Annual Report 2017

A fair chance for every child in Bhutan
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It is my pleasure to share with you the UNICEF Bhutan Annual Report 2017: A fair chance for every child in Bhutan. The chance to live and to grow strong, to play and to learn, and to reach their full potential.

In 2017, together with all our partners, we continued our work towards making that fair chance a reality. Taking the global equity agenda forward, we identified and addressed the root causes of inequity, so that all children have access to education, health care, sanitation, clean water, protection and other services necessary for their survival, growth and development.

This year's report highlights UNICEF’s continued commitment and the progress made together with our partners to achieve sustainable results for children. The report also features inspiring stories from the field to illustrate the positive impact of our programmes.

Despite significant progress, much remains to be done, as Bhutan embarks on the agenda of the Sustainable Development Goals (SDGs), trying to ensure that no one is left behind.

UNICEF Bhutan will continue to foster key synergies across sectors, to address cross-cutting issues of adolescence, disability and early childhood.

Since I came to Bhutan, I have undertaken many field missions and visited 18 out of 20 districts in the country. I have always been impressed by the dedication and commitment of our many partners at all levels. And my interactions with communities and young people have motivated and inspired me to do the best we can at UNICEF for the children of Bhutan.

I would also like to thank all our esteemed partners and donors who made everything we do possible. We are grateful for their support and generosity and we will continue to make the most efficient use of the resources entrusted to us to achieve even better results for children.

For every child.

Thank you and Tashi Delek.

Rudolf Schwenk
Representative,
UNICEF Bhutan Country Office
In 2017, UNICEF Bhutan continued to strive towards creating a world in which all children have a fair chance to survive, thrive and reach their full potential. The following are some of the significant achievements and shortfalls in taking the equity agenda forward together with our partners.

**Significant Achievements**

UNICEF strengthened the focus on evidence-based policy and planning. The first Knowledge, Attitude and Practices study on Children with Disabilities was launched, which showed that while services have improved, major knowledge gaps, negative attitudes and lack of support remain. The report findings will contribute to the development of a behaviour change C4D strategy and improved programme interventions.

The improved partnership with academia has set the tone for UNICEF’s gradual shift to increased upstream policy work. The first-ever Social Policy Certificate Course has built the capacity of key stakeholders to understand, analyse and influence social policies. After successful implementation of two cohorts in 2015 and 2016, the training has been institutionalized within the curriculum of the Royal University of Bhutan (RUB) in 2017.

Bhutan’s Every Newborn Acton Plan 2016-2023, the National Sanitation and Hygiene Policy and the Accelerated Nutrition Plan 2016-2018 were endorsed by the Government with UNICEF support to provide a strong framework for accelerated action in the areas of health, nutrition and Water, sanitation and Hygiene (WASH). To increase evidence-based policy making, UNICEF supported a temperature monitoring study for the immunization cold chain, a stillbirth estimate study, a determinant analysis of undernutrition and a Menstrual Hygiene Management Needs Assessment.

UNICEF also supported policy-making through an investment case study for ECCD. The launch of the study was complemented by the first ever National ECCD Week, which brought together more than a hundred participants, resulting in enhanced awareness and support from communities to practitioners, policymakers and parliamentarians. In addition, with UNICEF support, pre-school education gross enrolment (22 per cent) and transition rates for primary to secondary education (97 per cent) have surpassed the targets set for 2018 (20 per cent and 95 per cent respectively).

Advocacy with the Government resulted in important gains for strengthening the policy and legislative environment for child protection. The year 2017 saw the implementation of many recommendations from the 2016 Violence Against Children research, with the Government initiating a review of the National Plan of Action for Child Protection (2013 – 2018) and the development of a National Strategy and a Plan of Action for Protection of Children in Monastic Institutions (2017 – 2022).

To address the emerging area of youth in the country, UNICEF supported the Government and NGOs to strengthen active engagement of adolescents and young people in civic activities. More than 3,000 adolescents and young people from across the country directly engaged with policymakers and key stakeholders to offer suggestions on addressing challenges faced by young people.

While the strategic shift towards more upstream policy has accelerated, the service delivery component of UNICEF’s work continues to play a major role, and substantial results have been achieved for children and women. With UNICEF support, the immunization coverage has been sustained at over 95 per cent for 11 basic antigens, covering children, adolescent girls and pregnant women. Bhutan also became one of the two countries in the region to be certified with measles elimination status. UNICEF and WHO provided critical support for the certification and organised measles SIA campaigns in August and November, covering 300,000 beneficiaries in schools and high risk areas, including nomadic regions, and people living in labour camps and border areas.

UNICEF provided improved water supply and child-friendly, gender sensitive sanitation for 2,660 boys and 2,700 girls from 10 schools, adding to a cumulative figure of 12,600 children in 22 schools that UNICEF has supported since the beginning of the current programme cycle. Through the Rural Sanitation and Hygiene Programme, a subsidy free and demand driven community-led approach to total sanitation, 579 communities including all rural households and institutions in three districts were mobilized to adopt improved sanitation. The central-eastern district of Mongar achieved 100 per cent coverage, while Samdrup Jongkhar and Wangdue districts in western and southern Bhutan achieved 95 per cent improved sanitation coverage at household level.

The construction of toilets, bathhouses, handwashing facilities and water supply schemes have contributed to an improved learning environment for 185 monks from 5 monastic schools.

**Shortfalls and Unfinished Business**

Despite remarkable progress on key socio-economic indicators over the last decade, significant disparities persist among different socio-economic groups. Illustrating the extent of remaining inequities, by wealth alone, average disparities between the richest and poorest quintiles are stark across sectors.

While the 2017 multidimensional poverty rate shows an impressive reduction from 12.7 per cent of the population in 2012 to 5.8 per cent in 2017, striking inequities persist. The multidimensional poverty index finds that multi-dimensional poverty is highest among children between 0-9 years, where 7.1 per cent are poor, indicating that children are especially vulnerable and highlighting the need to analyse child poverty further and invest explicitly in its reduction.

A recent analysis undertaken by UNICEF, that looked at national progress towards achievement of the Sustainable Development Goals, shows that from eight SDGs most pertinent for children, four are at risk. Further investment in key social sectors is therefore necessary to reduce neonatal mortality, stunting and anaemia, and to enhance access to ECCD services. Newborn mortality still remains high – accounting for 68 per cent of infant mortality and 56 per cent of under-five mortality. Enrolment in pre-primary education remains low at 22 per cent. In addition, 30 per cent of households still do not have access to improved sanitation facilities.
PROGRESS IN NUMBERS

40% decrease in stunting to 21% in 2015 from 61% in 1988.

100% of the schools have at least a basic toilet and two thirds are equipped with flush toilets.

30 community-based ECCD centres in mainly rural and remote areas established. Thus, taking the total centers supported to 90 across all 20 districts since 2015.

400 teachers oriented on using Standards for Inclusive Education for teaching children with disabilities.

100% health workers (450) trained on Early Essential Newborn Care and Kangaroo mother care in 10 high delivery load hospitals.

82% of boys’ toilets and 83% of girls’ toilets in schools are fully functional.

3,000 adolescents, including 300 young monks and nuns, gained the knowledge and skills to protect themselves from violence and exploitation.

5,700 students, child Monks and Nuns have access to safe water, sanitation and hygiene facilities.
ENSURING CHILDREN CAN SURVIVE AND THRIVE

Every Child has the right to grow up healthy and strong. The birth of a child is the beginning of hope. The period from conception until the child turns 2 years is the most crucial in the overall growth and development of a child. Therefore, much of UNICEF’s work through the health and nutrition programme has focused on ensuring that more and more newborns receive optimal care for their survival and growth.

Newborn survival

In 2017, improving the quality of newborn care continued to be an area of focus for UNICEF as newborn mortality - deaths of children within the first four weeks of life - contribute to one third of infant deaths in the country.

UNICEF partnered with the Ministry of Health to endorse the Bhutan Every Newborn Action Plan (2016-2023) to improve the health of every newborn in the country. The action plan aims to reduce newborn death rate of 13.2 per 1,000 live births by 2023 from 21 per 1,000 live births at present. It aspires to reduce preventable newborn deaths and stillbirths to zero and to create a conducive environment where all babies survive, thrive and develop to their full potential.

The capacity of the health sector has been further enhanced to provide quality care to newborn and specialized care to preterm babies, to increase their chances of survival and development. UNICEF and partners could reach about 70 percent of newborns with life-saving interventions by training over 450 health staff in 10 hospitals (including 3 referral hospitals with a high delivery load) on Early Essential Newborn Care and Kangaroo Mother Care programmes.

The ‘Child Development Screening Tool’ for universal screening and identification of developmental delays, birth defects and disabilities has been validated in 24 hospitals across 18 districts. The validated tool will be mainstreamed for universal screening in 2018. Key international events like the Kangaroo Mother Care Day, World Breastfeeding week, World Prematurity Day and World AIDS day were observed, to raise awareness through capacity building, health education sessions, social media and advocacy.

Immunization

In 2017, Bhutan achieved measles elimination status and was certified by WHO as the first country in the region to do so. With UNICEF support, the immunization coverage has been sustained at over 95% for all 11 basic antigens reaching approximately 70,000 children, adolescent girls (HPV) and pregnant women (Td).

With UNICEF’s strengthened advocacy and procurement service support, the procurement of pentavalent vaccine for 13,800 infants has now been taken over by the Royal Government of Bhutan (RGoB) since 2016. Cost sharing for vaccine procurement by the RGoB has increased in 2017, with 100% coverage of the pentavalent vaccine and administrative cost of the measles Supplementary Immunization Activity.

The procurement of 20 ice-lined refrigerators for the country and one walk-in cooler for the eastern regional EPI (Expanded Programme on Immunization) store strengthened the cold chain system. Through the installation of the walk-in cooler, the eastern regional EPI store can now supply vaccines to the six eastern districts without any difficulty and delay.

Support will continue for the Polio End Game Strategy for b-OPV, IPV and MMR to maintain the elimination status for polio and measles and for introduction of newer vaccines. Effective vaccine management and cold chain maintenance also remain as priorities for quality assurance.
Nutrition – Ensuring Growth and development

1 in 5 children under five in Bhutan are stunted. One-fourth of the stunted children are severely stunted. Stunting persists in one-fifth of preschool Bhutanese children, suggesting that nutrient deficits other than calories, possibly reflecting poor dietary quality, non-nutritional exposures or pre/perinatal factors may be contributing to limited linear growth for more than 20 percent of all children. Indicators of socioeconomic status were positively associated with all forms of undernutrition. Children of poor families have a higher risk of malnutrition (stunted, wasted and underweight).

UNICEF and partners continued working towards improving mother and child nutrition, reducing stunting and anaemia in children under-five and adolescents.

The National Accelerated Nutrition Plan 2016-2018 of the government was endorsed for addressing undernutrition among adolescent girls, pregnant and breastfeeding women, infants and young children, pre-schoolers and school children. The accelerated nutrition plan is part of a large multi-sectoral food and nutrition strategic action plan.

The Nutrition Determinants Analysis, based on secondary analysis of the National Nutrition Survey 2015, was also launched. The analysis revealed the need to focus on improving dietary diversity of children through significant investment in social and behaviour change communication (SBCC) – including, but not limited to, strategies to improve the timeliness, frequency and counselling on complementary feeding through the health sector.

Anaemia is still a major problem nationally in all of the vulnerable groups. Thus, causes of anaemia and responsivity to iron supplementation needs to be further investigated.

Growth monitoring (weight and height/length) was further strengthened by training 25 Mother and Child Health staff in all 20 districts of Bhutan. Health workers are also equipped with knowledge and skills to provide quality services in Infant and Young Child Feeding (IYCF), lactation management, nutrition counselling and growth monitoring.

1 IN 5 CHILDREN UNDER FIVE IN BHUTAN ARE STUNTED. ONE-FOURTH OF THE STUNTED CHILDREN ARE SEVERELY STUNTED.
**Hope of deliverance**

*With rural folks, women in particular, adapting slowly to availing health care services, it is heartening to see the efforts of Health Assistants who serve and sensitize the people of their communities on the dangers of unattended childbirth.*

Twenty-nine-year-old Sangay, a resident of Mendelgang village of 35 households in Tsirang, has been married for 10 years and has given birth to two children, the youngest being a one-and-half-year-old girl.

Like most women in her village, Sangay Lhamo has a routine life. She wakes up at dawn, feeds her child, prepares breakfast for her husband and her 10-year-old son, milks the cows, cleans the house and then gets back into her small kitchen to prepare lunch. And, although, she and her family are aware of pre and postnatal health care and the importance of delivering at a health center, she delivered both her children at home, unassisted.

“Even though I am uneducated, I understand the importance of going to the Basic Health Unit (BHU) for antenatal and postnatal visits,” she says.

Sangay had intended to deliver her baby girl in the BHU (a two-hour walk from her home) but she went into labour unexpectedly, before the date her baby was due.

It was almost midnight when Sangay went into labour. With no manpower to transport her to the BHU, she delivered her baby in her tiny bedroom at 1AM with the help of her husband’s sister.

Three hours later, after the baby was born, staff from the BHU reached Sangay’s home. “We received a call at about 1AM, but because of the difficult terrain and the incessant rains, we could get to her only after three hours,” explains Sonam Wangdi, the Health Assistant (HA) for Mendelgang BHU. “When we got there, we were greeted by a healthy baby and an exhausted but happy mother.”

Sonam Wangdi is an experienced HA and has been working in his field for over 15 years. As a member of the strong health force in rural areas led by the health ministry and supported by UNICEF, he is well trained in all aspects of maternal and child health care which includes care during pregnancy, post birth and immunization of mothers and children against vaccine preventable diseases.

He explains that most expecting mothers in his area deliver at the BHU or at the General Hospital in Damphu. But, sometimes, there are cases like Sangay’s, where, the child is delivered at home.

“We keep records of all expecting mothers and provide them with regular check-ups and antenatal care, even in areas where access is difficult,” says Sonam Wangdi. “And we always encourage them to come to the BHU when it is time for them to deliver, and most women do.”

The pilot project to expand postnatal home visits to regions that are difficult to access began in the three districts of Samtse in the south, Chukha in the west and Trashigang in the East in 2013 with funding support from UNICEF. One year later, in 2014, the project had gone nationwide. This helped in drastically decreasing the mortality of newborns and mothers. According to the National Health Survey, the infant mortality rate has today been reduced by two-thirds to 30 per 1,000 live births from 90 per 1,000 live births in 1990.

“Not all homes are easy to get to. But, most people come to the Out Reach Clinics (ORCs) in our area once a month,” says HA Sonam Wangdi. “And because of our constant advocacy during these visits, expecting mothers are aware of the risks involving child birth.”

Because Bhutan has its rural agrarian population living in villages scattered all over the country, there are distant and far flung hamlets that are less accessible to modern day health facilities. But, Health Assistants ensure they visit even those settings and people who are extremely cut off.

With UNICEF supported community mobilization activities, rural women are also now able to relate their regular check-ups to their health in general, and pregnancy and safe childbirth in particular. And that it itself is a positive behavioral change resulting in increasing demands for health services even in the most far-flung regions.
TOWARDS UNIVERSAL ACCESS TO WATER, SANITATION AND HYGIENE

Water, Sanitation and Hygiene (WASH) is an integral part of child survival. UNICEF Bhutan’s critical work on WASH began in 1974. Having access to water supply and improved toilets helps ensure that children are able to lead a healthy life, be it at their early learning centres, in their schools, monastic institutions, or at home.

WASH in schools and monastic institutions

Water, Sanitation and Hygiene (WASH) is an integral part of child survival. Therefore, UNICEF focuses on building separate toilets in schools and monastic institutions for girls and boys, as well as providing water supply. In 2017, an additional 5,500 school children and 200 child monks and nuns have benefited from improved WASH facilities, capacity building and advocacy, to increase coverage and enhance behaviour change.

UNICEF supported improved water supply and child-friendly, gender sensitive sanitation for 2,660 boys and 2,700 girls from 10 schools. These interventions add to a cumulative figure of 12,600 children in 22 schools that UNICEF has supported since the beginning of its current programme cycle (2014), to access improved water supply and group handwashing stations. These interventions have contributed to a total of 30 water supply and 84 toilets with bathing and handwashing facilities in monastic institutions since 2003.

Construction of toilets, bathhouses, handwashing facilities and water supply schemes have contributed to an improved learning environment for 185 monks from 5 monastic schools. About 42 water caretakers were trained and provided tool boxes for regular maintenance of WASH facilities in their respective monastic schools and nunneries.

Head monks and nuns were trained on the revised Health and Hygiene Curriculum on good health and hygiene practices, complemented by a study tour for 24 monks and 4 teachers from 6 monastic schools.

As a follow up to the first disabled friendly WASH facility in Bhutan designed with the support of UNICEF, the guidelines for ‘Differently Abled Friendly Construction’ were launched by the Royal Government. A pilot Inclusive WASH facility in Gelephu Lower Secondary School is benefiting six children with disabilities, increasing their chances to stay in school and complete their education.

A ‘Menstrual Hygiene Management Needs Assessment of Adolescent Schoolgirls and Nuns’ was also jointly undertaken by the ministries of health and education, Bhutan Nuns Foundation, Religion and Health Project of monastic institution and UNICEF.

In 2017, observation of the World Water Day, Menstrual Hygiene Day, World Toilet Day and Global Handwashing Day reached more than 6,000 school children, reinforcing the importance of WASH.
The school with the Cleanest Hands

As one walks around the campus of Zungnye Primary School in Bumthang abuzz with little children running around, one boy is particularly conspicuous. He gathers a few friends around him and shouts, “One photo, please. Here, Sir.”

And before the camera is turned on him, he is all victory signs. He places a victory sign right over his right eye and looks through it into the lens with curious intensity. He talks little but does so clearly and audibly. This little boy, 6-year-old Jamyang Gocha from Pre-Primary, has just returned from the toilet where he looked at the mirror and washed off his snot.

Jamyang is one of 102 students of Zungnye Primary School in Chumey, Bumthang district, for whom WASH is part of everyday school routine. As soon as the lunch bell rings, students stream towards the handwashing station. For the students, handwashing is an elaborate ritual following seven steps, starting with rubbing the palms together and ending with rubbing the wrists. Bumthang’s sub-alpine ice cold water is not an excuse until everybody completes the seven steps.

Everybody in the school is serious about health and hygiene. It’s no wonder that the school was recognized in 2015 as the best WASH school in the country by the Comprehensive School Health Division of the Ministry of Education. They received a cash prize of Nu 20,000 (approx. USD 300).

Since then, the school has stepped up its WASH facilities. With the cash prize, the school has bought towels, mirrors, combs, buckets and jugs for the six toilets, soaps for the handwashing station and some medicines for the Health Room which also has a bed.

Principal Ugyen Tshering says these facilities will sustain up to two years. After that, the school hopes to raise some fund through public cultural shows. The school authorities say that the shortage of money is the biggest challenge to keep the WASH activities and facilities going. Yet, the school religiously observes all health-related days. World Water Day sees the school clean its water source, water tanks and a nearby stream adopted by its scouts. Every Thursday, after the evening prayer session, the school conducts a health awareness programme for the students. Health issues are also highlighted during meetings between teachers and parents. The WASH award that Zungnye received along with 23 other schools arguably makes it the school where students have the cleanest pair of hands. No wonder Jamyang Gocha likes to show off his clean hands in the form of victory signs.
In partnership with the Rural Sanitation and Hygiene Programme (RSAHP) of the Ministry of Health, UNICEF mobilized more than 500 communities in three districts to understand and invest in improved sanitation facilities. RSAHP is a subsidy free and demand driven community-led approach to total sanitation in rural communities.

Three districts achieved more than 95 per cent improved sanitation coverage. Mongar, one of the largest eastern districts, with 100 per cent sanitation coverage was declared as the first district in the country with open defecation free (ODF). Additional two districts, namely Samdrup Jongkhar and Wangdue, reached 96 per cent improved sanitation coverage. In 2017, the RSAHP programme has been expanded to Trongsa and Tsirang districts. During World Toilet Day, 15 blocks from 5 districts were certified as 100% improved sanitation coverage and open defecation free (ODF), bringing the number of ODF blocks in Bhutan to 39, one fifth of the country’s total village blocks - Gewogs. A report documenting best practices of RSAHP was also launched. This partnership will help Bhutan in achieving 100 per cent improved sanitation coverage in rural communities and meet the respective SDGs by 2030. To support the achievement of the WASH SDGs, the newly developed National Sanitation and Hygiene Policy was finalised.

At the World Toilet Day event in Trongsa in 2017, “Chapsang Chag Tshe Lo” - documenting the best practices of Rural Sanitation and Hygiene Programme - was launched.

15 blocks from 5 districts were certified as 100% improved sanitation coverage and open defecation free (ODF)
Early Childhood Care and Development (ECCD)

Recognizing that ECCD is about holistic development of children requiring cross-sectoral collaboration to address their rights, UNICEF supported the development of a report outlining an investment case for ECCD in Bhutan. The launch of the case study in July 2017 was strengthened by the first ever National ECCD Week in August, which brought together more than a hundred participants resulting in increased awareness and support for ECCD at all levels, from communities to policymakers and parliamentarians.

The ECCD investment case report is intended to support Bhutan to meet its national goal to reach out to at least 50 per cent of children aged 3-5 years by 2024 as well as its commitment to achieve the ECCD target of the SDGs, to reach out to all children by 2030.

In 2017, UNICEF also supported advocacy and orientation programmes focusing on strategic planning for ECCD services, targeting local government leaders in their respective development blocks in all 20 districts. In collaboration with the Ministry of Education and local CSOs, UNICEF supported the establishment and rehabilitation of 30 community-based ECCD centres in mainly rural and remote locations, bringing the total centers supported to 90 across all 20 districts since 2015.

To provide better care and stimulate early development of children, all newly recruited new ECCD facilitators were trained through a 10-day intensive programme, and ECCD facilitators from four western districts were trained on parenting education.

Namgay (4 years old) and his sister Dechen (3 years old) live in a remote village in southern Bhutan. They spend their time with each other when their parents go to work in the fields. Other children of their age in another village, about 15 kilometers uphill, go to a community ECCD centre. There are only a few children of their age in their community which sprawls all over the side of a ridge that can be too rough and steep for little children to negotiate.

Government rule requires a minimum enrolment of 10 children attending the centre in any given year for a centre to be set up. Besides the rugged terrain and lack of an appropriate space serve as inhibiting factors. Hence, Namgay and Dechen represent several other children spread across the country, who are disadvantaged by such circumstances whilst they also represent the most in need of the ECCD services.
Children in ECCD centres learn better and more

At noon, the cottage at one end of the Royal Bhutan Police compound in Thimphu, erupts into a cacophony of squeals, screams and laughter of little children. It’s lunch break at the Early Childhood Care and Development (ECCD) centre for families of non-commissioned police personnel.

In one room, children are seated on a carpeted floor sharing their tiffin lunch. Music wafts from another room where a facilitator, leads the children in a dance sequence in preparation of an upcoming concert. Outside, children run helter-skelter within the gated compound.

Parents begin to arrive to collect their children half an hour later. One of them is Namgay Dema, 30, mother of Ngawang Sersom, 4, who joined the centre at the beginning of this year. She is one of many parents who feel the centre has done their children a world of good. “They develop good social skills and discipline and can even understand the danger signs on electric poles,” said Namgay who is married to a policeman. In Bhutan, private fee-based early childcare centres began in 2008, particularly in urban centres to cater to a growing number of office going mothers who could afford. In 2009, UNICEF in partnership with the Ministry of Education started community-based ECCD programme mainly focused around providing equitable access to all children, especially those in rural, remote, and disadvantaged communities.

Namgay, who is from the northern district of Gasa, heard about ECCD centres in 2011, but did not think much about it. By the time she decided to enroll her elder son in 2013, he was already five. “He used to spend most of his time alone at home in front of the TV and could barely talk to others,” Namgay said. “After joining the centre he started to open up.” Today he is in class two in formal school but still not very social, says his mother. “That is why I decided to enroll my younger daughter at four years,” said Namgay who graduated from high school in 2008.

Tshering Lhaden, 32, who is a mother of two children and an ECCD facilitator in Norbuling gewog, Sarpang, also believes that pre-school makes a big impact on how children grow up. “My elder son who is now in class VII spent a year in an ECCD but I could not enroll my younger daughter,” she said. “I see a difference between them on how they relate with other children, perform in class and maintain relationships.”

Parents are slowly becoming aware that early childhood care is a crucial period of life, said Pema Yangzom, 28, one of the 13 facilitators at the Police ECCD centre. The centre has 170 preschoolers. When it started four years ago, it had less than 100 children. “When children come to the centre for the first time they face separation anxiety, and it is quite challenging dealing with that,” said Pema. “It takes a maximum of three months to settle them.” Educating local government leaders, and parents form a key element of advocacy for ECCD that UNICEF engages in partnership with the Ministry of Education.
In 2017, focus was on strengthening the capacity of Ministry of Education (MoE) and partners to provide inclusive education to the most marginalized children, through development and endorsement of Standards for Inclusive Education, modification of curriculum to suit the needs of children with disabilities (CWD), improvement of assessment systems and exchange of knowledge among practitioners of inclusive education.

With UNICEF support, the Ministry of Education completed the first Knowledge, Attitude and Practices (KAP) study on CWD in Bhutan. The report was launched by the Minister of Education and the Regional Director for UNICEF South Asia in November. While the study confirmed that services for CWD have improved over the years, including in education and social services, there are significant knowledge gaps which lead to negative attitudes and lack of support for families with CWD. The report findings will inform the development of a comprehensive behaviour change communications strategy to address the challenges and gaps identified therein.

UNICEF supported the National Conference on Inclusive Education which advocated for the critical role of school principals, teachers and district authorities in the provision of Inclusive Education. The participants included, among others, policy-makers, thereby building their capacity to advocate on the importance of leadership roles for inclusive education at all levels of society. Through UNICEF support, 20 teachers from five local CSOs working with special needs children were trained on the basics of special and inclusive education.

To progressively transform mainstream schools into inclusive schools, UNICEF supported the identification of two more schools with Special Educational Needs (SEN) programme from 2018. About 400 teachers teaching CWD in fifteen schools already providing SEN programmes were oriented on using Standards for Inclusive Education. A bridging course to teach sign language to newly-enrolled children at the ‘Wangsel Institute’ for children with deafness was introduced. A modification of the regular curriculum for the deaf education programme, to provide a more age and ability appropriate curriculum, is also underway.

In addition, UNICEF also supported the training of 50 teachers from the five School Rationalization Project districts, to enhance teacher capacity to communicate better in English, the main language of instruction in Bhutan and deliver quality education to children.

Towards promoting the Non-Formal Education (NFE) programme, which provides literacy and numeracy to those who have not had the opportunity to go to school or dropped out of school early, over 200 local government leaders and district education officials were oriented on planning, supporting and monitoring the NFE programme in their jurisdictions.

Training of instructors from seven nunneries and 14 monastic schools in teaching basic English literacy and numeracy has benefited young monks and nuns (the most vulnerable children). The findings of an ongoing needs assessment for monastic schools and nunneries will be used to develop a physical education and sports programme for monastic institutions to prevent Non-Communicable Diseases (NCD).
PROTECTING CHILDREN FROM VIOLENCE, ABUSE AND EXPLOITATION

Every child has the right to be protected from violence, abuse and exploitation. Protecting children from any form of violence, abuse and exploitation is everyone’s responsibility – children, parents, neighbours, teachers, caregivers. UNICEF believes that all of us must work together to ensure that all children are safe and protected at all times.

UNICEF’s advocacy with the Government resulted in important gains for strengthening the policy and legislative environment for child protection. The year 2017 saw implementation of recommendations from the 2016 Violence Against Children (VAC) research. The findings of the national research demonstrated that children across the country have a comprehensive understanding of violence, which includes physical, sexual and emotional harm. More than 60 percent of children (13 – 17 years) and over half of young adults (18 – 24 years) reported having experienced some form of violence. More than 64 percent of children had experienced physical violence at least once in their lifetime.

To strengthen adolescents’ capacities to protect themselves from violence and exploitation, UNICEF worked with national partners to develop and implement a standardized training programme for adolescents. In 2017, more than 3,000 adolescents and young people, including 300 young monks and nuns, gained the knowledge and skills to protect themselves from violence and exploitation.

Recognizing the high prevalence of violence against children in schools, UNICEF supported the Government to implement a structured capacity development programme for counsellors from the Career Education and Counselling Division of the Ministry of Education. As a result, all 81 counsellors were equipped with knowledge and skills related to preventing, recognizing, and responding to violence against children. The newly acquired skills will help these counsellors to provide quality counselling services to more than 4,000 students from day schools and boarding schools.

Child friendly protection services:

UNICEF engaged with the Government to identify priority Convention on the Rights of the Child recommendations to be implemented, and as a result, the Government has initiated a review of the National Plan of Action on Child Protection. With UNICEF’s support, the Government drafted the C4D strategy focusing on prevention of violence against children.

The first Child Protection Programme Strategy and Plan of Action for Children in Monastic Institutions (July 2017–June 2022) was launched. This strategy and the Action Plan outlines priority interventions and actions to be implemented over the next five years to prevent, recognize, report and respond to child protection concerns in the monastic institutions, including nunneries.

Following successful advocacy, the National Commission for Women and Children has initiated an assessment of marriage and cohabitation practices in Bhutan, that includes child marriage/cohabitation among children.

As a result of UNICEF support to the Office of the Attorney General, more than 60 legal professionals are now aware of the guidelines on child friendly prosecution and diversion. Additionally, 30 police officers from the Royal Bhutan Police know how to implement the Standard Operating Procedures (SOP) for referrals on cases related to child protection.

Towards strengthening the social service workforce in the country, UNICEF supported the Royal University of Bhutan for a certificate programme in social policy launched in January 2018 and in undertaking preparatory work to launch a Bachelors programme in social work starting 2019.
THE SECOND DECADE: ADOLESCENT DEVELOPMENT AND PARTICIPATION

More than half of Bhutan’s population is below the age of 25. A country’s young population is a key asset which needs to be nurtured. UNICEF works on the two pillars: Strengthening youth-friendly services for adolescents & promoting adolescent participation and empowerment in civic engagement.

Making services adolescent friendly

UNICEF supported the government in assessing the functioning of the existing Integrated Youth Friendly Service Centre (IYFSC) in the southern border town, Gelephu, resulting in a review of programme implementation guidelines, programme delivery, and challenges of cross-sector coordination. The youth centre in Punakha district launched integrated services catering to more than 1,500 adolescents and youth. Given the role played by Youth Centres in capacity development of adolescents, UNICEF supported the Government to map and review existing training materials and curricula, especially focusing on Not in Education, Employment or Training (NEET) adolescents.

This resulted in a comprehensive training catalogue, which will be part of the annual plans of the Youth Centres for training of adolescents and youth. In its first year of functioning as an integrated centre, the Gelephu Youth Centre provided services to more than 1,000 adolescents and youth. UNICEF also supported the expansion of the integrated service delivery model, with conversion of an additional Youth Centre in Punakha.

UNICEF supported the government in carrying out a review of the functioning of Drop-In Centre that provides preventive and rehabilitative services for substance users. The findings and recommendations of this review will directly influence the 2018 Plan of Action of the Bhutan Narcotics Control Authority, which manages the drop-in centres spread across eight districts of the country.

Youth Engagement

UNICEF supported the Government and NGOs to strengthen active engagement of adolescents and young people in civic activities through a series of programmes, including Youth Fora such as an SDG Youth Forum, youth exchanges and a youth summit. Thus, more than 3,000 adolescents and young people from across the 20 districts of the country acquired skills to identify and articulate the issues that matter to them the most, and could directly engage with policymakers, parliamentarians, civil servants, and industry leaders to express their views and offer important suggestions on addressing problems faced by young people.

A workshop on “Adolescents and Digital Engagement” was also organised to understand the issues of growing up online. This contributed towards the State of the World’s Children (SOWC) report 2017, which focussed on safe online access for children globally and where the voice of children from Bhutan was featured.

Participants of the “Adolescents and Digital Engagement” workshop.
Skills and Empowerment

A photo exhibition by children, for children

UNICEF worked with adolescents to enhance their skills to understand and articulate themselves effectively, including by way of creative expression.

“The World Around Us: A Photo Exhibition by the children, for the children” was displayed at the Royal Textile Academy, Thimphu in November. Over 40 photographs taken by a group of adolescents including ten nuns and monks were publicly displayed at the exhibition. The young photographers shared their stories behind the photos and spoke about their experiences. The exhibition was a result of a week-long training organized by UNICEF Bhutan and Bhutan Centre for Media and Democracy (BCMD) in October 2017. About 25 participants from 15-24 years were provided with the skills to communicate more effectively.

Empowering adolescents to protect children from violence

To strengthen adolescents’ capacities to protect themselves from violence and exploitation, UNICEF worked with five national partners, including three NGOs to develop and implement a training programme for adolescents on child protection participation. Nearly 3,000 adolescents and young people, including 300 monks and nuns from all 20 districts now have the knowledge and skills relating to protecting themselves from violence and exploitation.

UNICEF supported RENEW, a local NGO which fociusses on violence against women, in expanding their network – the Druk Adolescents’ Initiative for Sexual Awareness Network (DAISAN) – from 10 to 18 districts reaching an additional 500 adolescents. As a result, there are now more than 3,000 DAISAN members in the country who are equipped with essential information on how to protect themselves from violence and exploitation.
Sports for Development

As part of the UNICEF South Asia “#WeTheFuture” campaign, UNICEF partnered with the Bhutan Cricket Council Board to promote sports and to build leadership and life skills among adolescent girls. 84 adolescent girls from five districts participated in the Cricket T20 championship held in the capital. These 84 girls subsequently engaged with more than 1,500 adolescent girls in other parts of the country on various awareness and empowerment activities, including promoting girls’ participation in sports.

Complementing this effort, UNICEF continued the 2016 partnership with the Thimphu City Football Club, taking a team of adolescent girl footballers from Thimphu to visit the Sakteng girls football team in their remote village, to play football, understand rural life, and learn and share through interactions with adolescents and the community there.
To continue our commitment to support the Government in strengthening evidence-based programming, UNICEF, along with other UN agencies worked with the Gross National Happiness Commission (GNHC) and the National Statistics Bureau (NSB) in commissioning a study to assess the data ecosystem in Bhutan. Findings pointed to inadequate data quality, standardization and data conflict issues. The study findings will feed into the upcoming 12th Five-Year Plan of the government as well as the next country programme cycles for the UN and UNICEF.

Marking yet another milestone towards advancing social policy in Bhutan, the third cohort of the Certificate Course on Social Policy was held at the Samtse College of Education, located in southern Bhutan. Since 2015, the first-ever Social Policy Certificate Course has built the capacity of key stakeholders to understand, analyse and influence social policies. After successful training of two cohorts of participants, in an effort to fully institutionalize the training within the curriculum of the Royal University of Bhutan (RUB), the core faculty members responsible for this programme under the RUB were provided an intensive training of trainers through a collaboration with Thammasat University in Thailand.

The third cohort of the course, immediately following the training of the core faculty members, saw full ownership and accountability by the RUB and Sherubtse College, key partner and the leading institution of higher learning in the country and was well received by the participants. From 2018, a module on social policy course has been institutionalized and integrated in the RUB's regular course.

UNICEF also supported the Oxford Policy and Human Development Initiative (OPHI) in cooperation with the NSB in the development of a Multidimensional Poverty Index (MPI), based on the Bhutan Living Standards Survey 2017. Building on UNICEF’s collaboration with NSB in developing the first-ever Child Multidimensional Poverty Index (Child-MPI) in the world, published in 2016, OPHI worked with NSB to bring forth a chapter on child deprivations as part of the 2017 MPI. The report was launched in December, with the findings to be instrumental in advocating for and influencing social resources planning and distribution.

To continue its efforts to build national capacity on evaluation, UNICEF supported the participation of Government Officials and members of the Evaluation Association of Bhutan (EAB) to participate in the 4th Regional Evaluation Conclave held in Bhutan. The joint effort of GNHC, the Evaluation Association of Bhutan (EAB) and UNICEF saw fruition in 2017, when the EAB, which had been functioning as an informal association, was registered as a CSO.
ACHIEVING RESULTS THROUGH SOCIAL BEHAVIOUR CHANGE

Communication for Development (C4D) is an integral part of UNICEF’s programming. UNICEF uses C4D as one strategy to engage communities and influencers to understand and address underlying negative social norms and beliefs to achieve sustained results.

In line with UNICEF programme priorities, key C4D activities undertaken were development of a child protection C4D strategy that looked at promoting wellbeing of children to address whole spectrum of child rights. In addition, a knowledge, attitude and practices (KAP) study on Children with Disabilities (CWD) was completed and launched. The KAP study findings showed that there is the need to promote positive social norms and practices to address needs of CWD. Similarly, interpersonal communication skills of service providers are critical in enhancing knowledge and influencing attitude. Towards this objective, UNICEF supported the Ministry of Health in training more than 120 health workers in improving their IPC skills.

Promoting well-being through sustained social and behaviour change requires community led integrated programmes that are supported by multi sector agencies. Towards this goal, UNICEF, in collaboration with Tarayana, a civil society organisation and the Health Promotion Division of the Ministry of Health made progress to initiate a community led intervention in selected hard to reach communities in two districts to promote holistic child wellbeing.

120 HEALTH WORKERS HAVE IMPROVED IPC SKILLS

Health Promotion: An Integral Component for Community Development

UNICEF in collaboration with Health Promotion Division, Ministry of Health, organized two workshops to sensitize local leaders and community workers on the importance of health promotion in achieving the community development goals. Through the workshop, around 60 local government leaders (Gups), health assistants, Multi-Sector Task Force (MSTF) and Community Based Support System (CBSS) members were reached in Haa and Gasa districts.

The workshop sensitized local leaders, health assistants, MSTF and CBSS members on the need to invest in maternal and child health, nutrition, hygiene and sanitation and child protection in achieving community and national development targets. During the three-day workshop, the participants were familiarized on Result-Based Management tools in identifying priority social issues; its underlying causes and preparing community action plans in addressing the issues. As a result, participants recognized the need to address softer social issues in achieving their community development goals; and committed to integrate social issues concerning children’s well-being in their local development plans for the 12th Five-Year-Plan (2018-2023).
Bhutan is located in one of the most seismically active zones of the world and is vulnerable to earthquakes along with other disasters, including glacial lake outburst floods (GLOF), windstorms, landslides, flash-floods and forest fires. Its proximity to neighbouring countries also exposes Bhutan to other health emergencies such as the outbreak of avian flu.

In any disaster, women and children are the most affected, and education, protection, health and water, sanitation and hygiene (WASH) interventions during such humanitarian crisis are essential to prevent outbreak of diseases, to reopen schools and provide protection for the displaced population.

To support better preparedness, UNICEF has further strengthened the capacity of teachers and education officials, to enhance school safety and children’s resilience towards various disasters.

More than 100 teachers and District Education Officials from the five western districts were oriented on the Education Sector Disaster Management Plan developed by the Ministry of Education, through technical and financial support from UNICEF and Save the Children. These educators will work closely with District Disaster Management Committees to strengthen School Disaster Management Plans in their districts. The initiative is aimed at strengthening school-based disaster preparedness, mitigation, disaster risk reduction and enhancing disaster risk management, ultimately ensuring school safety and children’s resilience towards various disasters.

Nuns from six eastern districts received training on the basics of disaster management through a four-day workshop. The nuns learned how to evacuate to safe places during major disasters, fight fires and administer basic first aid during disasters. The training has helped to enhance the safety of nuns who are mostly living in remote nunneries.
UNICEF undertook substantial advocacy to advance its work for children. UNICEF, WHO, UNFPA and MoH jointly organized and participated in a high-level advocacy tour by Her Majesty the Queen Mother Ashi Sangay Choden Wangchuck, Goodwill Ambassador of UNFPA, to all 20 districts. Her Majesty interacted with communities and the public, highlighting the current situation and need for action on HIV/AIDS, teenage pregnancy, maternal and new born care, child and adolescent nutrition as well as mental health issues, including substance abuse and suicide.

To highlight the need for the provision of ECCD services to all children by 2030, an ECCD Investment Case study was launched in the presence of the Regional Director for UNICEF South Asia. To provide evidence for increased focus on Children with Disabilities (CWD), a KAP study was launched by the Education Minister and the Regional Director for UNICEF South Asia. Both events received very good coverage.

UNICEF’s participation in the annual Press Freedom Day encouraged the media to increasingly cover social issues affecting children and women. Strengthened collaboration with national broadcast television and newspapers resulted in journalists covering more stories related to children. UNICEF’s presence on social media further increased. For instance, the SOWC video on Facebook had about 88,000 views in a week’s time, confirming that almost half of Bhutan’s internet users saw the message on the risks and opportunities for children in the digital age.

The World Prematurity Day was observed at national and district levels, to create awareness on prevention and care of premature babies. During the event, the ‘Bhutan Every Newborn Action Plan’ (BENAP) 2016-2023 and the Nutrition Determinants Analysis were disseminated to practitioners. The Nutrition Determinants Analysis, based on secondary analysis of the National Nutrition Survey 2015, revealed the need to focus on improving dietary diversity of children through significant investment in social and behaviour change communication (SBCC) - including, but not limited to, strategies to improve the timeliness, frequency and counselling on complementary feeding through the health sector.

The country office also harnessed the many advocacy opportunities with high level officials and the public during national events and international days. For example, the World Toilet Day, international autism conference and the national consultation with youth on SDGs.
PARTNERSHIPS FOR RESULTS

Partnerships are critical in every aspect of UNICEF’s work. We continued to strengthen our many partnerships with the government, CSOs, media, youth network, parliamentarians, monastic institutions and nunneries.

The partnership with academia was one of the emerging areas which was instrumental for UNICEF’s ongoing shift to increased upstream policy work. With support from the UNICEF Regional Office for South Asia, a training at ‘Thammasat’ University in Thailand was delivered to core faculty members of the Royal University of Bhutan responsible for the Social Policy Certificate Course, that has been institutionalized with UNICEF support over the past three years. This has not only contributed towards enhancing the capacity to deliver the on-going course but has also led to institutional linkages between the two universities.

To further strengthen south-south cooperation, UNICEF also facilitated the participation of three Bhutanese Parliamentarians at the first ‘South Asian Parliamentarians Network for Children’ meeting in Nepal. The platform provided an opportunity for Parliamentarians in the region to discuss and share ideas around key child rights issues in the region. Similarly, the ‘South Asian Religious Leaders Network’ meeting, where three representatives from Religious Institutions in Bhutan participated, provided an opportunity for advocacy and engagement on child rights among religious leaders in the region.

Delivering as One

As part of the One UN in Bhutan and under the ‘Delivering as One’ approach, UNICEF was a very active participant in the UN Country Team (UNCT), which has led to improved efficiencies and synergies, helped to advance common programme goals and avoid duplication among implementing partners and UN agencies.

To strengthen coordination and synergy for common results, UNICEF actively supported six interagency theme teams – Disability, Nutrition, Data and SDGs, Emergency Preparedness and Response, Gender-based Violence.

The UN Harmonized Approach to Cash Transfer (HACT) and Planning, Monitoring and Evaluation (UNPME) groups guided and facilitated joint review and planning sessions, ensuring consistency and coherence.

To continue UNICEF’s commitment to support the Government in strengthening evidence-based programming, UNICEF, along with UNDP and other UN agencies worked with the Gross National Happiness Commission (GNHC) and the National Statistics Bureau (NSB) to commission a study to assess the data ecosystem in Bhutan. The report recommends strengthening of the policy environment, centralization of the national statistical system and further strengthening the statistical capacity in the country.

The study findings will feed into the upcoming 12th Five-Year Plan of the government as well as the next country programme cycles for the UN and UNICEF.

In 2017, the UNCT has initiated the development of the UN Sustainable Development Partnership Framework (UNSDPF) 2019-2023. Under the overall guidance of the Resident Coordinator Office, the UN agencies jointly contributed to this strategic planning. UNICEF took a lead role in capacity building of results-based management, as well as guiding the Common Country Assessment. UNICEF and WHO also continued working together on strategic health interventions and helped the Ministry of Health to leverage resources through Global Fund for Malaria, Tuberculosis and HIV.

UNICEF, UNDP and WHO successfully mobilized resources from the United Nations Partnership for the Rights of Persons with Disabilities (UNPRPD) to support the government in strengthening its policy environment.

UNICEF and UNDP also supported the development of Standard Operating Procedure (SOP) for the referral and management of cases related to Children & Women in Difficult Circumstances. The SOP will play a critical role in the implementation of the Domestic Violence Protection Act.
LOOKING AHEAD

Bhutan has progressed significantly over the past two decades in the social areas and the country has maintained solid macroeconomic performance. As a result, Bhutan is expected to graduate from the status of a ‘Least Developed Country’ (LDC) to a ‘Lower and Middle Income Country’ (LMIC) during the next few years. Against this backdrop, traditional development partners have started to withdraw from Bhutan.

However, significant challenges and risks remain for children. The 2017 multidimensional poverty index (MPI) shows a positive trend and a reduction of multidimensional poverty from 12.7 per cent in 2012 to 5.8 per cent in 2017, but is highest among children between 0-9 years. This indicates that children are especially vulnerable and highlights the need to analyse child poverty further and invest explicitly in its reduction.

A recent analysis undertaken by UNICEF, that looked at national progress towards achievement of the Sustainable Development Goals, shows that from eight SDGs most pertinent for children, four are at risk. Further investment in key social sectors is therefore necessary to reduce neonatal, infant and child mortality, stunting and anemia, and to enhance access to ECCD services.

Newborn mortality remains high – accounting for 68 per cent of infant mortality and 56 per cent of under-five mortality. Enrolment in pre-primary education remains low at 22 per cent. To facilitate LDC graduation and, more critically, ensure longer-term sustainability, greater attention needs to be paid to the structural and other challenges that Bhutan faces. To address this situation, and to ensure enhanced effectiveness of development programmes, UNICEF Bhutan is increasingly focused on cross-sectoral programming, for example Early Child Care and Development (ECCD) with a focus on early learning and disability, and child protection, with a focus on children who live without parental care (including in boarding schools and monastic institutions). Together with other UN agencies we are also strengthening our approach to address the emerging areas of youth, migration, urbanization and climate change.

To ensure that resources for children are put to good use during the upcoming transition period for the country, UNICEF will continue to support service delivery and at the same time put stronger emphasis on evidence-based advocacy and policy making, information management and accountability systems, to ensure timely and quality information for decision makers.
The UNICEF Bhutan team would like to thank our partners who supported us in 2017:

Andorran National Committee for UNICEF
Co-op Sapporo
Czech Committee for UNICEF
Denmark Committee for UNICEF
German Committee for UNICEF
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Japan Committee, Vaccines for the World’s Children (JCV)
Norwegian Committee for UNICEF
New Zealand Committee for UNICEF
Swedish Committee for UNICEF
Swiss Committee for UNICEF