be prioritized and nature of partnerships within the UNDAF framework. While the focus of the country programme is on primary education, the targets for the same has been integrated into the National Plan for Secondary Education to ensure continued opportunities for education after the primary level. All schools are co-educational in Bhutan and hence offer an opportunity for continued education to the girl child. Similarly, for HIV/AIDS awareness generation, certain activities within the two projects on religion and health and life skill education for youth have been integrated to reach communities and youth directly, rather initiating a separate project. This increases efficiency as a large World Bank funded project into which these activities were easily implemented was already ongoing within the health ministry. Although the UNDAF, as a comprehensive method of integrating UN responses, has not evolved with the Royal Government of Bhutan, there are examples of bilateral cooperation between UNICEF and other agencies. A recent example is the MOU signed between UNICEF-BCO and World Food Programme for an integrated approach to nutrition for school children in Bhutan.

Despite the above achievements, specific problems remain in the realization of the rights of all children and women, especially those in vulnerable situations. Issues of protection of children in vulnerable situations from abuse and exploitation were not addressed during the planning of the current country programme. The child protection study supported by UNICEF, together with the formation of the National Commission on Women and Children offers an opportunity to design and implement a more comprehensive programme on these issues. The issue of providing high quality health care to pregnant women to bring down the Maternal Mortality Rates which continue to be high, needs to be given a much higher priority within the general health care system. Child nutritional status and the extremely high prevalence of anaemia within children have recently been accorded the strategic priority it deserves in the programme framework and needs to be sustained. Vulnerable and unreached population groups like women construction workers and their children (who are also mobile) needs special attention, as the construction sector in Bhutan grows. Hence, as the basic social infrastructure is expanded and upgraded, a new generation of social issues, that are more

specific in nature, needs to be given greater strategic priority by the Royal Government of Bhutan and UNICEF.

4.2 Programme Effectiveness: Results Achievement

Overall, the Country Programme has been comprehensive in effectively addressing the objectives set forth within it. The key results achieved to date in different projects within the current Country Programme are summarized in Section 3.2. An analysis of these achievements shows that the performance of different programme components and projects has been uneven. In the absence of very specific, quantifiable objectives within the country programme, it is very difficult to measure the exact effectiveness of each intervention.

The health and nutrition programme has had success in improving the health and nutrition status of the population. However, the high prevalence of anemia in children shows the need for a renewed focus on the nutritional dimensions of the programme. This is primarily because the health care system is more focused on curative health, than on nutrition, which is essentially a preventive approach where family based care (food intake and diet, hygiene) also plays an important role. The relevance of the EPI programme and its success of sustained high coverage has been extremely relevant to Bhutan.

The expanded education programme has been successful in enhancing enrolment substantively at the primary school level, particularly for girls through the expansion of the concept of community primary schools. However, both the difference between the Gross and Net Enrolment Rates, and observations during field visits assessing learning level achievement in the schools showed the need for continued stress on access together with quality of education through improvements in curriculum, pedagogy and classroom practices.

The Non-formal Education project has been effective in providing functional literacy to adults, particularly women, but its effectiveness can only be measured over a longer period of time, as still nearly half (54% adult literacy) of the adult population is illiterate. Also a cause for concern (as shown by the evaluation report of the NFE programme) is that the NFE has become a substitute for many girl children for more formal school enrollment.

The early childhood development project is new to the current country programme. While results have been achieved in putting it on the National Agenda in terms of policy priority, concrete achievements on the ground have been limited. This is because of three reasons. Firstly, it is a new concept, not only in Bhutan but globally, and it is a more complex theme both theoretically and practically. Secondly, it is cross sectoral in nature and beyond the scope of simple delivery of a sectoral service. Thirdly, ECD is essentially home and family based and requires a totally different approach to implementation.

Initial activities have been initiated for education of disabled children that has proved successful. However, if this theme is to be given greater focus, a more

comprehensive approach to the whole issue of identification, education, and care for disabled children needs to be formulated.

The school sanitation, water and hygiene project has had mixed results. During the field visits both water points and latrines were visible in all schools, including community schools. However, latrine construction quality was often poor and has a temporary nature (thatched walls). Further, the water point was often far from the latrine and there was no link. Both these issues have been raised in the specific evaluation done for the project. Given the very large number of primary and community schools existing and proposed, the achievements have been modest. Standardization of quality through better monitoring would be important to upgrade this project.

In terms of the general environment and cleanliness of the schools, they were of a high standard, even in rural schools. All schools had dustbins, a method of voluntary work for school improvement and often environmental friendly gardens, and where possible playgrounds. The majority of teachers and head teachers also gave high priority to it.

Hygiene education in schools is another critical component of this project. If the objective of having school children become change agents for hygiene in their communities is to be seriously pursued, greater priority needs to be accorded to this theme within the curriculum and pedagogy. Queries during the field visit revealed that this has not yet been given adequate priority in the pedagogy of the teachers.

The programme of hygiene and sanitation through religious institutions was another related project. While only one monastery could be visited during the field visit, the quality of construction of the latrines along with connected water supplies was of a high standard. If this example was common, then the programme achievement has been effective. The project has also been successful in increasing the referral rates among the population to visit the healthcare service facilities. The hygiene education component of this programme would need more focused attention to make the programme more comprehensively effective.

The Family-based Child Care and Development project has only achieved modest results. The programme is conceptually garbled and this hinders its effectiveness. Further, the district level structure through which this programme has to be implemented is still not strong in terms of programme capacity and it may have been premature to initiate such a complex programme through the district structure at this stage.

Moving from the effectiveness of specific programmes and projects to more cross-cutting issues of effectiveness, the following has been observed.

The general **quality of services** offered in the different sectors, particularly in primary health care and primary education, was observed to be of fairly high levels by general standards. However as these service facilities are upgraded, it is important to have clear service quality benchmarks and guidelines for

standard setting in all programmes and make this clear to frontline workers. Many elements of such standard settings has been adopted and implemented through different basic training programmes in EPI, Health Care and Nutrition and Primary Education. A quality assurance section has also been formed within the health ministry. **A review of such standards would be useful to ensure that quality of services are maintained at a high level, especially as decentralization to the district level takes place.**

The quality of services is also a reflection of the **motivation, skill and capacity of the frontline workers in the different sectors**, as well as the quality and level of service equipment. Substantive investment has been made by the Royal Government of Bhutan and all the teachers (in primary, community and non-formal centres), health assistants and ANMs (in hospitals, BHUs) are trained before they join service through 2 to 3 year basic courses. In addition, the UNICEF support for training has been wide ranging for a variety of subjects. In fact, all projects of the country programme have inbuilt into them a training component. This investment in basic training, combined with a general high level of commitment of frontline workers, has enhanced the effectiveness of all the programmes. The evaluator met some excellent doctors, nurses and community school teachers during the field trip.

Knowledge is however not stagnant and needs to be upgraded periodically. All workers met with said they had not gone to any refresher training after joining their jobs. School teacher's have an opportunity to upgrade their skills through an innovative distance education programme for teachers. In specific areas such as EMOC, training programmes for generalists have been initiated and needs to be rapidly expanded to reach more health personnel. **Hence in addition to basic training the strategy of theme/subject based refresher and in-service training needs to be given continuing importance in all programmes.** The strategy of training of master trainers in different areas has also been adopted and an excellent strategy for indigenizing training capabilities.

Capacity Development in programme planning, monitoring and implementation has also been adopted as a major activity by the Royal Government of Bhutan for its officers at different levels. The Planning Department under the Ministry of Finance is in the process of establishing a National Monitoring and Evaluation system; each Ministry has a planning officer, and an Inter-Ministerial Task Force has been established for Monitoring and Evaluation. The new decentralization policy and strengthening of the district structure has initiated a second round of such investments in capacity building. All these investments in human resources development at the managerial level will positively impact further programme planning and implementation. However, the need for continued investment in capacity building through human resource development remains within the Ministries in terms of both short and long term specialized subject matter training and general management training. This investment needs to be backed up by institutionalizing monitoring and evaluation processes. Another area, which has enhanced the effectiveness of programmes, has been the importance given to **policy formulation** in the area of children and women. Both legislation

and preparation of National Action Plans has been a key feature in many projects within the health and education sectors. Examples include a Nation Action Plan for Children, National EPI Action Plan, and Nation Plan for Education etc. Given the current situation, a National Nutrition Policy and Plan of Action and policies for child protection would be required next steps.

Increasingly, a variety of new and old programmes have to focus on family care and behavioural change (early childhood development, nutrition, hygiene education, breast feeding etc.). **The behaviour and capacity of such primary caregivers at the family and community level need to be changed/enhanced.** To be effective, such programme components have to pursue a very different set of strategies. Attempts have been made towards effectiveness in the country programme in this direction. Two examples are the training of over 1700 primary caregivers in one district in the Family-based Child Care and Development project. Initial trainings in ECD have also been initiated. However, direct training to such a large number is both difficult and not cost effective.

To enhance the capacity of community and primary caregivers there is a need to create certain institutional structures within the community around specific issues/programmes, as well as use traditional structures where they exist. For example, a parent's committee for community schools has been found very useful to ensure continued community involvement. Such ideas are worth experimenting with to enhance the effectiveness of community/family based programmes. However, care should be taken not to form too many formal committees within one village in a mechanical manner. The NFE programme provides an entry point into such community level capacity building.

To summarize, overall the programmes have been effectively implemented and have taken into account the need for policy development, capacity development of both managerial and frontline workers and maintenance of quality standards. To further enhance programme effectiveness, it is necessary to set uniform standards of quality in all services; institutionalize monitoring, evaluation and MIS systems, create formal community groups and enhance specialized subject based refresher training for frontline workers.

4.3 Programme Efficiency: Delivery Mechanisms

The primary delivery mechanisms for provision of health and nutrition, and primary education have been rapidly put in place throughout Bhutan. This provides a strong basis for the efficient delivery of services to the population, even in the more remote areas. Institutional arrangements for programme planning and implementation within the government system at the central level has been well established. The UNICEF country programmes have efficiently supported the implementation of such structures both for a programme, as well as different projects. While the Ministry of Education and Health are the overall co-coordinating bodies for the major sectoral programmes, within these ministries specific units have been created to plan

and manage specific projects like the non-formal education cell within the Ministry of Education. A recent example of the efficient response to making such institutional arrangements has been the creation of an Early Childhood Development Section within the Ministry of Education. Another major institutional arrangement that has been put in place by the government is the training institutes for both schoolteachers and health personnel.

With the policy of decentralization to the district level and below in the Ninth Five Year Plan, the development of the district level structure has been accorded a high priority in the civil administration. District Education, Health, and Planning Officers have been appointed in all the districts. However given that this structure is still developing, the direct link between the ministries at the central level with individual service facilities still remain.

At the base level, the development and expansion of the Basic Health Unit and Outreach Clinic system for health and nutrition and the primary and community schooling system has been extensive in covering the entire country. This institutional system provides a strong base for delivery of a variety of programme components to the entire population of Bhutan. Particularly impressive has been the extensive reach achieved by these social sector systems to the rural population of Bhutan.

An area of concern that remains is the exact nature of co-ordination between the four levels of Central Ministry, the Dzongkhag (district), the Gewog (block) and the basic service unit of the BHU and Primary School within a relatively small country and population base. A study on the institutional dimension of this process would be useful to ensure that the overall institutional system continues to remain efficient even with the multiple levels of management.

The second dimension of efficiency covers the need for inter-sectoral convergence and co-ordination mechanisms in a variety of cross-sectoral programmes ranging from ECD to Family-based Child Care and Development, as well as in cross-cutting functions like planning and monitoring. The experience within the UNICEF country programme that have strong cross-cutting elements have not been very positive, and one of the major reasons for such programmes taking time to establish themselves on the ground has been the delay in establishing efficient inter-sectoral mechanisms. Several ideas such as Task Forces and Inter-Ministerial Committees are presently being experimented with. **As many of the emerging issues in social development, such as early childhood development, providing health care to school children and child protection are cross-sectoral in nature, renewed emphasis on inter-sectoral co-ordination mechanisms would be necessary.**

An important input into the efficient implementation of programmes is the establishment of a strong monitoring and management information system that is capable of giving continuous feedback for solving problems quickly. While in the earlier phases this was possible through informal channels, with the expansion of the basic infrastructure (no. of schools, no. of basic health units)

and the development of the district structure, it is necessary to **formalize and institutionalize such systems**. Such a process is ongoing in both the sectoral Ministries of Health and Education, as well as in the Planning department within the Finance Ministry. The establishment of the DrukInfo system, which not only monitors the Millennium Goals but also provides user friendly software, has been found useful for the National Statistical Bureau and is now also being used at the district level for a variety of planning and monitoring purposes. Field visits showed that the quality of data collection, record keeping and reporting is standardized and efficient at the base level. Also discussions at the central level showed that MIS is being given high priority in the different ministries and the Planning Department within the Finance Ministry. The position of the Planning Officer in both the Ministries and at the district level is critical to this initiative.

Management information systems contribute to efficient programme management only if the right kind of data is collected, collated and used for decision making. As the existing data collection formats have been in place for some years, **a review of the existing information being collected (and the need for addition/subtraction of specific data required) would make the system more up to date and relevant.**

4.4 Programme Sustainability and Replicability

There are two elements of programme sustainability, which are interlinked.

- Financial.
- Institutional.

It is the Royal Government of Bhutan's policy to provide free health care and primary education to its population. Such a positive policy in the context of other country governments needs to be respected. The policy is particularly relevant to the context of Bhutan where there is no private sector in health and a very small one in education. The logical corollary of this decision also implies that gradually, as capacity is built up and the system expands, it will be necessary for certain activities and inputs previously supported by UNICEF to gradually be taken over by the government and made sustainable as an integral part of the government system.

However, as the basic health care and schooling system expands, the financial burden of revenue generation to meet the investment and recurring costs of managing the system will increase. It is unlikely that the social service system is capable of generating enough revenues, even through different cost recovery strategies to meet all the running costs. There is also the danger, as has happened in many African countries, of a sharp drop in school enrolment and use of basic health care if full cost recovery strategies are suddenly introduced into the public health and schooling system. Hence, prudence as well as a thorough assessment and analysis of likely impacts of specific cost recovery strategies, will be required before any such policy changes are introduced.

Small experiments in partial cost recovery through community contribution has however been made and proved successful. All the labour costs for community school construction, plus some maintenance labour in the case of community schools, are being fully contributed by the community. A positive side impact of this has been the greater involvement of the community in the affairs of the community schools.

Such a strategy of first getting labour contribution, then institutionalizing such community participation through creation of formal Community Level Management Committees and finally leaving it to such community bodies to recover certain costs is more appropriate in Bhutan's context.

The above argument therefore stresses **the need to build institutional sustainability at the community level before going in for centralized financial sustainability and revenue generation.**

The above example of community schools is a good case for replication in other programme areas, especially in programmes, which combine the need for behaviour change with service delivery. Another case for replication is the case of rural water supply systems where the locally trained water mechanic and user community take over the maintenance of the rural water supply systems. However the key to successful replication of such community participation based programmes is the creation of semi-formal bodies from within the communities. Without such bodies the community is an abstraction. There are other successful programme experiences, which can be replicated. For example the initial success in goitre eradication can be replicated for anemia control.

4.5 Programme Planning and Implementation: Lessons Learnt

There are several specific lessons that can be culled out from the experience of planning and implementation of different programmes and projects reviewed in the Country Programme Evaluation. These lessons include.

- Programmes that are designed in a dispersed manner (e.g. ones with a large number of disparate activities or that are only partially supported) are both difficult to manage and monitor. The loss of strategic focus leads to a loss of impact and it's monitoring. This is particularly critical for an organization like UNICEF, which has finite resources and capacity and is not there to play the role of a sectoral donor. The large number of programmes, projects, sub-projects, and activities that define the UNICEF supported current country programme goes much beyond the financial and institutional capacity of UNICEF.
- Sustained public investment in building up the basic social infrastructure at the ground level is a pre-requisite for impacting key human development indicators. Without the extensive networks of formal Basic Health Units, Outreach Clinics and Primary and Community Schools built by the

government, social service programmes would not have a delivery mechanism.

- The investment in the social infrastructure needs to be backed by sustained investment in human resource development and basic training of frontline workers to ensure quality of services. The basic training courses for primary school teachers, health assistants, ANMs have been of fairly standard quality, enabling minimum quality standards in services. The investment in building up this training infrastructure has been critical in the initial years. However, to continue maintaining service quality and introduce new themes/subjects into this basic system, a well designed refresher, in-service and specialized training plan is critical. There has been little in-service training and such training has been adhoc and not part of a more comprehensive training plan for each sector.
- Social issues and their criticality to social development are not stagnant. As success is achieved in some field, a strategic reprioritization needs to take place in programme plans and themes. The initial success in goiter eradication can be replicated through the campaign against anemia eradication. The initial success in improvement of women's status can be further improved through a more focused attention to reduce maternal mortality. Hence as the basic social service infrastructure expands to cover the whole population, strategic refocusing of programmes becomes critical. This is particularly important for an organization like UNICEF whose strength is not funds but pioneering advocacy for the rights of children and women
- From the implementation experience of different programmes, it is seen that programmes which have very focused objectives and services (such as EPI) have greater scope for successful implementation than programmes which have diffused objectives and a low service component (such as Family-based Child Care and Development). Further programmes which have a strong community and behavioural change dimension (such as hygiene education) are more difficult to implement than a programme with only a single service delivery component (such as rural water supply). Finally programmes which have a strong cross-sectoral dimension (such as Early Childhood Development) are much more difficult to implement than a single sectoral service based programme (such as primary school education).
- The lesson learnt from the above is not that the more difficult programmes are less important, rather that the design, implementation strategies, institutional arrangements, and communication strategies required for such programmes need to be radically different from standard service delivery programmes. Hence there is a need to design and plan such programmes much more exhaustively than programmes, which can be limited to deliver a service through the existing infrastructure.
- The lessons above show that a combination of strategies including well designed communication packages for family caregivers, school teachers, health workers; continuous studies in the nature of knowledge, attitude, practices (KAP) studies for monitoring the situation; and specific targeted

practices need to be continuously developed and then implemented through different channels, for programmes of nutrition, hygiene and early childhood development.

Moving from the general lessons drawn from inter programme experiences to lessons from the implementation of specific programmes, in the present situational context, the following emerge:

- The sustained increase in the coverage of EPI has been one of the successful aspects of programme implementation to draw lessons from. The first lesson is that all the elements of the programme from vaccine procurement and supply to cold chain management to management of vaccinations through the BHU system has been well synchronized. The second lesson is that the weaknesses and problems uncovered by the Evaluation Report on EPI have been taken into account and converted into clear guidelines that set standards as well as a National Action Plan. However, to maintain universal coverage, it is necessary to reach the hardest to reach children, such as children of road workers and children living in camps, through new well-focused strategies. This is all the more critical as they come into contact with migrant workers from neighbouring countries not yet free from polio or measles.
- The expansion of the Basic Health and Outreach Clinic system has successfully brought down disease led infant and child mortality and morbidity through a combination of timely treatment of child illnesses, drug supply and availability of trained health personnel. The lesson learnt from this experience is that there is a need to have an integrated system of controlling childhood diseases as a package, rather than for individual illnesses. Hence what is known as Integrated Management of Childhood Illnesses (IMCI) should be designed as a single package of services within the whole public health system.
- The success of the curative health system is however not matched by an adequate preventive system, which focuses on maternal and child nutrition. The continued high prevalence of anemia and high rates of malnutrition among young children shows that unless both curative and preventive care systems are combined, the final impact achieved by a public health system is dragged back. Hence, greater priority needs to be given to a focused programme on child nutrition, with an emphasis on micro nutrient deficiencies and child care and feeding practices.
- The experience of the programmes of health care for women show that as the basic health facilities have expanded to reach a larger percentage of women, general morbidity and mortality rates have gone down, but they have not gone down to reach acceptable levels by international standards. The absence of EMOC facilities even in district level hospitals combined with extremely limited trained health personnel in EMOC is one major reason. The current country programme is attempting to address this issue. The second reason is the inability to identify danger signals of pregnancy in a timely manner. The lesson learnt is that the Safe Motherhood project, in addition to promoting ANC, must give emphasis to further expanding EMoC facilities and this must

be combined with facility based demand generation for these services. Increased institutional deliveries are essential in order for Bhutan to bring about a reduction in Maternal Mortality and a further reduction in Infant Mortality Rate, given that an estimated one third of Infant deaths occur in the first 24 hours after birth.

- One of the positive experiences in the implementation of the basic education programme in Bhutan has been the success of the community schools in making accessible basic education to the rural areas, especially for girl children to whom distance between home and school is a great constraint for enrolment. The lesson learnt from this is that if education is taken closer to the home of the girl child, the demand for educating the girl child in Bhutanese society is high enough for them to be enrolled in school. The girl: boy child ratio seen during the field visit reconfirmed this lesson. However, to reach universal coverage it is also important that different models of community schooling, such as mobile schools, distance education packages, and education camps a few months at a time, are further experimented with.
- The success of the community school experience had led the government to rapidly upgrade these schools to community primary schools using the standard primary school curriculum and having separate classes from Pre-prep to Class 6. However, the field visits disclosed an important lesson that upgrading cannot simply be a matter of more teachers and classrooms, but must include quality of education maintenance systems. Hence, there is a need to systematically make these schools child friendly with a high quality learning package. There is also a need to constantly monitor learning level achievements of students in such schools with the more formal urban primary schools. Finally, female teachers are needed to help enhance enrolment of girl children. However, female teachers require a housing/security incentive package to ensure that they continue in such community schools. The lesson learnt is that quality of education (and retention) cannot be compromised for the sake of access to schooling and the two are interlinked issues.
- One of the important lessons learnt from the initial experience of a variety of programmes that have been launched to cover critical but neglected issues in the realization of the right of the child (such as early childhood development, and integrated family based child care systems) is that they are cross-sectoral in nature with a strong community component. Hence their management, planning and implementation have to follow completely different strategies and institutional structures than what has been traditionally followed for sector/service based programmes.

4.6 Conclusions

During the long term collaboration, there have been notable successes achieved through the collaboration process between UNICEF and the Royal Government of Bhutan. The Gross Enrolment Rate for Primary level schooling has gone up from 55% in 1990 to 72% in 1997, essentially through an expansion of the schooling system (Primary + Community School Nos. expanding from 245 in 1997 to 365 in 2000 to

435 in 2004). Gross Enrollment Rate is currently estimated to be 82%. Girls now constitute 48% of total enrolment (2003), compared to 39% in 1990. Over the past decade significant improvements have also been made in the health status of the population, but not as rapidly as in the earlier decades when there was only a rudimentary health care system. Infant Mortality Rate has fallen from 71 per 1000 live births in 1994 to 60.5 in 2002. Similarly, Under-5 Mortality Rate has fallen from 96.9 per 100 live births in 1994 to 84 in 2002. Immunization coverage for all antigens for under-one year olds has been impressive in Bhutan and consistently higher than 80% since 1997. In the last decade there has been a significant drop in the Maternal Mortality Rate from 380 per 100,000 births in 1994 to 225 in 2000. Access to safe drinking water for the population has increased from 45% in 1990 to 58% in 1997 to 77.8% in 2002. Similarly, access to sanitation has increased from 70% in 1997 to 88% in 2002. Over a longer time period, the prevalence of IDD, which was as high as 65% in children, has been eliminated (the first country in South Asia to do so). There have been no reported cases of polio since 1986 and Bhutan has been polio free. Neonatal tetanus related deaths have also been eliminated since 1994.

However, as minimum levels of social development through an expanding public social infrastructure are achieved, new problems and complexities emerge. To sustain the results achieved become more difficult. Making access and delivery of different social services universal through efforts to reach the hard to reach poses new kinds of challenges. The question of quality of services and benchmarking of standards to global levels assumes importance.

The progress in the key indicators of human development for children and women between 1997 and present shows that the UNICEF supported country programmes combined with the strong commitment of the Royal Government of Bhutan to social development, has been very **relevant** for Bhutan's social development. The expansion of the social infrastructure in health, primary education and rural water supply has enabled a majority of the Bhutanese population to access services in health care and basic education. Both the Community School concept, with its element of community contribution and the Non-formal Education programme, with its components of functional literacy, have been effective instruments for participation of women and children towards their empowerment.

Specific problems remain in the realization of the rights of all children and women, especially those in vulnerable situations remain. Issues of protection of children in vulnerable situations from abuse and exploitation have not been addressed in the current country programme. This is because it was not perceived to be a major social issue during the planning of the current country programme. However with the establishment of the National Commission on Women and Children it is being taken up in a priority manner. The issue of providing high quality health care to pregnant women to bring down the still high Maternal Mortality Rate, needs to be given a much higher priority within the general health care system. Child nutritional status and the extremely high prevalence of anemia among children have only recently been accorded the strategic priority they deserve in the programme framework. Antenatal care and appropriate infant feeding practices need to be given continued emphasis.

Overall the Country Programme has been comprehensive in its **effectiveness** in addressing the objectives set forth in the current country programme. The general

quality of services offered in the different sectors, particularly in primary health care and primary education, was observed to be of fairly acceptable levels by general standards in other developing countries. However, as these service facilities are upgraded, it is important to have clear benchmarks and guidelines for standard setting in all programmes and make this clear to frontline workers. Both policy formulation and preparation of National Action Plans has been a key feature in many projects within the country programmes. Examples include a Nation Action Plan for Children, National EPI Action Plan, and National Plan for Education. Recent examples include an Early Childhood Development Policy and the setting up of the National Commission for Women and Children. Hence the advocacy role of UNICEF has been very effective in creating a positive environment for programme implementation. To further enhance programme effectiveness it is necessary to set uniform standards of quality in all services; institutionalize monitoring, evaluation and MIS systems, create formal community groups, and enhance specialized subject based refresher training for frontline workers.

Although the UNDAF, as a comprehensive method of integrating UN responses, has not evolved with the Royal Government of Bhutan, there are examples of bilateral cooperation between UNICEF and other agencies. A recent example is the MOU signed between UNICEF-BCO and World Food Programme for an integrated approach to nutrition for school children in Bhutan.

Institutional arrangements for programme planning and implementation within the government system at the central level have been well established. The UNICEF country programmes have supported the implementation of such structures both for a programme, as well as different projects, which has enhanced programme **efficiency**. While the Ministry of Education and Health are the overall co-coordinating bodies for the major sectoral programmes, within these ministries, specific units have been created to plan and manage specific projects like the non-formal education cell within the Ministry of Education. A recent example of the efficient response to making such institutional arrangements has been the creation of an Early Childhood Development Section within the Ministry of Education. As many of the emerging issues in social development, such as early childhood development, providing health care to school children and child protection, are cross-sectoral in nature, renewed emphasis on inter-sectoral co-ordination mechanisms would be necessary to ensure continued efficiencies in programme implementation.

It is the Royal Government of Bhutan's policy to provide free health care and primary education to its population. The policy is particularly relevant to the context of Bhutan where there is no private sector in health and a very small one in education. The logical corollary of this decision also implies that gradually as capacity is built up, and the system expands, it is necessary that certain activities and inputs previously supported by UNICEF is gradually taken over by the government and made **sustainable** as an integral part of the government system. An example of this process established by the Royal Government of Bhutan is the creation of the Health Trust Fund.

The example of community schools is a good case for **replication** in other programme areas, especially in programmes which combine the need for behaviour change with service delivery. Another case for replication is the case of rural water

supply systems where the locally trained water mechanic and user community take over the maintenance of the rural water supply systems. However, the key to successful replication of such community participation based programmes is the creation of semi-formal bodies from within the communities. There are other successful programme experiences which can be replicated. For example the initial success in goitre eradication can be replicated for anemia control.

5. RECOMMENDATIONS

Before going into the specific recommendations, it needs to be stressed that the recommendations emerge primarily from the evaluation. They were also influenced by the concerns and needs expressed by different participants and stakeholders in the various programmes ranging from programme beneficiaries and frontline workers met during field visits, to policy and programme planners in the Royal Government of Bhutan. As stated in the beginning of the report, an evaluation must be useful in taking corrective measures and making strategic choices for the future by drawing lessons from experience.

The second issue that needs to be stressed is that what is being recommended is not necessarily something which is not being implemented within a programme currently, rather it is something that requires special focus in future planning and implementation. This also implies that activities which do not fall in the recommended grouping of programmes and projects need to be dropped from UNICEF support over time.

The final issue that needs to be stressed is that the country programme evaluation is essentially one of a collaborative programme between two institutions – UNICEF and the Royal Government of Bhutan and is restricted to programmes within this collaborative framework. The Royal Government of Bhutan has a much wider mandate and far greater achievements in the social sector that have contributed indirectly to the specific programmes of collaboration. Two examples are the establishment of a training infrastructure and the expansion of a service delivery infrastructure that fulfills the needs of the entire country, not just the specific programmes within the collaborative framework.

5.1 Programme Mix and Strategic Choices

- The analysis of the mix of programmes in the Master Plan of Operations (2002-2006) and the PPAs shows a very wide number of projects, sub-projects and activities over which resources are spread thinly. **There is a need to consolidate the UNICEF supported programmes in a more cohesive manner and make some strategic choices.**
- The programming framework to be used for planning and design of different programmes must first specify the results to be achieved in terms of the change in the situation of children and women's rights, before structuring into either projects or locating them in specific counterpart Ministries. The desirable results would be linked to both the National Priorities, as articulated in the Ninth Five Year Plan of the Royal Government of Bhutan, as well as the Millennium Development Goals. The Results Based Framework currently being used in the sectoral assessments would become the basis for such programme planning. Such an approach to programming would become increasingly critical as a variety of situations affecting children and women cut across sectoral and project boundaries. Cross sectoral

programmes around early childhood development and child protection particularly need such an approach. It will also allow for clearer monitoring of results achieved through UNICEF supported programmes.

- Based on such a programming approach, it is recommended that the programmes may be clustered around the following themes for the balance of the period of this country programme.

Health and Nutrition Programme

- i) EPI Plus.
- ii) Safe Motherhood with focus on EMOC and Rural Referral System through the VHW, with a facility based community mobilization for use of ante and postnatal care based services.
- iii) Integrated Management of Childhood Diseases with a focus on ARIs.
- iv) Anaemia control in children and women as a focused nutrition intervention.

Quality Basic Education for Girl Children and Women

- i) Expansion of Community Schools to Not yet reached Locations/ Population.
- ii) School Sanitation, Health, Nutrition and Hygiene Education.
- iii) Joyful Learning with Quality Education in Community Primary Schools.
- iv) Non-formal Education for Women.

Care and Protection of Children

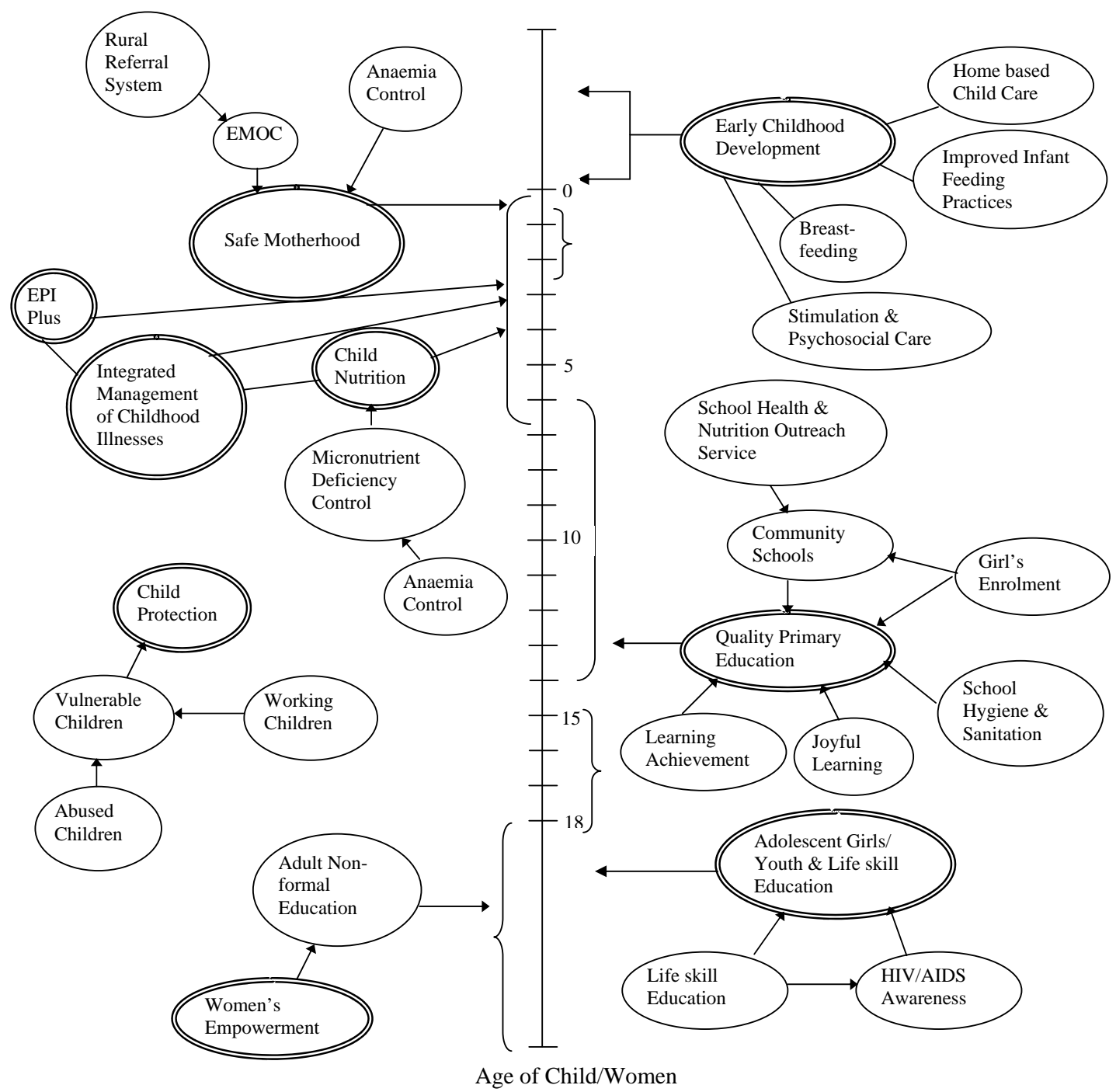
- i) Protection of Children in Vulnerable Situations.
 - ii) Early Childhood Development and Family Care.
 - iii) Religion and Health.
- Specific programmes and projects will have components and activities which are cross-sectoral. In addition, School Health and Nutrition is a focused intervention that combines provision of Health and Nutrition Care to School Children. The three themes within Care and Protection of Children are both relatively new and highly cross-sectoral in nature.

With UNICEF's primary role as an advocate for child rights, these interventions are critical.

- The longer term planning for the programmes should be limited to the project level and it is not necessary to delineate highly disaggregated sub-projects and activities within them in the longer term Master Plan. This detailing of activities should be part of the Annual Plan of Action. This would ensure flexibility in planning to respond to changing situations.
- The Care and Protection of Children is a new recommended cluster of programmes with a focus on advocacy and communication at the initial stages. As the projects in this programme will be relatively new and highly cross-sectoral, the programmes need experimentation and building up of awareness. Hence, activities within the projects should be loosely structured at this stage. Further, the programmes are cross-sectoral in nature and a specific programme may need more than one counterpart Ministry.
- The above programme mix is diagrammatically shown in Figure 3.
- **The choice can be further narrowed down depending on the resources available with UNICEF. It is more important to support all the activities within one project well than to provide scattered support of a gap filling nature to many programmes. Resource allocation decisions across projects and programmes should be taken through an empowered committee of UNICEF and Royal Government of Bhutan at the policy level, within the programme planning cycle that UNICEF follows, and not at the time of the Annual Action Plan preparation.**

Figure 3

LIFE CYCLE APPROACH TO PROGRAMMING



5.2 Programme Design and Content

- Each of the projects to be designed will have the following components within which specific activities can be delineated in the Annual Action Plans.
 - Policy Development.
 - Guidelines and Quality Standard Setting.
 - Primary Institutional Arrangement.
 - Training and Capacity Building.
 - Service Package (where applicable).
 - Social Mobilization and Advocacy package.
 - Establishment of Monitoring and Information System.
- One of the weaknesses in the way UNICEF supported programmes have been designed is that there is no cohesive interlinked activity set that defines a programme and project. Before planning the implementation of a programme, it is important to delineate what goes into a programme package. **A programme design workshop is therefore recommended for each programme within the MTR process.**
- Based on the above programme design framework and the evaluation findings, it is possible to recommend concretely corrective measures required in each of the ongoing projects of the current UNICEF country programme.

In terms of specific recommendations for ongoing programmes and projects the following is recommended.

Health and Nutrition

- The EPI project is well implemented and this evaluation has thrown up no additional recommendation. The detailed EPI evaluation study recommendations should therefore be adopted. As migration in the construction sector from neighbouring countries increases, both surveillance and monitoring systems for key viruses and extension of the EPI programme to hard to reach/mobile/construction workers children needs to be given emphasis, in addition to the regular EPI through the BHU system. The routine immunization should become part of the government's basic public health system and not necessarily a UNICEF supported programme.
- The Safe Motherhood project should, in addition to promoting ANC, emphasize further expansion of EMoC facilities and this must be combined with facility based demand generation for these services. Increased institutional deliveries are essential in order for Bhutan to bring about a reduction in Maternal Mortality and a further reduction in Infant mortality, given that 22% of Infant deaths occur in the first 24 hours after birth.

- The Child Health project should be consolidated into a single Integrated Management of Child Illnesses (IMCI) package for delivery through the hospital/BHU/ORC system. A special focus within it should be given to ARI illnesses that are still widely prevalent in children within Bhutan.
- Anemia Control in Children and Women has been given the highest priority by both UNICEF and the Royal Government of Bhutan and taken up as a special campaign using multiple strategies and channels for implementation. Lessons from the goitre eradication campaign, such as salt fortification, should be used, in addition to direct iron supplementation through supplies. Improvement in the Nutritional status of children and women in Bhutan is the primary objective of this project.
- A Refresher In-service Training Package should be designed and implemented for BHU staff (health assistant, ANMs) to update their knowledge base. The training should be a composite one covering IMCI package, Pre and Post and Pregnancy Care, Safe Delivery Practices, and nutrition for Mothers and Children. While a large number of thematic programmes have been organized in the past they do not constitute a composite refresher-training course.
- The School Sanitation, Hygiene, Health and Nutrition project is a more integrated project for more comprehensive UNICEF support being recommended by this evaluation. As enrolment rises and a majority of children can be reached through schools, it provides an opportunity to reach health and nutrition services to the children. Currently the practice of a health check up exists but its frequency is low. Growth Monitoring, Micronutrient distribution, identification of disabilities, can all be carried out through such a process. If it is taken up as a project, close co-ordination between the Health and Education Ministries will be necessary to plan and implement the project. The existing School Health programme and the MOU signed between the Ministries of Health and Education is an ideal vehicle for this project.

Quality Basic Education for Girl Children

- The proposed plan for expansion of Community School coverage to reach those not yet reached, should be continued through school construction and female teacher recruitment. The school construction/opening should be accompanied by formation of a formal School Committee with representatives of the community. Alternative models of community schools such as mobile schools, informal schools, and distance education packages should be experimented with to reach those children who are hard to reach by normal community schools.
- The evaluation has uncovered the need to reexamine the whole Classroom Practices dimension in the community schools, particularly

as community schools are rapidly being upgraded to primary schools and they are often no longer multi-grade schools. The review should start with a comparative study of learning level assessments in different subjects, classes and types of schools. This should be followed by a review of the existing curriculum at the community and primary school level. Need for change in teaching-learning material and teaching practices will follow from the above. Improving the quality of education is the primary objective of this review process. Multi-grade teacher training should continue to be a focus area of support within the Community Schools project. The mix between hardware and software support in this programme needs to be reworked. As enrolment rates go up, retention through quality education would increasingly become relevant to monitor.

- The School Sanitation and Hygiene programme achievement level needs improvement in both coverage and quality. Quality Construction standards need to be specified for latrine construction in all schools. The process of fund and material flow for construction till the school level needs to be looked into and speeded up. This project should logically be put under SPBD under the Education Ministry. Monitoring of progress by the District Education Officer needs to be introduced.
- The hygiene component of the school sanitation project needs to be given much greater priority through better IEC material for schools and further integration of a hygiene education package in all curriculum and teacher training courses. Monitoring of hygiene practices in schools by District Education officers would also be useful.
- The Non-formal Education programme provides a valuable channel to reach rural women with a variety of social messages. With its proposed rapid expansion and commitment of the government towards ownership of this programme, the focus of UNICEF support to this programme should shift to more comprehensive teaching-learning material development, that expands the scope of the programme to cover basic concepts of nutrition, care during pregnancy, early childhood development and hygiene practices and be continued as a UNICEF supported programme.

Care and Protection of Children

It is recommended that the current programme of Child Care and Development be reformulated. Irrespective of which Ministry is made the nodal institution, projects which have a strong cross-sectoral focus should be managed through this programme. It is also recommended that in the next programme cycle the school sanitation programme be shifted to the Quality Basic Education for Girl Children, whereas Early Childhood Development is shifted to this new programme.

The existing Family Based Care and Development project as it stands needs to be dissolved or merged with the following cross-sectoral programmes to give it much greater coherence and focus.

- Early Childhood Development is both a new and community/home based concept not only for Bhutan but globally. However its criticality in the future development of the child is well accepted. The focus for the balance country programme period in this programme should be further research on the different dimensions of child care, development of communication and IEC packages to be used for community advocacy and social mobilization. A number of inputs into the Early Childhood Development concept is to be provided through the Health and Nutrition programme, as it provides a powerful channel to reach the under 5 year olds. Hence linkage of this programme has to be strengthened with the basic health system through an MOU between the Ministries of Health and Education.
- A new project is recommended for the next programme cycle to reach the girl child beyond the primary school level. The adolescence age group of a girl child is critical to build up her life skills to cope with multiple roles in adulthood. This is particularly so in Bhutan where the role of women is rapidly changing. Hence in the new country programme Life skill education for the Adolescent Girl Child is recommended. Within this programme cycle, initial activities such as situational research and preparation of communication packages may be initiated.
- The ongoing programme with religious institutions has started having a certain impact within a short period of time. It is recommended that the scope of this programme be expanded from simple sanitation construction to a more integrated package covering health, hygiene and child protection issues.
- One of the mandates of UNICEF is the protection of children in vulnerable situations. Initial studies executed show that there are many such children who are vulnerable to abuse and exploitation. Hence it is critical that UNICEF as an advocate of child rights initiates at least an independent project with a clear set of strategies around the issue of Protection of Children in Vulnerable Situations in the next programme cycle.

5.3 Programme Strategies for Implementation

Whatever be the programme content, the successful implementation of programmes is a function of getting the strategy for implementation right. Strategies are primarily a function of the programme environment and institutional structures available.

- The basic health system (of BHUs, Hospitals and Outreach Clinics) developed by the Government of Bhutan provides a powerful channel for reaching mothers, pregnant women and under 5 children not only with health and nutrition services, but a variety of educational messages. In addition to the health system being the primary channel for the health and nutrition programme, it is a strategic channel for early childhood development and hygiene education messages.
- The basic schooling system of primary schools and community schools provides a powerful channel to reach all children between the age of 6 and 12 with a variety of services and educational messages. In addition to the core education curriculum, the cohort of school children can be reached with micro nutrient supplies, education packages for hygiene practices, and general health care.
- The non-formal education centres, where women collect and meet, is a strategic channel for reaching the community not only with functional literacy but educational messages around early childhood development, preventive health care and nutrition.
- The instruments for implementing cross-sectoral interventions through the formal sectoral systems would be two fold. First, by integrating new themes into the basic training programmes for frontline workers like health workers and primary school teachers. Second, through production and distribution of high quality IEC materials.
- The District and Block level system in Education, Health and planning has a critical role to play in field based qualitative monitoring systems through onsite visits. The ongoing development of the Health MIS and Education MIS should be also further strengthened to gather, collate and utilize data for decision making.
- One area where strategies for implementation are not so strong within UNICEF programming is where the community and society has to be reached directly (what in UNICEF language is called Social Mobilization and Advocacy). All programmes have a strong component of this and in addition to the channels of formal institutional structures like schools and health units; there is a need to develop alternative channels of communication and advocacy. The absence of civil society institutions and private media in Bhutan is a constraint and creative solutions need to be continuously searched for in this field. The initiative taken in partnering BBS should be further expanded and consolidated. Local initiatives like developing wall newspapers by non-formal education groups/youth forums, linkages with systems having strong rural extension systems such as the agriculture extension network are two other possible small initiatives.
- While the Royal Government of Bhutan has taken a policy decision at the highest level towards decentralization, this process is still ongoing. The UNICEF supported programmes on the other hand are primarily

thematic/issue based. Hence at this stage of the decentralization process it would not be desirable that UNICEF chooses specific districts for specific programmes, rather it continues to work primarily at the national level to integrate the themes within the governed institutional structures.

- Finally, the MIS and monitoring systems being developed in the different Ministries and the Planning Commission for strengthening, streamlining and getting new kinds of data from the field is valuable. UNICEF should increasingly use these systems for monitoring progress and results of supported programmes. The Child Info initiative supported by UNICEF is in the process of being integrated and institutionalized within these government information systems and would assist in clearer tracking of the Millennium Development Goals. Performance monitoring should be an integral part of any programme monitoring system. However development of comprehensive MIS systems within the different line Ministries need not be an area of direct comprehensive support by UNICEF in the case of Bhutan, as both the government and other bilateral donors have taken this up as independent projects. What is important is that the evolving HMIS and EMIS should be comprehensive and track key indicators necessary for programme monitoring.

5.4 Programme Planning and Partnership Processes between UNICEF and Royal Government of Bhutan

- There is a need to comprehensively reassess the way the Programme Framework of Collaboration between UNICEF and Royal Government of Bhutan is being viewed and managed. It is critical that there is a logical sequence to the planning process and there is a break from history in this process.

The following is recommended to ensure this.

- The Royal Government of Bhutan takes leadership in coordinating sectoral programmes across different donors to avoid overlapping support and also to prioritize policy decisions on Programme and Projects that will form the basis of the next cycle of collaboration together with UNICEF. Resource allocation across programmes should be within the terms of reference of such an exercise.
- The programmes and projects chosen for collaboration need to be designed well, as a first step in the programme planning cycle. Planning Workshops should be used for this purpose (within the MTR process). The objective of such workshops is not what or where UNICEF can put in resources but what components make for a 'good' project or programme. The result of such workshops will be the superior design of programmes/projects to be implemented.

- The Annual Plan of Action should be only the last exercise in the planning process and strictly adhere to the resource allocations and design of programmes arrived at in the overall planning process. The collaborative Annual Action Plan should ensure that only those activities are supported that already have a financial allocation from the broader programme support budget. Non-funded activities should not be a part of the PPA.

The long-term collaboration process between UNICEF and the Royal Government of Bhutan has been very beneficial to move social development in Bhutan forward. Specific operational issues such as the streamlining of cash assistance component within programmes have also been dealt with in a timely manner. However there are certain constraints that have risen in the quality of the partnership process between the Royal Government of Bhutan and UNICEF country office at the operational level because of procedural requirements in programme implementation and because the basic planning document does not provide enough guidance for preparation of a focused Annual Plan in the joint programme planning processes between UNICEF and the Royal Government of Bhutan. It is recommended that the opportunity provided by the MTR process be used productively to transform the quality and level of relationship between two critical national and international institutions through the following processes.

- Creating a small Programme Planning Consultative Group with representatives from UNICEF and the Royal Government of Bhutan at the thematic programme level that can coordinate the redesign and selection of programmes and projects for the balance country programme period.
- Each programme organizing a Programme Design Workshop that looks at the vision, components and needs of different programmes/interventions.
- A short joint UNICEF – RGoB familiarization visit to neighboring countries, especially India, could be organized as to get oriented how such multilateral collaborations are being managed in different situations. The team should be representative of all collaborating sectors i.e. Ministries of Health and Education in addition to the DADM from the Government.

Annexure 1: Country Programme Evaluation: Terms of Reference

1. Background and context

The Bhutan Country Programme is scheduled to hold a Mid-Term Review (MTR) in 2004. The Royal Government of Bhutan and UNICEF Bhutan have agreed to conduct a Country Programme Evaluation (CPE) in early 2004 to support and inform the MTR. This will be conducted with technical and financial support from the UNICEF Regional Office for South Asia (ROSA).

The CPE methodology serves the Royal Government of Bhutan and UNICEF's goal to make our joint Country Programme of Cooperation more effective in terms of focus, implementation strategies and coordination within 9th Five Year Plan, UNDAF and with other development partners.

The CPE methodology is part of attempts to increase the use of the evaluation for strategic governance at all levels and more particularly at the country programme level, as requested by the Executive Board in June 2002 (Document E/ICEF/2002/10 and Decision 2002/9). Joint management and implementation of the CPE Bhutan by national partners and UNICEF will contribute to a strengthening of evaluation capacities in the country.

2. Purposes of the Country Programme Evaluation

The purposes of the CPE Bhutan are to support and inform the Mid Term Review of the current programme of cooperation. The Evaluation will, through a participatory process, develop and present succinct lessons learned and recommendations that will be used in the Mid Term Review to adjust, where necessary, programme objectives, strategies and structures in order that the current and future programmes of cooperation are better able to support the achievement of defined results for children and women in Bhutan.

The CPE as part of the MTR process will allow a more in-depth assessment of the relevance as well as of the role, design and focus of UNICEF support to the realization of children's and women's rights in Bhutan. The CPE will ask fundamental questions about effectiveness and efficiency and also address dimensions of sustainability and replicability.

The CPE will focus on the first half of the current Country Programme (2002-6) looking at this programme as a continuation of the previous Country Programme (1997-2001). The CPE will help stakeholders to reconfirm or reconsider UNICEF's positioning in the national context in the light of the evolving situation of children and women and present policies, strategies and activities of governmental partners and other development partners.

3. Objectives of the Evaluation

- a) Assess the realization of the objectives of the Country Programme 1997-2001 and progress made in the realization of objectives of the Country Programme 2002-2006 against the background of Eighth and Ninth Five Year Plan of the Royal Government of Bhutan.
- b) Assess the role and relevance of the current Country Programme (i) as to the changing situation of children and women in the country and (ii) in the context of national policies and strategies at the present time, and (iii) in the context of other partners' policies and programmes, and (iv) as a reflection of international norms and standards concerning children's rights (especially CRC and CEDAW), UNDAF and MDGs;
- c) Assess effectiveness, efficiency and impact of supported projects and programmes as well as to distil lessons learned from past and present programme design and implementation.
- d) Analyse to what extent activities and results are sustainable at their respective levels (communities, intermediate or higher level institutions) and / or replicable and useful in the national context and more particularly in support of decentralization strategies;
- e) The initial exercise would focus on defining the criteria for assessing effectiveness, efficiency, sustainability and replicability in the case of the Bhutan country programme through a participatory approach involving UNICEF project staff and government. These criteria should be agreed upon by the Steering Committee;

4. Methodology

The evaluation will take into consideration commonly agreed evaluation norms and standards (OECD/DAC and Evaluation Associations) to ensure *utility* (ownership by stakeholders), *feasibility* (political viability and cost-effectiveness), *propriety* (impartiality, respect of rights of stakeholders, cultural sensitivity) and *accuracy* (adequate information).

The evaluation will essentially take place at the national level, since the majority of UNICEF's support is given at national level.

Key methods for the conduct of the evaluation will be the following:

- a) A comprehensive desk review of external and internal documents that are relevant to past and current Country Programmes
- b) A review of past and recent studies, reviews and evaluations of projects and programmes;
- c) An extensive round of interviews/workshops with key stakeholders in the past and present Country Programmes (Government, UN agencies, children and youngsters, etc. at both national and local levels)

- d) Field visits to selected districts and communities to gain first-hand information of the implementation of projects and programmes
- e) Organisation of a participatory workshop during which main findings, conclusions and recommendations of the draft evaluation report will be discussed and finalised.
- f) The draft MTR sectoral assessment will be available for the CPE process. The CPE will also be available for finalization of the MTR sectoral assessments and the Draft MTR report.

All information will to the largest possible extent be triangulated and validated. Findings, conclusions, recommendations and lessons learned should clearly be user-oriented and feed into major decision-making at the MTR and during strategy development for the next Country Programme.

Dissemination of the evaluation report will be ensured by the Bhutan Country Office, the UNICEF regional Office for South Asia, and the Evaluation Office in UNICEF Headquarters, with the consent of the Royal Government of Bhutan.

5. Organisation and Management

The evaluation will be guided by a Steering Committee composed of representatives of the Royal Government of Bhutan, other development partners, including UN agencies, selected resource persons as well as UNICEF.

The UNICEF Regional Office for South Asia and the Country Office in Bhutan will ensure evaluation management. The Monitoring and Evaluation Officer in ROSA will be closely associated in all stages of the evaluation process. Evaluation management will involve the following steps:

- a) Introductory meeting with Government Counterparts to sensitise them on CPE and MTR (August 2003)
- b) Selection of the Evaluation Steering Committee (September 2003)
- c) Finalisation of the Terms of Reference by Steering Committee (January 2004)
- d) Briefing of team members (February 2004)
- e) Preparation and implementation of the CPE, including programme level analysis and organisation of the CPE workshop (March 2004)
- f) Finalization of CPE and MTR Meeting (April 2004)
- g) Finalization of the MTR report (May 2004)
- h) Dissemination of and follow-up to evaluation findings, conclusions and recommendations (as from May 2004)

An independent team of international and national consultants will conduct the evaluation. It will be composed of an international team leader (country programme evaluation specialist), and specialists as deemed necessary, in

- a) UNICEF programming principles and procedures, and
- b) Programme areas (Health, Nutrition, Education, ECCD, Protection etc).

Good knowledge of evaluation standards and methodologies and previous experience in evaluation is required for all team members. None of the team members should have had close involvement with the past or current Country Programmes.

6. Outputs:

Based on the above, the independent international consultant will provide a draft and a final report containing the following:

- a) Objectives and methodology of the CPE (including indication of the criteria developed for the assessment).
- b) Situation of children and the overall context of UNICEF-RGOB cooperation with description of the programmatic responses in the previous and current programmes of cooperation in relation to the gaps identified. (This section should also indicate what gaps have been identified by the programme of cooperation and assess the reasonableness of the programmatic response in light of the situation of children..
- c) For each of the programmatic areas undertake an assessment of:
 - Effectiveness
 - Efficiency
 - Sustainability
 - Replicability

This is the key section of the CPE. In arriving at this assessment, the analysis should reflect the opportunities and constraints that arose and how the programme responded to them. It should also include a 'partnership analysis' to assess the extent to which partnerships were fostered for each of the above criteria and the contribution to building national capacity (capacity-building analysis) in the process of implementation. The assessment and analysis should be informed through field examples or national level efforts and advocacy as relevant. The analysis should also indicate what has been seen to work, under what conditions and what did not work and why.

- d) Synthesis of main findings, lessons learned and recommendations
- e) Conclusions
- f) List of references (documents consulted)

7. Time line: 6 weeks starting April 2004

Annexure 1

Reference Documents

1. A Situation Analysis of Children and Women in Bhutan – UNICEF 2000.
2. A Study on the status of Access to Primary Education of Girl Child in Bhutan – Ministry of Education (2003).
3. Anaemia among Women and Children in Bhutan: How Big is the Problem? – (2003) – Ministry of Health and Education - Royal Government of Bhutan.
4. Assessment of Protective Factors for Vulnerable Children in Bhutan. Ministry of Health, Royal Government of Bhutan, 2004.
5. Assessment of the Religion and Health Programme (RHP) (September 2002).
6. Annual Health Bulletin (2002); Department of Health Services, Ministry of Health, Royal Government of Bhutan
7. Bhutan – Report on End Decade Goals of the World Summit for Child - Royal Government of Bhutan. (Bhutan).
8. Child in Bhutan – A Study of Child Rearing Practices among Bhutanese Parents (March 2001).
9. Comprehensive WATSAN Assessment in Schools – UNICEF.
10. Country Level Assessment of Water Supply and Sanitation in Bhutan – Public Health Engineering Section – Ministry of Health and Education - Royal Government of Bhutan – March 2003.
11. Draft Sectoral Assessment – 2004 UNICEF Bhutan.
12. Education for All – An Assessment of the Progress (November 1999) – Ministry of Health and Education - Royal Government of Bhutan.
13. Evaluation of Non-Formal Education in Bhutan – Non-Formal Education Section – Ministry of Health and Education - Royal Government of Bhutan. – UNICEF – Bhutan (August 1999).
14. General Statistics (2003), Policy and Planning Division, Ministry of Education, Royal Government of Bhutan
15. Millennium Development Goals – Progress Report – 2002 Royal Government of Bhutan.
16. Multi-grade Teacher Attachment programme – Final Project Evaluation Report (December 2001).

17. National EPI Survey (2002) – Public Health Division – Department of Health Services – Ministry of Health and Education.
18. Ninth Five Year Nation Plan of Bhutan – Planning Commission - Royal Government of Bhutan (2001).
19. Ninth Plan Sector Document (2002-2007) – Health Sector – Policy and Planning Division (Health) – Ministry of Health and Education Royal Government of Bhutan. (2001).
20. Policy Option Analysis – User Fees for Health Services (August 2000) – Policy and Planning Division – Ministry of Health and Education.
21. Poverty Assessment and Analysis Report – 2000 Planning Commission – Royal Government of Bhutan.
22. Religion and Health Project Evaluation(1999), UNICEF
23. Royal Government of Bhutan – UNICEF – Master Plan of Operations – 2002-2006 – UNICEF - Royal Government of Bhutan (2002).
24. Royal Government of Bhutan – UNICEF – Master Plan of Operations – 1997-2006 – UNICEF - Royal Government of Bhutan (1997).
25. Royal Government of Bhutan – UNICEF – Master Plan of Operations (1992-1996).
26. Statistical Yearbook of Bhutan (2002) – Central Statistical Organization Planning Commission, Royal Government of Bhutan.

Annexure 2: EVALUATION CRITERIA FOR MID TERM REVIEW

The criteria to be utilized for the MTR will look at five broad dimensions of the current Royal Government of Bhutan Country–UNICEF programme. These are:

- Relevance
- Effectiveness
- Efficiency
- Sustainability
- Replicability

1. Relevance

- i) Were the UNICEF supported CP, and specific projects within it, relevant to the social, economic and cultural context of Bhutan?
- ii) Has the UNICEF supported CP goals, objectives and implementation processes in each project/programme been responsive to the priority needs of children and women in Bhutan?
- iii) Has the UNICEF supported CP been integrated into the overall national plan/goals of Bhutan?
- iv) Has the UNICEF supported CP addressed the issues of :
 - Rights of Children, especially vulnerable children.
 - Gender Equity and Women’s Empowerment.
 - Vulnerable population groups, such as rural populations.

Specific Criteria

- **Access to Social Services for the Population in health care, educational and other social services for different age groups of children and women.**
- **Reaching the Unreached and Vulnerable Children and Women in different parts of the country with social services.**
- **Participation of Women and Children at the Community Level towards their Empowerment.**
- **Progress in Key Indicators of Human Development for Children and Women.**

2. Effectiveness

- i) To what extent have the goals and objectives set out in the current Country Programme been achieved? What are the reasons and lessons from success and failure?
- ii) What were the key results achieved during this phase through the co-operation between UNICEF and the Government of Bhutan?

- iii) To what extent has the results achieved been useful in addressing the priority needs of children and women in Bhutan?
- iv) What has been the outcome of the different programme interventions on the targeted population groups?

Specific Criteria

- **Quality of services delivered in different sectors, particularly primary healthcare and education (formal and non-formal).**
- **Community Capacity for Social Development and Behavioural Change (early childhood care, health and hygiene practices, and management of community assets).**
- **Capacity Building of frontline workers in the health, education and other social sectors.**
- **Policy Development in the areas of Child Rights and Women’s Empowerment.**
- **Capacity Development in programme planning, monitoring and implementation.**

3. Efficiency

- i) Have norms for cost, quality and delivery mechanisms for different programmes been established and followed?
- ii) What kind of collaborative partnerships and institutional arrangements been established for programme planning and implementation? Have they led to greater efficiency and participation by different stakeholders in the programmes?
- iii) Towards greater results achievement and holistic programming for maximizing impact, have there been mechanisms for cross-sectoral convergence in sectoral programmes?
- iv) Is there a clear logical sequence between programme inputs-outputs-outcome and impact in each programme?

Specific Criteria

- **Standards for quality and costs such as learning achievement levels in education programmes, mother and childcare package of services, norms of drinking water and sanitation coverage.**
- **Institutional structures at the district and below level for social service delivery and improvement in their efficacy and coordination mechanisms.**

- **Inter-sectoral convergence and co-ordination mechanisms at the central, district and community levels.**
- **Programme Monitoring and Reporting Systems and Management Information Systems in different sectors.**

4. Sustainability

- i) Are elements of financial sustainability being introduced in the programme such as cost recovery revenue generation, community contributions?
- ii) Are there elements of institutional sustainability being introduced in the programmes at the community level such as community maintenance systems, community management committees, community monitoring systems?
- iii) What is the development status of governance structures being introduced at the district and block levels for programme planning and monitoring and establishing convergence in programmes?

Specific Criteria

- **Community Contribution towards Cost Recovery in Social Services.**
- **Community Level Management Committees in different service delivery points and facilities such at schools, health centres, water supply points, advocacy campaigns.**
- **Social Development Planning Capacity Development at district and block levels.**

5. Replicability

- i) What are the specific programme elements/components that exist in the different sectoral programmes and projects currently and that can be replicated to a wider coverage and larger scale?
- ii) What are the positive lessons that can be extracted from the planning and implementation process that can easily be replicated for reaching a wider population in an efficient manner?

Specific Criteria

- **Identification of elements of successful programme design and implementation processes for scaling up.**
- **Identification of strategic lessons learnt for future programme planning.**