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MSTF-CBSS

MULTI-SECTORAL TASK FORCE- COMMUNITY BASED SUPPORT SYSTEM NATIONAL GUIDELINE



4th Edition, 2026

Health Promotion and Risk Communication Division
Department of Public Health
Ministry of Health



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FOREWORD

The health and well-being of the people are shaped not only by the health sector, but by the collective efforts of multiple sectors working together to address complex social and public health challenges. While Bhutan has achieved significant progress through universal free healthcare and a strong primary health care system, emerging and persistent issues such as non-communicable diseases, gender-based violence, substance use, sexual and reproductive health concerns, and child protection require coordinated, community-centered, and multi-sectoral responses.

The MSTF–CBSS has served as an effective platform for such collaboration since its merger in 2014 under the theme **“Reaching Out Together,”** strengthening cross-sector coordination and grassroots service delivery nationwide. In response to evolving challenges and the need for stronger governance, accountability, and monitoring systems, the Ministry of Health has developed the 4th Edition of the MSTF–CBSS Guideline, introducing enhanced governance structures, improved financial and reporting mechanisms, and a robust monitoring and evaluation framework aligned with national standards.

I convey my profound gratitude to **Gyalyum Sangay Choden Wangchuck**, the Royal Patron of MSTF–CBSS, for Her Majesty’s visionary leadership, unwavering support, and steadfast commitment to safeguarding the protection, dignity, and well-being of women, children, and vulnerable communities throughout the Kingdom. Her Majesty’s continued guidance and patronage have been instrumental in reinforcing multi-sectoral collaboration and advancing community-based protection systems in Bhutan.

I also extend sincere appreciation to RENEW, local governments, development partners, and community stakeholders for their sustained commitment and valuable contributions to this important endeavour. The effectiveness of the MSTF–CBSS framework rests upon strong partnerships, shared responsibility, and collective action. I am confident that the 4th Edition of the MSTF–CBSS Guideline will further

institutionalize coordinated responses, strengthen community engagement, and enhance the sustainability and impact of multi-sectoral interventions nationwide. I respectfully urge all stakeholders to accord their full support to the effective implementation of this Guideline in the spirit of partnership and shared accountability for the well-being of our people.



(Pemba Wangchuk)

Secretary

Ministry of Health

INTRODUCTION

Bhutan has made significant progress in public health through universal free healthcare, expanding primary healthcare, and focusing on preventive care in line with the 1978 Alma Ata Declaration. These efforts have significantly improved key health indicators such as maternal, infant, and under-five mortality rates. The country has also witnessed a positive shift in attitudes toward sexual and reproductive health, gender-based violence, and women's empowerment, with these issues now openly addressed as integral to well-being and dignity.

Despite these gains, challenges persist. Rising non-communicable diseases (NCDs), gender-based violence (GBV), domestic violence (DV) and violence against children remain pressing issues with severe health consequences. Structural and cultural norms continue to limit women's empowerment, while the inclusiveness and sustainability of social services demand ongoing attention. To address these concerns, Bhutan, under the farsighted Royal Patronage of Her Majesty Gyalum Sangay Choden Wangchuck, introduced the Multi-Sectoral Task Force (MSTF) in 1999 began as a pilot in Chukha Dzongkhag to advocate for sexual and reproductive health, family planning, HIV/AIDS prevention, substance abuse, and maternal and child health. Building on its success, the Community-Based Support System (CBSS) was launched in 2005 by Respect Educate Nurture and Empower Women (RENEW) to promote community participation and address social challenges such as Sexual and Gender- Based Violence and Domestic Violence at the grassroots level. In 2014, the two were merged into the MSTF-CBSS partnership under the theme "Reaching Out Together."

With evolving challenges and feedback from the ground, it became necessary to revise the guideline to improve functionality and sustainability. The 1st (Manual for MSTF, 2005), 2nd (Guideline MSTF–MoH, CBSS-RENEW, 2014), and 3rd (Guideline MSTF–CBSS, 2017) editions of the Guidelines were successfully implemented at the field level and served as an important framework for coordinated community action.

The 4th Edition MSTF–CBSS Guideline strengthens Bhutan’s response to priority public health and social challenges through governance structure at the National, Dzongkhag, Thromde, Drungkhag, Gewog, and Chiwog levels. It emphasizes strategic guidance, community engagement, transparent finances, and robust monitoring to ensure effective and sustainable action across all Dzongkhag and communities. By addressing challenges such as siloed approaches, inconsistent implementation, limited resources, and barriers to access, the guideline reaffirms Bhutan’s commitment to coordinated, multi-sectoral, and community-driven health and social responses.

1. Purpose

The purpose of the MSTF-CBSS guideline is to provide a framework for fostering active community engagement and developing a strong support network to effectively address priority public health and social issues.

2. Scope

This Guideline provides a framework for the MSTF–CBSS network nationwide, guiding the effective implementation of MSTF–CBSS activities, strengthening health and social support services at all levels, and ensuring the delivery of evidence-based interventions to address Bhutan’s priority public health and social challenges. It emphasizes deliberate collaboration among diverse stakeholders, including government, civil society, the private sector, to tackle complex, multifaceted issues that extend beyond a single sector.

3. Normative Reference

The following documents are fully or partly referenced while developing the MSTF-CBSS guideline:

- Manual for the Dzongkhag Multi-sectoral Task Force(MSTF) for STI & HIV/AIDS Prevention & Control, First Edition 2005
- Multi-sectoral Task Force(MSTF-MoH) and Community Based Support System (CBSS- RENEW), Second Edition, 2014
- Multi-sectoral Task Force (MSTF) & Community Based Support System (CBSS) Guideline, Third Edition, 2017

- Operational Guidelines for CBSS and DAISAN networks, 2023
- ISO9001:2015 Clause 9.1 Monitoring, Measurements, Analysis and Evaluation
- Ministry of Health. (2015). National health promotion strategic plan 2015–2023. Royal Government of Bhutan
- Local Government Act of Bhutan 2009

4. Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community-Based Organization
CBSS	Community-Based Support System
CD	Communicable Disease
CSC	Community Service Center
DoPH	Department of Public Health
DPHO	District Public Health Officer
DV	Domestic Violence
FRR	Financial Rules and Regulations
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
HPRCD	Health Promotion and Risk Communication Division
M&E	Monitoring and Evaluation
MoF	Ministry of Finance
MoH	Ministry of Health
MSTF	Multi-Sectoral Task Force
NCD	Non-Communicable Disease
NFE	Non-Formal Education
PHC	Primary Health Care
RBP	Royal Bhutan Police
RENEW	Respect, Educate, Nurture and Empower Women
SGBV	Sexual and Gender-Based Violence

SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infections
VHW	Village Health Worker

5. Terms and Definitions

Multi-Sectoral Taskforce	A coordination mechanism that brings together various partners and stakeholders to address public health priorities and social issues.
Community Based Support System	The expanded network of adult volunteers was established in all 20 Dzongkhag to advocate against gender-based violence and provide protection and emergency services.
National Level MSTF-CBSS Coordination	The national-level body that provides strategic guidance, policy and direction
MSTF-CBSS Coordination Network	The Dzongkhag-level hub that facilitates coordination between sectors.
MSTF-CBSS Working Group	The Gewog-level operational team that plans, implements, and supervises activities to address community-specific needs
MSTF-CBSS Action Group	The Chiwog-level frontline team that engages directly with households, raises awareness and provides support to deliver interventions
Multi-Sectoral	A coordinated approach that engages multiple stakeholders from various sectors including public, private, civil society, academic institutions and Monastic Institutions
Dzomdu	Meeting of residents of villages or communities.

Public health priorities	The critical public health problem including both communicable diseases and non-communicable diseases that affect the majority of the people in a community
Social Issues	Social issues are challenges or problems in a community that impact people's lives and well-being from gender-based violence, domestic violence, and Sexual and Reproductive health and rights
Dzongkhag	District
Gewog	It is an administrative unit within a Dzongkhag consisting of Chiwogs.
Chiwog	It is a collection of villages that exist within Gewog.

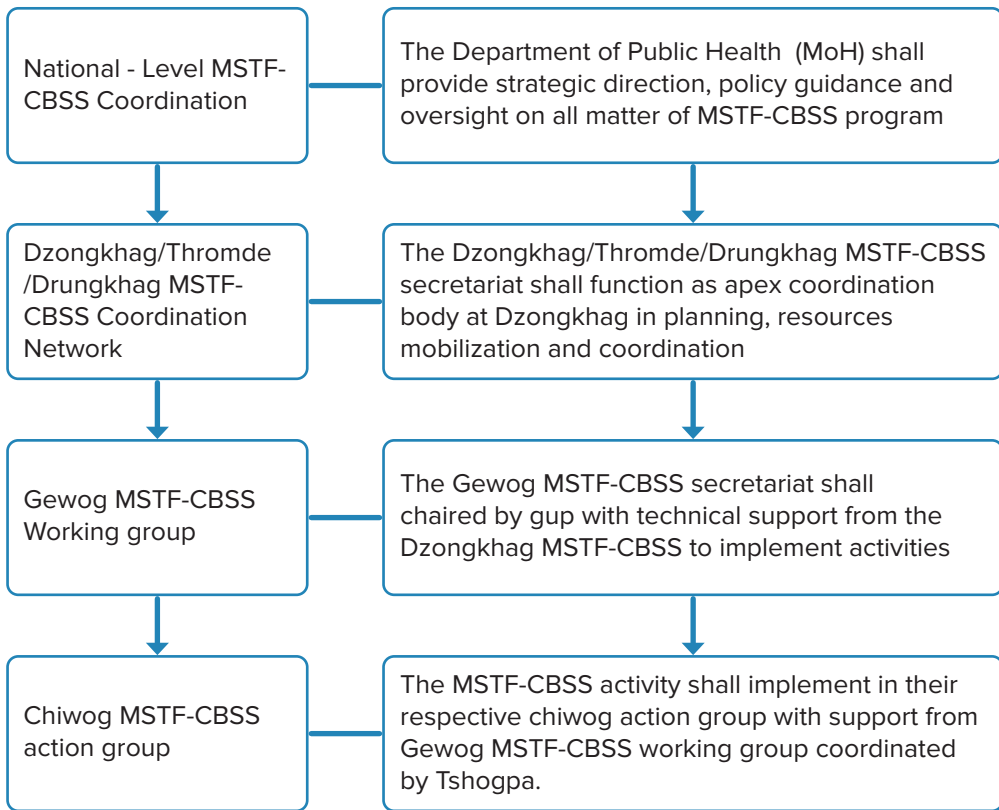
6. Objectives

- To establish and operationalize MSTF–CBSS governance structure at different levels with clear roles, responsibilities and coordination mechanisms.
- To implement evidence-based community health and social interventions on priority issues with active multi-sectoral participation.
- To maintain transparent and accountable financial systems.
- To implement a standardized M&E framework to track performance, progress, and resource sustainability.

7. Governance & Structure

The MSTF-CBSS shall operate on a multi-tiered governance model to strengthen coordination, extend reach to the most remote communities, in implementing a streamlined real-time reporting system, and to establish a robust framework for monitoring and evaluation.

National, Dzongkhag/ Thromde/ Drungkhag, Gewog, and Chiwog MSTF–CBSS Governance Structures.



7.1 National-level Health MSTF–CBSS Coordination

The Department of Public Health (MoH) shall provide strategic direction, policy guidance, and oversight on all matters related to the MSTF–CBSS program as follows:

- Provide strategic directives on policy and programmatic issues related to MSTF–CBSS;
- Ensure alignment with national health policies and priorities;
- Strengthen multi-sectoral coordination and partnerships at the national level;
- Guide the mobilization and efficient use of resources;
- Oversee progress, identify challenges, and provide recommendations.

The Health Promotion and Risk Communication Division under the Department of Public Health shall serve as the program coordinator.

7.2 MSTF-CBSS Coordination Network at Dzongkhag/ Thromde/ Drungkhag Level

The Dzongkhag/Thromde/Drungkhag MSTF-CBSS shall be chaired by Dasho Dzongdag/Thrompon/Drungpa, and the Dzongkhag Health Officer shall serve as Member Secretary. The Member Secretary is responsible for overall coordination, facilitation, communication, documentation, and reporting with support from other MSTF-CBSS members. The MSTF-CBSS coordination Network shall serve as a link between the central and the local community. It shall meet at least **biannually**, with additional meetings convened as and when required to address urgent or emerging issues. A quorum for **MSTF-CBSS Coordination Network** meetings shall be constituted when at least two-thirds (2/3) of the members are present, including the Chairperson and the Member Secretary. In the absence of a quorum, the meeting shall be rescheduled within a reasonable timeframe.

7.2.1 Composition of MSTF-CBSS Coordination Network

To ensure a good balance, the compositions of the network shall be diverse, covering all sectors and agencies involved in the prevention, promotion, care and support of priority public health and social issues. All the sector heads and regional heads shall be a member of the MSTF-CBSS Coordination Network.

The core membership of the Dzongkhag network shall include but not restrict to following:

1. Dzongdag as MSTF-CBSS Chairperson
2. Dzongrab as Dy. Chairperson
3. Lam Neten/ Rabdey Drungchen
4. Drangpoen
5. Dzongkhag Planning Officer
6. Dzongkhag Finance Officer

7. Dzongkhag Legal Officer
8. Dzongkhag Tshodu Thrizin
9. Thromde Thume/Thromde Ngotshap
10. Dzongkhag Chief Education Officer
11. Dzongkhag CBSS Coordinator
12. Representative from RENEW Community Service Centre
13. Head, Royal Bhutan Police
14. Youth Representative from Dzongkhag
15. Other relevant regional / sector heads
16. Dzongkhag Health Officer as Member Secretary
17. Assistant DPHO as Deputy. Member Secretary

The core membership of the Thromdey MSTF-CBSS network shall include but not restrict to following:

- Thrompon - MSTF-CBSS Chairperson
- Executive Secretary - Dy. Chairperson
- Thromde Planning Officer
- Thromde Legal Officer
- Thromde Education Officer
- CBSS coordinator
- Thromde Thume/Thromde Ngotshap
- Thromde Health officer/Medical Superintendent/chief Medical officer- Member Secretary

7.2.2 Roles and Responsibilities of MSTF-CBSS Coordination Network

The members shall jointly carry out the following roles and responsibilities led by the MSTF-CBSS Member Secretary and Dzongkhag CBSS Coordinator:

- To develop MSTF-CBSS annual work plans, and provide guidance and training on key public health and social issues;
- To maintain Dzongkhag-level budget lines as per MoF guidelines
- To oversee activities implementation of status and onsite supervision of the working group;
- Advocate and create awareness on priority public health and social issues .
- Plan and implement continuous and consistent monitoring and evaluation (M&E) of all MSTF-CBSS activities to track progress and ensure appropriate corrective and preventive actions are taken.
- Collect reports from the Chiwog, Gewog, and Dzongkhag levels to analyze findings and submit them to the MoH and RENEW as progress reports, and to seek further guidance if necessary.
- Develop sustainability plans through capacity building, community engagement, and organizing of long-term fundraising activities.

7.3 MSTF-CBSS Working Group at Gewog Level

Under the guidance from MSTF-CBSS Coordination Network, Gewog MSTF-CBSS working group shall function under the chairperson of Gups and Gewog Health Incharge will be the gewog member secretary. The Gewog MSTF-CBSS working group will coordinate, disseminate and bridge the link between the MSTF-CBSS coordination network and the Gewog Working Group. It shall convene at least twice a year, with the provision for additional meetings as necessary to address urgent matters. A quorum shall consist of two-thirds (2/3) of members, including the Chairperson and Member Secretary. If this requirement is not fulfilled, the meeting shall be postponed and rescheduled.

7.3.1 Composition of MSTF-CBSS Working Group

The compositions of the Gewog working group should be multifaceted, covering members from Local government, sector representatives, and agencies involved in the prevention, promotion, care and support of priority public health and social issues at community level.

The core membership of the working group at Gewog shall include but not restrict to following:

- Gup as the Chairperson
- Mangmi as Deputy Chairperson
- Gewog Administration Officer
- Chiwog Tshogpas
- Gewog Extension Officers
- School Principals
- Dratshang Health Coordinators/Gewog Medhey Zhabto Lam
- Gewog Health In charge as member secretary.

7.3.2 Roles and Responsibilities of the MSTF-CBSS Working Group

The MSTF-CBSS working group shall :

- Identify the specific need of awareness and training within respective Gewogs and Chiwogs;
- Report any urgent issues/cases from community to MSTF-CBSS Coordination Networks;
- Backstop action group in taking forward the training and awareness in the community;
- Conduct coordination meetings with MSTF-CBSS members at Gewog and Chiwog level;
- Submit progress reports on the program and services to MSTF-CBSS coordination network;
- Create awareness on priority public health and social issues to the Chiwog Action Groups

7.4 MSTF-CBSS Chiwog Action Group

Under the guidance of the Gewog MSTF-CBSS Working Group, the Chiwog MSTF-CBSS Action Group shall function under the leadership of Tshogpas. The Chiwog MSTF-CBSS will coordinate activities, disseminate information, and serve as a link between the community and the Gewog. It shall meet biannually, with flexibility to convene additional sessions in response to urgent needs. The meetings shall proceed only when at least two-thirds (2/3) of members are present. In cases where the quorum is not met, the meeting shall be rescheduled at the earliest convenient date.

7.4.1 Composition of Chiwog MSTF-CBSS Action Group

The compositions of the MSTF-CBSS chiwog action group shall comprise members from volunteers, self help groups, and influential individuals. In Chiwogs with small populations or limited capacity, two or more Chiwogs may be merged to establish a joint MSTF–CBSS Action Group to ensure functionality and sustainability.

The core membership of the MSTF-CBSS Action Group at Chiwog may include but not restrict to following:

- Tshogpa as a lead/coordinator
- Village Health Workers (VHW)
- Dratshang / Chhoedey Health Coordinators
- Representatives from the Community Based Organization (CBO).
- Permanent residents of the locality.
- Influential individuals
- Non-Formal Education Instructor (NFE)

7.4.2 Roles and Responsibilities of MSTF-CBSS Chiwog Action Group

The MSTF-CBSS Chiwog action group shall:

- Implement all activities assigned by the MSTF-CBSS working group within their Chiwog
- Refer any Sexual Gender Based Violence (SGBV)/Domestic Violence

(DV) cases to the MSTF-CBSS working group in accordance with the CBSS and DAISAN SoP.

- Attend MSTF-CBSS meetings and trainings conducted by MSTF-CBSS Working Group/RENEW CSCs.
- Create awareness on priority public health and social issues during Dzomdus

8. Financial and Accounting Procedures

In case of fund mobilization, MSTF-CBSS shall:

- Maintain appropriate budget heads at Dzongkhag/Thromde/Drungkhag and Gewog levels under both current and capital expenditure categories as per the Ministry of Finance (MoF) guidelines.
- All financial transactions, record-keeping, and reporting shall follow the Financial Rules and Regulations (FRR) of the Royal Government of Bhutan and shall remain subject to both internal and external audits.
- Funds mobilized for MSTF-CBSS activities by any agencies shall be routed through the MSTF-CBSS Dzongkhag Coordination Network Chairperson. However, funds mobilized by RENEW shall follow as per the RENEW Manual on Financial and Accounting, 2025.
- Dzongkhag/Thromde/Drungkhag and Gewog levels shall establish and maintain a joint MSTF-CBSS Joint account (any banking institution) respectively to ensure transparency and accountability.
- Utilization of funds from respective MSTF-CBSS joint accounts shall only be permitted upon approval from their respective MSTF-CBSS Chairperson.
- Expenditure details, along with reports generated from ePEMS or approved accounting formats, must be compiled and submitted to the MSTF-CBSS Coordination Network Chairperson and Member Secretary as and when required.
- The lead shall Compile and submit the annual financial progress report to the Chairperson and relevant agency.

9. Monitoring & Evaluation Framework

The progress and implementation of the MSTF-CBSS work plan shall be subject to an annual review by the HPRCD under the DoPH, MoH, in collaboration with RENEW. This review shall be guided by the principles of Monitoring and Evaluation (M&E) to ensure effective, efficient, sustainable, and accountable administration.

The M&E process aims to:

- Achieve present objectives of the activities/programs,
- Track fund utilization,
- Conduct cost-effectiveness analysis, and
- Evaluate program impact.

While annual M&E will be conducted at Dzonkhag and national levels, external agencies may also perform evaluations as necessary.

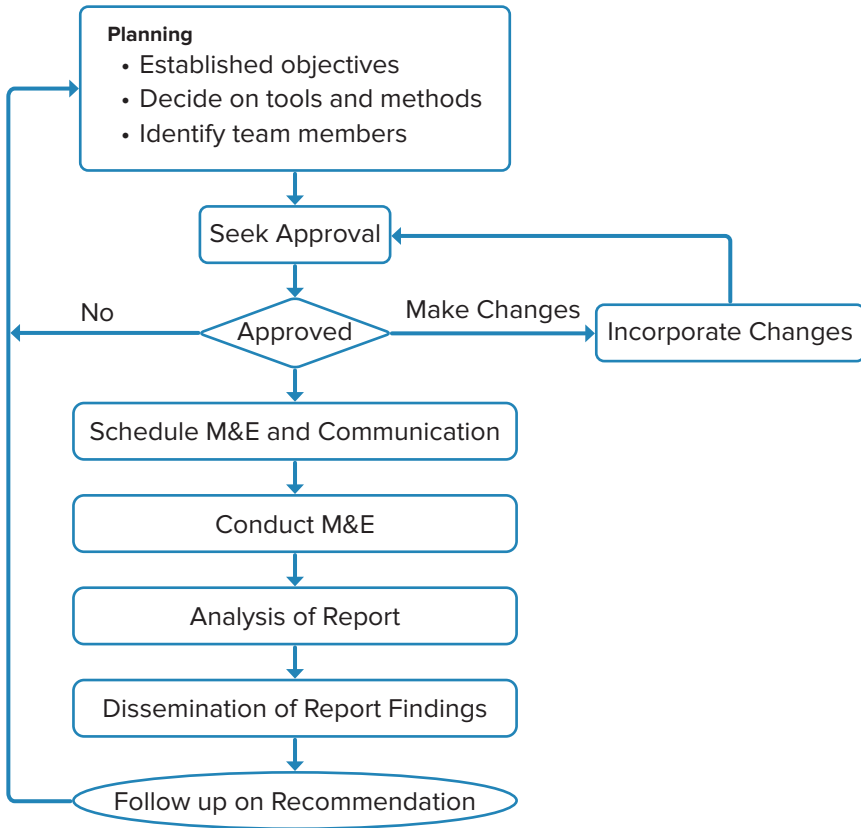
Pre-requisites

The following shall be ensured by the team prior to the monitoring visit:

- Clearly understand the objectives, scope, and criteria of the activity;
- Familiarize yourself with relevant guidelines, protocols, and tools;
- Review the background information on the organization, project, or issue to be monitored;
- Decide on the methodology and tools to be used;
- Identify the monitoring team members as per scope and objective of the monitoring;
- Prepare the tools and checklists; and
- Prepare the reporting templates.

9.1 Monitoring and Evaluation Process

The process of M&E shall be executed per ISO 9001:2015 clause 9.1.



10. Annexures

10.1 Annexure I

Annual Progress Reporting format
(MSTF-CBSS Monitoring & Evaluation Report)

Dzongkhag Level..... Gewog Level..... Chiwog Level.....

Financial Year: _____

1. Summary of Activities

Indicators	Status/Number
Total meetings held	
Total activities conducted	
Average sector attendance	

2. Action Plans & Trainings

Indicators	Number/Status
Action plan developed	
Actions implemented	
Trainings/awareness sessions held	

3. Case Referrals & Reporting

Types of Cases	Total Number of Cases		Total Number of Cases Referred
	Male	Female	
Physical abuse			
Emotional abuse			
Sexual abuse			
Economic abuse			
Non DV/GBV			
Total			

4. Financial Overview

Indicators	Amount/Status
Budget proposed	Nu.
Budget received	Nu.
Budget utilized	Nu.
Total MSTF-CBSS savings (JA)	Nu.
Planned vs. actual spending	%
Outputs delivered	Yes / No
Records available	Yes / No

5. Key Findings

Strengths	Weaknesses	Opportunities	Challenges

6. Recommendations

Recommendations (to be filled manually)

7. Reporting Details

Reporting Person Name	Designation	Contact No.	Date of Report	Reporting To (Name/ Designation)	Remarks

8. Signatures

If the client answered NO to all of questions 6-11,	Reviewed By (Name/ Designation/Signature)

10.2 Annexure II

Narrative Program Reporting Template

Title of the Workshop/ Training/Meeting/Program:
Date Conducted:
Location (Venue/Gewog/Dzongkhag):
Total Budget Spent for the Program:
Total Number of Target Population Participated in the Program (Gender Distribution):
Source of Funding:
Output:
Objective:
Brief Background/Rationale of the Activity :
Program/Activity Description:
Training Methodology:
Resource Person:
Highlight 1-2 Achievements:
Challenges:
Recommendation/Way Forwards:
Testimonials/Feedback from the Participants:
List 1-2 Follow up Action Plan:

