

ProjectTitle	ProjectCode	ProjectGroup	ProjectType	ProjectLocation	ProjJustTextValue1	ProjectActStartDate	ProjectActIssueDate	IssueTitle	IssueFinding	IssueCategory	IssueUserCategory2	IssueUserCategory3	RecommendationTitle	RecommendationText	EstimatedImpDate	TrackFlag
Bhutan Country Programme Evaluation (2019-2023)	2022	Bhutan CO	Country Programme Evaluation (CPE)	AP	2019-2022	1/1/15	5/30/16	Strategic recommendation 1	SR1. Ekante evaluation /evaluability assessment should be conducted after the drafting of the design of CP 8 to help assess the coherency and viability of the programme's underlying logic and overall design. a) Conduct a situational and stakeholder analysis that takes into consideration the country status assigned as per the business model of the SP 2022-25, ROGB's planned structural and policy changes, continuing challenges of data availability, vulnerability to natural hazards and gender equality and other challenges identified in the draft 12th Five Year Plan and CCA that is being developed and the need for human resources and human capital development in health and education to meet the needs of the country's graduation from LDC status. Advocacy for increasing the resource envelope is needed. b) The TOC should be developed in collaboration with relevant stakeholders including CSOs to have a clear understanding of the context, objectives, expected results of interventions as well as to increase IP's ownership. Integrated approaches especially integration of gender and HRBA should be reflected as guiding principles. c) Specific, Measurable, Achievable, Relevant and Time-bound (SMART) indicators should be developed. Measurements need to capture gender sensitivity and HRBA as well as behavioural changes (especially young people). To implement this recommendation, availability of timely and quality data is important or use of proxy indicators should be considered. d) The CP should have a M&E plan as part of the CP development (The ERG specifically recommended including an evaluation plan).	Partially accepted	Bhutan CO	High	SR1. Actions	SR1. Accepted all action points expect for the evaluability assessment will not be possible to conduct due to resource constraints and how much of the added value it will bring to smaller country program. In the new BCP for 2024-2028 CO will develop a ToC and results framework to define a clear pathway for the achievement of results and indicators for measuring success and will engaged all the relevant stakeholders and vulnerable target population. Gender and HRBA will be key guiding principles. - Development and implementation of M&E plan	12/31/2023	YES
Bhutan Country Programme Evaluation (2019-2023)	2022	Bhutan CO	Country Programme Evaluation (CPE)	AP	2019-2022	1/1/15	5/30/16	Strategic recommendation 2	SR2. CP 8 should focus on sustaining the gains in family planning while ensuring quality, expanding choices and including the needs of vulnerable and advocating for sustained national investments based on evidence. a) Undertake a study on proximate determinants of fertility, to be done by top rated scholars in the field and use the findings of the same to advocate for continued support to family planning services. It will also be useful to undertake a literature review of the experiences of countries with low fertility. b) Assess the current status of FP programme (services (disaggregated by age, sex, geography), quality, competencies, training including availability of skills lab), barriers to use (social and gender norm-related) and implications for reaping the benefits of demographic dividend. The assessment should include the quality and efficiency of logistics and supply systems.	Accepted	Bhutan CO	High	SR2. Sustaining the gains in Family planning	SR2. All action points accepted. The new BCP (2024-2028) will focus on sustaining the gains in both SRHR and FP with focus on vulnerable group like adolescent girls and women, LGBTIQ, PWD. During CP8, continued policy advice and technical support towards strengthening the quality of FP services including expanding the contraceptive choice through support to MoH to pilot and upscale other methods like the implants. Provide technical support to generate evidence on SRHR indicators including the determinants of fertility and use the evidence to advocate for continued investment in FP services in context of low TFR. Addressing the low fertility concern in the national long term plan has initiated through technical support to the Office of Cabinet secretariate to develop and advocate sustainable population in development planning and will continue during the CP8. CP8 will focus on developing the capacity to conduct in depth analysis of the 2021 National health survey data to guide the SRHR programming and strategic interventions towards accelerating the reduction in preventable maternal health, reduction in unmet needs and reduction in GBV and harmful practices.	06/30/2024	YES
Bhutan Country Programme Evaluation (2019-2023)	2022	Bhutan CO	Country Programme Evaluation (CPE)	AP	2019-2022	1/1/15	5/30/16	Programmatic recommendation 1	PR1. CP 8 should focus on assisting the country to achieve the last mile to achieving the SDG target related to MMR that will also have implications for achieving SDG target for neonatal mortality. Strategies for achieving this indicator will also support development of human resources for health particularly midwives – a concern expressed in the 12th Five Year Plan. a) Conduct an in-depth review of the delivery of maternal care services including quality and coverage of antenatal care, intrapartum care and postnatal care to develop strategic approaches to maternal care to manage the changing landscape of maternal health (skewed towards morbidities from non-obstetric causes). b) Review and expand the current preconception care package. To identify and take early action to prevent morbidity and mortality during pregnancy (recommended intervention under the national RH strategy). c) In collaboration with Ministry of Labour and Human Resources, Royal Civil Service Commission and MOR UNFPA should support the assessment of the production and distribution of current human resources for SRH, particularly midwives, critical for building resilience of the health system for survival and well-being of mothers and children. This action is critical for achieving universal health coverage and health related targets of SDGs.	Accepted	Bhutan CO	High	PR1. last mile to achieving the SDG target related to MMR	PR1. All action points accepted. The new CP8 (2024-2028) will have dedicated output on accelerating the preventable maternal mortality and will support the Ministry of Health and Faculty of nursing and public health towards improving the quality of MCH services through institutionalized competency based capacity development, robust monitoring of service quality and will continue to build on the data and knowledge products generated to inform the development of strategies and service standards. CP8 will continue its support to implement and expand the MCH service quality in both basic and comprehensive EmONC centres and the implementation of preconception care package nationwide. TA will be provided to development of consolidated RANHC strategy together with other UN agencies and continued support to advocate for adequate deployment of competent midwives	06/30/2024	YES
Bhutan Country Programme Evaluation (2019-2023)	2022	Bhutan CO	Country Programme Evaluation (CPE)	AP	2019-2022	1/1/15	5/30/16	Programmatic recommendation 2	PR2. CP 8 should continue to provide support to National Statistical Bureau for strengthening and expanding the Bhutan Statistical Data Systems (BSDS), capacity building to generate credible disaggregated data so that no one is left behind and for use of data for planning. a) UNFPA's support to BSDS is a major contribution to strengthening the data systems in the country and should be continued along with capacity building to generate credible disaggregated data (including for vulnerable populations as appropriate). Such support will help UNFPA to monitor the progress of indicators in its core areas. b) Support to strengthen the administrative-based data systems which have the potential to fill critical data gaps should be considered. Activities should include development of standards and improvement of tools and business processes for data collection, validation, and reporting. c) Support should be considered towards optimizing the use of innovation and technology to produce real-time quality data, speeding up dissemination and communication of data to users. Efforts must be on harnessing the big data sources using ICT and promoting the use of artificial intelligence in official statistics. Partnership should be promoted under this support. d) UNFPA should advocate for the enactment of a legislation on statistics towards addressing the current issues on data inadequacy, unreliability and inconsistencies. In the event of non-enactment of the legislation, a statistical policy should be advocated that adopts the key provisions of the statistical bill (not enacted), including standards development, coordination and capacity development. e) Support should be provided for gathering information on the link between population dynamics and climate change. This is critical for Bhutan as the country is vulnerable. This requires high level technical assistance. f) Support should be continued towards bringing out thematic reports including on the link between population dynamics and climate change, small-area estimation to generate data at lower levels of geography (example: Gewog level), trends in ageing, knowledge products from the upcoming National Health Survey, etc. (as indicated under conclusion 10, the generation of the thematic reports from the population housing census data has built the capacity of NSB). A knowledge platform should be created to enable sharing the information. g) Based on the current support for the report on ageing and its contribution to the National Policy for Senior Citizens in Bhutan, further support should be explored to develop a comprehensive strategy on ageing through partnerships as described under Recommendation 5. h) Continue to support the capacity development of district level officers in data analysis and its use or planning.	Accepted	Bhutan CO	High	PR2. National statistical data base	PR2. All action points accepted. CP8 will continue to invest in strengthening the data systems in the country by improving and expanding Bhutan statistical data base (BSDS), along with capacity building to generate credible disaggregated data (including for vulnerable populations as appropriate). The CO will build capacity of the government to use NTA/NTTA for planning. There will be stronger focus on providing support to develop the capacity at national level on using the disaggregated data/depth data analysis for policy and programme formulation, implementation and monitoring to address demographic shifts and inequalities in different thematic areas. During CP8, national post for PND will be filed which will enhance UNFPA's engagement in sustainable population development. TA will be provided to develop and implement aging policy and strategy, generate evidence on population dynamics and climate change	06/30/2024	YES

Bhutan Country Programme Evaluation (2019-2023)	2022	Bhutan CO	Country Programme Evaluation (CPE)	AP	2019-2022	1/1/15	5/30/16	Strategic recommendation 3	SR3. Advocacy and strategic partnerships should be strengthened to deliver in its core areas of support: a) Building on its strength in high level advocacy, and partnerships with key relevant government, non-government partners and religious organizations, CP B should further strengthen its current engagements towards the development of a policy for population ageing and increase commitments for services to vulnerable populations including PWD through joint programming and partnerships. b) Considering the vulnerability of Bhutan to natural calamities and recently gained experience in supporting mitigation of the impact of COVID-19 pandemic, UNFPA should play a greater role in developing a UN preparedness plan for future pandemics and natural calamities, working closely with national disaster management agency. c) Termination of unintended pregnancy, especially teenage pregnancy, is a major but hidden issue that requires in-depth reviews and high level advocacy through religious institutions to expand the current indications for medical termination of pregnancy. d) SSTC should be promoted in areas such as CSE integration in school curriculum and LSE based CSE in monastic institutions. This requires more work in terms of evaluations and implementation research. SSTC could be an area of strength for RGOB as it is pushing for its graduation as a middle-income country. e) More engagement with Parliamentarians is needed - sharing the commitments at KPO (25), research findings, etc. to use the forum to advocate for SRHR and prevention and management of GBV.	Accepted	Bhutan CO	High	SR3. Advocacy and strategic partnership	SR3. All action points accepted. CPB will build on its strength in high level advocacy and partnerships with key relevant government, non-government partners and religious organizations and parliamentarians in delivering its KPD commitments. All action points accepted. CPB will further strengthen its current engagements towards the implementation of relevant policies and increase commitments for services to vulnerable populations including PWD through support to implement the Population and Gender Policy and gender equality policy. UNFPA will engage in developing a UN preparedness plan for future pandemics and natural calamities through close collaboration with national disaster management agency. CPB will continue supporting the government through advocacy and developing guidelines and standards related to increase access to services related to termination of pregnancy within the legal purview. Evaluation and implementation research related to CSE integration in school curriculum and Life Skill Education in monastic institutions will be supported to promote SSTC in these areas. -The new CP will focus on support to conduct investment case studies and develop policy briefs to support the scaling up domestic financing for the KPD agenda. The Resource Mobilization and Partnership Plan for the RCP will include different types of partnerships across all the thematic program component that includes sustaining the partnerships, mobilizing the new ones and expanding	12/31/2024	YES
Bhutan Country Programme Evaluation (2019-2023)	2022	Bhutan CO	Country Programme Evaluation (CPE)	AP	2019-2022	1/1/15	5/30/16	Programmatic recommendation 3	PR3. CP B should strengthen its focus on GBV as a life threatening and human rights issue during development and humanitarian contexts, focusing on prevention and management, and strengthening multisectoral and multi-partnership approaches to strengthen continuum of care. a) Building on its strength of high-level advocacy and its commitment to GEW and HRBA and the current structural changes in the RGOB, CP B should focus on continuation of the support to GBV prevention and management, building in sustainability of the programme. b) As planned under CP 7, support should be provided to undertake research on sociocultural reasons underlying GBV to provide evidence-based advocacy. c) Assessments of the current implementation of the GBV response in health sector, education sector and communities should be undertaken.	Accepted	Bhutan CO	Medium	PR3. Multisectoral partnership in addressing GBV	PR3. All action points accepted. CP B will continue to focus on engaging with UNFPA chair, parliamentarians, and religious chairperson for high-level advocacy and its commitment to GEW and HRBA. CO will also adapt and expand its partnerships based on the current structural and organizational changes in the RGOB. CP B will continue to address GBV and underlying root causes looking for innovative approaches to GBV prevention and management, building in elements of sustainability of programme and evidence generations. CP B will provide support to undertake research on social cultural reasons underlying GBV to provide evidence-based advocacy through partnership with the academia. -Another area of focus will be strengthening the capacity of Multisectoral task force and community-based support system to support the multisectoral coordination mechanism for GBV prevention and response and developing male engagement strategy to support the GBV programming. It will also strengthen the coordination between education and health sectors in GBV prevention and response mechanism.	12/31/2024	YES
Bhutan Country Programme Evaluation (2019-2023)	2022	Bhutan CO	Country Programme Evaluation (CPE)	AP	2019-2022	1/1/15	5/30/16	Programmatic recommendation 4	PR4. CP B should continue its support for selected SRH services and CSE and LSE based CSE in monastic institutions. a) Support for effective implementation of CSE in schools as a curricular activity, including effective training of teachers, should be continued and in-depth reviews/implementation research on the integration of CSE should be carried out to merit its consideration as a subject to for SSTC. b) Support to continue the expansion of LSE based CSE and its evaluation to merit its consideration as a subject for SSTC. c) Implementation research should be supported particularly on the referral linkages between the education and health sector, modalities of functioning of AFHS in referral hospitals, district hospitals and primary health centres to develop models for AFHS service delivery. d) In order to support the RGOB's plans to expand digital interventions, support should be considered for assessing the quality and effectiveness of the various interventions instituted during the pandemic including the use of ICTG. The assessment should include the effectiveness of clinical training provider online, perspectives of providers and receivers of the services, capability of the providers to deliver digital health interventions and capability of receivers to use the digital systems and digital health ecosystems. Standards for digital health interventions should be developed including confidentiality and privacy clauses. e) Standards for quality assurance of various SRH services should be developed or modified. f) Studies on SRH needs of vulnerable populations, particularly PWD, identifying potential interventions should be supported. The latter requires high level technical assistance. g) Integration of SRH services and HIV/STI should be strengthened by incorporating the screening for HIV/STI in FP clinics, cervical cancer screening, AFHS and GBV services. Not only it is the right of individuals and couples to access integrated services, it also has implications for reducing secondary infertility, protecting the productive age group to harness the full benefit of the demographic dividend. h) Evaluations of support for elimination of cervical cancer, VPEER support, etc should be done to determine whether UNFPA should exit the collaboration and develop exit strategies. i) Support for continuing screening for reproductive cancers in females and expanding to men, in support of the national flagship programme on cancer screening should be provided. j) Support for generating inclusive reports on the various interventions including experiences of responding to the pandemic particularly by youth, is critical for knowledge management. Young researchers from universities should be supported, supervised by the staff of the college or jointly with an expert from inside or outside the country. k) Support for HR sub-accounts should be provided to universities with skills in financing, with technical assistance from APPO/ external consultants and in collaboration with WHO. Tracking expenditures for SRHR is a key intervention recommended under the SPI. The MOH had done a National Health Accounts with support from WHO few years ago and UNFPA had supported costing of the NHASSP. l) Such inputs will strengthen national capacity. Priority-Medium	Accepted	Bhutan CO	Medium	PR4. CSE and LSE based CSE	PR4. All action points accepted. CPB will continue its focus on engagement with key stakeholders to institutionalize CSE curriculum in school through support to strengthen national and district capacities to advance the implementation of CSE for in and out of school to merit its consideration as subject to for SSTC. Continue supporting the expansion of integrating Life skill based CSE in monastic institutions through high level advocacy with religious leaders, including evaluation to merit its consideration as a subject for SSTC. Support will be provided to implementation research on the referral linkages between education and health sector, and overall functioning of AFHS in hospitals. Ongoing support for review and development of standards for quality assurance of various SRH services will be continued in 8th CP. In-depth studies on SRH needs of vulnerable populations, particularly PWD through partnership with academia and regional office will be supported in BCP. CPB will focus on strengthening the existing SRH services to make it more inclusive by including cervical cancer screening, AFHS services and GBV services in FP clinics. -Collaborate with academia and universities to support young researchers in generating reports related to youth led initiatives, including during covid-19 pandemic. -During CPB, focus on implementation of National youth policy and continue its advocacy for youth participatory platforms for increased investments in adolescents.	12/31/2024	YES