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Programme, the United Nations
Population Fund and the United
Nations Office for Project Services**

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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Bhutan

Proposed indicative UNFPA assistance:	\$3.8 million: \$3.0 million from regular resources; and \$0.8 million through co-financing modalities or other resources
Programme period:	5 years (2024-2028)
Cycle of assistance:	Eighth
Category:	Tier II
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2024-2028

Note: The present document was processed in its entirety by UNFPA.

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I. Programme rationale

1. Bhutan is in transition; after a five-year preparatory period, it prepares to graduate from the group of least developed countries on 13 December 2023. The economy is still recovering from the impact of the coronavirus disease (COVID-19) pandemic and is expected to grow at a rate of about 4 per cent after dropping to a historic low of -10 per cent in 2020. This unprecedented setback has compounded the country's persistent high economic vulnerability, due particularly to its narrow economic base of heavy reliance on hydropower and limited diversification opportunities owing to its small domestic market and geographical remoteness.

2. While Bhutan has made remarkable progress across many development indicators, geographic inequalities remain, with income poverty rates ranging from 17.5 per cent in rural areas to 4.2 per cent in urban areas. The quality, inclusiveness and sustainability of key social services require attention. Bhutan has a small but youthful population, estimated at 763,249 (2017), with more than 41 per cent of the population below the age of 25 years, of whom more than 42 per cent are adolescents. The total fertility rate has declined to below replacement level at 1.9 and the country is already estimated to be in its demographic dividend phase, which is projected to last for the next two decades.

3. The Royal Government of Bhutan is deeply concerned about emerging demographic issues including the declining fertility rate and the increasing out-migration of young skilled citizens. The projected ageing of society is another major priority. It is estimated that by 2050, the proportion of the population aged 65 years and above will rise from 6 per cent in 2022 to 17.3 per cent.

4. Bhutan has been a strong supporter of the International Conference on Population and Development (ICPD) Programme of Action and has made considerable progress towards the three zeros with the constitutional requirement to provide free universal health care and education up to 10th standard. Maternal health has improved considerably over the past two decades; between 2000 and 2017, the maternal mortality ratio fell from 255 to 89 maternal deaths per 100,000 live births.¹ The progress has been attributed to increased coverage of skilled antenatal care and institutional deliveries. However, regional and district-level disparities remain in terms of quality and coverage of services. Gaps in mothers' comprehensive knowledge and in health-care providers' knowledge of neonatal health, as well as poor documentation of essential maternal and child health services, remain key concerns in terms of quality and last-mile maternal health indicator achievements.

5. With contraceptive prevalence at 65.6 per cent (30.2 per cent for adolescents) and more than 40 per cent of the population consisting of adolescents and young people, their sexual and reproductive needs, including teenage and unintended pregnancies, remain key concerns, with lack of data making it difficult to gauge the magnitude of the issue. The unmet need for contraception is higher among adolescents at 27.4 per cent compared to the overall national average of 11.7 per cent. The adolescent birth rate remains high at 25.7 per cent.² A 2016 school-based survey of students aged 13-17 years reported that 15 per cent had experienced sexual intercourse, of whom only 59 per cent had used a condom during their last sexual encounter, indicating limited knowledge, information and services among adolescents. Nearly half (49.3 per cent) of those who had ever had sexual intercourse reported that their first sexual activity was before the age of 14 years.

6. Approximately 26 per cent of women in Bhutan get married before reaching the age of 18.³ The number of teenage pregnancies increased from 372 in 2018-2019 to more than 700 in 2020-2021, primarily attributed to lockdowns and school closures, heightened by a lack of awareness about contraception. Girls who had little to no education, or completed only primary education, displayed significantly higher percentages of entering formal marriage before turning 18 – five times greater than that of the most highly educated women in the country.⁴ Similarly, adolescent girls from the poorest households have initiated childbearing at a rate that is at least seven times higher than that of the wealthiest households.

7. Bhutan has made significant strides in reducing gender disparities compared to similar country groups. Its Gender Inequality Index of 0.415 is lower than the average for least developed countries (0.562), indicating progress. The country's constitution and key legislation provide a solid foundation for gender mainstreaming and achieving gender equality. Bhutan ranks higher than the global average in terms of national legal

¹ Annual Health Bulletin 2022, Ministry of Health

² National Health Survey, 2012, Ministry of Health.

³ Bhutan Child Marriage Country Profile 2022.

⁴ Bhutan Child Marriage Country Profile 2022.

frameworks for ensuring gender equality in the economic and social spheres. However, its Global Gender Gap Index ranking dropped from 93 in 2013 to 131 in 2020.

8. In December 2020, the parliament took a crucial step by decriminalizing consensual same-sex relations. The Government has recently initiated the revision of the gender equality policy to include the concerns of those individuals of diverse sexual orientation, gender identity and expression and sex characteristics (SOGIESC). Additionally, efforts are under way to develop a national policy on the prevention of sexual violence.

9. Despite progressive legislation and the absence of overt or formal discrimination, structural and cultural norms hinder the full realization of gender equality and women's empowerment in Bhutan. While gender-based differences in life expectancy, education and asset ownership in Bhutan are marginal, women still face underrepresentation in parliamentary seats and managerial positions, and the gender gap in labour-force participation remains a significant challenge. A 2019 gender assessment pointed out limited awareness of issues concerning people with diverse SOGIESC among public institutions, including schools and health services.

10. Gender-based violence (GBV) remains an issue in Bhutan. Two out of every five women in the country have experienced one or more forms of intimate partner violence in their lifetime. Nearly one in three women (30 per cent) have experienced such violence in the past 12 months, often beginning early in life with 6.9 per cent reported being sexually abused as children.⁵ A secondary analysis of risk factors associated with partner violence against women in Bhutan, based on the 2017 national violence against women prevalence survey, identified childhood sexual abuse, young age, disability, challenges to gender norms and harmful expressions of masculinity as being strongly associated with intimate partner violence. Over half of all women and girls (53.4 per cent) agreed that a man is justified in hitting his wife, although this attitude is more prevalent among older women, indicating that attitudes towards gender roles are evolving. Further, effective implementation of legislation and institutional mechanisms to prevent and address GBV is challenged by social and cultural barriers that restrict women's and girls' autonomy, mobility and access to economic opportunities.

11. While UNFPA has been assisting in the development of a national statistical database, challenges persist in the production, collection and utilization of updated and reliable data due to limited resources and capacity. There are critical data gaps concerning unmarried individuals regarding contraceptive use, childbearing and maternal care, unintended births, decision-making autonomy regarding contraceptive use and sexual activity, skilled postnatal care, abortion, sexually transmitted infections (STIs), violence, financial protection and health insurance. There is an inadequate amount of data regarding persons with diverse SOGIESC. The lack of data, information and capacity significantly impairs the ability to design evidence-based, targeted and effective policies and plans, particularly for those most vulnerable and populations left behind.

12. While Bhutan is recognized as a leader in sustainable development with environment-friendly policies, it is one of the most climate-vulnerable countries in the world, ranked as the forty-sixth most vulnerable country and the sixty-fourth readiest country regarding climate change impacts, according to the ND-GAIN Index. It is prone to floods caused by melting glaciers, earthquakes and prolonged and extreme droughts exacerbated by climate change, which disproportionately affects women and girls, particularly from the populations left furthest behind.

13. The country's graduation from least developed country status in December 2023 is anticipated to present resource mobilization challenges. The Government will confront a widening fiscal gap, loss of access to certain sources of development assistance due to the graduation, the economic impact of COVID-19, government transformation, economic prioritization and limited potential for domestic resources from nascent private sectors.

14. Information drawn from the Common Country Analysis (CCA) concerning those at risk of being left behind – including people with disabilities, persons with diverse SOGIESC, senior citizens, women and girls, adolescents, youth and children –a indicates the need to ensure access to quality adolescent- and youth-friendly health services, also for those with disabilities; developing a culturally sensitive and practical strategy to address the needs of ageing populations especially older women, by strengthening institutions and services to ensure inclusivity and develop a coordinated strategy to the reap benefits of a demographic dividend.

15. UNFPA actively supported the development of the United Nations Sustainable Development Cooperation Framework (UNSDCF) and the CCA by bringing in its unique value proposition and comparative

⁵ National survey on women's health and life experience, 2017. A study on violence against women and girls in Bhutan, NCWC.

advantages in: (a) mainstreaming the ‘leave no one behind’ principle in public policies; (b) incorporation of gender-transformative approaches in sexual and reproductive health and rights (SRHR) and GBV services; (c) promotion of adolescent and youth health and rights; (d) incorporation of data and population dynamics in development planning and (e) building partnerships with religious communities, civil society networks and local governments to address sensitive and harmful social/gender norms and practices. This has positioned UNFPA as a thought leader and trustworthy partner for the Government, other United Nations agencies and community-based organizations.

16. The country programme evaluation confirmed that UNFPA has made important contributions to the national development goals and the One United Nations Plan, including the joint COVID-19 response plan. The evaluation recognized UNFPA achievements in high-level advocacy, leadership in SRHR and contributions to strengthening comprehensive sexuality education and data systems. Moving forward, the evaluation recommends that UNFPA (a) sustain gains in family planning while ensuring quality; (b) overcome last-mile challenges to achieve SDG targets related to MMR; (c) provide support to build national capacity on availability of data; (d) focus on GBV prevention and management; and (e) strengthen advocacy and strategic partnerships.

II. Programme priorities and partnerships

17. The proposed country programme is inspired by the 2030 Agenda, particularly Sustainable Development Goals 3, 4, 5, 10, 13, 16 and 17. The programme and its three interconnected outputs will seek to accelerate the achievement of the ICPD Programme of Action, including the voluntary ICPD25 commitments made by Bhutan, the UNFPA Strategic Plan, 2022-2025, and the three transformative goals. The country programme responds to the national priorities articulated by the Royal Government of Bhutan in its draft 13th Five-Year Plan and contributes to the achievement of the strategic objective of ‘Bhutan has a Healthy and Productive Society founded on Equitable and High-Quality Health Education and Social Protection’. It contributes to outcomes 2, 3 and 4 of the UNSDCF, 2024-2028.

18. Informed by the seventh country programme evaluation, the new country programme will focus on sustaining the gains in family planning and adolescent and youth sexual and reproductive health while strengthening the programme’s reach and quality to address the needs of those left furthest behind and the most vulnerable populations including adolescents and youth, women, elderly, persons with disabilities and people with diverse SOGIESC, among others.

19. The new programme was developed in consultation with the Government, civil society and other organizations representing diverse community interests, who will also be engaged during implementation, monitoring and evaluation. The proposed programme adopts a human rights-based and leave no one behind approach focused on the realization of the rights of all, including the furthest left behind, by addressing issues related to accessibility, availability, affordability and quality. Gender equality and women’s empowerment are integrated throughout the programme to address harmful social and gender norms and increase women’s participation in decision-making processes.

20. The programme will strengthen institutional capacities to design, implement and monitor policies and programmes to foster the incorporation of population dynamics and demographic challenges including ageing, declining fertility and out-migration of youth in development policies and plans. It will promote SRHR, gender equality and the empowerment of women and girls, again with an enhanced focus on the furthest left behind. UNFPA will support the development of cost-effective modern data systems in close partnership with the government, building data generation and analysis capacity, improving quality and use of disaggregated data for improving the effectiveness of development policies and programmes, and reaching the groups left furthest behind.

21. The programme will accelerate achievement of zero maternal deaths and zero unmet needs for family planning, contributing to Sustainable Development Goals 3.1, 3.7, and 5.6 by adopting a life-cycle approach and seeking to improve quality and access to SRHR through capacity-building of duty bearers including those in the health sector and improvements in standards and accountability mechanisms and their enforcement. It will continue to prioritize the health and well-being of adolescent girls, including improving access to adolescent SRHR and increasing the agency and empowerment of adolescents.

22. The programme will accelerate achievement of zero GBV and harmful practices, contributing to SDG 5.1, 5.2, 5.3, 5.6 and 5.9 by continuing to advocate for transforming harmful and discriminatory social norms and promote women's and girls' rights and empowerment through the strategic engagement of Her Majesty the Queen Mother Gyalyum Sangay Choden Wangchuck, UNFPA Goodwill Ambassador, and build on the trust and confidence in UNFPA as a thought leader and trusted partner. Partnerships with local communities, monastic institutions, civil society organizations (CSOs), IFIs, private sector and youth groups will be strengthened and expanded to accelerate the achievement of the transformative agenda.

23. More than in the past, the eighth country programme will focus on deepening and expanding engagement with adolescent girls and young people, women and girls in all their diversities and persons with disabilities to empower them in making informed choices related to their SRHR, increasing their participation in society and adopting the behaviours to oppose GBV, harmful practices and social norms. In particular, the programme will advocate for inclusive and non-discriminatory laws, policies and budgets and work with government and other stakeholders to address implementation bottlenecks and remove service access barriers. It will do so by introducing innovative pathways to access tailored interventions while improving the capacities of health sector service providers to serve these vulnerable groups in government programmes. In line with the Government's prioritization of the health system's resilience, the programme will support the integration, prioritization and strengthening of SRHR and GBV in climate change policies including disaster risk reduction and response mechanisms.

24. The programme will accelerate progress by: (a) leaving no one behind and reaching those furthest behind by expanding the programme targets to include those living in remote areas, young people, women and girls in all their diversities and people living with disabilities; (b) promoting human rights-based, gender-transformative approaches to address social and cultural norms and practices that perpetuate inequalities and vulnerabilities; (c) using innovation and digitalization to scale up high-impact strategies and interventions; (d) strengthening data systems and promoting greater use of data, evidence and innovation to inform the formulation of policies and programmes, including those that impact the furthest left behind; and (e) engaging in strategic partnerships and sustainable financing South-South and triangular cooperation initiatives.

25. With the Government making innovation and digitalization a priority, the programme will aim to leverage technology and harness innovation to meet the unique challenges faced by Bhutan, especially to identify, understand and serve those left furthest behind and overcome last-mile challenges. The programme will engage Bhutanese youth to co-create interventions that improve their sexual and reproductive health and well-being. Given the small population of the country and rugged terrain with hard-to-reach communities, this is likely to be a game changer; if successful, Bhutan could serve as a model country where "no one is left behind."

26. In collaboration with the Government, which will remain a key partner, existing partnerships will be strengthened, and new partnerships forged at all levels including at national and local levels and with the private and public sectors. UNFPA will extend partnerships with youth- and women-led CSOs and organizations working with and for persons with disabilities and other vulnerable groups and invest in capacity-building to enable these organizations to become front-line responders to GBV and promote their access to decision-making spaces. Furthermore, partnerships with youth advocates, online influencers and youth content creators will be explored to jointly advocate for quality SRHR services for young people and marginalized groups and promote social norm changes. UNFPA will also partner with national and regional research and policy think tanks, academia and financial institutions for informed and effective policy and planning through research and evidence generation.

27. The country office will explore the opportunities to mobilize resources from traditional and non-traditional donor communities including from high net-worth individuals and private companies, international financial institutions, multilateral banks and intergovernmental organizations, and the adoption of innovative funding mechanisms such as social impact bonds, crowdfunding platforms and blended finance approaches.

28. Building on the one United Nations initiative implemented during previous cycles, UNFPA Bhutan will reinforce its collaboration for better coordination, harmonization and enhanced joint programming and resource mobilization with sister United Nations agencies (including joint resource mobilization from the Sustainable Development Goals and other trust funds). UNFPA will conduct joint programmes (results groups especially leading on SRHR, youth and GBV, United Nations communication group, monitoring and evaluation group) in order to strengthen alliances and leverage resources.

A. Output 1. Improved integration of sexual and reproductive health and rights and population data and evidence into relevant laws, policies, plans and accountability frameworks

29. To accelerate progress in achieving the three transformative results by 2030, this output will focus on improving the integration of SRHR including informed choices, respectful maternity and survivor-centred care into universal health coverage-related policies and plans, and other relevant laws, policies, plans and accountability frameworks. It will strengthen accountability mechanisms for the implementation of comprehensive sexual and reproductive health information and services, including health sector response to GBV, particularly targeting those left furthest behind. It will strengthen national capacities to develop inclusive, evidence and rights-based transformative policies, plans and programmes that are responsive to population dynamics and megatrends. The output contributes to UNSDCF outcome 2 on benefiting people from strengthened quality, inclusive and lifelong social services and practices, outcome 3 on environment and resilience and outcome 4 on having more inclusive, transparent and accountable governance and rule of law, which are aligned with the Government's priorities outlined in the draft 13th Five Year Plan strategic objectives on social development and governance.

30. Key strategic interventions include: (a) supporting review of national laws and policies and implementation bottlenecks that discriminate against persons based on gender, age, sexuality and disability including advocating for a strengthened policy environment for disability-inclusive and youth-friendly SRH services; (b) integrating SRHR into universal health coverage policies, disaster risk reduction and climate change plans and accountability frameworks including the health sector response to violence particularly for vulnerable groups in collaboration with relevant agencies; (c) improving the quality of maternal and child health and emergency obstetric and neonatal care services including strengthening institutional capacity for midwifery in accordance with international standards; (d) strengthening national capacities to generate, collect, analyse, disseminate and use disaggregated population and other data to develop inclusive evidence and rights-based transformative policies, plans and programmes that are responsive to population dynamics and megatrends; and (e) facilitating South-South and triangular cooperation and strengthening partnerships and evidence-based advocacy with legislators, key decision makers and religious leaders on emerging issues.

B. Output 2. Strengthened policies, systems and capacities of institutions and communities for a coordinated multisectoral approach to change discriminatory social norms, and to advance gender equality, with a special focus on those furthest left behind

31. Contributing to UNSDCF outcomes 2, 3 and 4 this output will accelerate progress towards the three transformative results by supporting the development and effective implementation of laws, policies and programmes that promote and protect the rights of women, girls and other marginalized groups, in line with international frameworks. It will strengthen mechanisms and capacities for the prevention and response to GBV through multisectoral coordination with a special focus on those left furthest behind. The output will strengthen community-based mechanisms and expand alliances with women and youth-led organizations, vulnerable communities, religious leaders, and the media for joint advocacy and interventions to advance gender equality and to change social and gender norms that uphold and perpetuate GBV and harmful practices like child marriage.

32. Key strategic interventions include: (a) undertaking evidence-informed advocacy to strengthen laws, policies and programmes that prevent and respond to GBV and promote and protect the rights of women, girls and other vulnerable groups and support their effective implementation in line with international frameworks, including linkages with climate vulnerability and in humanitarian situations; (b) strengthening the capacity of duty bearers and rights holders on changing social and gender norms and emerging concerns that perpetuate GBV and harmful practices including technology-facilitated GBV; (c) strengthening multi-sectoral response mechanisms including referral mechanisms and essential service delivery systems for addressing GBV with a special focus on those furthest left behind; (d) supporting women and youth-led organizations to strengthen women and girl's decision-making, and implementing evidence-informed interventions including promoting positive masculinity models, as a critical pathway for addressing social norms; and (e) strengthening capacity to collect, analyse and use data on "violence against women" and harmful practices to guide effective policy and programme design and implementation.

C. Output 3. Strengthened skills and opportunities for adolescents and young people in all their diversity, including adolescent girls from the furthest left-behind populations, to ensure bodily autonomy, leadership and participation in issues that affect their development and well-being

33. Contributing to UNSDCF outcomes 2 and 4, this output will focus on creating an enabling environment to support comprehensive youth empowerment and participation. It will prioritize partnerships with youth networks to ensure meaningful participation of adolescents and youth in advancing gender-transformative and age-appropriate comprehensive sexuality education that promotes positive masculinity and gender equal norms, building youth leadership and enhancing access to youth-friendly SRH services. It will deepen and expand engagement with young people with disabilities and diverse SOGIESC to ensure their bodily autonomy, leadership and increased participation.

34. Key strategic interventions include: (a) strengthening national capacities to institutionalize and deliver age-appropriate and gender-transformative comprehensive sexuality education aligned to international guidelines in schools and monastic institutions through in-person and digital modalities; (b) strengthening the capacity of youth organizations, networks and communities to deliver out-of-school comprehensive sexuality education to adolescents in remote areas and vulnerable populations of young people; (c) taking a health systems approach to strengthen adolescent and youth-responsive sexual and reproductive health information and services to young people with disabilities and diverse SOGIESC; and (d) supporting youth-led initiatives and networks and promoting mechanisms and platforms to strengthen the participation of adolescents and youth, especially young women and those with disabilities and diverse SOGIESC, in policy and planning processes and decision-making mechanisms that affect their development and well-being including in the disaster risk reduction, climate action and resilience-building efforts; and (e) leveraging technology and digital tools to improve the provision of SRHR and GBV services and information.

III. Programme and risk management

35. UNFPA will implement the programme through national partners, including government and non-governmental organizations and other partners. Implementing partners will be selected based on their comparative advantage and capacity to deliver high-quality programmes. Due diligence, including for the harmonized approach to cash transfers, will be undertaken in a coordinated manner with United Nations agencies, with measures in place to mitigate any financial risks. Collaboration with the United Nations country team and United Nations organizations individually will be harnessed through joint programmes, where feasible, to strengthen alliances and leverage resources in line with the ‘delivering as one’ approach and the UNSDCF.

36. Risks to programme implementation include: (a) changes in national regulatory, policy and institutional frameworks, and priorities that limit the advancement of universal access to SRHR; (b) climate change, natural disasters and health-related pandemics threatening programme delivery; (c) reduction in domestic financing for the social sector; (d) a decrease in official development assistance and other funding opportunities due to the global geopolitical situation and the country’s transition to lower middle-income status; (e) limited capacity of and space for civil society representing vulnerable groups to access resources and demand accountability and; (f) prevalent harmful and discriminatory gender and social norms affecting gender equality and empowerment of women and girls; and (g) insufficient investment to replace the high attrition of skilled personnel in social sectors.

37. To mitigate these risks, the programme will: (a) leverage capacity and technical expertise using evidence-based advocacy to promote human rights, deliver comprehensive sexual and reproductive health programming, and advocate for gender-equitable sociocultural norms and practices; (b) mainstream sustainability in programming aligned with the UNFPA social and environmental standards; (c) foster collaboration among different sectors, including health, environment, disaster management and development to address the interrelated challenges of climate change including GBV; (d) develop an integrated partnership and resource mobilization strategy to identify opportunities for innovative financing by multilateral institutions including for CSOs; (e) in case of climate-induced disasters or pandemics, UNFPA will reprogramme funds, in consultation with the Government, towards activities to lessen crisis impact and enhance resilience and operationalize lessons learned from the past.

38. UNFPA will manage the eighth country programme through its office in Bhutan, consisting of a non-resident country director based in India who is responsible for overall strategic guidance and oversight regarding programmatic and operational aspects and a head of office based in Bhutan who is responsible for office management, coordination and overall oversight of all aspects related to programme planning, implementation, monitoring, partnerships, resource mobilization and operations. An approved human resources plan will be implemented that ensures appropriate skills for the effective delivery and management of the programme. The UNFPA Regional Office for the Asia-Pacific and UNFPA headquarters will provide additional support, as needed including identifying quality-assured technical support from individual experts, institutions and civil society partners, at regional and global levels.

39. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

40. UNFPA and the Government, through the Ministry of Finance, will manage and monitor the country programme, in accordance with UNFPA policies and procedures, results-based management and accountability frameworks.

41. UNFPA will continue to actively be involved, as a member and lead/co-lead, in various relevant inter-agency coordination mechanisms to ensure full alignment with the UNSDCF monitoring and evaluation frameworks, tools and processes, including those of United Nations joint workplans and the working group on monitoring and evaluation. As part of 'delivering as one,' UNFPA will collaborate with other agencies to provide annual reports on the implementation of the UNSDCF; support joint evaluations as part of the UNSDCF implementation; and evaluate its interventions to strengthen accountability. It will use UNInfo as the primary monitoring tool to report progress on UNSDCF-related results. The programme will also support the country in national monitoring of the Sustainable Development Goals, voluntary national reports and universal periodic reviews.

42. The programme will support the strengthening of results-based management capacities of UNFPA staff and partners. It will promote feedback mechanisms to inform programme management decisions, learning, adaptive management and flexible programming to respond to changing contexts. The country office will monitor programme performance, conducting field-monitoring visits and annual review meetings with implementing partners to track progress and adjust workplans, as needed. Annual monitoring plans, including the application of tools and systems to monitor the programme implementation and the harmonized cash transfers, will be developed and implemented during the programme cycle. Quality assistance and capacity-building measures for UNFPA implementing partners will be ascertained through regular project and programme management training and monitoring.

43. UNFPA will support national statistical and monitoring capacities to produce disaggregated population data and ensure effective monitoring and evaluation of the progress made in achieving the Sustainable Development Goals, the ICPD Programme of Action, and the three transformative results, ensuring that data is available on those left furthest behind. Learning from the impact of the COVID-19 pandemic, the country office will explore innovative monitoring and evaluation activities, including online visits and consultations, use of digital technologies and real-time data management for expected results.

44. A costed monitoring and evaluation plan will be implemented and reviewed periodically, in line with the monitoring and evaluation of the UNSDCF and to ensure an adequate resource allocation for monitoring and evaluation of the programme.

RESULTS AND RESOURCES FRAMEWORK FOR BHUTAN (2024-2028)

NATIONAL PRIORITY: Bhutan has a healthy and productive society founded on equitable and high-quality health, education and social protection.				
UNSDCF OUTCOME(S): By 2028, people in Bhutan will benefit from strengthened quality, inclusive and lifelong social services and practices. By 2028, Bhutan has more inclusive, transparent and accountable governance and rule of law. By 2028, Bhutan's environment remains sustainably managed, and its people are more resilient to disaster risks and climate change.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in unmet need for family planning has been accelerated. 2. By 2025, the reduction in preventable maternal death has accelerated. 3. By 2025, the reduction of gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF Outcome indicator(s):</u> <ul style="list-style-type: none"> Health Index (composite indicator) <i>Baseline: 83.7 (2022); Target: 90 (2028)</i> Related UNFPA Strategic Plan Outcome indicator(s): <ul style="list-style-type: none"> Maternal mortality ratio (per 100,000 live births) <i>Baseline: 89 (2021); Target: 70 (2028)</i> Unmet need for family planning (women aged 15-49 years) <i>Baseline: 11.7% (2010); Target: 8% (2028)</i> 	Output 1: Improved integration of sexual and reproductive health and rights and population data and evidence into relevant laws, policies, plans and accountability frameworks.	<ul style="list-style-type: none"> Number of policies, strategies and accountability frameworks developed and implemented in the context of achieving the three transformative results <i>Baseline: 1 (2023); Target: 4 (2028)</i> Proportion of hospitals implementing maternal and child health service quality improvement and accountability mechanisms <i>Baseline: 0 (2023); Target: 50% (2028)</i> Number of training institutions providing midwifery education as per International Confederation of Midwives standards <i>Baseline: 1 (2023); Target: 3 (2028)</i> GBV response and SRHR integrated into the national emergency preparedness and response plan <i>Baseline: No (2023); Target: Yes (2028)</i> 	Ministries of Health, Education and Skills Development, Home Affairs, Finance and Foreign Affairs and External Trade; Pema Secretariat; Office of Cabinet Affairs and Strategic Coordination; Royal University of Bhutan, National Statistics Bureau, CSOs; organizations for persons with disabilities; academic institutions; private sector; United Nations agencies	\$1.8 million (\$1.2 million from regular resources and \$0.5 million from other resources)
NATIONAL PRIORITY: Bhutan has a healthy and productive society founded on equitable and high-quality health, education and social protection. Bhutan has a transformed and trusted governance ecosystem that drives accelerated economic growth and improves people's lives.				
UNSDCF OUTCOME: By 2028, Bhutan has more inclusive, transparent and accountable governance and rule of law. By 2028, people in Bhutan will benefit from strengthened quality, inclusive and lifelong social services and practices.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in unmet need for family planning has been accelerated. 2. By 2025, the reduction in preventable maternal death has accelerated. 3. By 2025, the reduction of gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>Related UNFPA Strategic Plan Outcome indicator(s):</u> <ul style="list-style-type: none"> Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by intimate partners in the previous 12 months <i>Baseline: 44.6% (2023); Target: 40% (2028)</i> 	Output 2. Strengthened policies, systems and capacities of institutions and communities for a coordinated multi-sectoral approach to change discriminatory social norms, and to advance gender	<ul style="list-style-type: none"> Number of districts with functional multisectoral coordination mechanisms to prevent and respond to gender-based violence and harmful practices <i>Baseline: 6 (2023); Target: 20 (2028)</i> Number of districts implementing locally adapted social norm empowerment packages to promote gender-equitable beliefs, and social and gender norms <i>Baseline: 5 (2023); Target: 20 (2028)</i> Proportion of health facilities providing survivor-centred gender-based violence services 	Central Monastic Body, Ministries of Health, Education and Skills Development, Home Affairs, Finance and Foreign Affairs and external trade, The Pema Secretariat, Office of Cabinet Affairs and Strategic Coordination, CSOs, organizations for	\$1.1 million (\$0.9 million from regular resources and \$0.2 million from other resources)

<ul style="list-style-type: none"> • Proportion of women and girls aged 15-64 years reported having experienced non-partner sexual violence <i>Baseline: 5.8% (2017); Target: 5% (2028)</i> • Proportion of women aged 20-24 years who were married or in a union before 18 years <i>Baseline: 25.8% (2010); Target: 10% (2028)</i> 	<p>equality with a special focus on those furthest left behind.</p>	<p><i>Baseline: 22% (2023); Target: 50% (2028)</i></p>	<p>persons with disabilities, academic institutions; private sector, United Nations agencies, women and youth networks.</p>	
<p>NATIONAL PRIORITY: Bhutan has a healthy and productive society founded on equitable and high-quality health, education and social protection. Bhutan has a transformed and trusted governance ecosystem that drives accelerated economic growth and improves people’s lives.</p>				
<p>UNSDCF OUTCOME: By 2028, Bhutan has more inclusive, transparent and accountable governance and rule of law. By 2028, people in Bhutan will benefit from strengthened quality, inclusive and lifelong social services and practices.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in unmet need for family planning has been accelerated. 2. By 2025, the reduction in preventable maternal death has accelerated. 3. By 2025, the reduction of gender-based violence and harmful practices has accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> • Adolescent fertility rate <i>Baseline: 18.9 (2017); Target: 14 (2028)</i> • Unmet need for family planning (15- 24 years) <i>Baseline: 18.4% (2010); Target: 13 (2028)</i> 	<p>Output 3. Strengthened skills and opportunities for adolescents and young people in all their diversity, including adolescent girls from the furthest left behind populations to ensure bodily autonomy, leadership and participation in issues that affect their development and well-being.</p>	<ul style="list-style-type: none"> • Proportion of (a) in-school and (b) out-of-school settings that deliver comprehensive sexuality education (CSE) in line with international standards <i>Baseline: (a): 50% (2023); Target: 100%</i> <i>Baseline: (b): 27% (2020); Target: 50%</i> • Number of youth-led innovative initiatives co-created and implemented to support adolescent and youth SRHR <i>Baseline: 0 (2023); Target: 2</i> • Proportion of district hospitals providing integrated adolescent-friendly sexual and reproductive health services, in line with WHO global standards <i>Baseline: 50% (2023); Target: 100%</i> • Number of organizations for persons with disability, LGBTIQ persons and key populations at risk of HIV/STIs, who are engaged to promote comprehensive SRHR interventions, including HIV/STIs, and GBV prevention <i>Baseline: 1 (2023); Target: 7</i> 	<p>Central Monastic Body; Ministries of Health, Education and Skills Development, Home Affairs, Finance and Foreign Affairs and external trade; The Pema Secretariat, Office of Cabinet Affairs and Strategic Coordination; CSOs; organizations for persons with disabilities; academic institutions, private sector; United Nations agencies; and youth networks</p>	<p>\$0.7 million (\$0.6 million from regular resources and \$0.1 million from other resources)</p>
<p>Programme coordination and assistance:</p>				<p>\$0.3 million from regular resources</p>