



[Name of Fund or Joint Programme]

GENERIC ANNUAL PROGRAMME¹ NARRATIVE PROGRESS REPORT

REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2011

<p>Programme Title & Project Number</p> <ul style="list-style-type: none"> Programme Title: Support to UNDAF Outcome 2: <i>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</i> Programme Number (if applicable) MPTF Office Project Reference Number:³ 00073262 	<p>Country, Locality(s), Thematic/Priority Area(s)²</p> <p><i>Bhutan, Nationwide</i></p> <p><i>Thematic/Priority Health</i></p>
<p>Participating Organization(s)</p> <p>UNFPA, UNICEF</p> <p>Programme/Project Cost (US\$)</p> <p>MPTF/JP Contribution:</p> <ul style="list-style-type: none"> UNFPA: \$50,000 UNICEF: \$55,767 <p>Agency Contribution</p> <ul style="list-style-type: none"> by Agency (if applicable) <p>Government Contribution (if applicable)</p> <p>Other Contributions (donors) (if applicable)</p> <p>TOTAL: \$105,767</p>	<p>Implementing Partners</p> <ul style="list-style-type: none"> Ministry of Health <p>Programme Duration</p> <p>Overall Duration (months)</p> <p>Start Date⁴ (dd.mm.yyyy) 16th December 2009</p> <p>End Date (or Revised End Date)⁵ 31st December 2013</p> <p>Operational Closure Date⁶</p> <p>Expected Financial Closure</p>

¹ The term “programme” is used for programmes, joint programmes and projects.

² Strategic Results, as formulated in the Performance Management Plan (PMP) for the PBF; Sector for the UNDG ITF.

³ The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to “Project ID” on the [MPTF Office GATEWAY](#)

⁴ 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](#)

⁵ As per approval by the relevant decision-making body/Steering Committee.

⁶ All activities for which a Participating Organization is responsible under an approved MPTF programme have been completed. Agencies to advise the MPTF Office.

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Date

Programme Assessment/Review/Mid-Term Eval.
Assessment/Review - if applicable <i>please attach</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: <i>dd.mm.yyyy</i>
Mid-Term Evaluation Report – if applicable <i>please attach</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: <i>dd.mm.yyyy</i>

Report Submitted By
<input type="checkbox"/> Name:
<input type="checkbox"/> Title:
<input type="checkbox"/> Participating Organization (Lead):
<input type="checkbox"/> Email address:

NARRATIVE REPORT FORMAT

I. Purpose:

The purpose of the support is to provide supplementary fund to the on-going activities related to increasing access to and delivery of quality health services all including reproductive health, maternal and child health and nutrition, and newborn care, Integrated Management of Neonatal and Childhood Illness (IMNCI); and monitoring and supervision under the overall UNDAF framework.

UNICEF and UNFPA support to the Ministry of Health contributed to CT Output 2.1. *Improved availability of essential commodities, equipment and modification of facilities for RH and MCH programmes; CT Output 2.2. Capacity of health managers and providers enhanced to deliver comprehensive and client-oriented services on RH, MCH and youth friendly services. CT Output 2.2.a All hospital and BHU health workers provide quality IMNCI, immunization services and nutrition package (vitamin A, Iron & folic acid, supplements, deworming, growth monitoring, IYCF). CT Output 2.2.b Increased number of infants receive exclusive breastfeeding and proper feeding practices.*

II. Resources

Financial Resources:

Minor delay in the contraceptive was experienced due to delayed registration of any medical products as mandated and the inadequate capacity and manpower at all level for follow up and monitoring

Human Resources:

Within UNICEF Bhutan, the programmes and projects under health thematic areas are managed by three officials working in Health and Nutrition Section; Head of the section (International staff), Programme Officer and Project Assistant. In the government, there are 6 implementing partners (IP) with about 10 project managers.

Reproductive Health program for UNFPA country is managed by single national program officer and under the health thematic area there are five implementing partners with 6 program managers.

Implementation and Monitoring Arrangements

The UN in Bhutan operates in a National Implementation (NIM) environment. The Government implements the projects and accordingly handles almost all procurement related activities within their respective programmes. The UN agencies (namely UNDP, UNICEF, UNFPA and WFP) conducts periodic monitoring through assurance activities required under the HACT Framework such as field visits and onsite reviews conducted by UN staff, and scheduled/HACT audits by the Royal Audit Authority, Bhutan's Supreme Audit Institution. The financial report is reported through the FACE (Funding Authorization & Certification of Expenditure) form and the progress is reported through Standard progress reports quarterly. Joint mid-year and annual reviews are also conducted as part of monitoring and evaluation of progress and performance. These reporting formats are aligned to the Government's planning and monitoring system. In addition joint field visits, where applicable, are conducted to the project sites.

III. Results

The UN Bhutan Country Fund has contributed to 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, with focus to CT output 2.1 "Improved availability of essential commodities, equipment and modification of facilities for RH and MCH programmes and CT Output 2.2. "Capacity of health managers and providers enhanced to deliver comprehensive and client-oriented services on RH, MCH and youth friendly services", CT Output 2.2.a "All hospital and BHU health workers provide quality IMNCI, immunization services and nutrition package (vitamin A, Iron & folic acid, supplements, deworming, growth monitoring, IYCF)" and CT Output 2.2.b "Increased number of infants receive exclusive breastfeeding and proper feeding practices" through the following trainings/meetings.

- a. Training of five neonatal nurses in critical newborn care and four nurses on critical paediatric care has helped Ministry of Health: i) to expand Comprehensive Emergency Obstetric and Newborn Care (CEmONC) centers and ii) improve the skills of the nurses and enabled them in delivering better neonatal and paediatric care services.
- b. The programme manager of Integrated Management of Neonatal and Childhood Illness participated in the IMNCI monitoring and evaluation training in Delhi. Through this training, he has enhanced his capacity to monitor and supervise IMNCI programme at the districts and basic health units. The six-monthly supportive supervision conducted by trained people at the basic health units has helped to strengthen IMNCI implementation. Health workers at various basic health units have received guidance and constructive feedback helping them improve their performance.
- c. Procurement of contraceptives for 2011 thereby ensuring continued family planning and STIs/HIV/AIDs prevention services at all level of health facilities.

The specific achievements are:

- a. Neonates and children with serious problems are being benefited from these skilled nurses through improved and timely nursing care services.

- b. Improved IMNCI supportive supervision of health facilities with improved feedback to the health workers on their performance.
- c. Enhanced capability of IMNCI programme manager on supervision and monitoring of programme implementation.
- d. Bhutan Multi-Indicator survey 2011 shows that among the temporary family planning methods, oral contraceptive pills is the second most common method used by the Bhutanese women and the users are high among women between ages 20-34. The Contraceptive prevalence Rate among the married /couple in union is 65.6% which can be attributed to increased accessibility by the target population

IV. Future Work Plan (if applicable)

Not applicable

VI. INDICATOR BASED PERFORMANCE ASSESSMENT