

**EVALUATION OF THE
Royal Government of Bhutan
and UNICEF Bhutan Country
Programme 2019-2023**

FINAL REPORT

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South Asia

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Contents

Executive summary	1
1 Object of the evaluation – UNICEF Bhutan Country Programme	1
2 Bhutan: Country context	2
3 Purpose, scope, and methodology	2
4 Key findings	3
5 Key lessons learned.....	4
6 Conclusions and recommendations	4
1. Introduction	7
Structure of the report.....	7
2. Country context	8
3. Object of the evaluation	11
Programme components and goals.....	11
Theory of change.....	14
Programme stakeholders	15
Programme budget.....	15
4. Purpose, objectives, and scope of the evaluation	16
Purpose and objectives	16
Scope.....	16
Intended users and uses of the evaluation.....	17
5. Evaluation methodology	18
Overall approach	18
Stakeholder analysis	18
Evaluation criteria	19
Evaluation questions.....	19
Data collection methods and sampling strategy.....	22
Data analysis.....	24
Quality assurance	24
Limitations and mitigation	25
Gender, equity, and human rights-based approaches.....	25
Ethical considerations.....	25
6. Evaluation findings	27
6.1 Relevance	27
6.2 Effectiveness	38
6.3 Sustainability	60
6.4 Strategic positioning	66

7. Lessons learned	74
8. Conclusions and recommendations	76
9. Endnotes	83

Boxes

Box 1. Definitions of evaluation criteria.....	20
Box 2. Policies, strategies, and guidelines supported by UNICEF (CPD 2019–2023)	39

Tables

Table 1. RGOB-UNICEF Bhutan Country Programme outcomes and outputs	12
Table 2. Budget allocation for BCO across programmes (in thousands of USD)	15
Table 3. Deep and light-dive thematic areas for evaluation based on the TOR	16
Table 4. Criteria for the evaluation of thematic areas agreed upon by the country office and ROSA ..	17
Table 5. Summarized list of target stakeholders	19
Table 6. Evaluation criteria and key evaluation questions	21
Table 7. Distribution of key informants by stakeholder type and gender	23
Table 8. Distribution of KII, group interview, and questionnaire respondents	23
Table 9. Distribution of perception survey respondents by stakeholder type and gender	23
Table 10. Key quality assurance milestones	24
Table 11. Achievements in child survival and development against RAM indicators	45
Table 12. Achievements in WASH against RAM indicators	46
Table 13. Achievements in child protection against RAM indicators.....	46
Table 14. Achievements in education against RAM indicators, Output 2.1	47
Table 15. Achievements in education against RAM indicators, Output 2.2	48
Table 16. Achievements in education against RAM indicators, Output 2.3	49
Table 17. Achievements in social policy against RAM indicators.....	50
Table 18. Country programme fund utilization	60

Acronyms and abbreviations

ADAP	Adolescent Development and Participation
AMCH	Accelerating Mother and Child Health
AMP	annual management plan
BCO	UNICEF Bhutan Country Office
CFLG	child-friendly local governance
CMT	Country Management Team, UNICEF Bhutan
CPD	country programme document
CPE	country programme evaluation
CRC	Convention on the Rights of the Child
CSO	civil society organization
C4D	Communication for Development
ECCD	early childhood care and development
ERG	expert reference group
FYP	Five-Year Plan
GBV	gender-based violence
GNHC	Gross National Happiness Commission
HACT	Harmonized Approach to Cash Transfers
IE	inclusive education
IYCF	infant and young child feeding
LJCC	Local Joint Consultative Committee
KEQ	key evaluation question
MHPSS	mental health and psychosocial support
MICS	Multiple Indicator Cluster Survey
MNP	micronutrient powder
MOE	Ministry of Education
MOF	Ministry of Finance

MOH	Ministry of Health
MPI	Multidimensional Poverty Index
MVI	Multidimensional Vulnerability Index
NCWC	National Commission on Women and Children
NEET	not in education, employment and training
NGO	non-governmental organization
NKRA	National Key Result Area
ODF	open defecation free
PIM	programme implementation meetings
PME	Planning, Monitoring and Evaluation Unit, UNICEF Bhutan
RAM	Results Assessment Module
ROGB	Royal Government of Bhutan
ROSA	UNICEF Regional Office for South Asia
SBCC	Social and Behaviour Change Communication
SDGs	Sustainable Development Goals
SEN	special educational needs
SOP	Standard Operating Procedure
TOC	Theory of Change
TOR	Terms of Reference
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

Executive summary



This section presents a summary of the final evaluation of the Royal Government of Bhutan and UNICEF Country Programme (CP) 2019–2023, commissioned by UNICEF Regional Office for South Asia.

1 OBJECT OF THE EVALUATION – UNICEF Bhutan Country Programme

UNICEF's Bhutan Country Programme encompasses four themes aligned with Bhutan's 12th Five-Year Plan and UNICEF Strategic Plan 2018–2021. The programme covers all 20 districts of Bhutan and prioritizes marginalized groups. Targeted beneficiaries

are vulnerable children, adolescents, and women. UNICEF collaborates with the central and local government, national and international NGOs, media, and UN agencies under the UN Development Assistant Framework for Bhutan.

Each theme is associated with a key outcome, as described below.



OUTCOME 1

By 2023, newborns, children, adolescents, and women, especially the most vulnerable, increasingly benefit from quality, inclusive and gender-responsive health, nutrition and improved WASH.



OUTCOME 2

By 2023, children and adolescents, especially the most vulnerable, increasingly benefit from quality, inclusive and gender-responsive education.



OUTCOME 3

By 2023, children and adolescents, especially the most vulnerable, will increasingly benefit from quality, inclusive and gender-responsive child protection system.



OUTCOME 4

By 2023, children and adolescents, especially the poorest and most vulnerable, benefit from increasingly equitable and gender-responsive social policies at national and sub-national levels.

2 BHUTAN: Country context

Health and nutrition

- Over 94% childhood immunization rate sustained since 2017¹
- Maternal mortality ratio (MMR) is 89 per 100,000 live births²
- Infant Mortality Rate (IMR) is 15.1
- Child mortality rate (CMR) is 19.0, and the ²under five mortality rate (U5MR) is 34³.1, per 1,000 live births⁴
- 33.5% of children under 5 years of age are still stunted, which is higher than the average for the Asia region (21.8%)⁵

Education

- 71.4% literacy rate, a 12%-point increase from 2005⁵
- 45.36% ECCD gross enrolment rate, a significant increase from 3% in 2011⁷
- Bhutan's mountainous terrain often makes access to education difficult
- The number of schools with inclusive/special educational needs programme increased from 16 in 2017 to 26 in 2022⁸
- About 4,302 students enrolled in 79 monastic education institutes⁹

Child protection and ADAP

- In 2016, 64.1% of children were reported to have experienced violence
- 168.4% child labour rate
- 26% of girls marry before 18 years
- Children with disabilities are especially vulnerable to violence against children
- CHILD13 youth centres accessible across country
- Youth unemployment rate at 28.6% in 2022, from 15.7% in 2018
- Access to tertiary education remains a challenge for young people with disabilities

WASH

- 35% of households lack access to safely managed sanitation facilities
- 46% of district hospitals and 54% of schools do not have sufficient water supply
- 100% open defecation free in 2022

Social and economic situation

- Average inflation rate increased from 2.6% in 2018 to 7.4% in 2021
- Unemployment rate increased from 2.7% (2019) to 5% (2020), job loss highest among ¹⁰youth in urban areas

Impact of COVID-19

- 59% of respondents reported reduction in household income
- Remote learning was limited by lack of access to internet and devices
- Increased ¹²rate of gender-based violence among women

3 Purpose, scope, and methodology

The Country Programme Evaluation (CPE) was carried out between August 2022 and August 2023, with the goal of providing recommendations for the development of UNICEF Bhutan's new country programme. The evaluation used specific OECD DAC criteria, including relevance, effectiveness, efficiency, and sustainability, in addition to strategic positioning, to assess the country programme.

While health, child protection, and WASH programmes were comprehensively examined as deep-dive areas, Education, Adolescent Development and Participation

(ADAP), and Social Policy were evaluated as light-dive areas and received less in-depth assessment due to the scope of the assignment.¹ The evaluation also incorporated considerations of gender, equity, and human rights. Using a realistic, utilization-focused approach, the evaluation employed both qualitative and quantitative methods, including desk reviews, interviews with internal and external stakeholders (75 respondents), and an online perception survey (92 respondents), to gather primary and secondary data.

¹ UNICEF ROSA, in consultation with the Bhutan Country Office (BCO) and considering the BCO's needs, identified key focus areas for evaluation, including both deep-dive (health, child protection, WASH) and light-dive thematic areas (ADAP, nutrition, social policy, education, role in monastic institutions, climate action, role in public health emergencies). Deep-dive analysis involves an in-depth assessment of programmes through triangulation of various methods and data sources. The evaluation of light-dive areas largely relies on a desk review of secondary data, including Results Assessment Module (RAM) data, supplemented by one or two key informant interviews and perception survey results.

4 Key findings

Relevance

The theories of change used for child protection, WASH, health, nutrition, education, and ADAP are generally suitable for addressing needs and goals, though some assumptions (e.g., improved performance from increased knowledge and skills) have implications for outcomes. These theories do not fully account for internal and external factors impacting law implementation and capacity building success.

The design of the UNICEF country programme was informed by a) a 2017 UNICEF situational analysis of children, b) UNICEF teams' understanding of issues on the ground, c) consideration of government priorities, d) civil society consultations, and e) UNICEF's prioritization exercises. Limitations of the design included the lack of direct consultations with children and adolescents, and the unavailability of updated MICS results.

UNICEF effectively addressed strategic and practical needs of marginalized children through strengthening upstream systems and downstream activities like building toilets and assisting newborns. Despite COVID-19 challenges, UNICEF mobilized additional resources from various sources to support the government's response, covering learning continuity, WASH facilities, early learning, and parenting.

Child labour and child marriage were recognized as priorities during needs assessment, but limited data and resources during the pandemic hindered efforts to address those issues. Issues concerning children with diverse sexual identities remained unaddressed. In the nutrition programme, key informants stressed the need to expand interventions to include childhood obesity.

Effectiveness

UNICEF has successfully met and even surpassed most targets outlined in the CPD's results matrix. For some indicators, progress is 'on-track', suggesting they could potentially be achieved within the current cycle. However, it is important to note that these indicators may not fully encompass UNICEF's work. UNICEF significantly enhanced national and local capacities for effective social service delivery and sustainability through policy advocacy, formulation, evidence generation, and capacity building.

Implementation challenges often stem from funding shortages and limited government resources. The COVID-19 pandemic and civil service reform had a major influence on the programme, impacting activities and creating opportunities.

UNICEF adapted strategies to the changing context, especially during the pandemic. This involved reallocating funds, promoting hygiene behaviours, facilitating remote learning, and addressing mental health. The programme engaged with monastic institutions, particularly in WASH, Child Protection, and Education.

Programme interventions in monastic institutions (WASH, child Protection, and education) have been highly effective. WASH has been the most impactful intervention as it addressed practical needs like safe drinking water, warm water for hygiene, and better sanitation facilities.

The programme's operational effectiveness component supports integrated intersectoral implementation, management, and technical assistance. In 2021, only one of four operational effectiveness indicators was fully achieved, yet this doesn't necessarily imply inefficiency. The other three indicators relate to the number of meetings, which was reduced as smaller and more direct interactions were carried out with programme teams and partners. Resource utilization was optimal, with the country office reporting a 100 per cent budget utilization rate.

Sustainability

UNICEF focuses on sustainability through systems strengthening, including policy formulation, capacity building, and advocacy. A three-pronged strategy was used: supply and demand interventions, upstream-downstream balance, and multisectoral collaboration. However, policy implementation challenges persist due to factors outlined earlier.

Certain COVID-19 emergency interventions have gained long-term sustainability. Permanent handwashing stations led to sustainable benefits, while MHPSS became a regular part of programming. Enhanced cold chain capacities, such as additional infrastructure developed and trained human resources, will remain useful in the long run. Education in Emergencies curricula developed during COVID-19 evolved into a curriculum for the 'new normal'.

Strategic positioning

UNICEF has established a strong strategic partnership with the government and other stakeholders in key sectors like WASH, health, nutrition, education, child protection, and youth development. It is recognized as a reliable adviser that uses a long-term, system-strengthening approach while bridging service delivery gaps. Acknowledged strengths include UNICEF's leading role for children, robust local partnerships, regional expertise, resource leverage, coordination abilities, and community engagement. UNICEF must shift its approach as Bhutan achieves economic growth and graduates from the group of Least Developed Countries, leading to reduced flow of grants into the country. Monitoring the impact of the Child Budgeting Framework is crucial.

UNICEF's successful intervention in monastic institutions has paved the way for aligning monastic education with modern standards and thus making a more meaningful impact. This would entail supporting comprehensive social protection beyond Kidu, as envisioned in the Child Budgeting Framework. Lessons from other successful programmes, e.g., Pakistan's Ehsaas Programme, could be useful while developing Bhutan's social protection policies. UNICEF's coordination role can be further enhanced to that end.

5 Key lessons learned

The lessons learned presented below are based on a higher-order analysis of the findings of the evaluation. Broadly speaking, these lessons reveal the importance of some approaches and the limitations of others. They also encompass strategies to overcome some of the limitations. More specifically, they highlight the limitation of a supply-driven approach to system strengthening in contexts where resources are scarce and political commitment to change is not very strong. They stress the need to embrace complexity and the huge importance of disaggregated data. The positive experience of the Bhutan Country Office indicates that organizations that possess adaptive capacities and agility can turn unexpected adverse changes into opportunities. Some specific key lessons drawn from the analysis include:

- Well-designed policies and strategies require political will and resource allocation for effective implementation.

- Integrating programming on sensitive issues (e.g., child protection) with practical needs (e.g., water supply) can be effective.
- Lack of disaggregated data hampers nuanced interventions and specific targeting.
- Skilling programmes should align with market demand if trained cadres are to have better employment prospects.
- Simultaneously building the capacity of government and frontline workers is essential for enhancing commitment.
- Potential change in the funding environment for UNICEF due to Bhutan's possible graduation to middle-income country status offers new opportunities to reposition and concentrate resources on key priorities.
- Emergencies can spark innovation and lead to lasting changes in programming.

6 Conclusions and recommendations

Based on the findings of this evaluation, a validation exercise and a review conducted with ROSA and the BCO, the evaluation team has made the following conclusions and recommendations:

1. UNICEF BCO should employ a comprehensive approach to improve policy implementation and increase investments in the social sector. This can be achieved through supporting the implementation of specific priority policies such as the Child Care and Women Protection Act, the finalization and adoption of the revised National Education Policy and the Accelerated Mother and Child Health Policy. Generate or use existing evidence to show that investment in health, ECCD, mental health, education, WASH, and child protection yields significant economic gains.
2. The new Theory of Change (TOC) for the next CPD should address the complexity of the programme. This involves considering the risks, opportunities, assumptions, and nonlinear elements. TOCs should incorporate the input of key stakeholders.
3. Strengthen the generation of data and evidence on child rights, including disability, to inform laws, policies, and programmes. In particular, UNICEF should advocate and support the conduct of national surveys such as MICS that capture relevant child rights indicators.

4. UNICEF should build on the experience gained during the COVID-19 pandemic to augment existing mechanisms and support the continued use of online platforms for effective programming. This includes utilizing online platforms for remote psychosocial counselling, remote education, telehealth, monitoring, and coordination with implementing partners. Strengthen support for implementation of ICT and digitalization in education (e.g., capacity building, equipment support).
5. UNICEF should help build the evidence base around child marriage and child labour.
6. To address the gap in the ADAP programme regarding intent and aims, the ADAP programme should identify demand-driven skills and train youth in these skills, in partnership with other organizations. For example, train youth on outsourcing skills and then support them in setting up businesses.
7. There should be a stronger focus on climate action in the CPD 2024–2028. The BCO should support the government in integrating climate action in the education system (curriculum, resource materials, school practices and protocols, policies, etc.), WASH programme (e.g., building the climate resilience of WASH facilities), and ADAP (e.g., engaging the youth in climate action advocacy).
8. Consider expanding the scope and funding of the nutrition programme to address obesity among children aged 5–9 years.
9. UNICEF should continue to engage with monastic institutions and focus on multi-level English language and numeracy. Continue to support the development of a monastic education information system and build the stakeholders' capacity to use the system.
10. The next CPD should focus on building the capacity of high and mid-level decision-makers, in addition to frontline workers.
11. Continue to work closely with the Ministry of Finance and local governments to implement and strengthen the Child Budgeting Framework. Monitor and evaluate budget allocated to children to ensure that public investments in children are equitable, effective, and sustainable at both national and local levels. Engage with local governments during the planning and implementation of the country programme. Scale up support for child-friendly local governance (CFLG) based on pilot results. Leverage local government resources for programme implementation.
12. UNICEF should adopt a two-pronged approach for addressing the potential decrease in international development assistance due to Bhutan's graduation to middle-income status: focus even more on supporting the government in systems-strengthening. UNICEF can do this through capacity development, policy advocacy, technical assistance, evidence generation, and improving monitoring. For downstream equity-focused programming, focus on supporting pilot joint programming in selected sites for the most vulnerable population and recommend for scale, rather than supporting full-fledged programmes for service delivery.
13. Where possible, conduct consultations with representatives of marginalized groups (i.e., youth groups, organizations representing vulnerable gender groups, etc.) to identify current needs and priority areas.
14. UNICEF should continue its systems strengthening interventions geared towards the overall immunization system. This includes strengthening the cold supply chain and its PHC platforms to prepare the health system for future pandemics and health emergencies.
15. UNICEF should continue its strategic partnerships with relevant stakeholders to address mental health issues, with a focus on children and adolescents.



01 Introduction

UNICEF Regional Office for South Asia (ROSA) commissioned the evaluation of the country programme of the Royal Government of Bhutan (RGOB) and UNICEF 2019–2023. The Bhutan Country Programme (BCP) has been extended till February 2024. UNICEF conducts country programme evaluations (CPEs) to ensure learning and accountability. CPEs are conducted once every two programme cycles, or once during a programme cycle if there are significant changes in the context or increased risks. The Bhutan Country Programme was approved in 2018 and underwent a mid-term review (MTR) in 2021. However, a CPE has not been conducted in the past two cycles. Evaluating the current programme is necessary for extracting crucial information that will guide the development of the next Country Programme Document (CPD).

The evaluation, conducted between August 2022 and June 2023, assesses the country programme using four criteria: relevance, effectiveness, sustainability, and strategic positioning. Following the agreements between UNICEF ROSA and BCO (see *Terms of Reference* in Annex A), the evaluation focuses primarily on child protection, health, and WASH, with a light-dive analysis of other areas such as nutrition, social policy, education, Adolescent Development and Participation (ADAP), interventions in monastic institutions, UNICEF's role in public health emergencies, and climate action. Primary data collection concluded in November 2022, but the report includes updated data on outcomes and outputs reported in 2023. The evaluation timeline is provided in Annex B.

The evaluation team consisted of independent evaluators Peter Grimes, Team Leader; Aslam Aman, Deputy Team Leader and Thematic Expert; and Karma Choden, National Consultant. The team was supported by Arlene Dela Cruz. UNICEF ROSA evaluation team – Esther Kaggwa, Regional Adviser for Evaluation; Lovemore Mhuriyengwe, Evaluation Specialist; and Barsha Pradhan, Evaluation Officer – managed the evaluation process and ensured the quality of the evaluation. UNICEF Bhutan Country Office team provided technical inputs and information and assisted with coordination efforts.

Structure of the report

The report is structured according to the guidelines of the Global Evaluation Report Oversight System (GEROS):

- Section 1 provides an overview of the evaluation.
- Section 2 presents the context in which the country programme operates.
- Section 3 outlines the evaluation's purpose, scope, and intended users and uses.
- Section 4 describes the country programme including the background, theories of change, and budget.
- Section 5 covers the evaluation methodology, including the evaluation framework, data collection and analysis methods, ethical protocols, limitations, and mitigation strategies.
- Section 6 presents the key findings organized around the evaluation criteria.
- Section 7 enumerates lessons learned from the evaluation.
- Section 8 provides a summary of major conclusions and recommendations for the next programme cycle.

02 Country context

Bhutan is a small landlocked country with a landmass of 38,394 square kilometres¹³ and a population of 770,276 in 2023.¹⁴ It has achieved lower middle-income status as a result of rapid economic growth driven mainly by the hydropower sector and strong performance in the service sector, including tourism.¹⁵ Although the country has achieved positive economic and human growth and development,¹⁶ it faces emerging vulnerabilities as a result of its location, including high trade costs, a small domestic and dispersed population, as well as a narrow economic base and high dependency on a single export market. There is limited job creation outside of the public sector and agriculture, and this puts pressure on existing social systems, especially in the wake of the COVID-19 pandemic. Further, Bhutan is expected to graduate from the Least Developed Countries (LDC) group in 2023,¹⁷ which will likely result in the reduction of Overseas Development Assistance (ODA) to the country. More than 5 per cent of its people are multi-dimensionally poor with an average deprivation score of 39.4 per cent. Around 93 per cent of the poor live in rural areas,¹⁸ which makes it harder for social systems and services to reach them, exacerbating existing inequalities.

The government's current 12th Five-Year Plan (FYP) 2018–2023 ensures that a focus on gender and vulnerable groups is mainstreamed across plans and projects in all government agencies at national and local levels. The plan aims to address issues of national priority through flagship programmes. National Key Result Areas (NKRA) are aligned with the Sustainable Development Goals (SDGs) and establishes targets and indicators, including eradicating poverty in all its forms through improvements in health, education, and living standards (NKRA-3), improving the quality of education and skills at all levels including technical and vocational education (NKRA-7), promoting gender equality and addressing issues such as women's participation, unemployment, and the

gender parity index in tertiary education (NKRA-10), and creating decent job opportunities, particularly for the young population, and ensuring a safe and secure work environment (NKRA-11).

Bhutan is a State party to the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). The current domestic legal framework prohibits child marriage under several provisions of the Marriage Act and Penal Code of Bhutan. Boys can marry at the age of 18, while girls can marry at the age of 16. The Penal Code of Bhutan criminalizes any act of consensual sex with a child below 17 years old. The Code, however, does not criminalize consensual sex between children 16–18 years. Bhutan is also proactively addressing child marriage and teenage pregnancy through the Adolescent Health Programme and Education on Adolescent Sexual and Reproductive Health.

Bhutan has signed but not yet ratified the Convention on the Rights of Persons with Disabilities (CRPD). The Two-Stage Child Disability Study reports a child disability prevalence rate of one in every five children between the ages of two and nine.¹⁹ The National Needs Assessment 2016 conducted by the Gross National Happiness Commission (GNHC) states that among persons with disabilities who were victims of sexual violence, 92 per cent were women or girls. The 'Knowledge, Attitudes and Practices (KAP) Study on Children with Disabilities' (2017) supported by UNICEF revealed that people had limited knowledge about disability and relevant legislation and support services. Attitudes towards children with disabilities were generally positive, and services were perceived to be improving. However, negative attitudes persist with some families expressing reluctance to have children with disabilities as neighbours, partners, and classmates of their children without disabilities. Families with children with disabilities feel that community support and services are inadequate.²⁰

With the approval of the National Policy for Persons with Disabilities in 2019, Bhutan recognized the need to advance the rights of persons with disabilities, including of women and girls with disabilities.²¹ The government has also established strong legal frameworks for promoting gender equality through the Gender Equality Policy (2019) and the National Plan of Action for Gender Equality (2019–2023), providing targeted interventions for women and girls with disabilities.

The overall context changed significantly while UNICEF was implementing the Country Programme Document. The COVID-19 pandemic hit during the second year of the CPD. Widespread lockdowns and mobility restrictions affected not only the timeline of implementation of activities but also the spending priorities of the country office. In response to the Bhutan government's request for support, UNICEF repurposed some of its funds for COVID-19 preparedness, response and recovery initiatives.

Following is an overview of the situation of children and women in Bhutan:

<p>Health and nutrition</p> <ul style="list-style-type: none"> Over 92²²4% childhood immunization rate sustained since 2017 Maternal mortality ratio (MMR) is 89 per 100,000 live births Infant Mor²⁴tality Rate (IMR) is 15.1 Child mortality rate (CMR) is 19.0,²⁵ and the under five mortality rate (U5²⁶MR) is 34.1, per 1,000 live births 33.5% of children under 5 years of age are still stunted, which is higher²⁷ than the average for the Asia region (21.8%) 	<p>Education</p> <ul style="list-style-type: none"> 71.4% literacy rate, a 12%-point increase from 2005 45.36% EC²⁸CD gross enrolment rate, a significant increase from 3% in 2011 Bhutan's mountainous terrain often makes access to education difficult The number of schools with inclusive/special educational needs programme increased from 16 in 2017 to 26 in 2022 About 4,302 students enrolled in 79 monastic education institutes
<p>Child ³¹protection and ADAP</p> <ul style="list-style-type: none"> In 2016, 64.1% of children were reported to ha³²ve experienced vio³³lence 1³⁴8.4% child labour rate 26% of girls marry before 18 years Children with disabilities are especially vulnerable to violence against ³⁵children CHILD13 youth centres accessible across country Youth unemployment rate at 28.6% in 2022, from 15.7% in 2018 Access to tertiary education remains a challenge for young people with disabilities 	<p>WASH</p> <ul style="list-style-type: none"> 35% of households lack access to safely managed sanitation facilities 4³⁶6% of district hospitals and 54% of schools do not have sufficient water supply 100% open defecation free in 2022
<p>Social and economic situation</p> <ul style="list-style-type: none"> Average inflation rate increased from 2.6% in 2018 to 7.4% in 2021 Unemployment rate increased from 2.7% (2019) to 5% (2020), job loss highe³⁷st among youth in urban areas 	<p>Impact of COVID-19</p> <ul style="list-style-type: none"> 59% of respondents reported reduction in household in³⁸come Remote learning was limited by lack of access to internet and devices I³⁹ncreased rate of gender-based violence among women

The unexpected and prolonged lockdowns have had a profound impact on various aspects of people's lives, including children and adolescents' access to health and nutrition services, education, recreation, and support systems beyond their households. Social service providers have seen a gap in existing mechanisms' capacity to continue social services, such as health, nutrition, and education of children. With school closures lasting about 11 months, children have experienced social isolation, difficulties accessing online or remote learning, challenges adapting to online learning, and reduced learning time, which can potentially lead to learning losses and developmental issues, especially among young children and those with disabilities.⁴⁰ Being confined to their households has also increased the risk of exposure to gender-based violence.⁴¹

Since the COVID-19 pandemic hit, the country has seen a rise in mental health-related issues. The Ministry of Health's Annual Health Bulletin reported an increase in mental health disorders from 87 per 10,000 in 2016 to 156 per 10,000 people in 2021.⁴² A UNICEF and UNESCO case study revealed that

over a six-month period in 2021, 451 out of 693 who sought counselling services were students raising issues related to coping with online learning, as well as other academic and financial challenges.⁴³ These emergent issues and needs have encouraged UNICEF to adapt its programming and consider new approaches for implementation, such as digital learning and online or home-based interventions, as well as expand into new areas of work, such as addressing mental health issues and education in emergencies.

Another significant change in the country's context is the ongoing civil service reform in the government. With the aim to streamline processes and increase efficiency, the government has promulgated the Civil Service Reform Act 2022⁴⁴ and is in the process of reviewing and re-organizing its institutional structures and functions. These recent events and changes have affected UNICEF's programming and priorities. In line with its mandate, UNICEF continues to work and engage in dialogue with the RGOB to ensure that the country programme contributes to the country's development.

03 Object of the evaluation

The object of this evaluation is the RGOB and UNICEF's Country Programme 2019–2023. The current Country Programme Document (CPD) was developed in 2018 and articulates the overall vision: "by 2023, every child and adolescent in Bhutan, especially the most vulnerable, increasingly benefits from inclusive and gender-responsive policies, programmes, services and budget allocations at national and subnational levels."⁴⁵ The development of the CPD was informed by a series of multistakeholder consultations, a situation analysis of children, adolescents, and women in Bhutan conducted in 2017, and the national priorities outlined in the 12th Five-Year Plan. In September 2018, the CPD was approved by UNICEF's Executive Board.

The UNICEF situation analysis of 2017 identified broad development themes that need to be prioritized to accelerate the realization of the rights of children, adolescents and women. These included (1) reducing gender-specific disparities and vulnerabilities, (2) strengthening data disaggregation, analysis, and utilization, (3) providing services and opportunities for children with disabilities, (4) improving services and opportunities for vulnerable children and women in urban settings, and (5) prioritizing climate change resilience, including risk prevention.⁴⁶

Other more specific challenges and gaps identified included addressing child nutrition issues, high neonatal mortality rates, limited access to safe water, sanitation and hygiene, disparities in early childhood care and development (ECCD) coverage, poor quality of education, and prevalence of different forms of violence against children. These issues presented in the situation analysis, supplemented by a causality analysis conducted with national stakeholders, were prioritized while developing the

country programme. Based on this, and in keeping with the CRC mandate, Sustainable Development Goals (SDGs) and the RGOB's priorities, UNICEF identified five key strategies for the 2019–2023 country programme:

1. Accelerate interventions to address disparities, using a systems-strengthening approach
2. Make programmes fit for purpose by addressing data and evidence gaps for policy advocacy
3. Enhance synergies and multi-sectoral interventions
4. Refocus on equity while maximizing space for innovation
5. Leverage resources for effective public finance for children⁴⁷

Programme components and goals

The CPD outlines four thematic areas in which UNICEF will implement its interventions: (a) child survival and development, (b) child protection, (c) education, and (d) social policy. These areas are supported by a cross-cutting 'programme and operational effectiveness' outcome. In line with the RGOB's 12th Five-Year Plan and UNICEF's Strategic Plan 2018–2021, these outcome areas are delivered through a behaviour change approach, support for the decentralization process, and strengthened coordination and collaboration across sectors. UNICEF has engaged duty bearers from the government and non-traditional partners from civil society, academia, faith-based organizations, communities, and other institutions across thematic areas. Geographically, the implementation of the CPD covers all 20 districts of Bhutan. Further, target groups were outlined for each outcome based on the principle of equity and in close coordination with the government. This was done to ensure that interventions reach those most in need and contribute to addressing gender, disability, geographic and socioeconomic disparities.

The key issues, priority areas of intervention, and target groups for each programmatic outcome area are detailed below:

Table 1. RGOB-UNICEF Bhutan Country Programme outcomes and outputs			
Outcome 1:	Outcome 2:	Outcome 3:	Outcome 4:
By 2023, ⁴⁸ newborns, children, adolescents and women, especially ⁴⁹ the most vulnerable, increasingly benefit from quality, inclusive and gender-responsive health, nutrition, and improved WASH.	By 2023, children and adolescents, especially the most vulnerable, increasingly benefit from quality, inclusive and gender-responsive education.	By 2023, children and adolescents, especially the most vulnerable, will increasingly benefit from quality, inclusive and gender-responsive child protection system.	By 2023, children and adolescents, especially the poorest and most vulnerable, benefit from increasingly equitable and gender-responsive social policies at national and sub-national levels.
<p>Output 1.1 Government and partners have improved capacity to provide quality health services for newborns, under-five children, pregnant mothers, including health services that are adolescent friendly</p> <p>Output 1.2 Government and partners have improved capacity to deliver nutrition interventions to reduce stunting and anaemia among under-five children, and to reduce anaemia among adolescents</p> <p>Output 1.3 Government and partners have improved capacity to strengthen WASH services in communities and institutions</p>	<p>Output 2.1 Government and partners have increased capacity to strengthen inclusive and evidence-based policy making and programming for education</p> <p>Output 2.2 Government and partners have increased capacity to provide quality and inclusive early learning and education for children and adolescents</p> <p>Output 2.3 Children, adolescents, caregivers and communities have increased capacity to demand quality and inclusive early learning and education</p>	<p>Output 3.1 Government and partners have increased ability to strengthen inclusive and evidence-based policy making, legislation, and programming for child protection</p> <p>Output 3.2 Social service workforce and the justice sector have increased capacity to provide quality and inclusive child protection and justice services</p> <p>Output 3.3 Children, adolescents, caregivers, communities and service providers have increased capacity to prevent, recognize, and respond to violence against children</p>	<p>Output 4.1 Government and partners at national and decentralised levels have increased capacity to advocate for and strengthen inclusive evidence-based social policies, legislation, programming and budgeting for children, adolescents and women</p> <p>Output 4.2 Government and partners at national and decentralised levels have an improved knowledge base, data and evidence to monitor and assess the situation of children, including on poverty, vulnerabilities and disparity trends, that will allow increased use for policy and programme action</p>
<p>Programme effectiveness outcome: The country programme is designed, implemented, coordinated, monitored and evaluated effectively, efficiently and based on evidence, to deliver quality, inclusive and gender-responsive results for children, adolescents and women, especially the most vulnerable.</p>			
<p>Operational effectiveness outcome: Essential management conditions are established which best support the delivery of quality, inclusive and gender-responsive results for children, adolescents and women, through adherence to a shared vision, operational excellence and a conducive working environment.</p>			

Outcome 1: Child survival and development.

This programme aims to fulfil the rights of girls and boys to ‘survive and thrive’ and has three components – health; nutrition; and water, sanitation, and hygiene (WASH). The programme targets newborns, children under the age of five, and adolescent girls and boys, with interventions focused on (1) improving neonatal and maternal health services to reduce high neonatal mortality (2) reducing stunting and anaemia including improving nutrition for adolescent girls, and (3) strengthening WASH services and behaviours at the household and institution level.⁵⁰ Consistent with UNICEF’s strategy, the programme focuses on strengthening and scaling up existing interventions to build on progress and outcomes from previous CPDs. UNICEF provides support for improving the health management information system to address data and evidence gaps and improve programming and policy. This includes building the capacity of government personnel, health workers, monastic institutions, and other partners to improve service delivery, monitoring, and supervision in the areas of health, nutrition, and WASH.

Outcome 2: Education. This component aims to contribute to improved national learning outcomes by addressing issues and needs related to (1) equitable access and improved quality of Early Childhood Care and Development (ECCD) (2) improved access to education for vulnerable groups, such as children with disabilities and out-of-school-children, and (3) ensuring the overall quality of education through improved learning outcomes, including transversal skills, school retention, and transition to tertiary education.⁵¹ The programme interventions are targeted at rights holders from a wide range of ages: early childhood (0–5 years), children in basic education (6–16 years), and secondary education and beyond (17–19 years), including children in monastic institutions. To achieve the intended outcomes, the programme focuses on (1) strengthening the capacities of stakeholders, especially the education workforce, to provide efficient, effective, gender-responsive, inclusive, and quality education services (2) enhancing the knowledge of children, parents, and caregivers on inclusive education, ECCD, and transition to basic education, as well as demand for quality, gender-responsive education, especially at secondary and tertiary levels, and (3) strengthening national capacity to positively influence education policy, legislation and programme implementation through high-quality and timely evidence.⁵² The programme

also works to ensure continuity of education during humanitarian crises and other emergencies.

Outcome 3: Child protection. This programme is dedicated to ensuring that every child is protected from all forms of violence, abuse, exploitation, and neglect. Through gender-sensitive and behaviour-change communication approaches, the programme works with strategic partners to strengthen child protection systems and legislation and improve the capacities of the cross-sectoral social service workforce, including child protection, health, education, and justice sectors. The programme also aims to increase the awareness and skills of children, adolescents, parents, and communities for preventing, recognizing, and responding to protection-related issues. In addition, it specifically focuses on scaling efforts towards adolescent empowerment and civic engagement by increasing adolescent participation and working with youth groups to deliver child protection and participation outcomes.

Outcome 4: Social policy. The fourth key component focuses on promoting social inclusion and equity. Broadly, the programme aims to address inequalities across wealth quintile, location/region, sex, age, and disability. Specifically, it aims to ensure adequate resource allocation for children, especially vulnerable age groups and sectors; evidence-based and equity-focused policymaking and legislation; and holistic social assistance programmes and social protection systems. The programme has two key result areas: (1) enhancing inclusive and evidence-based policymaking, legislation and programming; targeted public financing for children (PF4C); and increased social protection system coordination to reduce multidimensional child poverty; and (2) strengthening generation and utilization of quality and disaggregated data and evidence to further analyse multidimensional child poverty and vulnerability; informing policymaking and social budgeting; and monitoring the situation of children, adolescents, and women.⁵³ The social policy programme employs key implementation strategies, including upstream policy work, capacity building of government partners, and advocacy and social behaviour change approaches at national, sub-national, and community levels. It also invests in forming strong partnerships and strengthening cross-sectoral coordination across programmes, as well as promoting participation and civic engagement of adolescent girls and boys in local policy dialogue.

Cross-cutting outcome: Programme and operational effectiveness. This cross-cutting aspect of the CPD facilitates the integrated and intersectoral implementation, management, and technical support to diverse programme activities. It includes various cross-cutting strategies, such as monitoring and evaluation, advocacy, communications, fundraising, and the adoption of risk-informed programming approaches.

Theory of change

Since there is no overarching theory of change (TOC) for the country programme, the evaluation did not take a theory-based approach. The CPE consulted the sectoral TOCs referred to in the programme strategic notes for each of the thematic areas (see Annex C). If the sectoral outcomes are achieved, it is expected that UNICEF will contribute to the following outcomes articulated in the United Nations Sustainable Development Partnership Framework:

1. By 2023, the government uses more reliable and timely evidence on people at risk of being left behind for policy and decision-making.
2. By 2023, vulnerable and unreached people access and use quality health, nutrition, protection, education, water and sanitation services.
3. By 2023, government institutions provide equal opportunities for all, and women and vulnerable groups hold leaders accountable.
4. By 2023, the communities of Bhutan and its economy are more resilient to climate-induced disasters and biodiversity loss.

The sectoral TOCs were designed based on several key assumptions. UNICEF assumed that the government would maintain a strong focus on health, nutrition, WASH, education, and child protection, leading to increased investments and policy support. Across thematic areas, the TOCs also assumed the diversification of partnerships at all levels, including communities, and cross-sectoral commitments to achieve sectoral outcomes.

For the health programme, it was assumed that a positive policy environment would be established, reflecting global standards, with increased and predictable funding and equitable distribution of resources. Partnerships with communities were also expected to address harmful social norms and promote appropriate childcare practices. For child protection, the programme assumed that there would be an increasing willingness to openly discuss and address sensitive issues, such as violence against children, in a changing cultural environment. It was assumed the education sector would prioritize improving education quality through a life cycle, rights-based, gender-responsive, and inclusive approach. It was also assumed that discussions on social and gender norms and harmful practices affecting education access would lead to better education outcomes for vulnerable children. UNICEF assumed that the government and partners consider the work on social policy essential for achieving the goals of the 12th Five-Year Plan and SDGs. Capacity development and advocacy will contribute to greater government buy-in on social policy issues across sectors.

The country programme contributes to the achievement of the following SDGs:

No.	Goal
1	End poverty in all its forms everywhere.
2	End hunger, achieve food security and improved nutrition and promote sustainable agriculture.
3	Ensure healthy lives and promote well-being for all at all ages.
4	Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.
5	Achieve gender equality and empower all women and girls.
6	Ensure availability and sustainable management of water and sanitation for all.
8	Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.
10	Reduce inequality within and among countries.
13	Take urgent action to combat climate change and its impacts.
16	Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.
17	Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development.

Programme stakeholders

The intended rights holders of the country programme are children, adolescents and women from vulnerable sections of Bhutanese society. UNICEF works with various duty bearers, including traditional partners from the central and local government, national and international development agencies, and non-traditional partners from civil society, academia, faith-based organizations,

media, communities, and other institutions across thematic areas. A detailed approach to stakeholder mapping is presented in section 5.2 and a list of stakeholders is provided in Annex D.

Programme budget

The total budget allocated for the country programme and the distribution by outcome area are presented in Table 2.

Table 2. Budget allocation for BCO across programmes (in thousands of USD)

Programme component	Regular resources	Other resources	Total (USD)
Child survival and development	2,170	7,830	10,000
Education	750	8,100	8,850
Child protection	800	4,900	5,700
Social policy	550	1,900	2,450
Programme effectiveness	450	0	450
Total	4,720	22,730	27, 450

04 Purpose, objectives, and scope of the evaluation

Purpose and objectives

The purpose of the country programme evaluation is threefold:

1. Inform programme design and support managerial decision making at the country office level for the development of the next country programme. Recommendations must be specific enough that necessary actions can be carried out.
2. Foster organizational learning about what works and does not work, especially in areas where the country programme components have not achieved results.
3. Provide an independent assessment of how selected results were achieved (or not) and the factors that contributed to the achievement or lack thereof.

Specifically, the objectives of the country programme evaluation are to:

1. Provide an independent assessment of the country programme's relevance to local needs and context, with a focus on specific programmatic areas.
2. Provide an independent assessment of results achieved and sustainability—focusing on specific programmatic areas—and factors behind the achievement of results
3. Identify good practices, draw lessons on significant and promising interventions, and recommend ways in which UNICEF Bhutan Country Office can strategically position itself and advance SDGs in the country.

Scope

Programmatic components: UNICEF's sectoral programming formed the analytical framework for the CPE. In line with the country office's goal of taking a more integrated approach to programming, the evaluation established connections between programmes and sectors. UNICEF ROSA, in consultation with the Bhutan Country Office and considering the country office's needs, identified key focus areas for evaluation, including both deep-dive and light-dive thematic areas (see *Table 3*). Given the time constraints, ROSA and Bhutan Country Office teams mutually identified areas that required an in-depth assessment for which available evidence was limited. Programmatic areas on which some evidence was available from previous evaluations or evaluative exercises were selected for a lighter-dive evaluation.

Deep-dive analysis involved an in-depth assessment of programmes through triangulation of various methods and data sources. The evaluation of light-dive areas relied mainly on a desk review of secondary data, including UNICEF's Results Assessment Module (RAM) data, supplemented by one or two key informant interviews and perception survey results.

1. **Theory of change:** The CPE referred to sectoral theories of change (see *Annex C*) for the deep-dive areas. Changes in the TOC and results matrix across the programme cycle, the extent to which these were implemented, and its relevance were also evaluated.

Table 3. Deep and light-dive thematic areas for evaluation based on the TOR

Deep-dive areas	Light-dive areas
<ul style="list-style-type: none"> ▪ Health, with a focus on child survival and development ▪ Child protection ▪ WASH, with a focus on hygiene and safe water 	<ul style="list-style-type: none"> ▪ ADAP ▪ Nutrition ▪ Social policy ▪ Education ▪ UNICEF's role in monastic institutions, particularly in education ▪ Climate action ▪ UNICEF's role in public health emergencies

- 3. Results level:** The CPE did not assess the entire results framework. Instead, for both deep and light-dive themes, the CPE briefly assessed the results documented in the RAM against the targets set in the CPD. Deep-dive areas were explored in more detail following the evaluation criteria.
- 4. Geographical and temporal scope:** The evaluation covered the period from 2019 to June 2023.. Information prior to the CPD period was sought insofar as it shed light on issues in the current programme.
- 5. Participants:** Both internal and external stakeholders offered their perspectives for the evaluation. The evaluation was carried out at the national level, with the participation of representatives from the district offices across the 20 dzongkhags (districts).
- 6. Evaluation criteria:** As requested in the TOR, the CPE assessed the relevance, effectiveness, and sustainability of all deep-dive areas, including UNICEF’s strategic positioning in such programmes. Effectiveness was evaluated for all light-dive areas, such as interventions in monastic institutions,ⁱⁱ ADAP, social policy, public health emergencies, and

climate action. Efficiency was not included in the original TOR from ROSA but was added at the request of the Bhutan Country Office. Efficiency is subsumed under effectiveness and focuses on the utilization of human and financial resources. Table 4 outlines the agreed evaluation criteria for each sector.

Intended users and uses of the evaluation

The primary audience for the evaluation includes UNICEF Bhutan Country Office and the Royal Government of Bhutan. The evaluation will guide the planning of the new country programme document (CPD), as the UNICEF Bhutan Country Programme enters its final year of implementation of the current CPD in early 2024. Along with the findings of the situation analysis, previous evaluations, the mid-term review (MTR), and other assessments, the evaluation will help refine the objectives, components, and strategies for the Bhutan Country Programme 2024–2028. The evaluation will also assist the Royal Government of Bhutan in identifying necessary steps for the realization and protection of children’s rights, including improved cross-sectoral cooperation and data collection and utilization. The management and advisors of ROSA will use the evaluation to support the Bhutan Country Office in developing the new CPD.

Table 4. Criteria for the evaluation of thematic areas agreed upon by the country office and ROSA

Extent of analysis	RGOB-UNICEF programmes	Effectiveness	Relevance	Sustainability	Strategic positioning
Deep	Child protection	✓	✓	✓	✓
Deep	Child survival: Health and nutrition	✓	✓	✓	✓
Deep	WASH	✓	✓	✓	✓
Deep/light ⁱⁱⁱ	Monastic institutions	✓ ^{iv}		✓	✓
Light	ADAP	✓	✓		✓
Light	Social policy	✓	✓	✓	✓
Light	Public health emergencies	✓	✓	✓	✓
Light	Climate action	✓	✓		✓

ⁱⁱ Except monastic education

ⁱⁱⁱ Deep dive on WASH, health, and child protection, and light dive on the education programme in monastic institutions

^{iv} Except monastic education

05 Evaluation methodology

Overall approach

The overall evaluation approach combined two methods: (1) realist evaluation (2) utilization focused approach. Realist evaluation is a “form of theory-driven evaluation” that emphasizes the need to “identify what works in which circumstances and for whom” rather than merely judging whether an intervention works or not. The key is to identify the generating mechanisms that explain how the outcomes were caused and how they were influenced by the context.

Utilization focused evaluation is based on the principle that evaluations should be judged by their usefulness for intended users. To ensure that findings are used to inform decisions and improve future programming of UNICEF and its partners, the evaluation team involved primary users of the evaluation in designing and conducting the evaluation. Intended users are more likely to use the evaluation if they develop ownership of the process and the findings through active involvement.⁵⁴

Stakeholder analysis

The evaluation consisted of two groups of stakeholders: internal and external. Internal stakeholders included regional advisors from ROSA and the Bhutan country team within UNICEF. They were closely involved in country programme design, management, implementation, technical oversight, and evaluation exercises.

UNICEF Bhutan Country Office worked closely with a range of external stakeholders including government agencies that focus on health, nutrition, WASH, education, women rights and child protection, and public finance/budgeting, as well as with UN agencies, CSOs, development organizations, the private sector, the media, and academia. These stakeholders were selected for their institutional memory, technical knowledge,

and understanding of UNICEF's role in Bhutan. Most have also partnered with the country office in the past.

The CPE included organizations working directly with UNICEF, as well as those running parallel initiatives in the same sector, such as international development organizations, including financial institutions, with a holistic understanding of Bhutan's development trajectory. Although not directly involved in implementation, these stakeholders provided valuable insights and inputs for UNICEF's strategic direction, positioning, and coordination role.

The evaluation process adhered to principles of inclusion, non-discrimination and gender equality, ensuring equitable participation and equal opportunity for stakeholders to share their perspectives. The evaluation team respected and accommodated differences in culture, local customs, religious beliefs and practices, gender roles, personal interactions, ability, literacy, age and ethnicity while being mindful of their potential implications during data collection and reporting. To that end, the team developed a set of criteria for selecting stakeholders or target respondents who would be involved in data collection activities (see *Annex E*).

After a thorough review of documents in close coordination with the Bhutan Country Office and ROSA, the evaluation team generated a list of stakeholders who would be engaged in the evaluation. The list was carefully reviewed by UNICEF ROSA and the country office, and refined to reflect feedback and ensure feasibility and holistic representation of stakeholders. Table 6 presents a summarized list of evaluation participants prepared during the stakeholder mapping exercise.

Table 5. Summarized list of target stakeholders

Type of stakeholder		Organizations/agencies	No. of stakeholders
Internal stakeholder	UNICEF	UNICEF ROSA	5
		UNICEF Bhutan Country Office	15
External stakeholder	Government	National level: Bhutan Council for School Examination and Assessment, Council for Religious Affairs, Ministry of Education, Ministry of Finance, Ministry of Health, Ministry of Labour and Human Resources, Ministry of Works and Human Settlement, National Assembly of Bhutan, National Commission for Women and Children, National Statistics Bureau, The Pema Centre	107
		District Administration	40
	Autonomous institutions	Gross National Happiness Commission, Royal Bhutan Police	3
	UN agencies	UNDP, UNFPA, UN-RCO, WHO	5
	International organizations	Asian Development Bank, International Monetary Fund, Oxford Poverty & Human Development Initiative, Save the Children, SNV Bhutan, World Bank	10
	Local organizations/Civil society	Ability Bhutan Society, Bhutan Centre for Media and Democracy, Bhutan Nuns Foundation, Bhutan Toilet Organization, Bhutan Youth Development Fund, Drakstsho, Evaluation Association of Bhutan, Fablab Bhutan, Loden Foundation, Nazhoen Lamtoen, RENEW, Tarayana	36
	Others (academic, media and private institutions)	Bhutan Chamber of Commerce & Industry, Bhutan Broadcasting Service, Paro College of Education, Samtse College of Education, Jigme Singye Wangchuk School of Law, and Bhutan Board of Certified Counsellor	12
Total			230

Evaluation criteria

The country programme was evaluated based on a set of criteria developed by the Organization for Economic Co-operation and Development – Development Assistance Committee (OECD-DAC), as outlined in the Terms of Reference (see Annex A). The criteria included relevance, effectiveness, and sustainability (see Box 1). Efficiency was not included in the original theory of change and was added at the request of the country office. Since the CPE is intended to inform the next country programme cycle, the CPE also assessed UNICEF Bhutan’s strategic positioning as a key agency supporting the child rights agenda, as well as gender, equity, and human rights-based approaches.

Evaluation questions

The 24 key evaluation questions (see Table 6) were based on the Terms of Reference (TOR). Some of the key evaluation questions (KEQs) were adjusted during the inception period following discussions with UNICEF ROSA and the Bhutan Country Office. The main points derived from the TOR are summarized below:

1. The sequence in which the criteria are presented was changed to address ‘relevance’ first, followed by ‘effectiveness’.
2. Where applicable, focus thematic areas were explicitly specified in the KEQs (e.g., In R1, WASH was added. In R2, light-dive areas such as education, social policy, and climate action were added as focus areas).

Box 1. Definitions of evaluation criteria

Relevance: The extent to which the intervention objectives and design respond to beneficiaries, global, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.

Effectiveness: The extent to which the intervention achieved, or is expected to achieve, its objectives and its results, including any differential results across groups.

Efficiency: The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way.

Sustainability: The extent to which the net benefits of the intervention continue or are likely to continue.

Strategic positioning: UNICEF's ability, through its country programme of cooperation, to influence the national agenda in support of children's rights and the SDGs, influence policies, programmes and budgets for children, and change mindsets within society (including public and private sectors) to support the child rights agenda.

Gender equality: It is the "concept that women and men, girls and boys have equal conditions, treatment, and opportunities for realizing their full potential, human rights and dignity, and for contributing to (and benefitting from) economic, social, cultural and political development."

Human-rights based approaches: Five core guiding principles underpin human-rights based approaches – normativity, non-discrimination, participation, transparency, and accountability.

Sources:

Organization for Economic Co-operation and Development, *Applying Evaluation Criteria Thoughtfully*, OECD, Paris, 2021
Note on UNICEF Evaluation Office, 'Draft Note on Strategic Positioning in UNICEF Country Programme Evaluations', as cited in UNICEF United National Children's Fund, 'Global Evaluation of the Application of the Human Rights-based Approach to UNICEF Programming' (final report), Volume I, UNICEF, New York, 2012.

3. Under 'relevance', question 'F' in the TOR (*To what extent has the country office been able to adapt strategies to the changing context caused by COVID-19 and in what ways did the office support the Bhutan government during the pandemic?*) was omitted because of its similarity with question 'C' (R3).
4. A question regarding efficiency (E8) was added under 'effectiveness' after the introductory meeting with the Bhutan Country Office.
5. Sustainability question no. 6 (ST6) was rephrased into a neutral question:
 - Original question: *In what way has UNICEF's advocacy and support for the system prevented any erosion of government financing in health and education sector?*
 - Approved revision: *In what way has UNICEF's advocacy and support for the system promoted/facilitated resource allocation/financing within government in the various sectors (where UNICEF works)?*

The evaluation team developed an evaluation matrix (see Annex F), drawing on the key evaluation questions, in consultation with UNICEF ROSA.

Table 6. Evaluation criteria and key evaluation questions

Evaluation criteria	Key evaluation questions
Relevance	R1. Are the implemented theories of change on health, child protection, WASH and ADAP adequate for addressing the needs and achieving the intended goals?
	R2. To what extent has UNICEF ensured that the needs of children, adolescents and young people, especially the most marginalized, have been considered in the planning and implementation of its programmes (i.e., health and nutrition, child protection, WASH, education, social policy, ADAP, and climate action)? Is the country office doing the right things, based on comparative advantage of UNICEF, and based on needs of the most vulnerable children?
	R3. To what extent has the country office adapted health, child protection, WASH, education, climate action, and ADAP strategies to the changing context resulting from COVID-19? In what ways did the office support the Bhutan government during the pandemic?
	R4. How has UNICEF's strategic engagement helped to leverage resources for children and how could this be improved in the future?
	R5. What critical interventions or result areas have been missing or received little attention in the country programming in light of national priorities and UNICEF's mandate?
Effectiveness	E1. What difference and/or contribution has UNICEF made to system building in the country?
	E2. To what extent have UNICEF's programmes managed to reach the most disadvantaged sections of the communities to improve the lives of children and women?
	E3. To what extent were programme short-term/intermediate results delivered? Did they contribute to progress toward the stated programme outcomes?
	E4. What are the major catalysing factors influencing the achievement (or not) of the Bhutan Country Programme results? (e.g., external factors such as political, social economic, COVID-19, etc.; and internal factors such as quantity, quality, timeliness of delivery, etc.). What influence did these factors have on the achievement (or not) of country programme outcomes? Were there factors outside of UNICEF's control which had an impact on the implementation of the country programme?
	E5. Were there positive or negative unintended outcomes? Could they have been foreseen and managed?
	E6. How responsive and adaptive has the country programme been to the changing context and emerging needs and issues, particularly in view of the COVID-19 pandemic, successive emergencies, and the tighter fiscal space?
	E7. To what extent has UNICEF's interventions on monastic institutions and GPE coordination been effective in bringing change in the relevant areas?
	E8. How efficient was the country programme delivery in terms of resource utilization, (both financial resources and human resources)?
Sustainability	ST1. Has UNICEF investments in health, monastic education and WASH led to the strengthening of systems for sustainable change?
	ST2. To what extent are the positive changes and effects of health, monastic education, WASH, and child protection programmes sustainable at national and district levels?
	ST3. To what extent have the programme strategies adopted by UNICEF, including integration of programmes, contributed to or were designed in a way that they will contribute to sustainable results for children, especially equity and gender-related results?
	ST4. How sustainable are the results from the emergency interventions, specifically safe water, and promotion of hygiene during COVID-19, after transition to development?
	ST5. What has been UNICEF's role in influencing allocation of resources and in what ways is the government helping to protect this pattern of financing, especially in the health sector?
	ST6. In what way has UNICEF's advocacy and support for the system promoted or facilitated resource allocation/financing within government in the various sectors where UNICEF works?

Evaluation criteria	Key evaluation questions
Strategic positioning	SP1. To what extent has UNICEF positioned itself as a strategic partner in the country context? What are UNICEF's comparative strengths in the country – particularly in comparison to other UN agencies and development partners – and how were these harnessed to help achieve the results?
	SP2. What role should UNICEF play in the future? How can UNICEF position itself for better integration of UNICEF programmes while addressing the bottlenecks in planning, designing and implementation?
	SP3. How can UNICEF position itself to support the government to develop social protection schemes beyond His Majesty's Kidu and ensure that public financing services can be delivered for the most vulnerable?
	SP4. In what ways can UNICEF strategically position itself in the areas of health, WASH, child protection, ADAP, social protection, and climate action within a changing context given government priorities and plans?
	SP5. What continued coordinating role should UNICEF play given its comparative advantage and history in the country?

Data collection methods and sampling strategy

The evaluation employed a mix of data collection methods, including both primary and secondary data. Primary data was collected using qualitative and quantitative methods, though the overall orientation was qualitative. Secondary data included a wide range of country programme documents and external reports. The sampling strategy and different methods used for data collection are described below.

Sampling strategy

The evaluation used purposive sampling to focus on information-rich cases.⁵⁵ The sampling prioritized individuals and groups knowledgeable about the Bhutan Country Office programmes and Bhutan's development, making the most effective use of limited resources. In practice, purposive sampling was combined with elements of convenience and snowball sampling. The sampling process involved close consultation with UNICEF ROSA and the country office, resulting in a final sample that included key UNICEF implementation partners and non-partners (see also 'Stakeholder analysis', Section 5.2.)

The evaluation team ensured gender and disability inclusion in the sampling process. Specific individuals, such as officers with disabilities and women officers at national and local levels, were included. However,

there was still gender imbalance in data, and this was acknowledged by ROSA and the country office. This was due to the limited representation of women in executive and technical roles.^v The government stakeholders, who were the primary implementing partners of UNICEF, were predominantly males.⁵⁶

Desk review

The evaluation team conducted a comprehensive review of key documents related to the design, implementation, and monitoring and evaluation of interventions under the country programme. Some documents were reviewed prior to the preparation of the inception report, while others were reviewed during the data collection and analysis stage. Sex-disaggregated data, when available and applicable, was analysed, and evaluated against the programme targets.

The desk review covered the following documents, among others: UNICEF Bhutan Country Programme Document 2019–2023; programme strategy notes for child survival and development, child protection, education, and social policy; RAM reports and other UNICEF administrative and reporting data; mid-term review report; annual work plans and monitoring and evaluation framework; annual management plans;

^v Women are severely underrepresented in high-level decision-making positions. Women account for only 5 per cent of the members of parliament and 7 per cent of elected representatives in the local government. There is one female minister. Since 2009, unemployment rates have been higher among women than men, particularly among women in urban areas and women with tertiary education. (Source: National Bureau of Statistics, Population and Housing Census of Bhutan, 2017)

programme assessment and evaluation reports of the Bhutan Country Office; research, baseline studies, and situation analysis reports; relevant domestic laws, policies, standards, and guidelines; census reports; key national surveys; and external reports from government, other UN agencies, international development organizations, NGO and CSO partners. A complete list of reviewed documents is in Annex G.

Key informant interviews

To obtain in-depth information that addresses the evaluation questions, interviews were conducted with stakeholders with insight and knowledge about the country programme. A list of key informants is provided in Annex J and the complete set of interview guides in Annex H. Additional key informants outside of the initial sample were identified and interviewed at the data collection stage. A total of 57 informants (27 females, 30 males) were interviewed. Table 7 shows the breakdown of key informants by stakeholder type and gender.

Table 7. Distribution of key informants by stakeholder type and gender

Type of stakeholder	Female	Male	Total
Academia	1	1	2
Autonomous institution	1	0	1
CSO	5	4	9
National government agency	7	8	15
International NGO/ Development agency	3	5	8
State institution	1	1	2
UNICEF Bhutan Country Office	7	8	15
UNICEF ROSA	2	3	5
Total	27	30	57

Individual interviews as well as small group interviews were conducted with select key informants to enhance efficiency and capture knowledge about aspects of the programme diffused within the organization. Small group interviews allowed the team to gain a comprehensive understanding, as the interviewees provided a range of insights on programme strengths, weaknesses, and implementation

Table 8. Distribution of KII, group interview, and questionnaire respondents

Data collection method	No. of events	No. of respondents
Key informant interview	38	38
Group interview	8	18
Written questionnaire	1	1
Total	47	57

challenges. In one instance, a respondent filled out a written questionnaire instead of participating in an online interview (see Table 8).

Online perception survey

An online perception survey was conducted to reach a larger number of stakeholders and complement qualitative data collected through key informant interviews. The survey was administered through Kobo Toolbox to a pre-identified group of stakeholders, who by virtue of their experience and positions, knew or were expected to know the development context in Bhutan and about UNICEF programmes. The survey involved a total of 92 respondents (31 females, 61 males), mainly representing the central and local government (see Table 9). The survey tool and detailed results are presented in Annex G.

Table 9. Distribution of perception survey respondents by stakeholder type and gender

Type of stakeholder	Female	Male	Total
National government agency	12	34	46
District administration	2	14	16
Local NGO/CSO	9	6	15
Academic institution	2	2	4
International NGO/ Development agency	2	0	2
UN agency	2	2	4
UNICEF Bhutan Country Office	0	2	2
Media institution	1	0	1
Private sector organization	0	1	1
Government-supported thinktank	1	0	1
Total	31	61	92

Data analysis

The evaluation entailed both qualitative and quantitative analyses. Qualitative analysis began during the data collection process. Responses were entered into a matrix organized around the evaluation questions. Answers to each question were reviewed carefully and coded and read repeatedly to identify variations. Interview transcripts were generated and analysed to ensure that the context of specific answers was retained.

Thematic analysis was carried out to categorize emerging themes according to the four evaluation criteria. Quantitative data from the perception survey, along with data from desk reviews and KIIIs, were analysed and triangulated using Microsoft Excel. Throughout the analysis, gender and equity were integrated as crosscutting themes, with gender-disaggregated data collected whenever possible to assess the specific needs of boys and girls and men and women.

The findings were then analysed and structured around the evaluation questions. Based on these findings, conclusions and recommendations were made. The draft report was shared with the

country office and ROSA for input. The CPE team presented the findings to the country office and ROSA in a validation workshop, where detailed feedback was collected. The findings, conclusions, and recommendations were further refined through a series of reviews and revisions. The recommendations were made jointly with ROSA and the country office, in co-creation meeting virtually and based on written feedback from both the offices to ensure feasibility and increase the likelihood of their integration into the next CPD.

Quality assurance

Quality assurance protocols were established to ensure the collection and analysis of high-quality data in accordance with relevant guidelines, such as the UNEG Ethical Guidelines for Evaluation and the UNICEF-Adapted UNEG Evaluation Reports Standards. The protocols aimed to meet the benchmarks set in UNICEF's Global Evaluation Reports Oversight System (GEROS). To this end, UNICEF ROSA organized an expert reference group (ERG) composed of key stakeholders and experts in the field of child rights in Bhutan. The ERG provided technical advice throughout the evaluation process.

Table 10. Key quality assurance milestones

Activity	Participants
Presentation of the inception plan including the detailed methodology, data collection tools, and work plan to UNICEF ROSA, Bhutan Country Office (BCO), and the ERG	ROSA, BCO, ERG, CPE team
Presentation of preliminary findings and collection of feedback	ROSA, BCO, ERG, CPE team
Review of the draft evaluation report based on UN evaluation standards	ROSA
Validation exercise with BCO programme staff	ROSA, BCO, CPE team
Review of the second draft report	ROSA, BCO, ERG, CPE team
Presentation of the findings to the ERG and other relevant stakeholders	ROSA, BCO, ERG, CPE team
Post facto evaluation quality assessment upon submission of the final report	ROSA

Limitations and mitigation

The evaluation had the following limitations. Mitigation measures were identified as the limitations arose, in close consultation with ROSA and the BCO.

Limitations	Mitigation measures
The evaluation does not directly reflect the voices of the primary beneficiaries of the programme.	Beneficiaries' perspectives and voices documented in secondary sources were taken into account and reflected in the report, where relevant (e.g., case studies included in the annual reports, evaluation reports).
Disadvantages associated with remote data collection (e.g., some stakeholders may not be comfortable with technology, limited rapport, limited reliable internet, mobile phone access)	Remote data collection was complemented by face-to-face data collection through the national consultant. Respondents who preferred completing a written questionnaire to participating in an interview were allowed to do so.
Low response to the perception survey	The evaluation manager informed stakeholders in advance about the upcoming survey to encourage participation. The consultants sent four rounds of reminders and followed up through email, phone calls, and face-to-face visits. UNICEF staff also encouraged key stakeholders to respond to the survey.
Securing appointments for key informant interviews was challenging amidst ongoing government reform processes and other competing demands on their time.	The evaluation team worked closely with ROSA and the BCO to engage with participants. To increase the number of respondents, the data collection period was extended till the end of November 2022. Although this pushed back the evaluation timeline, the adjustment was necessary to ensure the collection of sufficient information. Informants were also given the option of submitting a written response instead of attending virtual interviews.
In some programmes, the programme staff consists of only one focal point. In certain instances, evidence was triangulated through interviews with senior officials of the BCO, or through interviews with external stakeholders. It was not always possible to triangulate all the information provided by heads of departments.	The evaluation team used evidence from the desk review to support interview data. In cases where information could not be corroborated by a desk review, the report indicates that the information is only from one source or key informant. UNICEF thematic leads shared information in an open manner and were very cautious not to make unsupported claims.

Gender, equity, and human rights-based approaches

The evaluation adhered to UN evaluation standards and guidance documents, including 'Integrating Human Rights and Gender Equality in Evaluations',⁵⁷ UNEG's Norms and Standards for Evaluation, and 'Guidance on Integrating Disability Inclusion in Evaluations and Reporting on the UNDIS Entity Accountability Framework Evaluation Indicator'. The principles of gender equality, equity, and human rights were deeply embedded in the approach, design, and implementation of the evaluation. The gender review of the country programme was made with reference to and was guided by key documents, including the UNICEF Gender Action Plans,^{58, 59, 60} the UNICEF BCO Gender Programmatic Review (2018⁶¹ and 2022⁶²), and the UNICEF Gender Toolkit.⁶³

Efforts were made to generate sex-disaggregated data to highlight gender-related issues and provide a nuanced understanding of the evaluation subject. Where available, equity indicators were investigated to shed light on the factors affecting the achievement of results.

Ethical considerations

The evaluation was guided by the norms and standards⁶⁴ and the ethical guidelines for evaluation⁶⁵ established by the United Nations Evaluation Group (UNEG). This ensured that the team fulfilled their responsibilities as evaluators, including upholding the principles of independence, impartiality, credibility, and accountability both individually and collectively throughout the evaluation process. The CPE was conducted by an independent and experienced team of consultants who had no

previous involvement in the country programme implementation. The team confirmed their capability to carry out an independent evaluation, without any conflicts of interest.

During data collection, the CPE team ensured that informed consent was obtained from all participants prior to the interviews and the online survey. The consent form (*see Annex 1*) clearly describes the purpose, independence, and benefits of the evaluation, and emphasizes that participation is voluntary. The evaluation team also ensured that participants' data is managed securely and that privacy and confidentiality is maintained. The report refers to the findings without disclosing the sources of primary data. The CPE team conducted interviews in a manner that respected the beliefs and customs of the participants. During the

interviews, it was emphasized that the evaluation aimed to assess the programme itself rather than the individual performance of those involved.. To save time and resources, the interview questions were kept succinct and directly focused on the programme.

The evaluation adhered to principles of non-discrimination and gender equality throughout. The CPE team consisted of both male and female evaluators. The stakeholder mapping exercise, conducted in collaboration with the BCO, ensured that both genders were represented in the evaluation. Gender- and disability-inclusive language was also integrated in the data collection tools. Although children and adolescents were not directly interviewed, relevant secondary sources that represented their perspectives were cited.



06 Evaluation findings

6.1 Relevance

Key findings

RKF-1. The implemented theories of change are relatively adequate, though there are some gaps. Theories of change implicitly assume that having laws and policies in place will improve outcomes, and increased knowledge and skills translate into improved performance of social service providers. However, both assumptions are rather simplistic and do not capture the complexity of the programmes.

RKF-2. During the planning stage, the needs of children, adolescents, and young people, especially the most marginalized, were taken onboard through multiple indirect resources. The lack of direct consultations with these groups was identified as an area for improvement.

RKF-3. UNICEF successfully adapted its country programme to address the challenges presented by COVID-19. This involved modifying programme delivery strategies and implementing COVID-19 response activities. The most notable adaptation to implementation modalities was the use of online and remote-access platforms to overcome movement restrictions. UNICEF also implemented a range of COVID-19 response activities. These included: supporting the RGOB in developing health and education COVID-19 preparedness, response, and recovery plans; strengthening the cold chain capacity of the MOH; rolling out COVID-19 vaccines; promoting hand hygiene under WASH; addressing mental health issues exacerbated by the pandemic through online counselling services; and engaging youth volunteers in COVID-19 response.

RKF-4. Given the small population of Bhutan and limited availability of funding, UNICEF Bhutan Country Office was not in the position to leverage additional resources until the COVID-19 pandemic hit. The pandemic presented a rare opportunity for UNICEF to mobilize additional resources to support the government's response.

RKF-5. The evaluation identified various key missing elements in the country programme. In child protection, there was a lack of focus on children with diverse sexual identities. In WASH, more attention could have been paid to ongoing monitoring, disability inclusion, and sustainability. In health, emerging issues related to mental health, emergency preparedness and environmental health were not addressed. The nutrition programme lacked a focus on obesity among middle-aged children. In social policy, there is a need to establish baselines and assess the impact of policies on increasing public financing for children, providing access to inclusive social protection, and reducing child poverty.

6.1.1 Adequacy of implemented theories of change

R1: Are the implemented theories of change on health, child protection, WASH, and ADAP adequate to address the needs and achieve the intended goals?

The implemented theories of change for child protection, WASH, health, nutrition, education, and ADAP are relatively adequate to address the needs and achieve the intended goals, though there are some gaps, which are discussed later in this section. All the programmes except ADAP have documented theories of change. ADAP indicators are embedded in the TOC for social policy and child protection. All programme theories, with some variations, propose a three-tiered approach:

The programmes implemented both supply and demand-side interventions to address priorities identified at the design stage and emerging needs, particularly ones that arose in the wake of the COVID-19 pandemic.

There is an implicit assumption across all documented theories of change that formulating or improving policies, laws, and strategies will lead to their successful implementation, resulting in improved outcomes. Programme theories do not consider the fact that having a law or policy in place does not guarantee successful

implementation. Although UNICEF went beyond legislation and policies by assisting government agencies in developing costed action plans and standard operating procedures (SOPs) for policy implementation, challenges persisted. For instance, the Accelerating Mother and Child Health (AMCH) policy, which included a costed action plan, had been slow in implementation and was brought to a halt when the COVID-19 pandemic hit. Similarly, the National Nutrition Strategy and Action Plan faced a shortage of funding for nutrition programmes, affecting implementation of interventions. These limitations are not acknowledged in documented theories of change.

Similarly, all the theories of change uncritically assume that increased knowledge and skills will translate into improved performance, which may not always be the case. Training may or may not increase an individual's knowledge and skills, and even if it does, individual capacity may not translate into performance. Organizational capacity, which is the potential of an organization to perform, is influenced by external and internal factors. External factors may include the social and cultural milieu, technology, and economic trends. Internal factors could be the incentive and reward systems, organizational climate or culture, history and traditions, leadership and management style, clarity and acceptance of the organization's mission, shared norms and values that promote

FIGURE 1. General formulation of theory of change in Country Programme



teamwork and pursuit of organizational goals, and organizational structure. Although some of these factors figure in discussions around challenges, they are not reflected explicitly or implicitly in theories of change, which could have potential implications for achieving intended outcomes.

There are also implicit assumptions regarding behaviour change. For example, the theory of change for child protection assumes that its intervention to “increase knowledge of parents and caregivers on positive caring and parenting skills” would automatically remove existing harmful practices that are sustained by social norms. It does not appear to acknowledge that the community’s capacity “to prevent, recognize and respond to violence” is not solely a function of knowledge. Many harmful practices are perpetuated as a result of social norms or unwritten rules of acceptable behaviour, which are in turn influenced by a matrix of factors. This also holds true for theories of change for other programmes (e.g., nutrition, WASH, and education), where it is implicitly assumed that information shared will result in behaviour change.

With respect to capacity building of service providers, the child protection programme focused on increasing capacities of the social service workforce. WASH aimed to improve capacities of health workers to implement equitable and gender-responsive WASH services. Child health and nutrition training interventions sought to improve the interpersonal communication skills of health workers to influence health seeking behaviours and to support women and caregivers in adopting improved dietary practices and the use of the Bhutan Child Development Screening Tool. The education programme focused on strengthening the capacity of the education workforce and teachers for delivering inclusive ECCD and adolescent education, alternative learning approaches (including in monastic institutions), supporting the development of teacher quality standards and learning assessment. ADAP focused on increasing the skills of youth rather than on building the capacity of service providers.

All programmes except ADAP included C4D components, indicating, at least in theory, that the country programme recognized the importance of increasing awareness at the community level. Communication for Development (C4D) interventions in child protection

focused on increasing awareness among children, adolescents, caregivers, and general communities about violence against children. However, these efforts were limited to a campaign on elimination of violence against children and did not entail strong community-based interventions. In the WASH programme, C4D interventions focused on promoting handwashing were particularly strong in the context of COVID-19. The UNICEF-supported programme for reducing open defecation, implemented through the MOH and partners, focused more on construction of toilets and less on hygiene promotion, indicating a gap in the implemented theory of change. The C4D action plan and C4D material package for health and nutrition were developed to increase the awareness of parents and caregivers about the well-being of mother and child during the first 1,000 golden days and healthy infant and young child feeding practices. In education, efforts were made to address knowledge gaps and harmful social norms around disability by supporting the development of a multi-pronged C4D strategy and action plan.

6.1.2 Responsiveness to needs and comparative advantage

R2. To what extent has UNICEF ensured that the needs of children, adolescents and young people, especially the most marginalized, have been considered in the planning and implementation of its programmes (i.e., health and nutrition, child protection, WASH, education, social policy, ADAP, and climate action)? Is the country office doing the right thing, based on the comparative advantage of UNICEF, and based on the needs of the most vulnerable children?

At the planning stages, the programme design was informed by (a) a situational analysis of children conducted by UNICEF in 2017, (b) UNICEF programme teams’ understanding of issues on the ground, (c) consideration of government-identified priorities in policy documents; (d) results of various consultations held with key stakeholders, and (e) prioritization exercises conducted by UNICEF. In some cases, government agencies reached out to UNICEF, highlighting issues that needed redressal. For example, the initiative for revitalization of toilets in schools began with one CSO conducting a pilot project and convincing the education minister about its utility. The minister, in turn, requested UNICEF to support the initiative. While most stakeholders

acknowledge that UNICEF's planning and design processes are consultative and participatory,^{vi} the lack of direct consultations with children and adolescents at the design stage was identified as an area for improvement.



I think we can do a better job consulting children [directly] and identifying their needs to ensure that the work we do is tailored to their needs.

– UNICEF programme staff



Interviews and survey sources have noted that CSO involvement in planning and consultative meetings is an area that can be strengthened.

In practice, CSOs, particularly implementing partners, are involved only in the latter stages of proposal submission, rather than the earlier stages of needs identification. Nonetheless, a multi-pronged approach to understanding the needs and issues faced by children has ensured that UNICEF's programmes are targeted at those most in need and make the most impact while staying aligned with the government's goals and priorities.

UNICEF's ability to take the needs of children on board at the design and implementation stage is affected by the limited availability of data that has been collected and updated in a systematic way, particularly by the absence of the Multiple Indicator Cluster Survey (MICS), which was last conducted in 2010. Therefore, UNICEF relies on existing data. In most cases, however, the quality of available data for all programmes was reportedly low due to limited accuracy, inconsistency across geographies and time, lack of appropriate disaggregation, and outdated information.

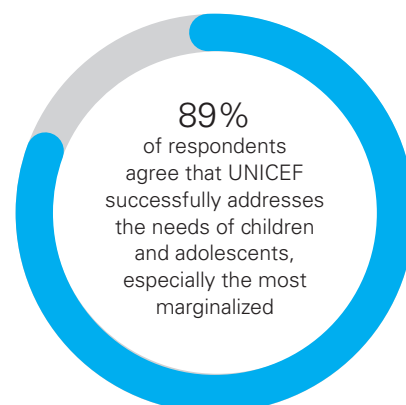
For instance, education and WASH data in the Education Management Information System (EMIS) reportedly suffer from timeliness and accuracy issues, possibly stemming from data encoding challenges (i.e., lack of proper training on the use of

the system, offline system lapses in coding, among others). Another example is the unavailability of data on dropout rates after schools reopened following the COVID-19 lockdown. This problem is thought to be pervasive, with some data being as outdated as the last MICS in 2010. In health, key informants disclosed that there is limited data to validate the extent of gains and remaining gaps in accessing health services for marginalized women and children. UNICEF has made efforts to address the gaps through formal and informal consultations with key stakeholders.

UNICEF was considerably successful in drawing on its comparative advantage to address the strategic and practical needs of marginalized children directly and indirectly, such as those with disabilities, those in conflict with the law, those in difficult circumstances, out-of-school youth, and unemployed young people, among others. UNICEF used its policy advocacy and policy formulation role to address the needs of children in a strategic manner. Policies, plans, strategies and SOPs developed with UNICEF's support are influenced by UNICEF's ethos, and prioritize principles of equity, gender, and inclusion. If implemented, these have great potential to comprehensively address the needs of marginalized groups, particularly children and women.

UNICEF addressed the needs of marginalized groups through a wide range of downstream activities. The WASH programme contributed to the reduction of open defecation through the subsidy-

FIGURE 2. Perception of respondents on relevance of UNICEF programme



^{vi} Interview respondents mostly remember their organization/agency being invited to consultation activities led by UNICEF. In addition, perception survey results reveal that 86 per cent of respondents agreed that UNICEF's planning and design processes are consultative and participatory.

free sanitation programme, improvement of access to water and sanitation in schools, monasteries, nunneries, health facilities and youth centres, and revitalized dysfunctional toilets in schools through innovative, context-friendly technology. The programme also played a pivotal role in the COVID-19 emergency response by establishing handwashing stations, especially in public places (e.g., outside the schools and health facilities), and spreading messages for COVID-19 prevention.

The subsidy-free sanitation programme worked with communities with no access to toilets, many of whom live in rural areas such as Gasa, Bumthang, Paro and Thimphu.⁶⁶ A more nuanced approach is recommended to address the needs of ultra-poor households that cannot afford the cost of building toilets. Considering the financial constraints these households face, it is imperative to explore innovative solutions that overcome affordability barriers and ensure equitable access to sanitation facilities.

By design, the child protection programme addresses the needs of marginalized children such as those with disabilities, those in conflict with the law, from vulnerable socio-economic backgrounds, orphans, and those with single parents or parents who are unable to take care of their children. These children, referred to as 'children in difficult circumstances', were indirectly supported through the enhancement of the national SOPs on the 'Management of Cases of Women and Children in Difficult Circumstances'. Similarly, UNICEF supported the development of the national guidelines on the 'Diversion of Children in Conflict with the Law'. There are other vulnerable groups such as those with diverse sexual identities, but UNICEF has not worked with them. Although they may benefit from UNICEF's support, there have been no consultations for addressing their specific needs.

The focus on changing social norms around violence against children was highly relevant.

The programme worked with communities to enhance knowledge of children, adolescents, parents and caregivers on child protection. UNICEF supported the launch of the first public campaign to end violence against children and change negative social norms. Child monks and nuns were trained to recognize and report issues of violence, abuse, and exploitation. Parents and caregivers received mental health and psychosocial support (MHPSS) services, while children also received protective

services. Child protection services were extended to children in conflict with the law through 16 child and women protection desks established with UNICEF's support.

In health and nutrition, UNICEF's programme built on and prioritized interventions based on a careful analysis of the condition and needs of mothers, children, adolescents, and young people. The maternal mortality ratio in Bhutan has been decreasing from 2000 to 2017, with the latest estimate at 89 per 1,000 live births in 2017.⁶⁷ The newborn mortality rate accounts for 56 per cent of under-five deaths and 70 per cent of all infant deaths. Childcare interventions were seen as critical; therefore, the MOH, with technical assistance from WHO and UNICEF, conducted training on early essential newborn care at the referral hospitals in Thimphu, Mongar and Gelephu.⁶⁸ Training of health workers from these hospitals covered over 90 per cent of institutional deliveries.⁶⁹

The education programme is designed towards reaching the most marginalized children in Bhutan through addressing issues related to access and quality. The priorities of the education programme were informed by a situation analysis, the Bhutan Education Blueprint (2014–2024), and consultations with stakeholders, especially inputs from the Ministry of Education. Interventions both at national and district levels were developed. In terms of actual implementation, UNICEF was able to reach more children in marginalized groups by bringing facilities and services closer to them (in the case of ECCD centres) and making programmes more available and more accessible (increasing the number of schools with inclusive and special education needs programme). It should be noted, however, that these have been hampered by school closures during the COVID-19 pandemic. The extent of impact on access and learning outcomes is yet to be established.

Under the social policy programme, UNICEF has undertaken a number of initiatives to generate evidence for better targeting of marginalized populations. These include, among others, the development of a Child Multidimensional Poverty Index, which measures children's actual access to fundamental goods and services required for their full development and the fulfilment of their rights.⁷⁰ However, it is unclear how this index was used in actual programming as the data used was outdated.

Another initiative was the assessment of the Child-Friendly Local Governance (CFLG) capacities in three potential pilot districts, including Trongsa, Lhuentse, and Pemagatshel. This assessment yielded specific recommendations for improving plans and programmes for children, as well as enhancing child and adolescent data at the local level.⁷¹ While these are all initial attempts to better profile and identify programmes for marginalized children, **interviews revealed the lack of monitoring and evaluation of actual implementation of programmes for children at the local level.**

The ADAP programme broadly aimed to promote civic engagement and participation, strengthen services, and develop skills among the youth. **The programme worked with both in-school and not-in-education, employment and training (NEET) youth to empower them through various interventions, including training on entrepreneurship, life skills, communication.** Those who received entrepreneurship training were linked with potential employers and financial institutions. Trainings given through youth-friendly centres included training on foundational skills to help the youth transition from school to work and connect with prospective employers.

Providing opportunities for civil engagement was another relevant intervention. UNICEF and its partners engaged more than 10,000 children and youth in disseminating life-saving messages on COVID-19. The ADAP programme also engaged youth through digital platforms to design, develop, and implement youth-led projects and champion change in their communities. Youth were also trained in coding. Although the programme did not specifically focus on employment generation, it appears that the skills development interventions aimed to improve the youth's employability, including self-employability and income generation. UNICEF could have been more ambitious and had a stronger intent to address the issue of youth unemployment in Bhutan. Without a stronger intent, the organization would limit itself to training youth on soft skills. Youth unemployment doesn't simply have to do with a lack of soft skills but also with limited job opportunities in the country. Current trends show that unemployment is forcing people to migrate other countries in search of better employment opportunities.^{vii}

6.1.3 Adaptability to changing contexts

R3. To what extent has the Country Office adapted health, child protection, WASH, education, climate action, and ADAP strategies to the changing context caused by COVID-19? And in what ways did the office support the Bhutan government during the pandemic?

COVID-19 was the global disrupter which upended the implementation of the country programme.

Not only did it delay implementation, but also rendered some design and implementation strategies irrelevant. For instance, activities related to the subsidy-free sanitation programme were delayed. Directly monitoring field activities was also not possible. UNICEF was, however, quick to adapt its strategies to meet the challenges posed by the pandemic. It supported not only the government's efforts to respond to COVID-19, but also adapted its implementation strategies to deliver the intended programmes. It also leveraged the opportunities presented by COVID-19 to strengthen existing programme interventions and start some new initiatives.

The most notable adaptation to implementation modalities was the use of online and remote-access platforms to overcome strict restrictions on movement, particularly during the second wave of COVID-19.

Online platforms facilitated community outreach, capacity building, remote monitoring, and coordination. The health programme supported the MOH in engaging more than 30,000 influential people, including local leaders, community health workers, and community representatives, to promote preventive measures for COVID-19. The child protection programme launched an online campaign and strengthened existing helplines to receive requests and provide psychosocial support to children and adolescents facing mental health issues and GBV risks. In education, UNICEF supported the MOE in developing remote and online learning materials delivered through television broadcast and Google Classrooms to support teachers and ensure continuity of learning. The health programme virtually reached health workers to ensure continuity of health services as part of its efforts to scale up of the micronutrient powder (MNP) supplementation and counselling on Infant and Young Child Feeding (IYCF). WASH programme partners monitored field activities through the internet. Implementers on the ground shared their progress via WhatsApp groups and when needed, sent requests for technical advice,

vii Multiple interviewees mentioned the migration trend among young people in search for employment and a "better life".

which was promptly provided. To maintain and improve coordination, UNICEF used digital platforms to conduct virtual meetings and conferences.

The ability to adapt to the challenges of COVID-19 was particularly notable in the context of health and nutrition. According to the perception survey results, 82 per cent agreed that UNICEF has adapted its health and nutrition programme to the changes in context and government priorities, especially in the wake of COVID-19. Key COVID-19 response interventions of the government supported by UNICEF included the following:

1. Development of the National Preparedness and Response Plan (NPRP) for COVID-19 “with the objective to enhance the health sector’s capacity in surveillance, early detection, control and prevention, response and recovery from the COVID-19 outbreak in the country.” UNICEF supported the MOH in establishing isolation wards for COVID-19 patients in national and regional hospitals, as well as setting up flu clinics tasked with detecting strains of the virus.⁷²
2. Development, implementation, and monitoring of a comprehensive Risk Communication and Community Engagement (RCCE) Action Plan⁷³
3. Development of a costed action plan for COVID-19 pandemic response and a National Vaccine Deployment Plan (NVDP)⁷⁴
4. Support for increasing access to COVID-19 testing facilities and use of personal protection equipment (PPE) by health workers⁷⁵
5. UNICEF tripled its procurement of cold chain facilities and strengthened their its sustained use with capacity building of targeted stakeholders. UNICEF’s technical and financial support contributed to strengthening the cold chain supply system and the expansion of cold chain capacity for quality vaccination coverage for both routine immunization and COVID-19 vaccination.⁷⁶
6. Procurement of all vaccines for routine immunization and fast-track shipment of all COVID-19 vaccines used in the second national round of COVID-19 vaccinations⁷⁷
7. UNICEF supported the MOH in scaling up its reach from 3 to 20 districts with multiple micronutrient powder (MNP) supplementation and counselling on IYCF during the pandemic.⁷⁸
8. Social and behaviour change (SBC) interventions were implemented to ensure vaccination including routine immunizations, and to promote COVID-appropriate behaviours, such as hand hygiene, wearing face masks, and

practising social distancing. These initiatives were conducted through a multisectoral risk communication and community engagement (RCCE) approach. An SBC campaign on ending violence against children was also launched.⁷⁹

9. UNICEF Bhutan collaborated with the Health Promotion Division of the MOH and the Department of Youth Services of the MOE. They trained and mobilized more than 30,000 frontline workers, including health workers, schoolteachers, scouts, local leaders, and religious leaders to reach communities with lifesaving information. UNICEF also supported the development of an illustrated COVID-19 advisory handbook and the dissemination of communication materials, in partnership with local broadcast media. This resulted in the engagement of an estimated 500,000 individuals in COVID-19 response mechanisms.⁸⁰
10. UNICEF strengthened multi-sectoral collaboration and youth engagement by collaborating with the National Commission for Women and Children in designing and launching a joint multisectoral SBC campaign. This campaign aimed to reinforce COVID-19 appropriate behaviours and address mental health issues and violence against children in three major districts with high child populations.⁸¹

In the case of WASH, the pandemic has brought handwashing to the forefront of the COVID-19 response. The WASH programme saw this as a “blessing in disguise” and concentrated on installing washing facilities and increasing awareness about handwashing. As one key informant stated, “Hand washing has become everybody’s business now” and “for a while we even forgot the other components of country programme.” In response to the COVID-19 context, more sustainable handwashing stations were established. Prior to the pandemic, UNICEF was promoting tippy-taps to encourage handwashing behaviour among children but those are not sustainable. UNICEF advocated for sustainable and climate-resilient handwashing stations, and with funding from UNICEF ROSA, has set up handwashing stations in 77 out of 185 primary healthcare facilities.

The COVID-19 lockdowns had a drastic impact on education, with about 170,000 school children suddenly unable to attend school. **UNICEF was quick to pivot and support the MOE in activating the education coordinating group to begin**

developing a COVID-19 response plan to ensure continuity of education. The response planning included the development of an 'education in emergencies' curriculum delivery modalities, and safety protocols, and efforts to link children to the psychosocial support component. UNICEF diverted its funds to support the development of remote and online learning materials, and when the digital divide among students from different geographical areas and socio-economic backgrounds became apparent, UNICEF also supported the development, printing, and distribution of self-instructional materials targeted at Bhutanese children in different contexts, including children with disabilities.



We made a momentous collective journey during COVID. Together we managed to reduce the learning loss of children and ensure their safety amid the threats of the pandemic. We also prepared schools to reopen as early as possible.

– a government stakeholder



Child protection priorities were not as clear and straightforward as those of health, WASH, and education. Priorities evolved over time as emerging evidence was collected. Due to many factors such as loss of employment, restrictions on movement, isolation, uncertainty, lack of routine, reduced social support, and having to look after children while working online, cases of violence and domestic violence reported to authorities had doubled. Children who were unable to leave their homes due to school closures were reporting mental health issues through hotlines. UNICEF responded by providing psychosocial support through helplines and counselling, while the ADAP programme used its civic engagement lens and involved 10,000 youth volunteers in disseminating COVID-19 related safety messages.⁸²

External stakeholders agreed (80 per cent) that UNICEF has adapted its social protection interventions to changes in the context and government priorities, especially after the coronavirus

outbreak. **During the pandemic, the social policy programme managed to complete the development of the Emergency Health Financing Strategy.⁸³ The strategy aimed to identify health sector financing measures and put in place institutional arrangements and legislation for future health emergency financing needs.** Respondents also noted that a UNICEF project, carried out in partnership with the Oxford Poverty and Human Development Initiative, analysed the Multidimensional Vulnerability Index (MVI), revealing that the pandemic had a disproportional impact across different population groups. For instance, two of the most vulnerable dzongkhags are along the western border of Bhutan. In Gasa, 36 per cent of the population is MVI vulnerable, while in Samtse, along the Indian border, the percentage is nearly 31 per cent. Thimphu has the lowest incidence of vulnerability.⁸⁴ Overall, nearly one-fifth of the population is susceptible to the pandemic's adverse effects.

6.1.4 Leveraging resources for children

R4. How has UNICEF's strategic engagement helped to leverage resources for children and how could this be improved in the future?

Until COVID-19, UNICEF Bhutan was operating in a challenging funding environment which made resource mobilization difficult. Resource mobilization was also difficult partly because the CPD was considerably ambitious. As a result, leveraging additional resources did not appear to be a pronounced feature of the programme until the pandemic hit. However, COVID-19 presented a rare opportunity for UNICEF to mobilize additional resources to support the government's response. Below are examples where UNICEF was able to do this:

The education programme leveraged funds from the Global Partnership for Education (GPE) and the LEGO Foundation to support learning continuity, WASH facilities, early learning and stimulation, and parenting. Together with Save the Children as the grant agency, UNICEF facilitated access to funds from the GPE which the MOE allocated for its ECCD programme. Through the GPE partnership, UNICEF was also able to influence the ministry to increase its internal resource allocation. In this area, partners believe UNICEF is in a good position, as the co-chair of the education sector coordination meeting (ECGM), to continue to liaise and present funding opportunities as well as advocate for increased and adequate resource allocation for children.

[We] encourage the government to be a bit more forthcoming with the data. That is one way of reminding them that that is an expectation of the GPE, the donor, that we should also see a certain percentage of increase in domestic public financing for the education sector.

– Implementing partner

UNICEF has played an instrumental role in mobilizing and leveraging significant financial resources for Bhutan from various sources, including the HAC funds, Global Fund, GAVI, Vaccines for the World's Children, and GPE. Although immunization was already strong before COVID-19, the pandemic provided an opportunity to further strengthen the programme by increasing the cold chain capacity three-fold for different temperature ranges.⁸⁵ In addition, UNICEF and UNDP worked together to support the justice sector in the implementation of the Justice Sector Action Plan. They brought different stakeholders together to develop the action plan, which **helped the government raise substantial funding from the Austrian Development Agency for its implementation.**

Until 2018, UNICEF had not worked on GBV while other agencies focused mainly on ad-hoc training. Given the intergenerational linkages between violence against children and violence against women, **UNICEF adopted a systems approach to prevent and respond to GBV, which then allowed them to leverage resources from the regional office and other donors to work in this area.**

The success of UNICEF's WASH programme in setting up sustainable handwashing stations influenced the government to divert resources from students' stipends to set up similar stations in schools. Although this claim has not been verified with government officials, it seems plausible that UNICEF's intervention influenced the government's decision. The WASH programme itself was successful in attracting resources from the regional office by showcasing the technology of these handwashing stations.

The subsidy-free sanitation programme required local governments and leaders to mobilize local resources to support extremely needy households that could not afford the cost of toilet construction. In some cases, local governments provided resources to construct toilets for the poor. However, not all local government support was targeted towards ultra-poor households. In some districts, local governments went against the spirit of the subsidy-free programme and provided subsidies to voters who expected toilets. According to interviews, this created some tension between the project and local governments.

WASH in monastic institutions, sponsored by SNV and UNICEF, was supported by other partners such as Rotary Club, private individuals, and some CSOs including the Bhutan Toilet Organization (BTO). Although it is plausible, there is no certainty that partners' support to monastic institutions was inspired by UNICEF's interventions.

The BCO was one of the country offices selected for joint programming with WHO for mental health and psychological support, with the help of UNICEF ROSA. **They worked with WHO and colleagues from UNICEF headquarters to develop an investment case, and eventually raised US\$400,000 from UNICEF headquarters to support the implementation of the joint work plan with UNICEF.**

6.1.5 Missing critical interventions

R5. What critical interventions or result areas have been missing or received little attention in the country programming in light of national priorities and UNICEF's mandate?

Child labour and child marriage were identified as priority issues at the needs assessment stage, but the programme did not address these, partly due to the lack of concrete evidence or data to build a case for interventions, and partly due to the shift in priorities when COVID-19 hit. The decision was also influenced by the limited availability of financial and technical resources, not only in the country office but also within the broader child protection sector in Bhutan. In addition, most traditional donors tend to focus on areas such as education and health.

Despite addressing inclusion, issues of children with diverse sexual identities were not taken into account. UNICEF team is cognizant of this

Issues prioritized at the design stage of the country programme:

1. Violence against children
2. Lack of a family environment for children who live in boarding schools and monastic institutions
3. Child marriage
4. Child labour
5. Children in conflict with the law
6. Substance use among children
7. Mental health issues, including increasing rates of child and adolescent suicide in the country

(Source: UNICEF Bhutan, Programme Strategy Note 2019-2023: Every Child is Protected from Violence and Exploitation, UNICEF Bhutan, Thimphu, 2018, p. 7)

and identified this as a missing link. A UNICEF representative noted this gap, stating that these children may have benefitted from other child protection services offered with UNICEF's support (e.g., awareness raising sessions on child protection, services offered through other programmes).



[Because of the] blanket approach... we really do not zoom down to see the relevance of services to children with diverse sexual identities.

– UNICEF staff



According to respondents associated with UNICEF, **the prevention aspect of child protection did not receive sufficient attention in the previous country programme.** While acknowledging the value of the online campaign to prevent violence against children, the informants highlighted that simply disseminating information does not guarantee prevention. They emphasized the need for a stronger focus on grassroots-level awareness raising to prioritize prevention. Specifically, they underscored the importance of identifying vulnerable families at risk of violence and providing support to mitigate various protection risks, including early marriage, child labour, and physical violence. The child protection programme is aware

of this limitation and committed to enhancing prevention efforts with greater emphasis on this aspect in future work.

Key informants from the health sector stressed the importance of tackling emerging issues including mental health, emergency preparedness, and environmental health. The COVID-19 pandemic has underscored mental health issues and the need for collective action. A concerning aspect of mental health is the rise in suicide cases in Bhutan. From 2018 to 2020, the country experienced an average of eight cases per month, up from six per month between 2009 and 2013. The limited availability of human and financial resources for community healthcare, coupled with the stigma associated with mental health, pose significant obstacles in providing effective support and treatment for individuals with mental health concerns.⁸⁶

Bhutan is vulnerable to a range of natural disasters, including floods, earthquakes and landslides, making emergency preparedness highly important. Recent events such as COVID-19 have amplified the **need to institutionalize proactive approaches and mechanisms for addressing disaster risks.** This was not a strong feature of the country programme and could be addressed better in the next cycle.

Key informants identified environmental health as another potential area of intervention for the health programme. Interviewees noted that this was prompted by a study revealing high levels of toxicity in early childhood development centres, which was traced to furniture and toy paints. While interviewees acknowledged the need for further studies on environmental health issues, they were quick to note that even low levels of exposure to toxic materials such as lead can cause irreversible brain damage among children.

In the nutrition programme, key informants identified the need to expand the scope of UNICEF's support to the MOH. Children's nutritional needs evolve and change across stages of development. Past programming on nutrition focused more on early childhood, infancy, and early childhood (first 1,000 days), adolescents, and mothers of newborns. However, there is a growing need for interventions targeting cases of obesity among children aged 5–9 years. Compared to boys, there is a higher prevalence of overweight and obesity and lower levels of physical activity among girls, putting them at a higher risk of non-communicable diseases.⁸⁷

The social policy programme has supported key government institutions to formulate several social policies. However, there is a need to establish baselines and determine the impact of policies on increasing public financing for children, improving access to inclusive social protection, and reducing child poverty. **Several informants have cited missing critical interventions including the need to generate child-focused, gender-sensitive, high-quality data that is sufficiently disaggregated by wealth quintile, location, gender, age, and disability; the need to conduct monitoring, evaluation and analysis of policies, and to integrate a social policy lens into other UNICEF programme areas.**

A weak link identified in the child protection programme is the absence of professional social service work (SSW) to prevent and respond to violence against children. While some work was started to develop SSW through the initiation of the BA in Social Work programme at the Samtse College of Education, it was discontinued after two years. It was also argued that an intervention to address online violence would be relevant in the context of COVID-19 because risks of exposure to online bullying have increased during the pandemic with schools closed and children attending online classes. It was acknowledged that this intervention might have been deemed unfeasible given the limited resources at the disposal of the BCO.

While UNICEF did not miss any critical WASH intervention, there is a sense among the UNICEF programme staff that resources were spread too thinly. The evaluation found three areas which did not receive sufficient attention: **(1) respondents claimed that disability inclusion was not taken into account in the construction of toilets in the subsidy-free sanitation programme,** nor was it considered in the revitalization of dysfunctional toilets. Only recently has attention been paid to disability inclusion in toilet construction. With the support of UNICEF, the National Public Toilet Guidelines was developed and published in 2021 with a focus on inclusion. Between 2019 and 2022, UNICEF piloted 10 inclusive toilets – , three in monastic institutions and seven in IE/Special Education needs (SEN) schools.⁸⁸ **(2) There was relatively limited focus on the awareness-raising component in the subsidy-free sanitation programme.** The programme is implemented through government

agencies, which are known to be biased towards physical infrastructure projects, hence the key focus was on achieving physical targets. **(3) On-site monitoring of WASH interventions, particularly the subsidy-free sanitation programme, needs more attention.** Limited human resources, both from the Bhutan Country Office and the Public Health Engineering Division of the Health Department, explain the inadequate monitoring of the programme. Both offices have only one person overseeing the initiative.

UNICEF programme documents and reports, as well as discussions with key informants, **do not reveal a nuanced gender lens applied to programming. The differentiated needs of men and women do not seem to be strongly considered in programme strategies,** particularly in the WASH subsidy-free sanitation programme, but also in other interventions.

Interviewees indicated that the overall intent of the ADAP programme was “quite modest” and in hindsight, it could have been “given more emphasis”. Similarly, a number of BCO staff agree that while climate change was partly addressed through WASH, UNICEF could have positioned itself more strongly in that regard. **Limited focus on climate action is, however, not an issue particular to the Bhutan Country Office but an issue that requires increased attention from UNICEF at the global level.**

Finally, in education, adolescent education programming was not very comprehensive, with much fewer initiatives compared to those implemented for ECCD and IE. UNICEF supported the MOE in developing and finalizing the Non-Formal Education Equivalency Framework. Other education-specific activities directly involving out-of-school children and unemployed youth were reported under the child protection and ADAP programmes (i.e., entrepreneurship and digital literacy training for youth, and capacity building for NEET youth). Sexual and reproductive health and rights (SRHR) education was identified in the Gender Programmatic Review as a focus area for adolescent education, which did not receive attention in the current CPD. A more holistic approach to programming for adolescent education, including both in-school and out-of-school and youth, can provide better outcomes for addressing life skills and employability concerns.

6.2 Effectiveness

Key findings

EKF-1. UNICEF has significantly contributed to strengthening systems and improved capacities at national and local levels for effective social service delivery and sustainability of results. It has done so through advocacy, supporting the formulation of policies, strategies, and plans to institutionalize change, evidence generation, and capacity building of the social service delivery workforce. However, it is also important to recognize that success in this area is not always matched by success in implementation.

EKF-2. UNICEF has been successful in achieving or exceeding most of the targets identified in the RAM. However, RAM indicators do not necessarily capture the full gamut of UNICEF's work. UNICEF's monitoring system is designed to ensure transparency and accountability at each level of the country office. However, key informants mentioned that there was only one person in the unit handling multiple responsibilities, and that onsite monitoring visits were not frequent enough.

EKF-3. The COVID-19 pandemic was the single most important factor influencing the country programme. While it had negative impacts, such as delaying programme activities, it also presented opportunities that the programme was able to capitalize on. The civil service reform was arguably the second most significant factor and will continue to influence the remainder of the programme and future programming.

6.2.1 Contribution to systems building

E1. What difference and/or contribution has UNICEF made to system building in the country, strengthening national capacity to deliver and sustain results, including SDG?

UNICEF has significantly contributed to strengthening systems and national and local capacities for effective social service delivery and sustainability of results. UNICEF has done so through : advocacy; formulation of policies, strategies, plans, standards, and guidelines; evidence generation; and capacity building of the social service delivery workforce. These elements work independently and in concert with each other to create a positive impact. Not only documentary evidence exists in the form of policy documents, but claims made about the significance of policy formulation were endorsed by external stakeholders and echoed in the perception survey results.

UNICEF's advocacy efforts contributed to sensitization of decision-makers and policymakers and helped improve legislation, policy formulation, strategic planning, and the development of guidelines and standards.

All policies and plans developed by the RGOB with UNICEF's assistance are often preceded by concerted advocacy efforts. Advocacy initiatives took many forms and were conducted at different levels, including the senior leadership of the BCO, ROSA, and relevant programme staff levels.

As part of the country programme, UNICEF supported government counterparts in formulating nine policies related to health, child protection, WASH, education, nutrition, and ADAP (see Box 2). Most external stakeholders, including key informants and 81 per cent of the perception survey participants agreed that UNICEF's capacity building interventions have strengthened capacities at national and local levels for formulating evidence-based and child-focused national policies.

FIGURE 3. Perception survey findings on effectiveness of UNICEF programme



Box 2. Policies, strategies, and guidelines supported by UNICEF (CPD 2019–2023)

Policies

1. Development of the first National Child Policy
2. Draft National Education Policy 2019
3. National Decentralization Policy 2019
4. National Policy for Persons with Disability 2019, including a National Action Plan
5. National Gender Equality Policy 2020
6. Endorsement of the National Sanitation and Hygiene Policy 2020
7. Accelerating Mother and Child Health Policy in 2020
8. Review and revision of the National Youth Policy (2011) in 2021, including the development of an action plan

Strategies and action plans

1. National Nutrition Strategy and Action Plan (NNSAP 2021–2025)
2. National Strategy for WASH in Healthcare Facilities
3. Bhutan Newborn Action Plan
4. Early Childhood Care and Development Strategic Action Plan
5. Child protection strategy for monastic institutions and nunneries (2017–2022)

Guidelines and standards

1. National Guidelines on the Diversion of Children in Conflict with the Law
2. Guideline on Child-Friendly Prosecution
3. National SOP on Gender Based Violence (GBV)
4. National Guidelines on GBV Case Management
5. National Guidelines on Child Protection Case Management
6. SOP for dealing with children in conflict with the law
7. Expansion of national SOPs on the Management of Cases of Women and Children in Difficult Circumstances
8. National SOPs on Child Protection for Children Residing in Monastic Institutions and Nunneries
9. Endorsement of the National Strategy for WASH in Healthcare Facilities
10. National Education Assessment Framework (NEAF)
11. Bhutan Professional Standards for Teachers (BPST) and a Resource Package for its implementation
12. Non-formal Education Equivalency Framework 2019
13. SOP on Continuity of Essential Nutrition Services during the COVID-19 Pandemic

Regarding UNICEF’s specific role in achieving these milestones, they worked with relevant government agencies and other development partners to identify gaps and inadequacies in legislation, and vigorously advocated for the development of new policies and plans or the improvement of existing ones. This role was acknowledged by both government and civil society stakeholders. Although other actors participated in policy formulation processes (e.g., many WASH cluster actors participated in the formulation of the National Sanitation Policy), UNICEF’s role was to ensure strong follow-through by providing technical and financial support. This typically entailed working with government agencies to identify technical experts, providing financial assistance for drafting policy and plans, and convening consultative meetings. UNICEF also used its expertise at the country and regional offices for technical review and dissemination of key outputs.

In the health programme, national initiatives were complemented by systems building efforts at the community level. UNICEF supported the MOH in strengthening community-based health systems. At the district level, UNICEF supported child-friendly local governance units in pilot sites in mapping out, designing, and estimating the budget for programmes for children.⁸⁹

As noted in the ‘Relevance’ section, UNICEF’s contribution to policy development and strategic planning is significant but not always matched by success in actual implementation. Key informants recognized the challenge of effectively implementing laws and policies, an issue also identified in the mid-term review. Resource limitations, including funding shortages and limited availability and poor capacities of human resources, were often cited as reasons for weak implementation. Implementation remains challenging even when costed action plans and SOPs are in place.

A case in point is the implementation of the Child Care and Protection Act (CCPA). Although a specific implementation plan with costs was laid out, some requirements were not met, such as

the hiring of probation officers and child welfare officers. Instead, interim protection officers were appointed to fill the gap, with several officials in the district administration taking on additional responsibilities. The implementation was further complicated by a shortage of government-appointed case managers for gender-based violence (GBV) and child protection activities, with only a few (reportedly four) in the NCWC.

The National Education Policy has remained in draft form since 2018, despite being reviewed and updated. The reason for the bottleneck in adopting the policy is unclear, but there is recognition, at least within UNICEF, that this delay can hinder programme implementation and affect sustainability of country programme results. Regardless, UNICEF has continued to work with the MOE to refine the policy and ensure it is rights-based, inclusive, and holistic.

The country programme confronted other challenges besides those related to resource constraints. Interviews with stakeholders revealed that protection of children and women is not considered a priority area by the government. The potential bifurcation of the NCWC and dilution of its mandate was cited as an indication of low priority accorded to protection issues. In the recent past, there were discussions about creating a full-fledged ministry for women and children, but the pandemic derailed this plan and shifted the government’s focus. With the enactment of the Civil Service Reform Act of Bhutan 2022, the National Commission for Women and Children Secretariat has been subsumed under the Ministry of Education and Skills Development,^{viii} which might dilute the focus on women and children’s issues.⁹⁰

If the implementation of policies, strategies, plans and SOPs was typically found to be a challenge, the key question was how UNICEF has contributed to building systems in health, nutrition, WASH, child protection, education, and ADAP. There were multiple explanations for this:

1. Formulating laws and policies is like laying the foundation of a system. They represent necessary first steps to systems building.

viii The Ministry of Education will be renamed Ministry of Education and Skills Development as part of civil reform.

2. Laws and policies tend to be aspirational. Even if they are not implemented, they serve to reveal gaps that need to be bridged and provide a framework for accountability.
3. Policies can sometimes help organize existing practices and provide greater legitimacy to the work being done on the ground.
4. Policies and plans can inspire local action.

For example, despite resource constraints, the SOPs for GBV enabled the continuation of services. To address the challenge of limited government social service workforce, UNICEF has worked with RENEW to identify case managers from the pool of CBSS volunteers in each district and trained them to provide GBV and child protection case management. While these case managers provide dedicated case management support to survivors of violence, the remaining volunteers have been trained on GBV SOP and early identification and safe referral of child protection issues. They act as frontline workers referring cases to the case managers. The deployment of volunteers was possible as SOPs clearly outline the steps that need to be taken.



[The implementation] was random and haphazard. Having the sanitation policy has given our work greater legitimacy.

- Key informant, WASH sector



Capacity building of the social service work force is another contribution to systems building.

UNICEF's partners recognize that UNICEF's role has been instrumental in building capacities of the social service workforce, particularly given the government's lack of attention to capacity building initiatives. According to some respondents, during the COVID-19 pandemic, the government discouraged capacity building activities and focused almost exclusively on economic revival and employment generation. There was also a sense that training or capacity building activities took the attention away from more important activities such as COVID-19 response.

Training courses were still provided to frontline health workers under the health programme to improve quality of care, covering topics such as the Bhutan Child Development Screening Tool (BCDST), mother and child health issues, effective interpersonal communication skills, and point of care quality improvement. Under the nutrition component, health workers were also trained on anaemia prevention and nutrition counselling on infant and young child feeding (IYCF) practices. Members of the social service workforce were trained on identifying and responding to violence, abuse, and neglect. One of the flagship programmes under child protection sought to professionalize the social service workforce through the development of a social work degree programme at Samtse College of Education. However, the degree programme was discontinued as the market demand for social work degree holders was expected to be low. Instead, to help address the need for trained social workers identified earlier, UNICEF partnered with Sherubtse College to develop and deliver a social policy certificate course for local government officials.

Prima-facie focus of capacity building initiatives was on increasing the knowledge and skills of frontline workers to deliver social services more effectively.

Capacity building can contribute to strategic results by helping implementation of new laws, policies, strategies, plans, and SOPs. For example, GBV case management training built capacities needed to implement the protection acts on women and children and associated SOPs. However, capacity building focused on frontline workers and did not give enough attention to strengthening leadership and management capacities to achieve wider organizational change across sectors.

UNICEF also contributes to systems strengthening through evidence generation.

Both external and internal stakeholders agree that UNICEF has made notable contributions in this area, with the organization being known as an authoritative data bank for child rights indicators. The BCO has developed various studies, investment cases, and guidelines to inform its interventions and support the RGOB in promoting child rights and well-being. These include the Multi-dimensional Poverty Index (MPI),⁹¹ Multi-dimensional Vulnerability Index (MVI),⁹² Early Childhood Care and Development (ECCD) Investment Case 2017,⁹³

Child Protection Situation Analysis 2018, Social Protection Assessment 2016, and Adolescent Health Investment Case 2019.

In 2019, the ECCD evaluation provided a strong basis for developing strategic ECCD programmes and services in Bhutan. This led to the creation of a multi-sectoral strategic action plan for the holistic development of children aged 0–8 years and provided evidence of the importance of investing in early childhood. UNICEF also aided the RGOB in evaluating the country's Inclusive and Special Education Programme. This study assessed the programme implementation from 2010 to 2020 and provided baseline data for setting targets, monitoring progress, and assessing results. The recommendations are being used by the MOE to improve the delivery of inclusive education in the country. UNICEF also supported other evidence generation efforts, such as the quantitative analysis on dropout, repetition and children who have never attended school in Bhutan, and online learning evaluation.

UNICEF contributed to strengthening supply systems including COVID-19 infection containment efforts by providing personal protection equipment (PPEs), critical medical supplies, and shipment of vaccines with injection devices. These included 175,000 medical masks, 9,990 face shields, 7,000 gowns, 500 thermometers, and 200 body bags. To further improve the medical supply system, two refrigerated vans and two biomedical repair vans were handed over to the MOH. Fifty senior health assistant students were trained as backup support to provide vaccination services during the pandemic.⁹⁴

Furthermore, the Government of Japan and UNICEF supported the MOH in expanding its cold chain capacity for vaccination rollout. The capacity for quality storage of routine and COVID-19 vaccines was expanded threefold – from 95,000 litres to 372,638 litres at different temperatures.⁹⁵ Vaccines requiring ultra-cold chain storage temperature are stored at the required temperature upon arrival in Bhutan and refrigerated vans transport the vaccines to primary health care centres and vaccination sites. The Royal Bhutan Helicopter Services delivers vaccines to all hard-to-reach areas across the country.⁹⁶ Health staff (122 males, 35 females) were trained on the use and maintenance of the facility, with manuals developed for maintenance.

UNICEF also supported the MOH in helping private engineers and technicians to jumpstart a business and maintain the cold chain facilities.⁹⁷

6.2.2 Reaching disadvantaged sections of the communities

E2. To what extent have UNICEF's programmes managed to reach the most disadvantaged sections of the communities to improve the lives of children and women?

UNICEF's country programme addressed the needs of the most disadvantaged sections⁹⁸ of the communities both through its upstream activities and support to downstream interventions. Addressing the needs of marginalized segments of society is a common thread that runs through UNICEF's work, which is strengthened further by their upstream work. Through its upstream work, UNICEF indirectly addresses the needs of marginalized groups by sensitizing policymakers and decision-makers to ensure that laws, policies, strategies, plans and standards integrate equity and human rights principles. One intervention in this area was the support UNICEF provided to the government for revising the Multidimensional Poverty Index (MPI). As part of this effort, UNICEF built the capacity of the Gross National Happiness Commission (GNHC) and the National Statistical Bureau (NSB) to build the child MPI. This provided policy makers with detailed information that is necessary for making targeted policies for children. The capacity building activities and advocacy work, such as activities related to mental health issues spearheaded by the Country Representative of UNICEF Bhutan, demonstrate how upstream activities contribute to addressing the needs of disadvantaged groups, especially children. This finding was supported by surveyed external stakeholders, the majority of whom (89 per cent) believe that UNICEF successfully addresses the needs of children and adolescents, especially the needs of the most marginalized. However, focus on inclusion may have been less evident in WASH, as discussed later in the section.

UNICEF was notably effective in responding to the needs of the most vulnerable children and adolescents through its downstream activities. UNICEF's support to monastic institutions through child protection, WASH and education are excellent examples of this, given that children and adolescents in monastic institutions come from

difficult backgrounds. They typically include children whose parents could not support their education or, in some cases, even feed them. In almost all cases, parents who can afford to educate their children send them to modern schools (see also E7. 'Interventions in monastic institutions').

Stakeholders who were interviewed recognize UNICEF's "whole of society, universal health care approach." UNICEF followed this approach to address anaemia and stunting through nationwide scaling up of MNP supplementation and infant and young child feeding (IYCF) counselling. According to RAM reports, the initiative reached 16,600 or more than 90 per cent of children aged 6–23 months in all 20 districts).⁹⁹

Addressing women's issues was another example of addressing the needs of disadvantaged groups (see Annex K for a more detailed analysis of gender-transformative programming). According to a UNICEF representative, even though the ADAP programme lacked a gender perspective in much of its work, the limited resources and targeted programs for girls, girls make up the majority of participants of UNICEF-supported programmes. Similarly, more girls participated in the network of volunteers and showed enthusiasm for contributing to the community.

The health and nutrition programme seeks to ensure that various interventions are provided to women and that quality health care services are accessible to mothers. According to government representatives, improvements in the nutrition status of Bhutan can be attributed to many of UNICEF programmes: (1) Maternal nutrition: Capacity building provided by UNICEF on nutrition counselling improved health care providers' ability to detect low infant birth weight and provided necessary nutrition supplements to mothers; (2) Child feeding: Child feeding practices improved as a result of the exclusive breastfeeding programme of UNICEF; (3) supplementation of micronutrients and WASH and hygiene interventions of UNICEF.

WASH interventions can have significant gender dimensions, but information on how WASH interventions have affected women was not available, partly because monitoring was limited. However, one WASH intervention that specifically addressed women's issue was menstrual hygiene management (MHM) and provision of menstrual

hygiene products and disposal bins for women-friendly toilets. However, according to a key informant with knowledge of WASH activities in Bhutan, disability inclusion did not receive enough attention until recently; as a result, there were very few toilets in schools that are disabled-friendly or safe for persons with disabilities. The lack of reference to disability inclusion in reports and interviews with UNICEF staff also reinforces this view. Concerns of elderly people, another marginalized group, also did not feature in the design and implementation of the programme.

I don't know why it took so long [to address disability] but it only began one or two years ago. Only a few schools have toilets that are safe for children with disabilities.

– a CSO representative

The subsidy-free ODF programme recognized that the most marginalized households might not be able to construct toilets. There is not enough data to assess the impact of the strategy, but UNICEF and other implementers, the MOH and SNV, expected that the local government and local leaders would focus on constructing toilets for the poor. A representative of one of the development partners defended the strategy saying that if they had included provision of subsidy for the marginalized, then "every household would claim that it is poor" and in the end, "needy households would actually be left out".

Under the education programme UNICEF had worked with the MOE to address the needs of children with disabilities, who are among the most marginalized groups of children. UNICEF worked with the Wangsel Institute for the Deaf to develop the first-ever national sign language system, facilitating access to education with more standardized sign language for more than 100 deaf children. UNICEF's support for the expansion of schools offering SEN programme, including training of teachers on inclusive education, has provided access to education for more than 800 students with disabilities.¹⁰⁰

To provide access to education for children from disadvantaged families, UNICEF supported the establishment of community-based and mobile ECCD centres. As part of COVID-19 response, UNICEF also supported the MOE in developing and distributing parenting booklets, reaching more than 9,000 disadvantaged children in 20 districts, and home-based learning kits, reaching more than 1,350 children. About 600 of these children were preschool-aged children who were not enrolled in centres. However, there is limited information to link the benefits derived from the supply of these materials to these disadvantaged children.

ECCD advocacy efforts, which include the development of animation videos, have been instrumental in the dissemination of informative content on the importance of ECCD, reaching over 10 million views in various social media platforms. The videos have been useful resources for ECCD facilitators as well. While these videos have reportedly reached a wide audience, the lack of disaggregated data on the viewers makes it difficult to identify the extent to which marginalized children and families have been reached.

According to a UNICEF representative, “Despite the many accomplishments in the health sector in the past programme cycle, inequities in accessing health services still remain a big challenge.” The focus should be on ensuring greater access to health services for marginalized women and children and reducing maternal, newborn and child mortality.

Limited data was cited as an enduring challenge, which made “meaningful targeting and validating the extent of gains and remaining gaps” difficult. Since it was difficult to identify “where and how the gaps were addressed in the past programme cycle,” the focus of the current programme implementation was on pocket areas where service coverage was low.

UNICEF’s overall approach to addressing disability and inclusion is rooted in the principles of ‘leave no one behind’ and ‘reaching the marginalized/most vulnerable’. These are embedded in all UNICEF programmes (see Annex K). However, implementation and operationalization vary across programmes and are influenced by available resources, approach to prioritization, and stakeholder needs and priorities. In education, access of children with disabilities to quality and inclusive

education has increased with the expansion of the MOE’s Special Educational Needs (SEN)/Inclusive Education Programme in 24 schools across Bhutan. The development and implementation of Bhutan Professional Standards for Teachers (BPST), which include professional competencies and standards for inclusion, could potentially improve teacher quality and, consequently, the quality of learning among children with disabilities. UNICEF helped the MOE upgrade its Education Management and Information System (EMIS) to include functionality-based disability identification modules using the Washington Group Questions. In WASH, the National Public Toilet Guidelines promote disability-friendly standards, and handwashing stations built with UNICEF’s support are accessible to persons with disabilities. Although there is no specific focus on children with disabilities, the health programme targets universal health care. A screening toolkit for newborns was developed to promote early identification and intervention for children with disabilities. UNICEF has also successfully built and strengthened partnerships with organizations of persons with disabilities (Disabled People’s Organization, Ability Bhutan Society) and Draktsho Vocational Centre for Children and Youth to accelerate results for children with disabilities.

6.2.3 Delivery of results

E3. To what extent were programme short-term/intermediate results delivered? Did they contribute to progress toward the stated programme outcomes?

The country programme has been considerably effective in achieving short-term/intermediate results identified in the results matrix. Majority of indicators for different programmes have been achieved, with some achievements exceeding the targets. There are some indicators for which progress was identified as “on-track,” which means the programme is likely to achieve the targets. The assessment, however, is limited by the lack of disaggregated data.

Child survival and development

The expected outcome for the child survival and development programme is that “by 2023, newborns, children, adolescents and women have equitable access to evidence-based, quality and inclusive and gender responsive health, nutrition and WASH services and adopt appropriate care practices.”

Health and nutrition

The three outcome indicators on health and nutrition are on track: two have been fully achieved and one is partially achieved/on track (see Table 10). Essential health and nutrition services for newborns, children, adolescents and women were provided during the post-pandemic phase in 2022. By June 2022, 87.2 per cent of mothers received postnatal care within two days of childbirth; 76.9 per cent of the newborns received postnatal care within two days of birth. 85 per cent of children were vaccinated with three doses of DTP/Penta containing vaccine. According to RAM report 2022, "This achievement was due to timely implementation of its strategic plan, strengthening of vaccine cold chain supply systems, and timely procurement of supplies."

Despite the increase in access to quality and inclusive and gender responsive health and nutrition services, the goal of improving the national health management information system (HMIS) incorporating all MCH global indicators remains challenging. The collection, storage, access and timely use of quality data and information is critical for programme evaluation, action, accountability and learning. It is the heart and brain centre of the health systems strengthening initiatives of the MOH and UNICEF. The MOH maintains a District Health Information System (DHIS Version 2) that can monitor and track targeted maternal and child health data. According to interviews with government officials, UNICEF provided a significant amount of money for the installation of the Maternal Child Health Information tracking system. As of 2019, all hospitals and Bhutan Health Units 1 and 2 which have internet connectivity were reporting directly through the system. For example, monthly morbidity and HIV data can be accessed through

and generated by the system. Interviews with UNICEF staff, however, reveal that many hospitals with poor networks are unable to log into the system. Many health facilities are still submitting hardcopy reports because of poor network. Once the hardcopy reaches the District Health Office, the data is entered online. Furthermore, according to a report on the Bhutan DHIS, the system has numerous parallel reporting systems and is saddled with multiple sources of data, which affects its reliability and efficiency.

WASH

WASH contributes to Outcome 1 of the CPD. This means that the WASH programme is responsible for providing improved quality, inclusive and gender-responsive WASH services to newborns, children, adolescents and women, especially the most vulnerable. The results framework includes only two outcome indicators for WASH: (1) proportion of population using basic sanitation services; and (2) percentage of population with a handwashing facility with soap and water available at home. Judging by the results for both indicators, the CPD has contributed to the achievement of Outcome 1. At the start of the CPD, 63 per cent of the population had access to basic sanitation facilities. On 19 November 2022, the World Toilet Day, Bhutan was declared 100 per cent 'open defecation free', indicating that 100 per cent households in Bhutan now have access to basic sanitation. As one of the two key partners of the RGOB flagship subsidy-free sanitation programme, which was responsible for providing access to basic sanitation in Bhutan, UNICEF can rightly claim that it has significantly contributed to the increasing proportion of people with access to basic sanitation.

Table 11. Achievements in child survival and development against RAM indicators

Indicators ¹¹⁸	Baseline(2019)	Target(2022)	Achievement (2022)
Mothers receiving postnatal care within 2 days of childbirth	41%	60%	87.17% Fully achieved
Newborns receiving postnatal care within 2 days of birth	30%	50%	76.88% Fully achieved
Percentage of children vaccinated with three doses of DTP/Penta containing vaccine and COVID 19 ^{ix}	80%	92%	>85% Partially achieved; On track

ix Culled from 'UNICEF health indicator on percentage of eligible population vaccinated with COVID-19 vaccine (1st and 2nd doses)'

There are three output indicators for WASH. As per the data provided in the RAM, the target for achieving ODF free status was 60 per cent in 2021 and actual achievement was 63 per cent. However, the data is rather confusing because, as stated above, Bhutan has already been declared 'open defecation free'. The data also shows that against the target of 92 per cent coverage for WASH in monastic institutions, the achievement has been 90 per cent. Similarly, against the target of 50,000 individuals, 200,178 individuals^x have received critical WASH supplies with the support of UNICEF. The achievement in this case is four times higher than the target.

Table 12. Achievements in WASH against RAM indicators

Indicators	Baseline	Target	Achievement (2022)
Percentage of targeted communities that achieved 'open defecation free' (ODF) status	19 % (2018)	60%	100%
Percentage of monastic institutions with access to basic sanitation facilities	-	93%	93%
Number of people reached with critical WASH supplies (including hygiene items) and services with UNICEF support COVID SitRep	0	50,000	200,178

Child protection

The outcome for the child protection programme is: "By 2023, children and adolescents, especially the most vulnerable, will increasingly benefit from quality, inclusive and gender-responsive child protection system."

There are two indicators associated with the outcome for child protection: (1) Number of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services; (2) number of districts and municipalities that implement the national SOP for the protection of children from violence, abuse and neglect through a fully functional Women and Child Welfare Committee. The RAM report 2022 indicates that for the first indicator, UNICEF and its partners have served 5,221^{xi} victims of violence against the target of 5,000. The target for the second indicator was also fully achieved, as against the target of 15 districts and municipalities, 20 districts and 4 municipalities have implemented the national SOP.

A more detailed analysis shows that there are three outputs and eight output indicators associated with the child protection programme. Most of the output indicators have been achieved or were on track. Output indicator that wasn't fully achieved was the

Table 13. Achievements in child protection against RAM indicators

Indicators	Baseline	Target	Achievement (2022)
Number of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services	4	5,000	5,221
Number of districts and municipalities that implement the national SOP for the protection of children from violence, abuse and neglect through a fully functional Women and Child Welfare Committee	4	24	24

^x Gender-disaggregated data is not available.

^{xi} Gender-disaggregated data is not available.

percentage of social service workforce equipped with skills for recognizing and responding to child protection issues. Of the total absolute target of 405, only 20.4 per cent has been achieved.

Education

For the education programme, the expected outcome is that “by 2023, children and adolescents, especially the most vulnerable, increasingly benefit from quality, inclusive and gender-responsive education.”

There are three outcome indicators for education:

1. Percentage of children aged 36–59 months attending an early childhood education programme (attendance rate)
2. ECCD Gross Enrolment Ratio (GER)
3. EMIS providing disaggregated data at various levels

The RAM Report of 2022 states that one outcome level indicator was fully achieved while the other two were partially achieved, and overall, the programme is on track in achieving targets by 2023. Indicator 2 was initially measuring the net enrolment rate (reported as fully achieved for 2021), but it was changed to ECCD gross enrolment ratio (GER) since the mid-term review recommended that the GER would be a more relevant indicator given the status of enrolment. Reporting against this new outcome indicator started in 2022.

Initiatives directly contributing to these outcome indicators include the establishment of community-based and mobile ECCD centres, rehabilitation of centre-based ECCD centres, provision of learning materials and training support for ECCD facilitators. The newly established and restored ECCD centres have reportedly benefitted more than 600 children.¹⁰¹ ECCD-related advocacy materials were also developed and disseminated through various platforms with the aim of encouraging early learning enrolment by increasing awareness on play-based learning, inclusion, safety, the role of parents, and the importance of integrated ECCD services.

In terms of the education information system strengthening, UNICEF has supported the MOE in developing/enhancing Version 3 of the EMIS, specifically the inclusion of data on children with

disabilities^{xii} and integration of student assessment scores and teachers’ administrative records, among others. Once the system is tested, stabilized and fully rolled out, the EMIS will be accessible at all levels of the MOE and will allow for the collection and generation of real-time disaggregated data. There is recognition, however, that system improvement is only one side of the equation. It is equally important to build the capacity of personnel at all levels, especially in schools and districts, as well as to ensure the consistent use of the system.

At the output level, the education programme has three output statements and some valuable achievements/contributions under each.

Output 2.1: Government and partners have increased capacity to strengthen inclusive and evidence-based policy making and programming for education.

Table 14. Achievements in education against RAM indicators, Output 2.1

Indicators	Target	Achievement (2022)
Monastic MIS developed	Under development	Partially achieved
National learning assessment system revised	NEA test instruments for G3 piloted	Achieved
National Teacher Standards implemented	Orientation completed	Achieved

Two indicators for Output 2.1 were fully achieved and one indicator was partially achieved based on the 2022 year-end report. These indicators represent major contributions of UNICEF for education – the development of the National Education Assessment Framework (NEAF) and the development and implementation of the Bhutan Professional Standards for Teachers (BPST). Achievements under this output go beyond the indicators identified. For instance, following the launch of the NEAF, UNICEF supported the conduct of the first national assessment for Grade 3 led by the Bhutan Council for School Examinations and Assessment (BCSEA). The assessment covered about 4,685 (2,327 females, 2,358 males) students, 21 of whom were students with disabilities (9 females, 15 males).

^{xii} Based on the Washington Group of Questions on Disability Statistics and a module on Education Monitoring and Support

This contribution was monumental as it was the first national assessment conducted in the country, and has laid the groundwork for conducting more national assessments in the future, thus enabling Bhutan to measure learning outcomes against international standards.

Support for the implementation of the BPST also included support for the development of a resource package consisting of an Implementation Manual and Illustrations of Practice for aiding the implementation of professional standards. UNICEF also supported the BPST orientation activities, which reached more than 9,000 teachers. Other capacity building and monitoring activities have not been reported, but it was noted that UNICEF along with the MOE has created an online platform to gather feedback and improve the BPST assessment tools and implementation.

This output also includes efforts to support the Monastic Education Council to strengthen its institutional capacity for evidence-based planning and decision making through the development of an information system. Capacity building of monastic education partners on the use of the information system was identified as an important area of support for achieving results and sustainability in this area.

Other notable contributions to strengthening inclusive and evidence-based programming include the conduct of the (1) evaluation of

inclusive and special education in Bhutan, (2) evaluation of Bhutan's ECCD programme, (3) a study on preparedness of Bhutanese higher Education institutions for inclusive education, and (4) a qualitative analysis on dropout, repetition and children who have never attended school in Bhutan. These studies will provide evidence and recommendations for improving programmes and policies for inclusive and quality education from early learning, basic education up to tertiary level.

Output 2.2: Government and partners have increased capacity to provide quality and inclusive early learning and education for children and adolescents

Five indicators for Output 2.2 have been achieved, two were partially achieved, while one indicator/target was not achieved.

Partners acknowledged that UNICEF has significantly contributed towards strengthening ECCD and inclusive education. In this area, UNICEF has supported the training for ECCD facilitators and the establishment of additional community-based ECCD centres, mobile ECCD centres and an institution-based ECCD hub in partnership with Samtse College of Education. To prepare the centres to reopen after the COVID pandemic, UNICEF also supported the construction of WASH facilities in selected ECCD centres, providing access to handwashing facilities to about 522 children. Another notable contribution is

Table 15. Achievements in education against RAM indicators, Output 2.2

Indicator	Target	Achievement (2022)
Availability of a national ECD policy or implementation plan for scale-up	Implementation of Multi-sectoral ECCD Strategic Action Plan initiated	Partially achieved
Number of children supported with distance/home-based learning	179,994	Achieved (179,994)
Number of schools implementing safe school protocols (COVID-19 prevention and control)	609	Achieved (609)
Percentage of subjects/curriculum revised at basic education level	35	Achieved (35)
Number of monastic schools and nunneries offering literacy and numeracy curriculum	50/25	Achieved (44/21)
Number of SEN schools	23	Achieved (24)
Revised 'education in emergencies' plan/guidelines	NA	Not achieved
Percentage of schools mapped for readiness for digital learning	100	Partially achieved (95)

UNICEF's convening role in the development of the Multi-sectoral ECCD Strategic Action Plan which will facilitate multisectoral collaboration for early learning.

Increasing access to education of children with disabilities was achieved through supporting the MOE in establishing additional SEN schools in more districts and orienting teachers and parents on the SEN approach. More than 92 teachers have also been equipped to identify children with disabilities through the training on Rapid Neuro Development Assessment (RNDA). In addition, UNICEF worked with the Wangsel Institute for the Deaf to develop a standardized national sign language system, including a teacher's guide and a grammar book to aid teachers in the delivery of sign language classes. While these achievements contribute to increasing access to inclusive education, it could be argued that continuous capacity building support and monitoring is needed to improve and measure the quality of inclusive education services.

In monastic education, UNICEF supported the training of teachers in child-centred and interactive pedagogy, facilitating access of more than 300 students to a literacy and numeracy programme. Physical education programme was also introduced in monastic institutions to improve the physical and psychological well-being of monks and nuns. UNICEF has continuously worked towards finding appropriate ways to cater to the demand for English literacy in monastic institutions and has developed a strategy paper to introduce an English-language curriculum integrating basic arithmetic, social studies and computer education.

Output 2.3: Children, adolescents, caregivers and communities have increased capacity to demand quality and inclusive early learning and education

Table 16. Achievements in education against RAM indicators, Output 2.3

Indicator	2022 Reporting	
	Target	Actual
Number of communities with parent education programme	492	Achieved (500)
Number of adolescents and young people including persons with disabilities equipped with transferable, twenty-first century skills	2500	Achieved (8,139)

Both indicators for this third and final output have been achieved, with the actual measures going beyond target. With the onset of the COVID-19 pandemic, UNICEF adapted its programming to address the need for remote learning and community/home-based education. Following school and ECCD centre closures, UNICEF supported the development of home-based early learning and parenting programmes and distributed parenting booklets, soaps and home-based early learning kits in all 20 districts, reaching more than 9,000 preschool children. In partnership with the MOE, UNICEF expanded its home-based interventions in five pilot districts, targeting children who are unable to access a centre-based ECCD programme. The Caring for Caregiver (CFC), a programme focused on addressing psychosocial needs of caregivers to enrich learning, development and stimulation of children at home, was also introduced.

ADAP

The ADAP programme operates under a peculiar arrangement. In terms of programme management, it falls under the child protection programme, but the results are reported under social policy. There is no separate output associated with ADAP interventions. Instead, ADAP is seen as a cross-cutting theme and draws on resources from other sectors. There is one indicator – indicator for Outcome 4 (social policy) – that directly speaks to ADAP: “Number of adolescent girls and boys who participate in or lead civic engagement initiatives.” The indicator has two limitations: Firstly, despite being the only outcome indicator for social policy, it does not adequately capture the outcome statement for social policy and much less the outputs under social policy. Secondly, it does not cover the full gamut of work done under ADAP, because the ADAP programme is not limited to civic engagement or active citizenship.

The data provided in the RAM matrix also lacks clarity. It is also not clear whether the target value, 750, is inclusive of the baseline figure or denotes the additional number of adolescent girls and boys (on top of the 100) the programme intended to engage. The numbers reported in the RAM matrix indicate that the total achievement was 1,433, which is almost double the target of 750. Interestingly, the numbers provided in the narrative reports present a completely different picture. They indicate that UNICEF and its partners, through various skills development programmes, reached 20,824 young

adolescents (including 8,113 girls) against the target of 5,000 set in 2021. The huge achievement may reflect efficiency but also indicates that UNICEF was extremely cautious or conservative in setting the targets reflected in the RAM.

There are two outputs and eight indicators associated with social policy. Of the six indicators, four were reported to have been fully achieved and the remaining two were reportedly 'on track'. Indicators that were 'on track' include: (1) Evidence generated on budgets and their linkages to child outcomes to improve budget allocations/expenditure for children; (2) Local governments (including municipalities) with development plans that include specific activities addressing child priorities.

Social policy

The outcome for social policy states that by 2023, children and adolescents, especially the poorest and most vulnerable, benefit from increasingly equitable and gender-responsive social policies at national and sub-national levels. As can be gleaned from the table below, the outcome indicator, the actual achievement, in terms of the number of adolescent girls and boys who participate in or lead civic engagement initiatives, far exceeds the target, but this does not really measure the targeted outcome of the social policy programme.

Table 17. Achievements in social policy against RAM indicators

Indicator	Target	Achievement (2022)
No. of adolescent girls and boys who participate in or lead civic engagement initiatives	1,000	21,875

6.2.4 Factors for achievement of results

E4. What are the major catalysing factors influencing the achievement (or not) of the Bhutan Country Programme results? (e.g., external factors – political, social, economic, COVID-19, etc.; internal factors – quantity, quality, timeliness of delivery, etc.) What influence did these factors have on achievement (or not) of country programme outcomes? Were there factors outside of UNICEF's control which had an impact on the implementation of the country programme?

COVID-19 has been the single most important factor influencing the country programme. It had many negative consequences, but also offered

some opportunities which the country programme built on. The immediate impact of the COVID-19 pandemic was disruption of the programme, one that caught the stakeholders by surprise. Suddenly, new emergency response needs and priorities emerged at a scale never experienced before. Frequent lockdowns, particularly during the first wave of COVID-19, had rendered some of the existing mechanisms for service delivery ineffective and activities were delayed. Both attention and resources needed to be diverted to the COVID-19 response activities. In the case of the child protection programme, given the restrictions on movement, direct delivery of child protection services through the social service workforce was not possible as direct contact with the children was cut off. Shelters were also closed and one of the consequences was that many of those who were facing violence in their households had no choice but to live with the perpetrators. Similarly, work in other sectors was also affected. Access to healthcare services and schools was likewise affected by the lockdowns. In WASH, achieving 100 per cent ODF coverage was reportedly delayed because of COVID-19. Due to COVID restrictions, in-person monitoring was seriously compromised.

The pandemic exacerbated some of the pre-existing issues and helped to put them on the government and UNICEF's radars. For example, violence against women and mental health issues among children and adolescents were further exacerbated by COVID. During the first lockdown, a lot of domestic violence cases were reported. Children also started reporting mental health issues through the helplines.



I think COVID has actually delayed a lot of work...that we [are] trying to achieve this year. The 100 per cent sanitation coverage could have been achieved two years ago, but COVID has delayed everything. Our priority, the priority of the whole country, shifted elsewhere.

- Key informant, WASH sector



COVID-19 response also caused a serious resource crunch in the country. On the one hand the country lived up to its reputation of providing free universal healthcare and other social services. On the other hand, strict preventive measures taken to prevent the spread of the pandemic almost brought the economic activities to a standstill. The tourism industry, which is the backbone of Bhutan's economy, and the aviation industry were battered by the ban on entry of foreigners by air. Tour operators, hotels, restaurants, and transportation services were negatively affected, which in turn affected the livelihood and employment of many young people. Closure of surface entry points also caused supply chain disruptions, badly affecting the construction industry, which is another key driver of growth.¹⁰²

The government responded to these challenges by putting a sharp focus on reviving the economy and addressing employment issues. As a result, 'soft interventions' or interventions with intangible outputs such as capacity building, hygiene promotion, and awareness raising took a back seat. This had an impact on UNICEF's interventions as it was advised that capacity building activities be postponed and funding be redirected to response efforts or other more 'tangible' outputs such as construction of facilities (e.g., handwashing facilities or toilets). This also partly explains why the necessary resources for the implementation of policies, strategies and guidelines were not available, thus compromising the effectiveness of policies. For instance, child protection work, which was already a low priority area for the government, has taken a back seat, as evidenced by the limited resources made available to the implementation of the CCPA 2011. The low priority accorded to capacity building by the government agencies can partly be attributed to the limited availability of resources.

The pandemic has also produced some unexpected positive results. For the WASH sector, particularly the handwashing component, the pandemic was an unprecedent catalysing factor, as it generated interest in and support for handwashing. COVID-19 has placed handwashing at the forefront of the WASH agenda, not only in Bhutan but also globally. As one of the key

informants put it, "For WASH, COVID-19 was a blessing in disguise in a way." There was an unprecedented focus on handwashing, leading to almost 100 percent coverage of handwashing stations in school. Although child protection and GBV are typically not prioritized by the government, lessons were learned during the first lockdown and priority was accorded to GBV and child protection, thanks to Her Majesty's direct involvement. Shelters were opened and more targeted responses to protection issues were carried out.¹⁰³

Civil service reform is arguably the second most important factor influencing the programme and will continue to influence the remainder of the programme and future programming. The most consequential aspect of civil service reform is uncertainty. Nobody knows for sure how the reform will pan out in the end. What is certain is that the reform entails changes in work structures to maximize efficiency and will inevitably decrease the number of civil servants working for the government. Therefore, according to key informants, a number of civil servants have resigned from their positions and/or have opted to go on long leave. Some have migrated to other countries, especially to Australia, in search for better prospects. This has meant that some of the ministries and departments are headed by ad-hoc staff. As a result, some of the key decisions affecting the programme are reportedly pending. One of the UNICEF representatives stated that the uncertainties surrounding the reform has made it unclear who the key interlocutors in the government would be after civil service reform. Perhaps the most consequential effects will be borne by the child protection programme as there are speculations that the NCWC would be placed under another ministry.^{xiii} The absence of a focused or stand-alone agency for women and children would threaten the quality and continuity of efforts to advance children's rights and women empowerment. Despite all the uncertainties surrounding the ongoing reform, many are looking forward to the completion of the process and hopeful that the changes will be truly transformational. For UNICEF, the finalization of the reform process means an opportunity to adapt and continuously align with government priorities, within the bounds of UNICEF's core mandate.

^{xiii} During interviews/evaluation, informants had said there were plans for the NCWC to be subsumed under another ministry. At the time of writing, the NCWC has been subsumed under the Ministry of Education.

Limited availability of high-quality disaggregated data is one of the important factors that negatively impacted the programme, so much so that the country programme had dropped some important indicators for which data could only have been obtained through the MICS. This applies to all the sectors and programmes. In the absence of high-quality data, the programmes rely on administrative data collected by the government agencies, small research studies conducted by UNICEF or other stakeholder reports submitted to the government by NGOs (e.g., SNV in WASH) and anecdotal evidence reported by various stakeholders. Some sub-national databases are also available (e.g., in education), but according to multiple key informants, those are not continually updated and not wholly reliable. There is no focal agency for evidence generation, and this was identified as factor that affects the production and availability of updated data.

Limited financial and human resources can be a major constraint when it comes to policy implementation. Even when policies are costed and guidelines and SOPs are developed, human resources needed for implementation are not available. Lack of implementation of SOPs for child protection and GBV case management is a case in point. Youth policy and action plan is another example.

Funding environment was another constraining factor for UNICEF. It is believed that the small population of Bhutan makes it challenging to attract donor funding to support programmes. Although the depth and breadth of issues may not be different compared to many other countries, the absolute number of people affected is smaller because of the small population size. For example, funding for child protection remains limited, so much so that the UNICEF Bhutan Country Office was unable to fund a P3 position, with potential implications for their work. Therefore the Regional Office has provided funding to bridge the funding gap and to cover some staffing costs.

Cultural and other contextual factors have influenced the subsidy-free sanitation programme. According to KIIs with internal staff and external stakeholders with in-depth knowledge of the subsidy-free sanitation programme, since many houses have mud walls, not many people were comfortable building toilets inside their houses, because they feared that mud walls would

not be able to sustain leakages. Likewise, there are people who believe in the 'spirits in the soil' (Nagas) and consult an astrologer before constructing a toilet. If Naga or 'Lu' spirits are found to inhabit the space, they would prefer not to construct a toilet at the given location for fear of disturbing and antagonizing the spirits.

UNICEF BCO's internal structure and organizational culture, which includes stretch assignments and tools, have greatly contributed to ensuring that programmes were effectively implemented and monitored and funds were efficiently utilized, as described in the section 'Efficient fund utilisation'. The organizational culture and training of staff have promoted a higher degree of adaptability and responsiveness in the management of programmes as well as influenced the achievement of results. Further UNICEF has a global network which the BCO is able to tap into for support and expertise, hence the strong and visible support from UNICEF ROSA.

Some catalysing factors include: (1) alignment of the plan with the priorities of the RGOB; (2) strong and visible support from UNICEF ROSA; (3) good partnerships forged among key players such as the government, civil society organizations and UNICEF and other donor counterparts; (4) formulation of the policy framework, plans, standard operating procedures that provided direction for the implementation of the activities; (5) inclusive and highly consultative planning processes; and (6) programmatic focus on UNICEF children. These influencing factors apply to almost all programmes. In the context of the health and nutrition programme, another factor was identified i.e., the high level of engagement and sponsorship provided by the Bhutan government for the implementation of various programmes, as demonstrated by the provision of the counterpart budget.

6.2.5 Positive and negative unintended outcomes

E5. Were there positive/negative unintended outcomes? Could they have been foreseen and managed?

The following unintended positive and negative results, including some potential consequences, were documented by the evaluation:

As noted in the previous section, COVID-19 resulted in unintended positive outcomes. **The pandemic**

led to increased attention to and programmatic focus on WASH, particularly handwashing in schools and the mental health of children and adolescents.

The education programme in monastic institutions aims to teach basic numeracy and an English language curriculum to monks/students to foster life skills and knowledge. An unintended positive outcome of the programme was the creation of demand for multi-level numeracy and English classes. The monastic body management has made presentations to the King, requesting that the standards of monastic institutions be brought on par with other schools, at least up to eighth grade, more specifically by expanding the scope of numeracy and English language classes from the basic level to multiple levels.

Another positive consequence for education was the opportunity to pilot home-based interventions following the closure of ECCD centres. Initially implemented as a COVID response, the development and distribution of home-based learning kits was expanded to five pilot districts.¹⁰⁴ This has not only expanded the reach of the ECCD learning packages but also aided ECCD advocacy by spreading awareness about the importance of early learning and stimulation. Parents of children who received the home-based kits showed increased awareness of the importance of play-based learning and development as well as the supporting role of parents in facilitating early learning. Consequently, this led to discussions with stakeholders on the potential to expand holistic ECCD through harnessing parenting support.¹⁰⁵

An unintended negative outcome of the capacity building initiatives of the government, such as technical training, was that people become inclined to seek higher-paying jobs abroad. Interviewees noted that people trained in the health sector can easily find better and higher-paying jobs abroad. With a large number of trained Bhutanese leaving the country, the country programme will need to reinvest in capacity building of personnel across positions, especially those delivering frontline health services.

Under the WASH programme, a potential negative unintended consequence of the subsidy-free approach is that poor communities are being coerced into building toilets. The risk exists but it is unclear whether it turned to reality on the ground. It was claimed that those who could not construct

toilets received assistance from members of their communities who had the means to support them. It is likely that there are exceptions. The absence of reference to such a case could be a result of a weak monitoring system.

Similarly, an unintended consequence noted in the ODF programme was that people with mud walls generally do not prefer constructing toilets within the house, lest mud walls fail to sustain leakages. It is also unclear whether this actually happened on the ground. Again, the current monitoring system did not seem to capture such a result or confirm its absence. It is also not likely that every household would have identified and avoided the risk.

One unintended negative consequence, as highlighted by a well-informed key informant, arose from the Child Adoption Act and guidelines, as it inadvertently encouraged the institutionalization of children. Civil society organizations responsible for shelter homes tend to lean towards institutionalizing children, considering it the only available solution in the absence of alternatives. Stakeholder interviews revealed a preference for institutionalization, inadvertently making a case for constructing more shelters. Discussions with UNICEF also indicated that this situation has been identified as a concern.

6.2.6 Responsiveness and adaptability to changing contexts and emerging needs

E6. How responsive and adaptive has the country programme been to the changing context and emerging needs/issues, particularly in view of the COVID-19 pandemic, successive emergencies and the tighter fiscal space?

UNICEF was notably effective in adapting its strategies to the changing context, particularly in response to the COVID-19 pandemic. This included diverting funds and reprogramming to respond to the COVID-19 pandemic and adapting strategies to ensure the continuity of essential services such as vaccination, nutrition services, education, protection, and WASH services.

UNICEF supported relevant government counterparts with planning and implementation of COVID response activities. However, because of the nature of the crisis, health response was by far the most extensive. UNICEF's health programme assisted the MOH in developing and implementing the following: (1) National Preparedness and

Response Plan (NPRP) for COVID-19; (2) Standard Operating Procedures (SOPs) for the continuity of essential health services for children and women; (3) Risk Communication and Community Engagement (RCCE) Action Plan; (4) Costed action plan for COVID -19 pandemic response; and (5) National Vaccine Deployment Plan (NVDP).

UNICEF assisted the MOH in establishing isolation wards in national and regional hospitals for COVID-19 positive patients and flu clinics to detect strains of the virus. UNICEF also provided access to health supplies^{xiv} with the help of its supply division in/warehouse in Copenhagen at competitive prices. UNICEF also provided personal protective equipment (PPE) (i.e., surgical masks, coveralls, medical masks, face shields, thermometers, body bags), several equipment such as RT-PCR machines and television sets for disseminating COVID-related messages at health facilities, and digital projectors for conducting virtual meetings and conferences about COVID-19 response activities.

UNICEF also supported the MOH to triple the capacity of cold chain facilities and trained targeted stakeholders to strengthen cold chain supply management. Online platforms were used to mobilize and increase the awareness of approximately 30,000 influential people such as local leaders, religious persons, community health workers and youth volunteers on promoting positive behavioural practices for preventing COVID-19 infection. In nutrition, UNICEF supported online training of health workers on MNP and IYCF.

The Country Representative acted as a programme staff during COVID. At the operational level, people worked day and night to ensure all necessary medical supplies were procured. When supplies took too long to be delivered, the country office explored other local sources in the region.

– Government partner

In WASH, UNICEF adapted its strategy to focus on handwashing by building handwashing stations and increasing awareness about COVID prevention with a focus on promoting behaviours related to hand hygiene. UNICEF set up more sustainable handwashing stations outside the schools in all 20 districts. WASH programme also conducted online monitoring, mostly using different online platforms. Using Sato Pan technology for construction of latrines is an example of adaptiveness. The technology is not costly and does not use a lot of water and allows pit latrines to be converted into pour flush type of toilet, thus reducing the cost of building a pour-flush toilet from the ground.

In education, UNICEF worked with the MOE to activate the Education Coordinating Group and develop a COVID-19 response plan to ensure the continuity of education as soon as lockdowns were imposed. The response plan included the 'education in emergencies' curriculum, adapted delivery modalities, safety protocols for the re-opening of schools, and psychosocial support. UNICEF also supported the development of remote and online learning materials, which were delivered through television broadcast and Google Classrooms, and helped develop, print, and distribute self-instructional materials targeted at Bhutanese children who could not access online materials, including children with disabilities.

The child protection programme adapted its interventions to address the lack of in-person service delivery by shifting to online modalities. Through the child protection programme, UNICEF also provided equipment for conducting Zoom/online meetings to regional representatives in three regions and seven regional representatives of monastic institutions since they were unable to meet face to face. To address the growing number of cases related to mental health issues, UNICEF helped the MOE to provide counselling to children and young people who needed psychosocial support through online platforms. UNICEF also worked with the UN Interagency Task Team on Gender to roll out the training package for the implementation of Standard Operating Procedures on gender-based violence case management to service managers, case managers and front liners. UNICEF and UNDP partnered in an online campaign

^{xiv} It would be challenging for the MOH to do this on its own as supply chains were disrupted amid the pandemic..

on mental health issues affecting children, young people and their families, and helped link them with relevant services. As a result of mental health issues that surfaced during the pandemic, there was a shift towards supporting mental health as an issue affecting people from all sectors and age groups. ADAP adapted to the changing context, leveraging its linkages with youth, including scouts, to disseminate COVID-19 prevention messages through online and offline campaigns. More than 8,000 scout volunteers were engaged in disseminating COVID-19 messages.



Handwashing and mental health awareness raising on the television, and supporting online and television learning was very effective during COVID-19. The issues got national visibility of a degree these had not had previously.

– Implementing partner from an academic institution



6.2.7 Interventions in monastic institutions

E7. To what extent has UNICEF's interventions in monastic institutions and GPE coordination been effective in bringing change in the relevant areas?

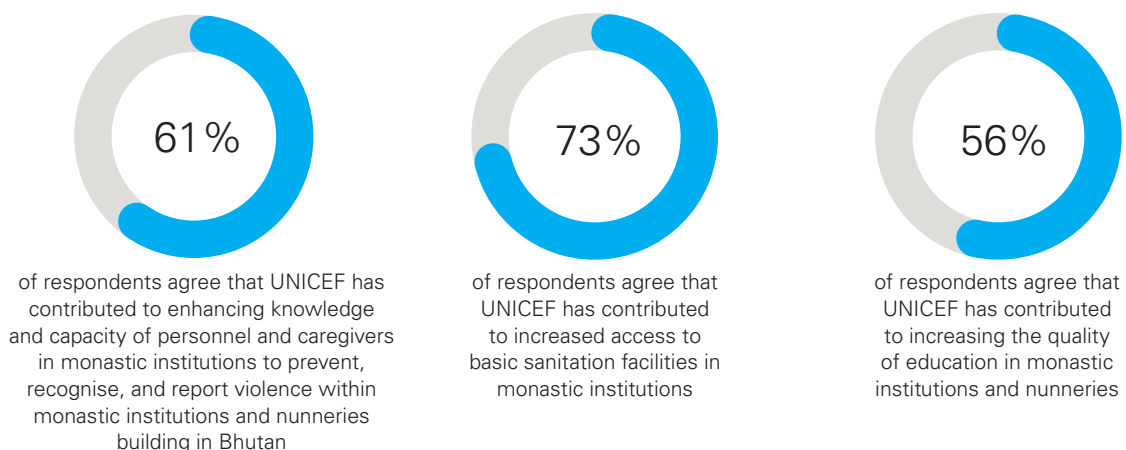
Programme interventions in monastic institutions, namely WASH, child protection, and education, have been notably effective.

Prima facie, WASH has been the most effective intervention because the programme addressed more visible, practical needs by increasing access to safe drinking water, providing warm water for hygiene purposes, and improving sanitation facilities. Unlike WASH, the effectiveness of child protection cannot be judged by more visible outputs and reported outcomes. Nevertheless, the fact that the child protection programme, whose interventions are considered sensitive and remain contested, made some inroads into monastic institutions was a notable achievement. As detailed below, basic numeracy and English language courses offered under the education programme have opened the doors for the introduction of modern education in monastic institutions. WASH intervention was key in facilitating the entry of the more contested child protection interventions and education initiatives.

WASH

Based on the review of programme documents and discussions with a few key informants and perception survey, **WASH in monastic institutions appears to be very effective.** The programme successfully constructed water supply schemes and inclusive toilets and provided filtered water for drinking and warm water for personal hygiene. The perception survey found that 73 per cent of respondents acknowledge UNICEF's contribution to increased access to WASH facilities.

FIGURE 4. Perception of respondents on UNICEF intervention in monastic institution



However, 16 per cent of respondents did not know about UNICEF's WASH interventions in monastic institutions.

WASH interventions also included Communication for Development (C4D) interventions that aimed to influence hygiene-related behaviours. These included training health coordinators as conduits for promoting good hygiene behaviours among students. Another strategy used to increase awareness on hygiene was observing international days such as Global Handwashing Day, Toilet Day, Water Day, and Menstrual Hygiene Day (in nunneries). In addition, WASH caretakers were trained to oversee operations and maintenance of WASH facilities to improve the sustainability of WASH physical infrastructure. Warm water was particularly important for personal hygiene because many monasteries are located in high-altitude areas where the cold weather prevents monks from taking regular showers.

However, it is interesting to note that as per the RAM data, the target of providing access to basic sanitation facilities to monastic institutions was 92 per cent of all monastic institutions (248 institutions) and the reported achievement was 90 percent – only 2 per cent shy of the target. This data is not consistent with the numbers and narrative summary presented in RAM reports, country office annual reports, and information from the key informant interviews. As per the data provided in the RAM narrative summary and reiterated in annual reports, 25 monastic institutions were covered in 2020; whereas for 2021, the number of monastic institutions covered was not reported for the WASH programme. Based on interviews, UNICEF's "support is limited to a small number of monastic institutions," indicating that UNICEF WASH programme covers only a small fraction of the total number (about 248) of monastic institutions in the country. As per the RAM report, in total, UNICEF had provided access to WASH facilities in 90 monastic institutions.

As to whether any visible changes have occurred beyond improved access to WASH services, a UNICEF representative stated that they had not collected any systematic evidence to assess the results, except for some qualitative evidence documented in the form of human-interest stories. However, available qualitative data and observations during monitoring visits indicate that positive changes are visible, particularly improvements in personal hygiene among students in monastic institutions. This view is corroborated by evidence

documented in the mid-term review, RAM reports and annual reports, and by an interview with a representative of monastic institutions. According to the representative, due to the provision of warm water, students now take regular showers, and the problem of "lice infestation [among students] has become folklore." This statement may reflect optimism more than reality, though lice infestation has considerably decreased and that in itself is a big achievement. It seems that significant positive change is also an indication of how things were in the past compared to the present and the effectiveness of convergence of different WASH services.

In one of the annual reports, it is claimed that as a result of improved personal hygiene among students at monastic institution, they are able to concentrate on their studies. This claim was also repeated by a UNICEF representative interviewed for the evaluation, although with a degree of caution. This may well be true, but such claims should be treated with a considerable degree of caution, especially as it may be a case of 'motivated perception', or 'seeing things we want to see'. Likewise, this particular claim needs further scrutiny as it can raise questions about the ability of monasteries to inculcate the habit of concentration.

Child protection

Based on the review of documents and interviews with key informants representing UNICEF and monastic institutions, it can be concluded that despite initial hesitation on the part of the monastic body, who saw child protection interventions almost as an attempt to "spoil us and spoil our students," some positive changes have occurred. Creating an enabling environment to talk about child protection issues is arguably the most important achievement. According to a UNICEF representative, after many years of work with the monastic institutions, there is now discernible openness to discussing these issues. In the past, when UNICEF had meetings with monastic institutions, they would not broach the topic of child protection directly. Instead, they would approach it indirectly, using entry points like rights and responsibilities. Now, monks and children themselves take the initiative to discuss child protection issues.

However, the most visible change is the reduction in cases of corporal punishment. Prior to UNICEF's intervention, corporal punishment was rampant. Both students and teachers accepted it as a norm. Teachers did not necessarily need a strong reason to beat children. Quite often they would beat children

to vent their anger or frustration, even when children were not at fault. UNICEF contributed to increasing awareness among teachers about corporal punishment. Monastic institutions also received instructions from higher leadership to align their actions with global best practices around child protection. The demand from higher authorities, accompanied by increased awareness and the existence of reporting systems, contributed to changing practices among teachers.

The development of SOPs on child protection was identified as an important contribution. SOPs were found to be very helpful because “SOPS clearly laid out the roles and responsibilities related to child Protection.” The SOP has become a key reference document, which can potentially guide the future child protection focal persons on how to carry out their responsibilities. The SOPs on child protection also provide mechanisms for children/students to raise their voice against cases of violence. In addition, they provide a framework for monastic institutions to hold the perpetrators of violence accountable.

SOPs have contributed to bringing about positive change in monastic institutions. The institutions try to follow the SOPs as much as possible. For example, as per the SOPs they hold board meetings and regional meetings. As a result, they were able to raise, discuss and resolve several issues. However, despite some improvements, they still face some resistance from older monks who believe that new practices e.g., ban on corporal punishment, would negatively affect students’ studies. The other challenge was the limited financial and human resources for effectively implementing SOPs including hiring necessary personnel. Transfers and rotation of responsibilities is another challenge which affects protection related work. Sometimes the work done in one place goes back to square one when a child protection focal person is transferred to another location or division.

Majority of external stakeholders (69 per cent) believe UNICEF has contributed to enhancing the capacity of personnel in monastic institutions.

UNICEF’s child protection programme supported monastic institutions in the development of an action plan (2017–2022) and SOPs for protection of children in monastic institutions and nunneries. The plan sought to lay out the steps and interventions that the Dratshang Lhentshog (Council for Religious Affairs) can implement to build a protective

environment for children in the monastic institutions and nunneries. It is accompanied by a guideline on Standard Operating Procedure (SOP) that identifies key interventions to prevent, identify and respond to child protection concerns in the monastic institutions and nunneries.

UNICEF also conducted workshops for the central monastic body aimed at establishing a systematic pension fund for monks and nuns. The social security system would help retain monks who might quit their education for fear of lacking security in their old age. The monastic body committed Nu. 50 million to support this initiative. Results of these efforts are yet to be established.

Education

Education interventions in monastic institutions, comprising of teacher training on basic numeracy and English level classes, have created a desire for change within the monastic body. The current programme in the institutions provides limited choices. According to a representative from the monastic body, monks and nuns can only turn to manual work when they leave the monasteries and nunneries. When asked what they would like to see changed in the future, the representative said that UNICEF could become a strategic partner in bringing the standards of monastic institutions on par with modern education, at least until grade 8. Through this, young monks and nuns could transition to modern schools, should they decide to do so.

To date, about 300 children in monastic institutions have had access to English literacy and numeracy through the 50 trained teachers. More teachers were targeted for training, but initial opposition to instituting English literacy and numeracy in monastic institutions as well as the onset of the COVID pandemic caused delays in implementation. The monastic body has already approached His Majesty the King, requesting the introduction of multi-level numeracy and English classes. UNICEF has submitted a strategy paper outlining the English curriculum with basic arithmetic, social studies, and computer education. It was reported that the paper is under review. This opens up space for UNICEF for broader engagement with monastic institutions to reduce the vulnerability of perhaps the most marginalized children and young adults on the fringes of society. UNICEF can support the proposal for introducing multi-level numeracy and English classes and provide technical assistance to make it a reality.

Other education interventions in monastic institutions have focused on supporting physical education programmes for monks and nuns and teacher training (on child-centred and interactive pedagogies). The movement/physical education pilot was targeted towards improving the physical and psychological well-being of monks and nuns, especially to curb the increase in non-communicable diseases, such as hypertension and diabetes. Whether the intended outcome has been achieved remains a question as the planned assessment of the pilot implementation has been pushed back. If short-term results and long-term impact are studied and found to be positive, then the possibility of scaling up the physical education programme and institutionalization can be explored.

UNICEF is also supporting the development of an information system to strengthen the Monastic Education Council's ability to gather, analyse and utilize data for improved planning, monitoring and decision making. It will be important to continuously support this initiative, particularly through capacity building on the use and management of the information system, to ensure it is utilized.

Strengthening and scaling up these interventions will contribute towards sustainable change. Further advocacy is required to increase buy-in among leaders and members of monastic institutions, continue discussions with the Monastic Education Council, and find opportunities to institute system-based interventions and advance learning goals for monastic education.

Health and nutrition

There were no dedicated health and nutrition interventions in monastic institutions, apart from a few activities. UNICEF has tried to link monastic institutions with nearby health facilities (primary health centres or hospitals) in response to the lack of access to health services among monks and nuns, including access to deworming tablets which are accessible to other school children. In 2021, UNICEF's health programme began to explore potential areas of collaboration. UNICEF has provided health kits and funds for the provision of water systems to health focal groups in a number of monastic institutions.

In December 2022, the World Food Programme (WFP) supported the MOH in carrying out an assessment of monastic institutions. The MOH health programme and UNICEF participated in the assessment. Stakeholder interviews revealed that the assessment results will be used for identifying and implementing interventions in the BCO's next programme cycle.

6.3.8 Efficiency in resource utilization

E8. How efficient was the country programme delivery in terms of resource utilization, both financial resources and human resources?

The 'programme and operational effectiveness' component cuts across all BCO programmes and activities and is designed to ensure effective coordination, communication, and partnership to achieve maximum results for children in Bhutan.

As per the CPD, the 'programme and operational effectiveness' component supports integrated and intersectoral programme implementation, management, and technical and strategic assistance.

The UNICEF Programme Management Plan (2019–2023) outlined seven strategies to ensure results in both programme and operations by: (1) delivering as one (2) strengthening partnerships (3) focusing on cross-sectoral results (5) increasing efficiencies (6) strengthening the office capacity, and (7) ensuring staff well-being. In terms of governance mechanisms in the country office, annual management plans (AMPs) and RAM reports clearly segregate different responsibilities into outputs for good governance system, administrative and financial resources management, and human resource management. The AMP reflects the governance mechanism with clear TORs, whereby the country management team (CMT) through programme implementation meetings (PIM) monitor and manage programme budget as well as grants. Under the heading of 'operational effectiveness', the RAM matrices for 2021 and 2022 indicate that **only one¹⁰⁶ out of four indicators^{xv} were fully achieved.**

The apparent underachievement was explained by an operations staff, who said that there are several functional committees, including the staff association, that are engaged with many meetings.

xv Indicators include (1) No. of management team meetings (2) Percentage of closed audit observations (3) No. of all staff meetings, and (4) No. of Local Joint Consultative Committee meetings.

LJCC and CMT meetings are called when critical issues need to be addressed. It was also noted that smaller and one-on-one meetings with programme teams and partners reduced the need for more frequent LJCC and CMT meetings.

The programme and operational effectiveness units are supported by UNICEF's in-built accountability and monitoring tools that track donor reporting schedules, programme budget allocations and Direct Cash Transfers (DCTs) over 6 months. These are also monitored by the CMT and PIM, since updates on fund utilization, harmonized approach to cash transfers (HACT) compliance, as well as donor reports and donor visits remain a standing agenda at the CMT and monthly PIM. These tools are used for checks and balances to ensure the effective management and monitoring of programme results. In this way, the office was able to mitigate all violations pertaining to 'segregation of duties' and is well on-track with fund utilization, bank optimization reports, bank reconciliation statements, and financial reporting.

It was reported both in the interviews and the RAM that the office continued to maintain 100 per cent timely submission of donor reports. The new field monitoring guidelines also enhanced joint monitoring visits and efficient utilization of resources. However, external interviewees reported that UNICEF teams made fewer monitoring visits during COVID but communicated via periodic calls, emails, and virtual meetings, seeking update on activities and fund utilization.

The operations units developed and strengthened five standard operating procedures (SOPs) on travel management, low-value procurement, consulting recruitment, payment process and contracting of goods and services by simplifying procedures which were communicated to programme staff for uptake.

Likewise, **the senior supply associate position, which was made defunct in the current CPD, was reinstated** during COVID when it became apparent that the office needed additional support to cater to the increased demand for services such as delivery of essential vaccines and other medical supplies. The reinstatement of the supply position was critical, as the incumbent was able to provide much-needed support to the efforts of the government partners (MOH, MOE, NCWC) and CSOs to respond to COVID-19.

UNICEF staff regularly upgrade and strengthen their skills via in-house training or online classes on AGORA (UNICEF's global learning hub) to ensure efficient management and effective delivery of programme activities. In-house training, mentorship and coaching programmes focus on skills to address the staff capacity gaps identified in the global staff survey. The HR portal is used to monitor and prompt the staff to complete these trainings. A training on the rights and results-based planning (RRBP) was conducted for all UNICEF staff, prior to MTR, to serve "as a refresher" and to provide "a clear frame of reference" for effectively managing and reporting results. The training was conducted by UNICEF's own master trainers, so that they could hone their own skills and save funds for UNICEF.

The communications and SBC units were able to maximize their community awareness-raising efforts by working collaboratively with the partners when the national priority quickly pivoted to social and behavioural change communications, a key component to mitigate the effects of COVID-19. They developed an integrated SBCC, advocacy and communications plan around mental health, well-being of children and youth, education, WASH, and sanitation. This did not only raise UNICEF's profile in the country but increased its online visibility threefold (UNICEF's Facebook page garnered 41,616 followers in December 2020). The strategies used by UNICEF to train its workforce on interpersonal communication skills and effective dissemination of key messages helped strengthen community engagement. This multi-pronged effort can foster both supply and demand side commitment and help ensure the well-being of children in the long run, and this could lead to increased public financing for education and health sectors.

Discussions with the UNICEF staff indicate that the programme and operational effectiveness units have consistently contributed to ensuring timely and uninterrupted support to other programmes, even during COVID-19, indicating that the programme and operational teams functioned efficiently. Similarly, external interviewees view UNICEF Bhutan as, "a high performer in the region, which is able to efficiently manage its funds, people, and initiatives for evidence generation even though it is a small office" and has demonstrated a high degree of efficiency, especially during the COVID-19 pandemic.

However, **almost all UNICEF staff noted, in interviews and RAM report 2022, that they faced increased workload and stress whereas the number of staff remained the same. This raises a question about UNICEF's ability to ensure staff well-being and work-life balance.** Furthermore, the periodic staff training and monitoring requirements, responsibilities of 'Deliver as One UN', and the continuous need to adapt may create an untenable situation for the country office in the long run, leading to high staff attrition and health costs, among other issues. According to RAM report 2022, the overall budget utilization for the Bhutan Country Office is at 99 per cent of the resources. Table 17 indicates that the country office has been efficient in utilizing both financial and human resources.

According to UNICEF operations staff, the operational budget, which is planned annually, consists of two main budget lines i.e., staff and office. The scale of the programme and budget size determine the amount allocated for operations. Unlike other programmes, the operational budget falls under core resources for results (RR). A portion of the programme effectiveness budget is also allocated for staff travel related to training and monitoring. Since staff travel was limited during COVID-19, the operations unit had funds which

Table 18. Country programme fund utilization

Category	Fund utilization (percent)	Fund utilization (amount)
Regular resources (RR)	98	US\$1,095,834
Other resources (ORR)	100	US\$3,042,694
Other resources emergency (ORE)	97	US\$2,136,433
Institutional budget (BMM)	100	US\$236,468
Institutional budget (BMA)	100	US\$115,413
		US\$6,626,842

would need to be reverted if not utilized. As such, the operations team diverted the remaining funds to the Common Service Fund, which is used for the maintenance of common office premises, security, gardeners, and others. Unlike other line items, the Common Service Fund does not lapse and **since the UN agencies have the option of paying for multiple years of service ahead of time, the operations unit was able to divert payments for services it will use in the future. In doing so, the BCO ensured 100 per cent utilization of its annual budget.**

6.3 Sustainability

Key findings

STKF-1. UNICEF has made significant investments in strengthening systems for sustainable change. UNICEF has adopted three broad strategies: (1) implementing both supply and demand-side interventions; (2) working simultaneously at both upstream and downstream levels; and (3) converging programmes.

STKF-2. The support provided for legislation, policies, strategies, plans and standard operating procedures was primarily aimed at addressing sustainability concerns by providing a framework for the continuation and improvement of social services. However, implementing these remains challenging due to resource constraints, lack of prioritization, and limited political will. Sustainability is also influenced by external factors, such as civil service reform.

STKF-3. Improved capacities of the social service workforce are important investments and have the potential to increase sustainability, although translating capacities into performance is not free from challenges.

STKF-4. Two notable examples of convergence were interventions in monastic institutions and integrated youth service centres. Interventions in monastic institutions spanned three sectors, including education, WASH, and child protection.

6.3.1 Systems strengthening for sustainable change

ST1. Have UNICEF investments in health, monastic education and WASH led to the strengthening of systems for sustainable change?

UNICEF has made significant investments in strengthening systems for sustainable change. This is recognized by both internal and external stakeholders, including government and CSO representatives. The support provided for legislation, policies, strategies, plans and standard operating procedures was primarily aimed at addressing the sustainability concerns because they provide a framework for the continuation of social services. **However, experience shows that having laws, policies and plans in place is not sufficient unless these policies and laws are effectively implemented. Implementation often remains a challenge because of resource constraints, lack of prioritization and limited political will.** This is illustrated by the challenges faced in the implementation of the Child Protection Act. Accelerating Mother and Child Health Policy developed by the MOH in 2019 is another example. The policy framework was completed, budgeted and approved but is still waiting for funding from the Bhutan government.¹⁰⁷ Despite challenges in implementation, having laws, policies, strategies and plans in place is important because they remain aspirational targets and can help key stakeholders come up with holistic approaches to addressing needs and highlighting the gaps in implementation.

Similarly, the sustainability of child protection (CP) and WASH programme was also influenced by the RGOB's civil service reforms. As noted in earlier in the report, the NCWC, which was the main partner for strengthening child protection systems, has now been subsumed under the Ministry of Education, with the attendant risk of dilution of its mandate. Although the CCPA will remain enforced, it was reckoned that parts of the Act that deal with creating an institutional architecture for the implementation of the Act will be repealed, rendering the legislation ineffective and toothless. Besides, the focus on developing a professional social service workforce is likely to be deprioritized.

Likewise, there is some uncertainty surrounding the future of the WASH mandate. The mandate of developing WASH infrastructure, which currently rests with the Public Health Engineering Department (PHED) of the MOH, will be handed

over to the Ministry of Urban Planning and Settlement. These changes raise questions as to whether the programme will continue to receive priority in the new ministry.

UNICEF's child protection programme staff surmise that the work UNICEF has done with the Office of the Attorney General on the diversion of children in conflict with the law will not be negatively affected by civil service reform or the amendments in the child protection law. This work included expanding the women and child protection desks and training their officials on women- and child-friendly police and judicial procedures.

Increased capacities of the social service workforce are another important investment that has the potential to increase sustainability. One example is the training of health workers on the use of UNICEF-supported Bhutan Child Development Screening Tool. The screening can become sustainable as it can be done even without support from UNICEF's technical pool, since the health workers involved have been trained on the use of the tool. Another example of UNICEF-supported training provided by the MOH involved the implementation of essential newborn care. Other examples include training of health workers on hygiene promotion, training of CSO staff and community volunteers on case management of GBV, and training of health workers for delivering nutrition interventions to reduce stunting and anaemia among under-five children and reduce anaemia among adolescents.

In the area of monastic education, UNICEF interventions focused on supporting physical education programmes for monks and nuns, and teacher training (on child-centred and interactive pedagogies). The pilot of movement/physical education was targeted towards improving the physical and psychological well-being of monks and nuns, especially to curb the increase of non-communicable diseases such as hypertension and diabetes. Whether the intended outcome has been achieved remains a question as the planned assessment of the pilot implementation was pushed back per stakeholder advice. If short-term results and long-term impact can be studied, then scale-up of the physical education programme and possible institutionalization can be explored.

Other interventions included training of teachers in English literacy and numeracy and the development of a monastic education information system. As

the literacy training was conducted on a small scale and the information system development is still at an early stage, it is premature to assess the results and contribution of these efforts. UNICEF is, nonetheless, in a good position to build on these interventions and strengthen partnership with monastic institutions to achieve systems improvement. In the next CPD, continuous support for scale up of interventions, capacity building of teachers, and strengthening evidence-based programming would be crucial for contributing to sustainable change.

6.3.2 Sustainability at national and district levels

ST2. To what extent are the positive changes and effects of the health, monastic education and WASH programmes sustainable at national and district levels?

Some positive changes brought about by the programme interventions have the potential to remain sustainable, although there are challenges which could compromise the sustainability of results. The child protection programme has contributed to awareness raising at the community level. As indicated earlier, some of the changes at the systems level e.g., bifurcation of the NCWC or dilution of its mandate may compromise or slow down the achievements. UNICEF's work with Bhutan Royal Police in setting up a child and women protection desk has led to sensitization of police officials and enhanced skills for dealing with child protection issues. However, sustainability remains an issue because the government does not allocate sufficient resources. The evaluation found that on paper it might look like the government provides a considerable amount of resources to the police, whose mandate includes prisons, firefighting and policing, but in reality, most of the resources are consumed by prison operations, leaving very little resources for addressing issues of women and children.¹⁰⁸ It appears that without UNICEF's support, the Royal Bhutan Police would not be able to sustain capacity building activities focused on child and women protection issues. According to a representative of Royal Bhutan Police, UNICEF's support is needed not only to sustain existing services but also to address new challenges as the nature of offences and crimes continues to evolve, and the police need to be equipped with the latest knowledge, skills, and tools to deal with such cases.

In WASH, the key concern related to the subsidy-free approach was the long-term maintenance of ODF.

The project implementers assumed that if people invest their own resources in constructing toilets, they would have greater ownership and the toilets would be sustainable. A participatory approach aimed to develop a sense of collective ownership among the community members, while the capacities of local masons were developed to ensure that the technical requirements were met. However, two aspects did not receive sufficient attention: (1) behaviour change communication, and (2) operations and maintenance or safely managed sanitation. UNICEF and the MOH themselves are cognizant of these limitations. A key informant representing an international development partner said, "So far, we have been really focusing on the access part. And now with access ensured, we have calculated that seven to eight years after the construction of the toilets, the toilets will be filled up," which could cause slippage.

Therefore, UNICEF, the MOH, and SNV have prepared a post-ODF strategy that aims to sustain the achievements in the years to come by focusing on safely managed sanitation. The strategy aims to increase awareness about the hygienic way to use a toilet. Other considerations include adaptive measures to address the impact of climate change on WASH services and disability inclusion. The primary vehicles through which UNICEF intends to implement the post-ODF strategy are advocacy and awareness-raising initiatives. Although the recognition of limitations and efforts to address such limitations are useful, some elements of disability inclusion and climate resilience can only be addressed at the design stage.

To improve operations and maintenance of 300 restored and retrofitted toilets, Bhutan Toilet Organization (BTO), a development partner working on sanitation issues, has created a WhatsApp support group to connect all 20 districts. Via this group, members share operations and maintenance issues and receive advice from a BTO technical person. According to a BTO representative, whenever their staff members or volunteers visit schools, they check the toilets and share the status and updates on the WhatsApp support group. Likewise, they offer advice and encourage people to fix design and maintenance issues as well as to report back. In cases where the toilets are well designed or well maintained, they share appreciation posts as well. According to the

informant, evidence regarding toilet use is mixed: “It’s not always as clean as expected. Sometimes the mechanical seals of Sato Pan toilets break down or kids shove down sticks and break the seal.” The BTO sometimes conduct awareness sessions to address such issues.

In health, capacities to use the Bhutan Child Development Screening Tool are likely to be sustainable because the health workers have been trained on the use of the tool. Seventy-four health workers in 139 health centres of 9 districts were trained to use the screening tool for early detection and management of milestone delays and disabilities for children aged 10 weeks to 60 months. The screening can be done even without UNICEF’s technical pool as the health workers involved have been trained on the use of the tool, which makes it a sustainable initiative.¹⁰⁹ The increased capacity of cold chain is likely to be sustainable because the increase in capacity from 95,000 litres to 372,638 litres was accompanied by training of health staff on the maintenance of supply chain and the development of Standard Operating Procedures manual.¹¹⁰ It was not possible to verify this but the MOH representatives claimed that the cold chain facility could become sustainable within 10 to 15 years. Capacity building of health professionals on specialized kangaroo mother care, a method of care of preterm infants, can contribute to improving newborn health outcomes.

Because UNICEF has provided visible support aligned with the directions and priority programmes outlined in the 12th Five-Year Plan, there is a high degree of ownership of the implementation of health programmes among government staff at national and local levels. UNICEF staff shared their assessment that the government can continue to implement health programmes even without UNICEF. The procurement of vaccine supplies and equipment is supported by counterpart funds provided by the government. At the local level, some districts have mapped out action plans detailing the activities and budget for the implementation of health programmes for children.

Despite all the positive gains, some areas of Bhutan’s health system need further strengthening, namely: (1) the MOH Health Management Information System; (2) medical school curriculum needs to include basic childcare and vaccination services; (3) health assistants of the MOH at the community level should be provided incentives.

The MOH maintains a district health information system (DHIS Version 2) that can monitor and track targeted maternal and child health data. According to government officials, UNICEF mobilized a sizeable fund for the installation of the maternal child health information tracking system. As of 2019, all hospitals and basic health units 1 and 2 with internet connection reported directly through the system. Monthly morbidity and HIV data are some information that can be accessed through and generated by the system. Interviews with UNICEF, however, reveal that many hospitals with poor network connection are unable to log into the system. “Many health facilities are still submitting hard copy reports because of poor network connection. Once the hard copy reaches the district health office, the people in the district enter the data online.”

Furthermore, according to a report on the Bhutan DHIS, the system has numerous and parallel reporting systems and is saddled with multiple sources of data. The MOH needs assistance for (1) strengthening its capacity to generate population health status and facility-based data; (2) developing surveillance capacity to detect health risks and security issues (3) enhancing the capacity to synthesize information and promote the accuracy and application of the information, and (4) using a single source of data for health information.

Key informants pointed out the need to revise and update the medical school curriculum to include basic childcare and vaccination services at the community level. This would reduce the need for basic training interventions in the workplace. Key informants also cited the challenge of sustainably engaging volunteer health assistants at the community level. Health assistants play a very instrumental role at the community level. According to interviews, they act as frontliners and critical influencers who speak the local language or dialect of patients, women, children in the community. They help and encourage community members to register for various MOH health programmes, and sometimes distribute required medicines. According to a key informant, “Seventy-five per cent of the health volunteers are males because they need to walk long distances outside their villages to relay information or distribute medicines.” They do all this work without pay. The MOH is currently looking at various incentive schemes to be able to continuously engage health assistants, both males and females, at the village level. More females are needed, especially because some mothers hesitate to go to the health centres if they know the health assistants are males.

Interviewees suggested that UNICEF needs to prioritize interventions that can sustainably generate more outcomes and impact for the health sector. Government representatives noted that they will now assess proposals from development partners on the results and impact that can be generated by the interventions. They want to see more “end-to-end interventions” in proposals. A good example of end-to-end intervention was the installation and expansion of cold chain facilities with support from UNICEF. The intervention not only tripled the structural capacity of the facility, it also ensured that people using the system in 17 districts were trained on its use. An operation manual for users and standardized use of the facilities was also developed.

Progress made in WASH in monastic institutions remains tenuous as there is no support from the government due to resource constraints. To sustain achievements and to make further progress, UNICEF will have to continue to support monastic institutions. This will entail providing missing WASH facilities in monastic institutions not covered earlier and continuing to work on hygiene promotion and capacity building on maintenance and operations in monastic institutions not covered earlier. UNICEF can provide this support with the assistance of international donors and/or it can also request the RGOB to provide resources for monastic institutions.

6.3.3 Programme integration and sustainability of results

ST3. To what extent have the programme strategies adopted by UNICEF, including integration of programmes contributed to or were designed in a way that they will contribute to sustainable results for children, especially equity and gender-related results?

There are three broad strategies adopted to contribute to sustainable results for children. (1) implementing both supply and demand side interventions (2) working simultaneously at the upstream and downstream levels (3) convergence of programmes. These strategies were not necessarily mutually exclusive, because there were some overlaps. For example, all upstream activities, such as the formulation of policies, plans, strategies and standards and capacity building activities, and support for service delivery are part of supply side interventions. While some SBC activities do aim to generate demand for services by improving awareness among the public, others can be supply driven. Some SBC activities can have both elements. Increasing knowledge

and skills to influence hygiene and nutrition related behaviour are examples of SBC activities that do not necessarily intend to increase demand for services, though they may lead to an increase in demand. SBC activities that are specifically meant to increase demand for services include awareness raising on child protection issues and on MNCH. Raising awareness on child protection issues, for example, led to increased reporting of child protection issues, and increased awareness on MNCH led to increased demand for MNCH services such as prenatal and postnatal care.

Upstream work was meant to create policy and planning frameworks as a way of ensuring sustainability through systems building. There are many justifications for extending support for downstream work and it is noted that support for downstream work recognizes that the effects of upstream work take time to trickle down. Therefore, in the short run, supporting government agencies and CSO partners to address gaps in service delivery is important. Supporting downstream activities also offers opportunities to increase capacities of frontline workers. This has helped address the immediate needs more effectively by increasing the skills of the social service workforce and helped prepare for future scenarios when improved capacities will be needed to implement new and improved policies. Providing technical and financial support to downstream activities is also important for visibility because contributions to upstream activities often remain hidden from view. This also creates goodwill for the organization. Supporting implementation of projects on the ground helped UNICEF to glean practical insights and evidence, which, in turn was used to inform policy and advocacy work. Overall, both upstream activities and downstream activities complemented and supplemented each other. Similarly, demand side and supply side interventions also complemented each other to increase the likelihood for sustainability.

Notable examples of convergence were interventions in monastic institutions, integrated youth service centres and early intervention services for children. Interventions in monastic Institutions spanned over three sectors, including education, WASH, and child protection. Similarly, through integrated youth service centres, UNICEF provided adolescent-friendly services such as child protection, health, education, and civic engagement. In the case of interventions in monastic institutions, the purpose of convergence was to create a more

visible impact by providing multiple services to individual institutions. It was, however, not possible to find out whether child protection, WASH and education interventions reinforced each other to amplify the impact. It was claimed, as noted earlier, that improved hygiene helped students to concentrate more on studies. Although the claim does make intuitive sense, such claims should be treated with a degree of caution.

In the case of integrated youth friendly service centres, convergence aimed to make different services more accessible to youth by bringing these services under one roof. In this case, convergence also meant to increase the efficacy of youth centres so that they become more sustainable by attracting attention and resources of the government. There is no evidence available to indicate that youth who benefited from multiple services did better than those who only benefited from one service.

UNICEF's health and education programmes worked together with the MOH and the MOE in strengthening early intervention services for children. Health staff, ECCD facilitators and district-level education officials have been trained on the use of the Bhutan Child Development Screening Tool (BCDST).¹¹¹ The use of the BCDST allows health staff to assess early indications of disability among newborns and provide necessary intervention, and ECCD facilitators to provide developmentally appropriate support to children in ECCD centres. While efforts on the BCDST is currently only reported under the health programme and needs more evidence on utilization and results, this remains an area where further programme integration and collaboration can be explored or strengthened. UNICEF can strengthen the implementation of a holistic ECCD programme through more similar partnerships among UNICEF programme teams and with other sectoral stakeholders.

6.3.4 Sustainability of results from emergency response and transition to development

ST4. How sustainable are the results from the emergency interventions, specifically safe water, and promotion of hygiene during COVID-19, after transition to development?

The COVID-19 pandemic has put handwashing at the front and centre of the WASH agenda. Prior to COVID-19, UNICEF had tried to increase access to handwashing by providing tippy taps. However, the pandemic provided an opportunity for UNICEF

to mobilize a significant amount of resources to build more sustainable handwashing stations around the country. More robust handwashing stations means that those handwashing stations will continue to benefit communities in the long term. For three reasons, it is not possible to comment on the results of hygiene promotion: (1) no data is available on results of hygiene promotion activities (2) no consultations were held with the communities for the evaluation, and (3) UNICEF staff or other WASH stakeholders did not make any claims about outcomes of hygiene promotion during COVID-19. Though it would be safe to assume that because of the intensity of focus on handwashing as a COVID-19 preventive strategy, many more people across the gender, geographic, economic and ethnic divides would have been exposed to hygiene promotion messages than would be possible otherwise. Similarly, because handwashing stations were constructed across the country, they serve to address the equity and gender aspects, except perhaps disability inclusion. However, no information was available as to whether handwashing stations were easily accessible to both men and women. Apart from the stations being more sustainable, it also provides a model for replication, indicating relevance of the structure beyond emergencies.

MHPSS, which was not part of the regular programme prior to COVID, has been integrated into regular programming. Not only child protection, but other programmes such as health and education have also integrated MPHSS in their work. Similarly, some work around social behaviour change communication focusing on stigma, prevention, discrimination has also been integrated in the programme. The child protection programme worked very closely with SBCC as part of the campaign on violence against children, on changing the way people think about violence against children and addressing negative attitudes.

Increased demand for cold chain facilities during COVID-19 pandemic required the RGOB to increase cold chain capacity on an emergency footing. Even though COVID-19 emergency is over, the increased cold chain capacities, both in terms of additional cold infrastructure developed and trained human resources, will continue to be useful for future. The 289 health facilities that benefitted from the cold chain support can continuously store other types of non-COVID routine vaccines.

In education programming, the 'education in emergencies' curricula developed as part of the COVID-19 response plan has evolved into the 'new normal' curriculum (NNC). The NNC, which includes strategies and modalities that allow for flexible learning and was said to be IT-driven and competency based, was introduced in the academic year 2021 as schools re-opened. Providing continuous support for the implementation of the updated curriculum and strategies will ensure sustainability and continued contribution to learning outcomes in the 'new normal' context. This also opens an opportunity for UNICEF to fuel advocacy and support for alternative learning approaches and digital learning.

6.3.5 Influence on allocation of resources and financing

ST5. What has been UNICEF's role in influencing allocation of resources and in what ways is the government helping to protect this pattern of financing, especially in the health sector?

ST6. In what way has UNICEF's advocacy and support for the system promoted/facilitated resource allocation/financing within government in the various sectors (where UNICEF works)?

Interviewees from the government cited various examples where they thought UNICEF was able to influence the government in the allocation of resources for the health sector in the 2021–2022 budget cycle. According to them, UNICEF ensured that there is a budget allocated in the implementation of the 'kangaroo mother care', especially in referral hospitals in the eastern region of Bhutan. Another

example cited was the promotion of postnatal care visits. A study was conducted to understand the reasons behind the dismal number of postnatal care visits by mothers. UNICEF also supported the MOH in crafting the ACMH outcome policy to address the causes of the problem.

Resources provided by UNICEF are complemented/ supported by the government's contributions. Some of the resource allocations influenced by UNICEF have been institutionalized. A case in point is the celebration of global days, like hand washing, the World Water Day, World Toilet Day. They are now institutionalized and carried out without any resources from UNICEF or SNV.

UNICEF's advocacy on investing in children helped convince the Ministry of Finance to assess, through its Department of National Budget, the efficiency and effectiveness of the annual grant system of local governments in achieving subnational key result areas. This led to the revision of the block grant guidelines. The training of local governments in assessing the needs of children and preparation of action plans to ensure resource allocation for children, especially the poor and marginalized, is expected to advance the social outcomes related to children, young people, and women at the local level. However, more monitoring is needed to validate/verify if local governments have actually allocated funds for child outcomes on health, nutrition, child protection, education, and social policy. This will help determine the extent and results of social budgeting for children and adolescents.

6.6 Strategic positioning

Key findings

SPKF-1. UNICEF has successfully positioned itself as a key strategic partner of the RGOB and development partners. As the lead agency for children, UNICEF successfully leverages its position to mobilize additional resources. The most valuable support UNICEF offers are knowledge, technical expertise, capacity building, and bringing different stakeholders together. These roles will become more important as Bhutan graduates to middle-income country status, potentially leading to reduced inflow of grants. UNICEF can focus more on piloting innovative programmes and providing technical support for replication. Budget tracking is another area UNICEF can prioritize.

SPKF-2. UNICEF can build on the success of its interventions in monastic institutions to increase its coverage and deepen its impact. UNICEF could also provide assistance to the RGOB to strengthen the Kidu system. One way they can do this is to support the RGOB to benefit from experiences in social protection systems in the South Asia region. UNICEF can also further strengthen its coordination role.

6.4.1 Comparative strengths

SP1. To what extent has UNICEF positioned itself as a strategic partner in the country context? What are UNICEF's comparative strengths in the country – particularly in comparison to other UN agencies and development partners – and how were these harnessed to help achieve the results?

UNICEF has successfully positioned itself as a key strategic partner of the government and other implementing partners. **UNICEF is the leading partner of the RGOB and civil society for key areas of UNICEF's engagement (i.e., WASH, health, nutrition, education, child protection, and youth development).** Majority of the survey respondents agreed that UNICEF has positioned itself as a strategic partner of Bhutan in all sectors UNICEF has been working in.¹¹² **It is viewed by the government as a trusted advisor on matters related to social development.** UNICEF has earned the reputation of being a long-term and trusted partner. It takes a long-term, systems approach, while also addressing needs on the ground.

UNICEF has a distinct comparative strength that other agencies cannot match. It is widely recognized by the stakeholders as the lead agency for children. It is second only to UNDP in terms of the size of its portfolio. However, compared to other non-state development actors in Bhutan, UNICEF is recognized by both government and CSOs, for bringing a bigger portfolio (e.g., in the education sector). In terms of linkages and networking with local partners and communities, UNICEF enjoys a competitive advantage, a strength that other UN agencies working in Bhutan also recognize.



UNICEF is best known for safeguarding and protecting the rights, development and well-being of children across all borders.

– a government stakeholder



UNICEF's strategic engagement with various local government agencies and international organizations ensured the continuity of

programmes and the rollout and expansion of pilot programmes for nationwide implementation.

Partnerships forged with key government agencies led to the formulation of strategic policies such as Accelerating Mother and Child Health and the amendment of the National Youth policy, among others. It helped raise awareness of new issues such as mental health and elevated mental health as a national concern needing urgent response. UNICEF's partnerships with targeted civil society organizations generated lots of volunteers and influencers during the pandemic, which led to the fast rollout of vaccination. Its membership in various international networks allowed UNICEF to access and provide the necessary health facilities and equipment needed during COVID-19.

UNICEF's ability to tap into regional and international expertise is widely acknowledged by UNICEF Bhutan Country Office.

For example, the Bhutan Country Office was able to tap into regional expertise to design the GBV programme. Piloting innovative programmes for further replication on its own or by others or supporting replication of innovative solutions (e.g., replication of Sato Pans in WASH) is also considered a key strength of UNICEF. Technical expertise and evidence generation to inform policies and programme is also seen as an important comparative advantage.

UNICEF also successfully leverages its position to mobilize additional resources. This is acknowledged by ROSA and UNICEF Bhutan staff.

For instance, GBV (child protection) programme and WASH programme received funding from UNICEF's regional office. UNICEF also facilitated access to Global Partnership for Education (GPE) for education interventions with the MOE. A government partner acknowledged that "They [UNICEF] are also playing a secondary role to help the ministry access resources that are available elsewhere, which would not have been possible without their support." Because of its ability to mobilize financial resources, UNICEF is also seen as a source of funds, especially for interventions which are often neglected (e.g., child protection, sanitation in WASH). In some cases, UNICEF bridges resource gaps. For example, in the case of the subsidy-free sanitation programme (WASH), UNICEF covered 11 districts not covered by SNV. Funding support from UNICEF was valuable because UNICEF was able to direct resources to address issues that escaped the government's attention.

The external stakeholders representing the government and CSO partners, however, pointed out that while funding is important, the most valuable support UNICEF offers is bringing different stakeholders together. UNICEF's convening and coordination power is widely acknowledged by UNICEF development partners. The B-WASH cluster is often presented as an excellent example of the way in which UNICEF brings key stakeholders together to find solutions.



“Not only [in] WASH clusters, but [in] so many other workshops with regard to sanitation, we are always involved.

– CSO representative,
Key informant interview



UNICEF has played an active role in forging partnerships. The mid-term report highlighted some of the collaborations and results generated from such mechanisms under the Inter-Agency Task Teams and the UN Business Operating Strategy under the new UN Strategic Development Partnership Framework (UNSDPF):

- Cooperation with WHO, UNFPA, and UNDP to support the MOH's COVID-19 response ensured the continuity of health services, risk communication and community engagement (RCCE), and resource mobilization.
- Collaboration with WFP in supporting the MOH to develop the National Nutrition Strategy and Action Plan to advance implementation of nutrition-specific and nutrition-sensitive interventions.
- Collaboration with the UN Inter-Agency Task Team on Gender to roll out the training package on the SOP on GBV to service providers and frontliners in all 20 districts and municipalities.
- Collaboration with the UNCT in supporting government and partners in advancing mental health issues as a national concern.
- UNICEF forged partnerships with UNFPA to support the Bhutan Scout Association which engaged 17,000 adolescents and youth (7,584 females) as advocates during the pandemic.
- Collaboration with UNDP to raise, together with the RGOB, US\$872,050 from the SDG Joint Fund for funding the Integrated National Finance Framework.



UNICEF's multisectoral mandate for children, wide on-the-ground presence, and longstanding role as a trusted adviser to national governments gives the organization a unique advantage to mobilize national, regional, and global partners – across public and private sectors – to tackle the global challenge of child malnutrition.

– Key informant



UNICEF's development partners considered the UNICEF team in Bhutan to be highly approachable and easy to work with. A key informant representing monastic institutions mentioned that UNICEF is very easy to work with. A CSO representative also echoed this sentiment saying that even senior officials such as the UNICEF Country Representative are highly approachable and meeting him is not difficult, as “he agrees to meet just like that.” Referring to the UNICEF team, they added, “They are the ones who keep ... [their organization] active and true to our cause.” Some multilateral institutions also appreciated the role of senior leadership.

6.7.2 Role in the future and programme integration

SP2. What role should UNICEF play in the future? How can UNICEF position itself for better integration of UNICEF programmes while addressing the bottlenecks in planning, designing and implementation?

As Bhutan moves up the income status ladder and becomes a middle-income country, leading to reduced inflow of grants, UNICEF will have to recalibrate its role and focus even more on policy advocacy, technical support, and evidence generation. Since policy implementation has remained a big challenge, the country office can focus on putting in place measures that ensure policy implementation on the ground. Monitoring and evaluation of policies to generate evidence to support its policy advocacy would be a crucial aspect of this work. There is a realization on the part of UNICEF leadership that because of potential reduction in inflow of grants, for the next

programme cycle, the country office should focus on a more modest set of results and much more reduced financial envelope to go with that.

In terms of downstream programming, it would be more realistic to focus on supporting pilot initiatives rather than supporting full-fledged programmes for service delivery. Even in piloting innovation, UNICEF can pay more attention to providing technical assistance through the team on the ground in Bhutan, the regional office and global network of expertise. Evidence generation and documentation should also feature strongly in all pilot initiatives.

UNICEF has already made significant contributions in supporting the government in policy formulation, legislation, and in developing strategies. It is also doing some work related to budget analyses to track where money is being spent. **In the future, UNICEF can expand this budget tracking work to help the government understand where budget is being spent and highlight gaps between intent and actual spending.**

There is no strong evidence showing a link between training offered to youth and employability. This may well be because there is no follow-up, and updated information is not available. However, there is also a realization that training courses are not necessarily driven by market demand. Besides, unemployment is a big issue. With greater exposure to opportunities available outside, limited social mobility and limited employment and other income generating opportunities, the notion of *Tsa Waa Sum* (His Majesty the King, Country and People of Bhutan), which served as the motivator, has gradually become weaker.

Given that unemployment is a huge challenge in the country, UNICEF should continue to invest in this area.¹¹³ It is understood that local employment opportunities cannot be matched with the income they can earn in places like Australia. A possible approach is training youth in outsourcing jobs which would allow them to earn in dollars and spend in local currency – an option which could be even more lucrative than working in Australia. Not only would the youth earn a decent income, but

they would also bring foreign exchange to Bhutan, and unlike in manufacturing businesses, their carbon footprint would be very small. They can also learn from the experience of other countries in the South Asia region.^{xvi}

It seems that UNICEF interventions in monastic institutions have sparked a desire for change within the monastic body. When asked what they would like to see changed in the future, a representative of the monastic body said that they would like **UNICEF to help bring the standards of monastic institutions on par with modern education, at least until grade 8.** This is so that when young monks and nuns leave monastic institutions, they can choose to join the modern school system. Currently, the standards of monastic education are not on par with modern education, so when young monks and nuns leave monastic institutions, they can only turn to manual work. Representatives of monastic institutions did not indicate how this might be accomplished, but it was noted that “of course, monastic schools will not teach science subject.” Since the monastic body has already approached His Majesty the King, requesting the introduction of numeracy and English classes of different levels in monastic institutions, UNICEF led the development of a strategy paper on the introduction of an English-language curriculum with basic arithmetic, social studies, and computer education in monastic institutions in 2021. Following through on this proposal and providing technical assistance for implementation will make this goal a reality. **UNICEF is also supporting the development of a monastic information system that will allow the Monastic Education Council to gather and utilize data for planning and decision making.** These interventions have opened up space for UNICEF for broader engagement with monastic institutions to reduce the vulnerability of some of the most marginalised children in Bhutan.

UNICEF leadership recognizes that the digital divide is an important issue. The next CPD should focus on efforts to contribute to the United Nations’ fourth Sustainable Development Goal, which seeks to “ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.” Even though internet

^{xvi} For example, the Government of Pakistan’s Ehsaas Programme is globally recognized for its success. Until not long ago, there was no concept of outsourcing business, but outsourcing companies have mushroomed in recent years. Some businesses employ as many as 250 employees and now every other graduate aspires to work for a tech-enabled outsourcing business. This has attracted many young talented individuals back to the region from the major urban centres.

penetration in Bhutan is relatively high, access is not equitable. Teachers who taught online during the pandemic faced communication challenges due to poor network connection and a lack of access to remote learning gadgets.¹¹⁴ Even those who have access to the internet may not have the network bandwidth required for accessing educational resources. Access to technology and internet does not, however, guarantee good educational outcomes.

Knowledge and skills for accessing appropriate educational materials are also among the challenges. Addressing the digital divide in education involves giving every student an opportunity to learn from a teacher or guide who knows how to use technology for educational purposes. UNICEF cannot address the digital divide on its own in the next country programme. It can support the government in creating an enabling legal and policy environment, including technical support for the development/enhancement of curriculum and assessment, and frameworks and strategies that help unlock the potential of internet for education and technology for development. At the downstream level, it can contribute to digital literacy¹¹⁵ among teachers and students and help create local content relevant to the needs and context of Bhutan. Partnership and strong commitment of the MOE and other relevant stakeholders will be instrumental in advancing digitalization and ICT in education efforts.



“We must invest in digital learning... we must prepare our children for this type of learning because twenty-first century jobs are going to be mostly tech driven. That’s why we cannot wait, we must actually think out of the box. That will be possible only through real bold investment in the ICT sector in education. UNICEF alone will not be able to do that.

**– a representative of UNICEF
Bhutan Country Office**



The implementation of the ICT-driven and competency-based ‘new normal’ curriculum provides a timely opportunity for UNICEF to continue promoting ICT in education and strengthening the capacity of the government in digitalizing the education system. UNICEF’s indicator on mapping of schools’ readiness for digital education will provide guidance for ensuring that the most critical needs/issues are prioritized. UNICEF should also integrate online safety as a crucial component in the expansion of digital education efforts, ensuring institutions, implementers and students or other end-users of technology are informed and capacitated to keep online safety a priority.

The country office has carried out some cross-sectoral interventions, including the ECCD programme and development of the COVID-19 risk communication and community engagement action plan, for instance. The next CPD would do well if it fulfils the promise of cross-sectoral programming to a greater degree. This realization already exists within the county office. Stakeholders have also raised the importance of following through and monitoring such cross-sectoral efforts, ensuring that implementation takes places and stakeholders are aware of progress. **UNICEF’s senior leadership thinks redesigning the results structure by following a life-cycle approach would improve programme integration in the next cycle.**

One of the important challenges UNICEF Bhutan Country Office faced is the lack of high-quality, disaggregated data. Good quality data relevant to UNICEF programming is lacking largely because the MICS, which covers about 45 per cent of the indicators of the SDGs, has not been conducted since 2010. Absence of updated MICS data has made it difficult, and in some cases, impossible to keep track of progress, so much so that the country office had to replace some important indicators for which evidence could only be obtained through MICS. Because of this, it is not possible to measure the outcomes of the programme accurately and provide sound evidence for policy and planning. It also limits UNICEF’s ability to advise the Committee on the Rights of the Child through the state party reporting. There is awareness that data will become even more important as Bhutan moves up the income ladder to the middle-income status and there is need for evidence on those who are left behind. In the absence of MICS data, UNICEF relies on administrative data, poor quality sub-national databases and, in some cases,

small, non-representative studies, feedback from NGOs, and other anecdotal evidence. According to a senior official of UNICEF, even for the “new country programme design, we do not have a holistic view of what is going on with children, women, adolescents, and young people in the country. And therefore, it’s difficult for us to keep track of progress that has been made so far.” The challenge is that higher levels of the government have reservations about the utility of surveys, in part because in the wake of the COVID-19 pandemic, the government was focused on economic recovery. Even though UNICEF had proposed cost-effective ways of conducting these surveys using digital solutions, to have short pulse surveys every two to three years, and necessary financial support from EU and the World Bank, reservations in the government persist. A World Bank representative interviewed for the evaluation confirmed that they are willing to support the MICS. It is hoped that once the COVID-19 pandemic is over and there is more economic stability, higher levels of the government would see the value of the survey and be more open to the proposals. **The next programme cycle would benefit from advocating the conduct of representative surveys that collect child related indicators such as MICS.**

6.4.3 Strategic positioning within changing contexts and in accordance with government priorities

SP3. In what ways can UNICEF strategically position itself in the areas of health, WASH, child protection, ADAP, social protection, and climate action, in the changing context in accordance with government priorities and plans?

Graduation from lower-middle income country status by 2023: In the face of an increasingly limited fiscal space for social sectors, UNICEF may need to work harder to convince the key government agencies, especially the MOF, GNHC, parliament and local government authorities, about the importance of investing in child outcomes, especially in light of the upcoming elections next year. As per the interview with the Country Representative of UNICEF Bhutan, UNICEF needs to leverage resources of the government in favour of children and adolescents. Some sources also noted leveraging opportunities for collaboration and joint funding partnerships with other organizations. This would help ensure that graduation is sustainable and irreversible.

Resources being devolved to the local governments: The RGOB has allocated a greater share of financial resources to local governments to support decentralization. Therefore, there is a need for UNICEF to strengthen decentralized monitoring of the situation of children, adolescents and women, and deepen the awareness of children’s rights at the sub-national level and ensure plan-budget linkage of programmes for children. An impact assessment of these allocations for children may also be useful for highlighting gains for possible scale-up or replication with other dzongkhags (districts). There is a need to continue working with local governments since they have only been recently elected (around six months). More capacity building is needed since they have the power to allocate their local budgets for children, especially the most vulnerable and marginalized.

Government restructuring efforts: According to several interviews, the restructuring efforts are underway and one of the major changes is the transfer of the GNHC and the local governments to the MoF and the Cabinet. Although the interviewees have yet to see the official document, this move will further strengthen the plan-budget linkage at national and sub-national levels and provide opportunities for UNICEF to move the reforms on social protection policies and programmes responsive to age, gender and geography.

Emerging mental health concerns: UNICEF can take the lead in addressing mental health issues in the next programme cycle. Stakeholders believe that UNICEF can leverage its access to technical experts and its good track record in the health and nutrition sector in forging strategic partnerships to address mental health issues holistically. It can work across sectors and forge partnerships with governments, UN agencies, and civil society organizations.

“We can work together to generate information about mental health that we can share with the government and the public – e.g., where to seek support if they experience mental health issues, who to contact, who to talk to. We can come up with these kinds of initiatives and discuss in detail how we can work together to support the government.

– International development partner

Give that mental health is an emerging priority of the RGOB, UNICEF should expand efforts to address mental health and forge partnerships with the newly established Pema Centre.^{xvii} This was affirmed by members of the Pema Centre Secretariat who shared that the secretariat and UNICEF have initiated discussions and plans on the forms of assistance that UNICEF can provide on mental health. Some of the priority areas identified include: (1) mental health psychosocial support – a coordinated response to mental health issues, which would involve tapping into different sectors (government, civil society organizations, etc.) to provide a range of mental health interventions, from treatment to reintegration into families and communities (2) training interventions on parenting (3) a consolidated information system on mental health (4) livelihood programmes for people who used to have mental health issues but are ready for reintegration, and (5) human resource staffing and competency requirements for frontliners addressing mental health issues. They believe that the specialized focus of UNICEF on children and adolescents will be helpful in addressing mental health issues in a proactive way while engaging multiple stakeholders collaboratively at national, district and community levels.

Integrating climate action programming: There is increasing awareness among stakeholders (across various data sources) about the importance of mainstreaming climate action in development programmes. They have expressed the same need for UNICEF programmes. The CPD and annual reports have repeatedly cited UNICEF’s intent to support the RGOB in mitigating the impacts of climate change. Efforts so far have been on strengthening disaster risk management and preparedness but on a limited scale (i.e., orientation with ministries/agencies on the disaster management contingency (DMC) plan, including search and rescue simulation exercises, provision of emergency kits to partners, basic disaster management training for 20 nuns, and development of guidelines for WASH in emergencies)¹¹⁶ as initiatives had to shift from preparedness to emergency response when the COVID-19 pandemic hit.

When asked about how UNICEF can better support the government with climate action programming, respondents ultimately suggested capitalizing on UNICEF’s strengths – bringing their child-focused lens, advocacy/social behaviour change approach, resource mobilization, and youth participation.



Keep young people at the centre of any climate change policies and response plans. Children should be recognized by government, private and corporate sectors and schools as agents of change.

– a government representative
(Perception survey)



Stakeholders also noted the value of working with other organizations/agencies where opportunities are available. UNDP, which oversees climate change and environment outcomes in Bhutan, has expressed willingness to collaborate with UNICEF on climate action programming. They specifically noted that UNICEF’s strength in youth engagement and mobilization can be leveraged for climate action efforts in the country.

UNICEF ROSA commissioned a study titled *The Heat is On!* The study identifies specific actions that can be taken to integrate climate resilience in education programming. Identified entry points include developing multi-sector collaborative and partnership mechanisms; integrating climate change risk reduction and resilience building in policies, plans and strategies; exploring climate funding opportunities and partnerships; and providing children and youth with opportunities, arenas and platforms to take concrete actions and fulfil change agency and advocacy roles in mitigating climate change impacts, among others.¹¹⁷ These recommendations are useful not only for education but can be adapted by the different programmes of UNICEF.

^{xvii} The Pema Centre, established in June 2022, is tasked with spearheading Bhutan’s national response to mental health. It will support policies and develop programmes to address mental health, foster multi-sectoral partnerships, engage communities, and establish a proactive service delivery network. It will also help introduce and improve treatments, therapy and rehabilitation services. The secretariat has three core divisions: self-harm prevention, violence prevention and response, and substance use prevention and care. Their collective mandate is to make proactive, consolidated and reliable mental health services accessible for all.

6.4.4 Role in strengthening social protection schemes

SP4. How can UNICEF position itself to support the government to develop social protection schemes beyond the Kidu programme and ensure that public financing services can be delivered for the most vulnerable?

The Kidu functions as a welfare system in Bhutan under the prerogative of His Majesty the King. The Kidu programme seeks to address poverty and vulnerability through in-kind (land reform/education scholarships), cash, and other support mechanisms. The Kidu system has been reformed with procedures, structures, guidelines, and entitlements to identify the poorest of the poor. There are other forms of Kidu that were granted during times of disaster. The Kidu fund is a social safety net and has been used to grant much-needed assistance to thousands of Bhutanese to alleviate various forms of hardships.

The COVID-19 pandemic showed that the Kidu programme could be supported with a parallel and comprehensive government-led social protection scheme. **UNICEF could aid the government-led scheme by supporting the development of a framework and assessment tools for identifying, prioritizing and reaching the most vulnerable.** Informants suggested conducting dialogues on universal child-sensitive cash transfers so that there can be more targeted cash transfers to children and families who are more vulnerable. UNICEF has started supporting a conditional cash transfer in the Accelerating Mother and Child Health policy to address the low turnout of pregnant women in their prenatal/postnatal care sessions by providing incentives. Once implemented and evaluated for its effectiveness and sustainability, the mechanism could be replicated or scaled up in other programmes. UNICEF can assist the RGOB in benefiting from regional experiences in social protection.

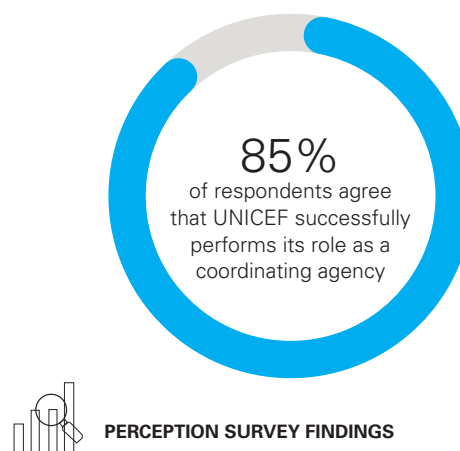
6.4.5 Coordinating role

SP5. What continued coordinating role should UNICEF play given its comparative advantage and history in the country?

Coordination is one of the important roles of UNICEF. UNICEF co-chairs the local education group (education sector coordination meeting) with the MOE. UNICEF's role in coordinating the education group was appreciated by relevant stakeholders interviewed for the evaluation. They cited some

of its key contributions in ECCD programming and emergency response. UNICEF has played a key role in bringing together relevant government stakeholders on board to develop the multi-sectoral ECCD strategic action plan, as well as supported the development of the 'education in emergencies' curriculum to ensure the continuity of learning during the COVID-19 pandemic.

UNICEF continued to lead the UN planning, monitoring and evaluation group, ensuring smooth joint planning, monitoring and reporting processes, in coordination with the Resident Coordinator's Office and the Gross National Happiness Commission. Similarly, UNICEF plays a key role in WASH cluster, which now meets annually. WASH clusters play an important role in advocacy on WASH issues. In a future likely to be characterized by shrinking financial inflows for UNICEF, its coordination role along with its advocacy and technical support will be important in helping UNICEF leverage its position.



An overwhelming majority of respondents of perception survey agreed that UNICEF successfully performs its role as a coordinating agency.

UNICEF needs to further strengthen its coordination mechanism to comprehensively target child poverty. This is also important, especially given the restructuring efforts where GNHC and the local governments will now be under the ambit of the MOF. This will be very strategic as it will surely strengthen plan-budget linkage including performance so that social assistance programmes for children, adolescents and their families can be more cohesively planned, implemented and evaluated for continuous improvement.

07 Lessons learned

The lessons presented below are drawn from a higher-order analysis of the findings of the evaluation. Most of these are applicable to the Bhutan Country Office and other country offices, particularly those in the South Asia region. They are also widely applicable to different sectors. Broadly speaking, the lessons learned shed light on the importance of some approaches and the limitations of others. More specifically, they highlight the limitation of a supply-driven approach to system strengthening in contexts where resources are scarce and political commitment to change is not very strong. They stress the need to embrace complexity and the huge importance of disaggregated data. They also reveal, based on the positive experience of the Bhutan Country Office, that organizations that possess adaptive capacities and agility can turn unexpected adverse changes in the context into opportunities.

Approach and strategy

1. Well-designed policies, plans and strategies, even when supported by tools such as costed action plans and SOPs, cannot produce the desired results unless there is political will to implement them. This political will can, at least in part, be reflected in the allocation of resources by government agencies or any other organization for the implementation of policies, plans and strategies.
2. In some societies, it is often beneficial to 'piggyback' programming on sensitive issues (e.g., child protection), by integrating it with projects that directly address more visible and practical needs. For instance, the provision of water supply and sanitation services, which are already in increasing demand, can serve as entry points for implementing other programmes.

Programme design and planning

3. When theories of change for development programmes do not acknowledge or fail to recognize implicit assumptions, implementation

can be challenging. Failing to recognize implicit assumptions may make the achievement of desired change appear easy, but it leads to unforeseen challenges.

4. In the absence of high-quality, disaggregated data, designing nuanced interventions becomes challenging. It also makes identifying missed opportunities or areas needing greater investment difficult, leading to generic programming or programmes that do not address specific needs.
5. Skilling programmes aimed at generating employment must be tailored to meet market demands and remain conscious of the broader forces that shape employment conditions. Otherwise, the programmes may develop a cadre of individuals with useful skills, but these skills may not necessarily lead to higher employment rates. This can happen when a skilling programme is designed based on what an organization is good at offering, rather than around the specific issues the programme intends to address in the first place.

Programme implementation

6. In a society that is deeply conscious about maintaining its cultural identity and traditions, the performance of a programme can be affected by traditions and cultural practices, as was the case in the implementation of the subsidy-free sanitation programme. Traditional beliefs influenced the siting of toilets in this programme, in terms of where they should or should not be located.
7. An almost exclusive focus on capacity building for frontline workers may have contributed to a lack of support for capacity building initiatives among the higher echelons of government. A more balanced approach that includes training and sensitizing senior government officials may be the key to building greater commitment to capacity building efforts.

8. If a programme is dependent on government agencies for successful implementation, any changes affecting those agencies will also have an impact on the performance and character of the programme.
9. When programmes are implemented through government agencies, they can lead to increased capacities, i.e., increased awareness and skills among government agencies. However, government agencies often prefer more tangible, physical infrastructure projects, and therefore less tangible targets, such as awareness raising, inclusion, gender equity, skills development, and sustainability often receive little attention.
10. When strong monitoring systems are not put in place, it is very challenging to identify unintended consequences, especially negative ones. For example, there was a risk of community members being coerced into building toilets to meet the set targets, but it was not possible to determine whether this risk turned to reality because monitoring systems for UNICEF-assisted WASH programme were not strong.

Adapting to contextual changes

11. Emergencies, while being unfortunate events, can offer opportunities for innovation. Some innovations, such as online classes, online monitoring, and online counselling, can be mainstreamed after the emergencies are over. By exacerbating existing issues, emergencies can also open doors for new types of programming.
12. Sudden changes in conditions (e.g., potential change in the funding environment for UNICEF due to Bhutan's possible graduation to the middle-income status) can offer new opportunities for organizations to reposition themselves and concentrate their resources on the most important priorities.
13. No amount of preparation is sufficient when dealing with a global disrupter like COVID-19. However, adaptive capacities of the organizations and their ability to draw on a network of relationships help them to successfully respond to such crises.

08 Conclusions and recommendations

Based on the findings of this evaluation, a validation exercise, and a co-creation of recommendation process conducted with UNICEF ROSA and the BCO, the evaluation team has come up with the following conclusions and recommendations. The recommendations address the overall strategy of UNICEF Bhutan Country Office, which could be taken into consideration in the next country programme cycle.

Conclusions	Recommendations	Level of priority	Proposed responsible unit
<p>Conclusion 1: UNICEF has made significant contributions to systems building through advocacy, policy formulation, and capacity building of the social service workforce. However, the implementation and adoption of laws, policies, strategies, and plans have posed ongoing challenges. Specific examples, such as the failure to implement the CCPA and the lack of adoption of the revised National Education Policy drafted in 2018, highlight the difficulties encountered. Despite the development of costed action plans aimed at facilitating implementation, such as the one for the Child Protection Act, the underlying obstacles were not adequately addressed. While budgetary constraints, influenced by broader economic circumstances, are frequently cited as a reason for poor policy implementation, a deeper underlying cause is the limited ownership and political will for investing in the social sector. These factors collectively hinder the implementation of these policies.</p>	<p>Recommendation 1: UNICEF Bhutan Country Office should adopt a comprehensive approach to enhance policy implementation and investments in the social sector. This can be achieved through the following actions:</p> <ul style="list-style-type: none"> To address the general challenge of policy implementation, UNICEF has to strengthen its advocacy efforts. In the short run, it is recommended to prioritize supporting the implementation of specific policies such as the CCPA, and the finalization and adoption of the revised National Education Policy and the Accelerating Mother and Child Health Policy. As Bhutan moves towards the ratification of the CRPD and given UNICEF's focus on equity and inclusion, UNICEF's support to the RGOB in ensuring laws and policies align with the convention will be paramount. Generate or use existing evidence that shows that investment in health, education, WASH, and child protection yield significant economic gains. Engage with decision-makers to ensure they prioritize social sector investments, especially in child protection, ECCD, and mental health among children and adolescents. Foster national and local-level partnerships to address budgetary constraints. 	High	CMT, social policy, and sectors

Conclusions	Recommendations	Level of priority	Proposed responsible unit
<p>Conclusion 2: The documented theories of change are relatively adequate, but they do not sufficiently capture the complexity of change. Underpinned by some unrealistic implicit assumptions, the theories project change as a linear process, with important negative implications for the achievement of the objectives.</p>	<p>Recommendation 2: Theories of change for the next CPD should capture the complexity of the programmes by recognizing and documenting implicit assumptions and risks and should be regularly reviewed and updated. This will ensure that the theories of change remain relevant and realistic. This can be achieved by taking the following actions:</p> <ul style="list-style-type: none"> • The new TOCs for the next CPD should incorporate programme complexity, including risks, opportunities, and assumptions, and nonlinear elements. TOCs should include key stakeholders' inputs. • Foster a culture of learning and reflection to facilitate continuous improvement. Periodically review the programme TOCs. • Provide training to programme staff to enhance the capacity for developing robust TOCs. 	High	PME, all programme teams, HR
<p>Conclusion 3: Even though UNICEF used a variety of sources, including a situation analysis of children, to inform the country programme, UNICEF's ability to take the needs of children on board at the design and implementation stage was constrained by limited up-to-date data on child related issues and child rights (e.g., Multiple Indicator Cluster Survey was last conducted in 2010.) This gap also limited UNICEF's ability to monitor results more effectively, which is why some of the RAM indicators that required updated population data for measurement had to be replaced with more output-focused indicators.</p>	<p>Recommendation 3: One of UNICEF's comparative advantages is that it is seen as a trusted data bank for child data. UNICEF should therefore:</p> <ul style="list-style-type: none"> • Strengthen data and evidence generation on child rights, including disability, to inform laws, policies, and programmes. In particular, UNICEF should advocate and support the conduct of national surveys that capture relevant child rights indicators, e.g., Multiple Indicator Cluster Survey (MICS). • Foster mechanisms for knowledge sharing, learning, and evidence utilization. • Strengthen partnerships with public and private research institutions and organizations in Bhutan to facilitate data sharing. • Enhance data management and capacity-building for stakeholders. • Continue to work closely with the Ministry of Finance and local governments to implement and strengthen the Child Budgeting Framework, monitor and evaluate budget allocated for children to ensure that public investments in children are equitable, effective, and sustainable at both national and local levels. 	High	CMT, social policy, PME, Comms

Conclusions	Recommendations	Level of priority	Proposed responsible unit
<p>Conclusion 4: UNICEF has been successful in adapting implementation modalities to meet the challenges of COVID-19. It was also successful in responding to emerging challenges. The most notable adaptation to implementation modalities was supporting the use of online platforms to overcome the strict restrictions on movement, particularly during the second wave of COVID-19. Online platforms were used to facilitate community outreach, capacity building, remote monitoring, and coordination.</p>	<p>Recommendation 4a: UNICEF should build on the experience gained during the COVID-19 pandemic to augment existing mechanisms and support the continued use of online platforms for effective service delivery, programming and community engagement. This includes utilizing online platforms for remote psychosocial counselling, remote education, telehealth, monitoring, and coordination with implementing partners. To achieve this, the following actions should be taken:</p> <ul style="list-style-type: none"> • Develop guidelines to ensure the ongoing utilization of online platforms for remote counselling, education, telehealth, monitoring, and coordination. The guidelines should include ethical protocols and cyber security measures, especially if children are involved. • Deliver training programmes to UNICEF staff and implementing partners to enhance their proficiency in utilizing online platforms. 	Medium	Programme teams
	<p>Recommendation 4b: Strengthen support for implementation of ICT and digitalization in education including in monastic institutions (e.g., capacity building, equipment support, curriculum enhancement, development of content and teaching and learning materials, etc.). As the education programme progresses towards digitalization, it should consider promoting cyber security and safety.</p>	High	Education programme team Government (Education Department)
<p>Conclusion 5: Some of the issues not addressed by the programme include child labour, child marriage and issues of children with diverse sexual identities. Child labour and child marriage were not addressed reportedly because up-to-date data was not available, and COVID-19 diverted the focus on immediate life-saving interventions.</p>	<p>Recommendation 5: To address the gaps in addressing child labour, child marriage, and issues of children with diverse sexual identities, prioritize the following issues in the next CPD:</p> <ul style="list-style-type: none"> • Strengthen evidence bases on child marriage and child labour. • Enhance prevention and response systems for child protection. 	Medium	Child protection programme
<p>Conclusion 6: The evaluation highlighted a significant gap in the ADAP programme regarding its intent and aims. It was found that while the programme provided youth with a range of skills, including employability skills, the trainings were not adequately demand driven.</p>	<p>Recommendation 6: To address the identified gap in the ADAP programme regarding intent and aims and to ensure demand-driven skills training for youth, the ADAP programme should identify demand-driven skills and train youth in these skills, in partnership with other organizations. For example, UNICEF and the government can seek support from IT firms in the South Asia region to train youth on outsourcing skills and then support them in setting up businesses.</p>	Medium	ADAP

Conclusions	Recommendations	Level of priority	Proposed responsible unit
<p>Conclusion 7: While climate action has not received sufficient attention in the CPD 2019–2023, the evaluation concludes that climate action is an important emerging focus area that is highly relevant to Bhutan.</p>	<p>Recommendation 7: A stronger focus on climate action in the CPD 2024–2028 is needed. The BCO should explore ways to support the government in integrating climate action in the education system (curriculum, resource materials, school practices and protocols, policies, etc.), WASH programme (e.g., strengthening climate resilience of WASH facilities), and ADAP (e.g., engaging the youth in climate action advocacy).</p>	High	CMT, programme teams
<p>Conclusion 8: In nutrition, the prevalence of obesity among children aged 5–9 years is an emerging area requiring focused intervention.</p>	<p>Recommendation 8: Consider expanding the scope of nutrition programmes to address obesity among children aged 5–9 years. Work with the MOH in increasing funding for nutrition initiatives. Analyse and address challenges related to barriers to nutrition services. Consider pilot testing and focusing nutrition strengthening initiatives in the poorest and hardest-to-reach areas of Bhutan.</p>	Medium	Health and nutrition
<p>Conclusion 9: Multi-sectoral intervention in monastic institutions is one of the most relevant and important contributions UNICEF has made in Bhutan. It is highly relevant because the children who attend monastic institutions are among the most vulnerable and come from the most disadvantaged backgrounds.</p> <p>WASH interventions, which addressed important practical needs, helped to create space for more sensitive CP interventions. Numeracy and literacy classes have created demand for multi-level literacy and numeracy classes.</p>	<p>Recommendation 9: UNICEF should continue its engagement with monastic institutions including focusing on multi-level English language and numeracy classes. Continue to support the monastic education information system development and build the capacity of stakeholders on the utilization of the system. Leverage UNICEF’s coordinating role to facilitate partnership and collaboration between monastic institutions and academic institutions and/or CSOs. UNICEF should also focus on promoting WASH in monastic institutions. Further strengthen child protection interventions by leveraging WASH interventions.</p>	High	WASH, child protection, education programme teams

Conclusions	Recommendations	Level of priority	Proposed responsible unit
<p>Conclusion 10: UNICEF has made a significant contribution to developing the capacities of frontline workers, even though the government was not sufficiently supportive of training interventions. Limited support for capacity building can be attributed partly to the government's preference for more tangible inputs and partly to the perception that training affects the efficiency of frontline workers by diverting their attention away from their day-to-day responsibilities.</p> <p>The low value attached to the training by key decision-makers might be due to the fact that the focus on frontline workers was not balanced by a simultaneous focus on building the capacities of high-level and mid-level decision-makers. This could sensitize the decision-makers about the importance of enhancing the skills of the frontline workers.</p>	<p>Recommendation 10: The next CPD should focus on the capacity building of high and mid-level decision-makers, in addition to frontline workers, so that not only are their capacities enhanced, but there is also support for broader capacity building efforts. Among other things, higher-level and mid-level decision-makers can be trained in (1) resource mobilization (2) public finance, and (3) monitoring and evaluation, including monitoring the application of training in the field, in order to sensitize decision-makers about the importance of capacity building.</p>	High	CMT, Social Policy
<p>Conclusion 11: There is some evidence that UNICEF has successfully leveraged the decentralized governance structure in Bhutan to improve the effectiveness of its programmes and to leverage local government resources. Local governments have been supportive of and provided resources to support integrated youth-friendly centres established under ADAP. Local governments were the key implementing partners for the implementation of the subsidy-free sanitation programme. Similarly, UNICEF and the MOH have also been able to leverage the resources of local government for WASH in health facilities.</p>	<p>Recommendation 11: To expand support for decentralized government structures and engage local governments effectively:</p> <ol style="list-style-type: none"> 1. Strengthen engagement with local governments throughout the planning and implementation of the country programme. 2. Scale up child-friendly local governance (CFLG) support based on pilot results. 3. Leverage local government resources for programme implementation. 	High	Social policy

Conclusions	Recommendations	Level of priority	Proposed responsible unit
<p>Conclusion 12: Access to international development assistance, including concessional finance windows, is linked to Gross National Income (GNI). As Bhutan attains higher income per capita status, access to grants and concessional windows will decline, and so will UNICEF Bhutan’s access to grants.</p>	<p>Recommendation 12: UNICEF should respond to this by adopting a two-pronged approach:</p> <ol style="list-style-type: none"> 1. UNICEF will have to recalibrate its role at upstream level to focus even more on supporting the government in systems strengthening. UNICEF can do this through capacity development, policy advocacy, technical assistance, evidence generation, and improving monitoring. 2. For downstream equity-focused programming, it would be more realistic to focus on supporting pilot joint programming in selected sites for the most vulnerable population and recommend for scale, rather than supporting full-fledged programmes for service delivery, considering potential resource constraints. 	High	CMT
<p>Conclusion 13: The UNICEF Bhutan Country Programme 2019–2023 is gender sensitive and recognizes that gender issues and disparities exist. UNICEF has also made efforts to bring forward gender issues through research and awareness raising initiatives. However, due to data gaps and the lack of disaggregation where data is available, it was challenging to design interventions targeted at specific vulnerable gender groups.</p>	<p>Recommendation 13:</p> <p>Utilize information systems strengthened through UNICEF’s support as well as other available sources of up-to-date and quality data to inform the gender agenda planning for the next country programme.</p> <p>Where possible, conduct consultations with representatives of marginalized groups (i.e., youth groups, organizations representing vulnerable gender groups, etc.) to identify and update the needs and priority areas.</p> <p>Design initiatives/strategies that directly address gender-specific issues through a more integrated approach across programmes rather than one-off or sporadic activities.</p> <p>Some suggestions on how this can be done are: Mainstream basic gender and inclusion training; integrate and monitor thematic gender-related indicators; facilitate awareness raising and/or dialogues on addressing harmful gender norms/norm change; engage and mobilize girls/young women, boys/young men and community leaders as change agents; disaggregate data by sex, age, disability and other exclusion factors, etc. as part of the BCO’s SBCC strategy.</p>	High	Programme Teams

Conclusions	Recommendations	Level of priority	Proposed responsible unit
<p>Conclusion 14. UNICEF Bhutan responded, pivoted and adapted its programme strategies in the changed context of COVID-19. Despite lockdowns imposed by the government, the MOH and UNICEF continued providing immunization. Services were standardized during COVID-19 with the development and deployment of a standardized operating procedure. All districts were informed about the importance of getting vaccinated and how to access support services for routine essential mother and child health and nutrition services. UNICEF tripled its procurement of cold chain facilities and strengthened its sustained use with training of targeted stakeholders on the standardized management and use of the cold chain equipment.</p>	<p>Recommendation 14: UNICEF should continue its systems strengthening interventions for the overall immunization system including supply cold chain and strengthening of its PHC platforms to prepare the health system for future pandemic and health emergencies. UNICEF should consider scaling up the installation and standardization of mechanisms that ensure the MOH is able to provide the necessary health and nutrition services during emergency situations, even in districts and community health units.</p>	High	Health and Nutrition Section
<p>Conclusion 15: Mental health emerged as a public health issue during and after the COVID-19 pandemic.</p>	<p>Recommendation 15: UNICEF should continue to strategically partner with the newly established Pema Centre Secretariat^{xviii} and other stakeholders to address mental health issues, with a focus on children and adolescents. The Pema Centre is tasked with spearheading Bhutan's national response to mental health. Some of the pipeline projects that UNICEF and the Pema Centre Secretariat have discussed for the next programme cycle are: (1) mental health psychosocial support – a coordinated response to mental health issues, which involves tapping different sectors including the government and civil society organizations to provide a range of mental health interventions, from treatment to reintegration into families and communities (2) comprehensive training interventions on parenting (3) a consolidated information system on mental health (4) livelihood programmes for people who used to have mental health issues but are ready for reintegration with families and communities, and (5) human resource staffing and competency requirements for frontliners addressing mental health issues.</p>	Medium	Health Unit

xviii The Pema Centre Secretariat and UNICEF have initiated discussions and plans on the forms of assistance that UNICEF can provide on mental health. The specialized focus of UNICEF on children and adolescents can help them address mental health issues in a proactive way while engaging multiple stakeholders collaboratively at national, district and community levels.

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