



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

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UNITED NATIONS POPULATION FUND

Country programme document for Bhutan

Proposed UNFPA assistance: \$5 million: \$4 million from regular resources and \$1 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2008-2012)

Cycle of assistance: Fifth

Category per decision 2000/19: A

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

| | Regular resources | Other | Total |
|---------------------------------------|-------------------|-------|-------|
| Reproductive health | 2.75 | 1 | 3.75 |
| Population and development | 1.00 | - | 1.00 |
| Programme coordination and assistance | 0.25 | - | 0.25 |
| Total | 4.00 | 1 | 5.00 |

I. Situation analysis

1. Bhutan has a population of 635,000 and an area of approximately 38,000 square kilometres. Thirty-two per cent of the population lives below the poverty line. The median age of the population is 22.3 years. The total fertility rate is 2.6 children per woman, and the infant mortality rate is 40.1 deaths per 1,000 live births (2005). The maternal mortality ratio is 255 deaths per 100,000 live births (2000). Achieving Millennium Development Goal indicators related to maternal health is therefore a major concern. A fragile economy, rugged terrain and scattered settlements present further challenges.

2. The Ministry of Health promotes an integrated approach to reproductive health services, which are available free of cost. Primary health care services are available to more than 90 per cent of the population. The contraceptive prevalence rate for married women of reproductive age increased from 18.8 per cent in 1994 to 30 per cent in 2000. Fifty-one per cent of births are assisted by trained health professionals, a three-fold increase since 1990. However, poorly equipped health facilities, a lack of skilled professionals and difficult geographical terrain constrain access to emergency obstetric care.

3. Early marriage, teenage pregnancy, low use of contraception, and sexually transmitted diseases are common among adolescents. Although existing reproductive health services are targeted primarily at married couples, services are also available for unmarried young people. The Ministry of Education provides information on sexual and reproductive health to young people through both formal and non-formal education channels. In recent years, the Ministry has introduced life-skills education.

4. Bhutan, with 101 reported HIV cases, is classified as a low-prevalence country. Social and behavioural risk factors that could fuel an HIV epidemic are present, however. Of particular concern are the high levels of sexually transmitted infections. The national response to

this threat, particularly regarding awareness and prevention, should be scaled up.

5. Gender equity is of concern in Bhutan. Although there is no overt discrimination against women, gender gaps exist, especially in access to economic opportunities and in decision-making. Only 26 per cent of civil servants are women. Gender disparities in enrolment rates have largely disappeared at the primary level, but persist at lower and middle secondary levels, and are marked at higher secondary and tertiary levels. There is increasing evidence of violence against women. While efforts have begun to build the capacity of health and law enforcement officials to respond to gender-based violence, further efforts are needed, particularly in the health sector.

6. Significant gaps remain regarding the capacity for policy analysis and research on population and sustainable development. These gaps constrain the use of data for formulating plans and policies.

II. Past cooperation and lessons learned

7. For nearly two decades UNFPA has supported government efforts to achieve sustainable development. The first and second country programmes strengthened infrastructure by establishing: (a) basic health units; (b) maternal and child health centres; (c) a National Institute of Family Health; and (d) a storage facility for drugs and equipment. The third and fourth country programmes increased access to family planning, skilled birth attendants and emergency obstetric care, and provided reproductive health commodities and equipment.

8. UNFPA provided technical and financial support for the 2005 population and housing census. The census is contributing to evidence-based national and local development planning and policy formulation. UNFPA is helping to build national capacity to collect and analyse statistical data.

III. Proposed programme

9. The fifth country programme reflects the findings of the 2006 common country assessment and is aligned with the priorities and outcomes of the 2008-2012 United Nations Development Assistance Framework (UNDAF) and the tenth national development plan. The country programme includes two components: (a) reproductive health; and (b) population and development. The programme will mainstream gender issues in both components, with a focus on: (a) male involvement in reproductive health; (b) gender-based violence; and (c) the collection and use of gender-disaggregated data.

Reproductive health component

10. The reproductive health component has two outcomes: (a) increased utilization of high-quality reproductive health services and information by women, adolescents and men; and (b) improved access of young people to life-skills education as part of a multisectoral approach to the health and development of young people. This programme component contributes to the national health-sector priorities outlined in the tenth five-year plan and to the UNDAF outcomes on health and education.

11. Output 1: Strengthened national capacity to deliver high-quality, comprehensive reproductive health services. Key initiatives will include: (a) strengthening national and subnational quality assurance mechanisms to improve the quality of reproductive health services; (b) building national capacity to provide skilled care by strengthening pre-service and in-service training in midwifery; (c) developing a plan to ensure reproductive health commodity security; and (d) developing services for emerging reproductive health issues such as reproductive morbidity, gender-based violence, and adolescent reproductive health services. UNFPA will collaborate with the Danish International Development Agency (DANIDA), the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) in achieving this output.

12. Output 2: Increased availability of high-quality maternal and neonatal health services in selected districts. This output will focus on improving the quality and range of maternal and neonatal care. It will contribute to the national goal to ensure that 100 per cent of deliveries take place in health facilities and to the UNDAF outcome on health. The output will be achieved by: (a) upgrading basic health units to provide emergency obstetric and neonatal care; (b) increasing the availability of skilled birth attendants; (c) strengthening the availability and quality of family planning services to prevent unwanted pregnancies, particularly during the post-partum period; (d) providing comprehensive post-abortion care; (e) strengthening institutional and community maternal and neonatal death audits; and (f) building the capacity of the multisectoral task force on health to enhance the utilization of health facilities, including by supporting non-formal education activities for adults. UNFPA and the Government will implement this output in collaboration with UNICEF.

13. Output 3: Improved capacity of institutions and health service providers to respond to gender-based violence. Key initiatives will include: (a) strengthening the capacity of key institutions and non-governmental organizations (NGOs), including the capacity of health service providers to recognize, report and manage cases of gender-based violence; and (b) building the skills of health service providers in collaboration with the Royal Institute of Health Sciences. UNFPA and the Government will implement this output in collaboration with the National Commission for Women and Children, UNICEF and WHO.

14. Output 4: Improved access to HIV/AIDS information and services through high-level advocacy. Through this output, UNFPA will support elements of the multisectoral national AIDS strategic plan. Key initiatives will include: (a) high-level advocacy; and (b) strengthening the capacity of the multisectoral task force by

providing information, education and communication materials on HIV/AIDS. UNICEF, WHO and the World Bank will collaborate with UNFPA in implementing this output.

15. Output 5: Enhanced national capacity to improve the availability of high-quality sexual and reproductive health education and services for adolescents. Key initiatives will focus on sexual and reproductive health and will be aligned with the national road map for improving the health and development of adolescents and youth. Initiatives will include: (a) building the technical capacity of programme managers to implement and monitor the road map; (b) improving life skills-based sexual and reproductive health education for adolescents, including HIV/AIDS prevention, by including this information in the curriculum of secondary schools; and (c) expanding the life skills-based sexual and reproductive health education to non-formal education. UNFPA will work with UNICEF on this output.

Population and development component

16. The outcome of the population and development component is: increased availability and utilization of disaggregated statistical data for policy, strategy and programme development and implementation at national, subnational and sectoral levels. This output contributes to the achievement of the UNDAF outcome on generating income and employment.

17. Output 1: Enhanced national capacity, at central and local levels, to collect, analyse and utilize timely, reliable and disaggregated statistical data. The programme will provide technical assistance to improve the utilization of available data for policy and strategy formulation, and will also help to fill existing data gaps. UNFPA will promote the utilization of data from the 2005 population and housing census to map poverty as well as population and environment linkages. It will also help to

strengthen the health information management system, focusing on improving the consistency of data from various sources. The programme will also improve the collection of data on gender-based violence through surveys and the health information management system.

18. Output 2: Strengthened national capacity to mainstream population and development studies. This output will be achieved by providing institutional support to Sherubtse College of the Royal University of Bhutan to develop and implement curricula on population and development within the framework of a degree programme. The programme will also support staff from the National Statistical Bureau who are pursuing Master's degrees in population studies, and will organize short-term training courses in areas related to population and development.

IV. Programme management, monitoring and evaluation

19. UNFPA and the Government will implement, monitor and evaluate the country programme within the context of the 2008–2012 UNDAF. Monitoring and evaluation of the country programme will be in accordance with UNFPA guidelines, which call for regular project management meetings and field monitoring visits as well as for qualitative and quantitative tracking of results. The annual country programme review will provide feedback for the annual UNDAF review process and will ensure that UNFPA contributions remain effective and relevant.

20. The country programme will be nationally executed and will be aligned with national planning and budgeting processes. The Department of Aid and Debt Management in the Ministry of Finance will be the lead government agency. Together with UNFPA, it will be responsible for coordinating and monitoring the country programme and will convene the annual country programme reviews. The managers of the programme will be responsible for quarterly

or biannual meetings to monitor progress, troubleshoot problems, and maximize synergies between different projects in their programme components.

21. UNFPA will strengthen joint programming and joint programmes in areas such as training on results-based management; the harmonized approach to cash transfers; and maternal health and HIV/AIDS prevention among young people. UNFPA will also support the joint country programme action plan and will participate in UNDAF monitoring and evaluation efforts. UNFPA will employ basket-funding modalities for activities implemented under joint programmes.

22. The UNFPA country director for Bhutan, based in New Delhi, India, has overall responsibility for the UNFPA programme in Bhutan. The UNFPA county office in Bhutan consists of an assistant representative, a national programme officer and several support staff. Programme funds will be earmarked for one national programme post and one support post. UNFPA will recruit national project personnel as necessary. The UNFPA country technical services team in Kathmandu, Nepal; the UNFPA Division for Asia and the Pacific; and the UNFPA Technical Support Division, along with national and international consultants, will provide technical assistance.

RESULTS AND RESOURCES FRAMEWORK FOR BHUTAN

| <p>National priority: to improve the accessibility, quality and sustainability of the health-care delivery system</p> <p>UNDAF outcome: by 2012, increased access to and utilization of quality health services, with an emphasis on reproductive health; maternal and child health and nutrition; HIV/AIDS, tuberculosis, malaria and other non-communicable diseases</p> <p>UNDAF outcome: by 2012, improved access to quality education for all, with gender equality and a special focus on hard-to-reach populations</p> | | | | |
|--|--|--|---|--|
| Programme component | Country programme outcomes, indicators, baselines and targets | Country programme outputs, indicators, baselines and targets | Partners | Indicative resources by programme component |
| Reproductive health | <p>Outcome: Increased utilization of high-quality reproductive health services and information by women, adolescents and men</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Contraceptive prevalence rate • Percentage of births attended by skilled health personnel • Needs of emergency obstetric care met • Percentage of institutional deliveries • Percentage of high-risk behaviour groups reporting the use of a condom during last sexual intercourse • Percentage of <i>geogs</i> (villages) that have a functioning multisectoral task force on health | <p>Output 1: Strengthened national capacity to deliver high-quality, comprehensive reproductive health services</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Percentage of facilities following reproductive health standards • Comprehensive plan to strengthen national capacity to provide skilled care developed and implemented • Type of reproductive health services explored and introduced <p>Output 2: Increased availability of high-quality maternal and neonatal health services in selected districts</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Percentage of basic health units able to provide essential obstetric care • Percentage of district health facilities that audit maternal and neonatal deaths • Number of facilities providing at least three family planning methods • Percentage of <i>geogs</i> (villages) with a functional, multisectoral task force on health <p>Output 3: Improved capacity of institutions and health service providers to respond to gender-based violence</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number and percentage of key government agencies and NGOs trained on gender-based violence • Stakeholders skilled in designing multisectoral response to gender-based violence • Percentage of health service providers and law enforcement personnel skilled in identifying and managing cases of gender-based violence • Number of facilities providing services to address gender-based violence <p>Output 4: Improved access to HIV/AIDS information and services through high-level advocacy</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Percentage of villages where knowledge about HIV/AIDS prevention has improved • Percentage of high-risk behavioural groups that have been provided information and services | <p>Ministry of Health and counterparts at the district level</p> <p>Multisectoral task force on health; National Commission for Women and Children</p> <p>UNICEF; WHO; DANIDA; World Bank</p> <p>NGOs</p> | <p>\$3.75 million (\$2.75 million from regular resources and \$1 million from other resources)</p> |

| Programme component | Country programme outcomes, indicators, baselines and targets | Country programme outputs, indicators, baselines and targets | Partners | Indicative resources by programme component |
|--|--|---|--|---|
| | <p>Outcome: Improved access of young people to life-skills education as part of a multisectoral approach to the health and development of young people</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ▪ Percentage of 15- to 24-year-olds who can correctly identify three ways of preventing HIV ▪ Percentage of schools and non-formal education institutions that provide life skills-based sexual and reproductive health education | <p>Output 5: Enhanced national capacity to improve the availability of high-quality sexual and reproductive health education and services for adolescents</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Life skills-based sexual and reproductive health education incorporated into school curriculum • Number of master trainers trained in the new curriculum • Percentage of teachers trained in the new curriculum • Peer educators and non-formal education instructors skilled in providing life skills-based sexual and reproductive health education and counselling | <p>Ministry of Education and counterparts at the district level</p> <p>UNICEF</p> | |
| <p>National priority: to halve poverty by 2013</p> | | | | |
| <p>UNDAF outcome: by 2012, opportunities for generation of income and employment increased in targeted poor areas</p> | | | | |
| <p>Population and development</p> | <p>Outcome: Increased availability and utilization of disaggregated statistical data for policy, strategy and programme development and implementation at national, subnational and sectoral levels</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ▪ Increased percentage of national, subnational, and sectoral policies take population variables into account ▪ Increased availability of data that is disaggregated by geographical area, sex and age ▪ Strengthened national capacity in the area of population and development | <p>Output 1: Enhanced national capacity, at central and local levels, to collect, analyse and utilize timely, reliable and disaggregated statistical data</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Improved utilization of population-related data, particularly data from the 2005 population and housing census • National capacities in mapping poverty strengthened • Improved quality of health information management system data • Increased availability of reliable data on gender-based violence • Improved consistency of population-based statistical indicators from different sources <p>Output 2: Strengthened national capacity to mainstream population and development studies</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Population and development studies introduced within the framework of a degree programme at Sherubtse College • Skills on data analysis and dissemination strengthened among staff at the National Statistical Bureau • Population, development and environment linkages identified | <p>Key government ministries and national institutions at central and local levels</p> <p>United Nations organizations and selected donors</p> | <p>\$1 million from regular resources</p> <hr/> <p>Total for programme coordination and assistance: \$0.25 million from regular resources</p> |