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**[UN Bhutan Country Fund]  
MPTF OFFICE GENERIC FINAL PROGRAMME<sup>1</sup> NARRATIVE REPORT  
REPORTING PERIOD: FROM DECEMBER 2009 TO DECEMBER 2013**

<p align="center"><b>Programme Title &amp; Project Number</b></p> <ul style="list-style-type: none"> <li>Programme Title: <b>Health, Nutrition &amp; WASH and Reproductive Health Program</b></li> <li>Programme Number (if applicable)</li> <li>MPTF Office Project Reference Number:<sup>3</sup> <b>00073262</b></li> </ul>	<p align="center"><b>Country, Locality(s), Priority Area(s) / Strategic Results<sup>2</sup></b></p> <p>(if applicable) Country/Region <b>Bhutan</b></p> <hr/> <p>Priority area/ strategic results:</p> <ul style="list-style-type: none"> <li>Ensured 90% of health facilities' with at least three family planning methods at all times.</li> <li>Strengthened Reproductive health program policy and strategy.</li> <li>Increased availability of updated health indicators</li> <li>Two CEmONC centers strengthened with the nurses skilled in providing newborn care services.</li> <li>IYCF Strategy and Protocol in place.</li> <li>Health facility Supervision and Monitoring check list in place.</li> <li>Health officials skilled on investigating Adverse Events Following Immunization (AEFI).</li> <li>Tiny-tags in cold stores installed and reading records initiated.</li> </ul>
<p align="center"><b>Participating Organization(s)</b></p> <ul style="list-style-type: none"> <li>Organizations that have received direct funding from the MPTF Office under this programme: <b>UNFPA and UNICEF</b></li> </ul>	<p align="center"><b>Implementing Partners</b></p> <ul style="list-style-type: none"> <li>National counterparts (government, private, NGOs &amp; others) and other International Organizations <b>Ministry of Health, GNHC, NSB</b></li> </ul>
<p align="center"><b>Programme/Project Cost (US\$)</b></p> <p>Total approved budget as per project document: MPTF /JP Contribution<sup>4</sup>:</p> <ul style="list-style-type: none"> <li>by Agency (if applicable) <b>UNFPA=283,956</b> <b>UNICEF=112,413</b></li> </ul> <p>Agency Contribution</p> <ul style="list-style-type: none"> <li>by Agency (if applicable)</li> </ul>	<p align="center"><b>Programme Duration</b></p> <p>Overall Duration (months) Start Date<sup>5</sup> (14.12.2009)</p> <p>Original End Date<sup>6</sup> (dd.12.2013)</p>

<sup>1</sup> The term “programme” is used for programmes, joint programmes and projects.  
<sup>2</sup> Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;  
<sup>3</sup> The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as “Project ID” on the project’s factsheet page on the [MPTF Office GATEWAY](#).  
<sup>4</sup> The MPTF/JP Contribution is the amount transferred to the Participating UN Organizations – see [MPTF Office GATEWAY](#)  
<sup>5</sup> The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](#)  
<sup>6</sup> As per approval of the original project document by the relevant decision-making body/Steering Committee.

Government Contribution  
(if applicable)

Other Contributions (donors)  
(if applicable)

**TOTAL:**

**Programme Assessment/Review/Mid-Term Eval.**

Evaluation Completed

Yes  No Date: *dd.mm.yyyy*

Evaluation Report - Attached

Yes  No Date: *dd.mm.yyyy*

Actual End date<sup>7</sup>(*dd.03.2014*)

Have agency(ies) operationally closed the Programme in its(their) system? Yes No

Expected Financial Closure date<sup>8</sup>:

**Report Submitted By**

- Name: Karma Tshering
- Title:NPO
- Participating Organization (Lead):UNFPA
- Email address:tshering@unfpa.org

<sup>7</sup> If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities. Please see [MPTF Office Closure Guidelines](#).

<sup>8</sup> Financial Closure requires the return of unspent balances and submission of the [Certified Final Financial Statement and Report](#).

## EXECUTIVE SUMMARY

DaO funds have been instrumental in bridging gaps in the assigned UNDAF/cCPAP budgets, it was crucial in fulfilling the resource gap for implementation of core component of reproductive health, Nutrition and Expanded Programme on Immunization services which was reproductive health commodity security, mainly the supply of contraceptives for Family planning and STI prevention support to the government of Bhutan. The fund was also utilized towards strengthening the data availability for monitoring the health progress and for the national long-term planning. The key achievements through DAO support under this project are:

- Ensured continued family planning and STI/HIV/AIDs prevention services at level of health facilities through timely provision of quality family planning commodities including condoms in 31 hospitals, 181 Basic Health Units, 518 ORCs spread over 205 gewogs.
- Provided technical assistance for the joint Reproductive Health assessment in collaboration with UNICEF, WHO and the Ministry of Health. The program review findings lead to formulation of first National Reproductive health strategy.
- Strengthened availability of updated data on health and social indicators through successful conduct of second National Health survey.
- Trained four neonatal nurses in critical neonatal care and improved the skills of the nurses and enabled them in delivering better neonatal care services.
- Four government officials, including a Member of Parliament enhanced their knowledge on breastfeeding through participation in “**One Asia Breastfeeding Partners Forum-6**” held in Colombo, Sri Lanka in 2009, and contributed in the development of Infant and Young Child Feeding (IYCF) Strategy and Protocol.
- Two Programme Officers of Ministry of Health attended a 2-week long training course on *Supervision & monitoring of Expanded Programme on Immunization (EPI)* and enhanced their supervisory skills at the district hospital and basic health units. They also contributed in the development supervision and monitoring check list to be used while visiting the health facilities.
- Two health officials, including a pediatrician attended one week long advanced vaccinology course in Seoul, South Korea. These officials have been able to contribute and provide technical guidance in different aspects of vaccine related issues, e.g. Introduction of new vaccine, Adverse Events Following Immunization (AEFI) and in the revision of EPI manual for health workers.
- One EPI Technician attended a training course on “**Basic Maintenance of Cold Chain Equipment and Storage of Vaccine**” in India. This technician is able to read the Tiny-tag<sup>9</sup> and the Q-tag<sup>10</sup> recordings and monitor the range of temperature in which vaccines are exposed during transport and storage. Through such monitoring, the technician has been able to reduce the vaccine wastage due to exposure to abnormal temperatures.

### I. Purpose

The expected outcome of the program was to strengthen the capacity of Royal government of Bhutan to increase access to and delivery of quality health services for all including reproductive health, maternal

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<sup>9</sup> Cold chain monitoring device

<sup>10</sup> Cold chain monitoring device

and child health and nutrition, TB, malaria and other non-communicable diseases. The fund supported was utilized to achieve one UNDAF outcome and two CT outcomes under health theme group:

1. **UNDAF/cCPAP Outcome 2: *By 2012, increased access and utilization of quality health services with emphasis on reproductive health, maternal child health and nutrition, HIV/AIDS, TB, malaria and other non-communicable diseases (MDG 4, 5 and 6)***

***CT Outcome 1: Capacity of RGOB to formulate and implement evidence-based policies and strategies that create an enabling environment for reproductive health, maternal and child, STI, HIV/AIDS, TB and malaria programmes strengthened.***

CT Output 1.3 Capacity of national and local institutions of health to formulate, update and implement evidence based policies, strategies and guidelines strengthened

***CT Outcome 2: Capacity of RGoB strengthened to increase access to and delivery of quality health services for all including reproductivehealth, maternal and child health and nutrition, TB, malaria and other non-communicable diseases***

Output 2.1: Improved availability of essential commodities, equipment and modification of facilities for RH and MCH programmes.

## II. Assessment of Programme Results

From January to December 2013, respond to the guiding questions, indicated below to provide a narrative summary of the results achieved. The aim here is to tell the **story of change** that your Programme has achieved over its entire duration. Make reference to the implementation mechanism utilized and key partnerships.

- **Outcomes:** Outcomes are the strategic, higher level of change that your Programme is aiming to contribute towards. Provide a summary of progress made by the Programme in relation to **planned outcomes from the Project Document / AWP**s, with reference to the relevant indicator(s) in these documents. Describe if final targets were achieved, or explain any variance in achieved versus planned results. Explain the overall contribution of the programme to the Strategy Planning Framework or other strategic documents as relevant, e.g.: MDGs, National Priorities, UNDAF outcomes, etc . Explain who the main beneficiaries were. Highlight any institutional and/ or behavioural changes amongst beneficiaries at the outcome level.

Under the UNDAF outcome 1: By 2012, increased access and utilization of quality health services with emphasis on reproductive health, maternal and child health and nutrition, HIV/AIDS, TB, malaria and other non-communicable disease. (MDG 4,5,6), DAO funding was utilized by UNFPA to supplement the achievement of the these two main indicators: 1. Reduce the Maternal Mortality from 303 in 2005 to 140 in 2012) and Contraceptive prevalence rate increased from 35.4% in 2007 to 70% in 2012. Since securing a steady and reliable supply of reproductive health commodities has an impact on the each of the three indicators associated with universal access to reproductive health, DAO funding was crucial in supplementing the procurement of contraceptive in 2012. The current status shows that the Maternal Mortality has drastically decreased and the CPR has increased from 35% to 56.6 (BHMIS 2011), thereby ensuring that the country is on track to achieving MDG5 by 2015. The DAO fund was also utilized to contribute to CT outcome1: Capacity of RGoB to formulate and implement evidence based policies and strategies that create an enabling environment for reproductive health, maternal and child health, STI, HIV/AIDS, TB and malaria programs strengthened. Under this outcome, National Health survey was conducted in 2012 which contributed to availability of updated health indicators for policy and planning purposes.

The primary beneficiary of the NHS are the health policy makers and planners at all level (central and districts) and other socio economic sectors also benefited.

The UNDAF 2008-12 preparation was done in close consultation with the Government to assure alignment with Gross National Happiness, National 10<sup>th</sup> Five Year Plan (FYP) as show in the table below specifically related to two CT outcomes where UNFPA utilized the fund for

GNH	10 <sup>th</sup> FYP	UNDAF Outcome	CT outcome
Sustainable and equitable socioeconomic development	Investing in human capital	<p><b>UNDAF Outcome 2: Health</b></p> <p>By 2012, increased access and utilization of quality health services with emphasis on reproductive health, maternal and child health, and nutrition, HIV/AIDS, TB, malaria and other non-communicable diseases (MDG4, 5, 6)</p>	<p>CT Outcome 1: Capacity of RGOB to formulate and implement evidence-based policies and strategies that create an enabling environment for reproductive health, maternal and child, STI, HIV/AIDs, TB and malaria programmes strengthened.</p> <p>CT Outcome 2: Capacity of RGoB strengthened to increase access to and delivery of quality health services for all including reproductive health, maternal and child health and nutrition, TB, malaria and other non-communicable diseases</p>

- Outputs:** Outputs are the more immediate results that your Programme is responsible for achieving. Report on the key outputs achieved over the duration of the Programme , in relation to **planned outputs from the Project Document / AWP**s, with reference to the relevant indicator(s) in these documents. Describe if final targets were achieved, or explain any variance in achieved versus planned results. If possible, include the number of beneficiaries. Report on how achieved outputs have contributed to the achievement of the outcomes and explain any variance in actual versus planned contributions to the outcomes.

The engagement of UNFPA along with UNDAF partners with MoH has contributed into availability of contraceptives, enhancing human resource for SBA, promoting adaptation and use of protocols and standards for family planning, maternal health including the cervical cancer screening and ASRH. UNFPA is supporting procurement of all contraceptives for the country. The modern CPR among women of reproductive age increased from 19% in 1994 to 36% in 2008. It is reported that almost all health facilities in the country are providing services of at least three modern contraceptives regularly.

Towards strengthening the capacity of national and local institutions of health to formulate, update and implement evidence based policies, strategies and guidelines, UNFPA utilized the DAO fund to support the National Health Survey. The last National Health Survey was conducted in 2000 and since then information on some of the important health indicators like MMR, IMR, CPR remained to be updated and also there was need to collect most recent data on health indicators to enhance assessment of progress in terms of plan targets, MDGs and provided basis for Government 11Five Year planning and UNDAF One Programme 2014-18. In addition to traditional health indicators, this national health survey also provided some new additional key indicators on domestic violence and health expenses.

**Qualitative assessment:** Provide a qualitative assessment of the level of overall achievement of the Programme. Highlight key partnerships and explain how such relationships impacted on the achievement of results. Explain cross-cutting issues pertinent to the results being reported on. Has the funding provided by the MPTF/JP to the programme been catalytic in attracting funding or other

resources from other donors? If so, please elaborate. For Joint Programmes, highlight how UN coordination has been affected in support of achievement of results.

## ii) Indicator Based Performance Assessment:

Using the **Programme Results Framework from the Project Document / AWP**s - provide details of the achievement of indicators at both the output and outcome level in the table below. Where it has not been possible to collect data on indicators, clear explanation should be given explaining why.

	<b><u>Achieved</u> Indicator Targets</b>	<b>Reasons for Variance with Planned Target (if any)</b>	<b>Source of Verification</b>
<p><b>Outcome 1<sup>11</sup></b> By 2012, increased access and utilization of quality health services with emphasis on reproductive health, maternal and child health and nutrition, HIV/AIDS, TB, malaria and other non-communicable disease. (MDG 4,5,6)</p> <p><b>CT Outcome 1:</b> Capacity of RGOB to formulate and implement evidence-based policies and strategies that create an enabling environment for reproductive health, maternal and child, STI, HIV/AIDS, TB and malaria programmes strengthened.</p> <p><b>CT Outcome 2:</b> Capacity of RGoB strengthened to increase access to and delivery of quality health services for all including reproductivehealth, maternal and child health and nutrition, TB, malaria and other non-communicable diseases</p> <p><b>Indicator:</b> Maternal Mortality Ratio  <b>Baseline:</b>255 (2000)  <b>Planned Target:</b> 140</p> <p><b>Indicator</b> Contraceptive prevalence rate;  <b>Baseline:</b>35.6% (2007)  <b>Planned Target:</b> 70</p> <p><b>Indicator:</b> Skilled birth attendance  <b>Baseline:</b>56% (2008)  <b>Planned Target:</b> 80%</p>	<p>Progress toward this UNDAF Outcome generally has been satisfactory, with the gradual reduction in maternal and child mortality indicating judicious and effective use of resources.</p> <p>As per UN estimates of 2010, the MMR of Bhutan reduced from 940 per 100,000 live birth in 1990 to 180 per 100,000 live birth in 2010 with 8.2 percent reduction per annum against global average of 2.3 percent . The total fertility rate (TFR) reduced from 5.6 in 1994 to 2.6 in 20051 . By 2010 the national IMR decreased to 47 per1000 live birth and U5MR rate to 69 per1000 live birth from 1990 baseline of infant mortality rate (IMR) 91 and under five mortality rate (U5MR) 148.</p> <p>Bhutan Multi Indicator survey (2010) showed that the contraceptive prevalence rate among married/couple in union is 65.6% which is below the target. Another indicator used to monitor the availability of family planning services is 90% of health facilities providing atleast three types of family planning methods.</p>		<p>National surveys, Administrative data, Program report</p> <p>Health Management and Information system, survey reports</p>

<sup>11</sup> Note: Outcomes, outputs, indicators and targets should be as outlines in the Project Document so that you report on your actual achievements against planned targets. Add rows as required for Outcome 2, 3 etc.

<p><b>CT Output 1.3</b> Capacity of national and local institutions of health to formulate, update and implement evidence based policies, strategies and guidelines strengthened indicator:  <b>Indicator:</b> Number of operational research undertaken related to RH and MNH  <b>Baseline:</b> National Iron deficiency Survey and IDD Survey in school children  <b>Target 2013:</b> National Health survey</p> <p><b>Output 2.1:</b> Improved availability of essential commodities, equipment and modification of facilities for RH and MCH programmes  <b>Indicators:</b>  <b>1.</b> Number of health facilities upgraded as comprehensive emergency obstetric and neonatal centres.  <b>Baseline:</b> 6 C-EmONC Centres  <b>Target: 7</b>  <b>2.</b> Contraceptive prevalence rate  <b>Baseline:</b> 35%  <b>Target:</b>70%</p>	<p>National Health Survey report 2012 available and strengthen the existing health information and data on health indicator progress monitoring and planning.</p>		
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### iii) Evaluation, Best Practices and Lessons Learned

- Report on any assessments, evaluations or studies undertaken relating to the programme and how they were used during implementation. Has there been a final project evaluation and what are the key findings? Provide reasons if no programme evaluation have been done yet?
- Explain challenges such as delays in programme implementation, and the nature of the constraints such as management arrangements, human resources etc. What actions were taken to mitigate these challenges? How did such challenges and actions impact on the overall achievement of results? Have any of the risks identified during the project design materialized or were there unidentified risks that came up?
- Report key lessons learned and best practices that would facilitate future programme design and implementation, including issues related to management arrangements, human resources, resources, etc. Please also include experiences of failure, which often are the richest source of lessons learned.

### iv) A Specific Story (Optional)

- This could be a success or human story. It does not have to be a success story – often the most interesting and useful lessons learned are from experiences that have not worked. The point is to highlight a concrete example with a story that has been important to your Programme.
- In ¼ to ½ a page, provide details on a specific achievement or lesson learned of the Programme. Attachment of supporting documents, including photos with captions, news items etc, is strongly encouraged. The MPTF Office will select stories and photos to feature in the Consolidated Annual Report, the GATEWAY and the MPTF Office Newsletter.

**Problem / Challenge faced:** Describe the specific problem or challenge faced by the subject of your story (this could be a problem experienced by an individual, community or government).

**Programme Interventions:** How was the problem or challenged addressed through the Programme interventions?

**Result (if applicable):** Describe the observable *change* that occurred so far as a result of the Programme interventions. For example, how did community lives change or how was the government better able to deal with the initial problem?

**Lessons Learned:** What did you (and/or other partners) learn from this situation that has helped inform and/or improve Programme (or other) interventions?

