



GAVI Health System Strengthening Support Evaluation

RFP-0006-08

Bhutan Desk Study

Final Version – August 2009
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Acronyms and Abbreviations

APR	Annual Progress Report (GAVI Secretariat)
DANIDA	Danish International Development Agency
EPI	Expanded Programme of Immunisation
GNHC	Gross National Happiness Commission
HSS	Health System Strengthening
MCH	Maternal and Child Health
MOH	Ministry of Health
PRSP	Poverty Reduction Strategy Paper
UNICEF	United Nations Children's Fund
WHO	World Health Organisation
WHO-SEARO	WHO South East Asia Regional Office

Summary of key findings, conclusions and recommendations

GAVI HSS funding to Bhutan is fairly limited – only \$194,000 for five years. The main focus of GAVI HSS funding is on building human resource capacity to improve the quality of, demand for and access to maternal and child health services. This is being done through curriculum revision, cascading of training of health professionals and training of village health workers.

The GAVI HSS proposed activities are well aligned with government defined priorities, as highlighted in the health sector plan and national development strategy. Planning and monitoring of GAVI HSS activities occurs through well developed government systems of approving sector plans and reports. GAVI funding is both on-plan and on-budget, using Ministry of Finance systems for holding, disbursing and reporting on GAVI HSS financing.

The government of Bhutan has clearly indicated that they would like to encourage other donors to learn from how GAVI HSS has operated, in particular the flexibility with which funding can be used to support key gaps and not just specific donor supported projects. This flexibility has been highly appreciated.

The Government of Bhutan has taken the decision to use the Partner Coordination Mechanism, originally the CCM set up for managing Global Fund grants, to now be the health sector coordination body. This has avoided the problem seen in many other countries that have parallel and redundant coordination bodies working at programme and sector levels.

The main issues that arise from the review of Bhutan's GAVI HSS support include:

- 1. The formula for determining the size of the HSS grants severely disadvantages countries with small populations like Bhutan.** Health system challenges in Bhutan remain significant, not least because the terrain and the distribution of the population means health service access is a critical problem for many communities.
- 2. The Ministry of Health has been both strategic and pragmatic in its choice of activities for the limited GAVI HSS funding,** with emphasis placed on improving maternal and neonatal health outcomes nationally through improve training of nursing staff and in five poorest performing regions through improving access to and demand for assisted deliveries.

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3. The Bhutanese government hopes that, **by showing how much they can achieve with the little GAVI HSS funding they will receive, they can use GAVI HSS funding as a catalyst** and persuade the GAVI Alliance and other health sector donors to give a greater amount of funding for directly supporting their health sector strategy (as opposed to tying aid to particular projects or programmes).
 4. **Poor communication from GAVI** was raised as an issue. There appears to be little direct contact between the Bhutan Ministry of Health and the GAVI Secretariat.

1 Scope, Approach and Methodology

1.1 Background

This report contains the findings of the case study conducted in Burundi in May - June 2009 as part of the GAVI HSS Evaluation Study. The evaluation conducted 11 In-depth case studies in the following GAVI HSS recipient countries, Burundi, Cambodia, Democratic Republic of Congo (DRC), Ethiopia, Kyrgyzstan, Liberia, Nepal, Pakistan, Rwanda, Vietnam and Zambia. This current study is one of an additional 10 studies that did not involve country visits but just a review of available documentation combined with email/phone interviews by the study team. These countries were Bhutan, Honduras, Georgia, Ghana, Kenya, Nicaragua, Nigeria, Sierra Leone, Sri Lanka and Yemen.

Other issues relating to the overall study methodology (evaluation framework, key questions, study components, guidelines for data collection, sampling method, etcetera) are publicly available documents that can be requested for HLSP. To keep this report short these broader methodological issues will not be discussed here. A summarised description of the study approach can be found in Annex 2.

1.2 Brief conceptual framework of the Evaluation

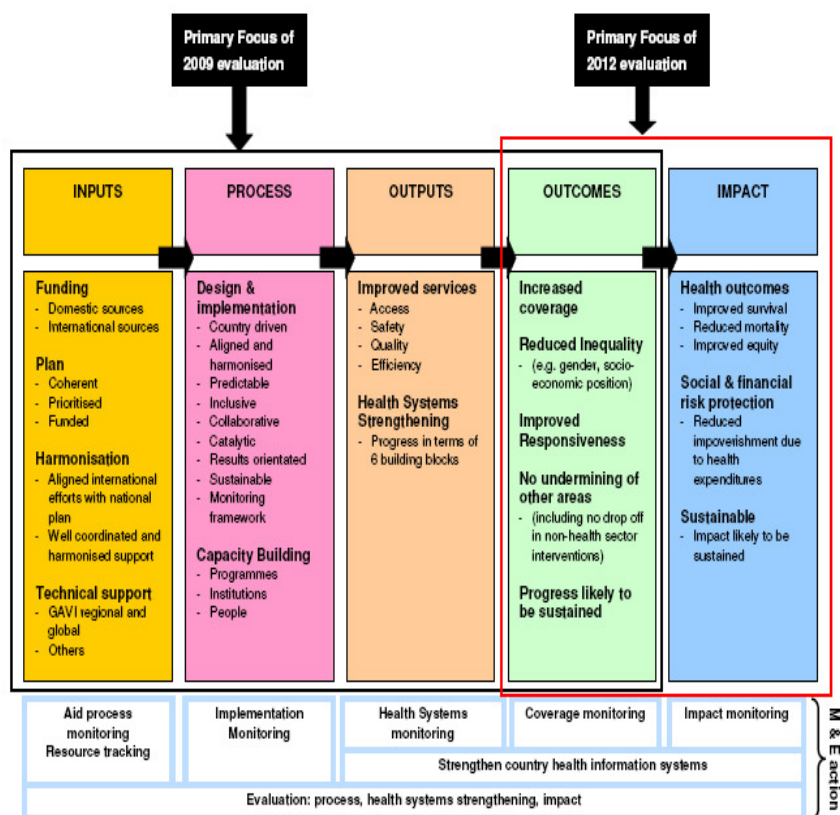
This evaluation is being conducted to inform three areas of decision making:

1. The Board decision in 2010 about whether or not to increase the funding available to the GAVI HSS window
2. How to improve current and future implementation. (This is valid even if the window is not expanded, because there are considerable sums of money which have been awarded but not yet disbursed.)
3. To enhance the quality of the 2012 evaluation.

It is important to note that given the little time that has elapsed since the first HSS applications were approved in 2006 that this evaluation –the first one ever conducted on the GAVI HSS component- will focus primarily on issues linked to: proposal design; approval and review processes; early start up measures; nature of inputs, processes and outputs involved in grant implementation and annual performance review; and assessment of activity and outputs achieved to date. The study will also reflect on the nature and quality of global, regional and national technical support systems delivered by a range of stakeholders in support of HSS grants.

The conceptual framework for this evaluation is shown in Figure 1.

Figure 1: The conceptual framework - logical progression from inputs to impact



Our priority questions have been summarised in Box 1 below.

Box 1: Examples of Questions for the HSS Evaluation Study

- Is GAVI HSS on track to achieve what it set out to (in general and in individual countries)? If not, why not? How might GAVI HSS be improved?
- What would have happened if GAVI HSS had not been created? Is it additional money and does it add value to existing ways of doing business?
- Are the “right” bottlenecks being identified – i.e. are they priorities and relevant to the desired outcomes?
- Are design and implementation processes consistent with GAVI principles?
- What factors can be linked to countries being on- or off-track?
- Are HSS-related monitoring frameworks well designed? Do they measure the right things? Are they being appropriately implemented? Do they take into account country capacity to deliver?
- Are they consistent with existing country monitoring frameworks? Where they differ, what value is added and at what expense in terms of extra transactions costs?
- What do we know about outputs and outcomes? How realistic is it to try and attribute improved outputs and outcomes to GAVI support? What are some of the key contextual factors which influence results?
- How sustainable are the results likely to be?
- What have regional and global support mechanisms delivered?
- What effect have they had – how could they have been improved?
- What should the 2012 evaluation cover and what need to be done now to support it?

1.3 Approach to the Bhutan Deeper Desk Studies

The Bhutan Deeper Desk Study used a combination of document review and telephone interview in order to gain insight into how GAVI HSS funding has support health system strengthening more generally in the country. Both the document review and interview took place in the last week of June 2009. Appendix 1 provides a list of resources for the Bhutan desk study. Only one person was interviewed despite having contacted a number of other stakeholders in Bhutan. Fortunately the person interviewed is the key focal point within the Bhutan Ministry of Health for GAVI HSS and was able to provide a wealth of background information about how the programme was working. This information complemented a very thorough APR 2008 that gave the most up to date information about GAVI HSS progress in Bhutan.

2 Bhutan Health Sector Background

In the last decade the Government of Bhutan has undertaken remarkable changes, including re-writing the country's constitution to put in place a democratic constitutional monarch, holding the first ever elections in 2008 and stimulating greater economic and social development through the generation of hydro-power to be sold on to neighbouring countries.

At the same time good progress has been made towards achieving Bhutan's Millennium Development Goal (MDG) targets, with a much greater percentage of the population now accessing safe drinking water, free basic education and free health care services. Average life expectancy in Bhutan has increased from 47 years in 1985 to 67 years in 2005.¹ Despite these achievements large segments of the population in Bhutan continue to live in poverty, especially in rural areas. The 10th Five Year Plan (2008 – 2012) and current PRSP focus on poverty reduction through equitable growth across the country.²

Health services are provided through a four-tier network, with a national referral hospital at the apex of the health system supported by regional referral hospitals, district hospitals and basic health units. In all there are 29 hospitals in Bhutan, and 176 basic health units. These facilities are supported by approximately a further 450 outreach clinics. Outreach is critical in a country where physical access is very challenging due to the mountainous terrain and low density population.³ Many people continue to use traditional healers and various efforts have been made to integrate traditional medicine practice with westernised medicine, especially at district level.

Human resources for health remain a significant challenge for Bhutan. There are no medical training facilities in Bhutan so that all doctors have to be trained in neighbouring countries. Nurses and auxiliary staff are trained by the Royal Institute of Health Sciences, the only training organisation in the country.

The Government of Bhutan has committed itself to year on year increases to the health budget, and currently 13% of GDP goes to the health sector. It is estimated that, based on current growth projections, Bhutan will be able to fund its entire health sector by 2020.⁴

¹ Royal Government of Denmark (2008) Bhutan – Denmark Partnership Report

² Royal Government of Bhutan (2004) P

³ One of Bhutan's health sector targets is to reduce the amount of time the majority of the population has to walk to a modern health facility – various reports note that around 90% of the population live 'only' a four hour walk from their nearest basic health unit.

⁴ Royal Government of Denmark (2008) Bhutan- Denmark Partnership Report and Royal Govt of Bhutan (1999) Bhutan 2020 – a Vision for Peace, Prosperity and Happiness.

3 The GAVI Proposal – Inputs, Outputs and Progress to Date

3.1 HSS Proposal Design

The Bhutan GAVI HSS proposal was written at the same time as finalising the new 10th Bhutan National Health Sector Plan: 2008 – 2012. The government delayed preparing the GAVI HSS proposal until the health sector plan was more complete, in order to ensure that GAVI inputs would be directly related to the priorities identified in the health sector plan. The Ministry of Health was also in the process of preparing a Human Resources for Health plan during the same period, which also informed the preparation of the GAVI HSS proposal. The same group that prepared the health sector plan also worked on the GAVI HSS proposal, including MOH representatives (Policy and Planning Division, EPI, Human Resources, Public Health Directorate); the Royal Institute of Health Sciences, UN Technical agencies (primarily WHO and UNICEF) and DANIDA. Once a first draft had been written it was shared with several health sector partners and with WHO-SEARO for comments. A second draft was prepared and reviewed again by SEARO staff before finalising. The proposal was then reviewed and endorsed by the Partner Coordination Mechanism (PCM – equivalent to the health sector coordination committee).

Six challenges were identified in reviews of the previous (9th) health sector plan, which included:

- 1) Possible privatisation of health services.
- 2) Treatment abroad.
- 3) Physical access and whether expansion is cost-effective.
- 4) Equity and cost-effectiveness.
- 5) Non-communicable diseases and how to get maximum returns on health investments.
- 6) Other issues:
 - a) IT
 - b) Logistics and
 - c) Human resources.

The main priority areas covered by the GAVI HSS proposal focused on the 3rd (physical access to health services) and the 6th area (primarily human resources) as the other challenge/priority areas were being covered by other sources of internal and external support. The main area of activity was to be around training of health workers, both community (village) health workers for mobilising their community members to use health services (especially women to opt for assisted deliveries) and formal pre-service and in-service training for health staff.

The proposal specifies that GAVI HSS funding will help with the revision of outdated pre-service and in-service curriculum and provide support for upgrading the maternal and child health service skills of nurses and community health workers in particular.

3.2 HSS Application and Approval Process

The Bhutan application was sent to GAVI on the 5th October 2007. The IRC reviewed the proposal and recommended that it be 'Approved' by the GAVI Board on 7th November 2007 for a total of US\$ 194,000, with a first tranche of US\$ 37,500 to be disbursed immediately to cover Year 1 activities. It would appear that the application and approval process went entirely as planned and no clarifications were requested from Bhutan. This is likely because the application and proposal were very detailed in the information provided, and because the sums of money involved were fairly limited.

The Ministry of Health were keen to apply for the GAVI HSS window as they saw an opportunity to have complementary funds for critical activities in their strategic plan that had little support from other donors. There was particular appreciation for the fact that the GAVI HSS funds were not tied to funding only activities for the EPI programme, so that the government and partners could consider a larger field of health systems interventions that would improve maternal and child health services more broadly.

The government was very limited by the funding formula laid out by GAVI HSS (i.e. based on estimated annual number of live births). As Bhutan is a small country with a relatively small population, this formula imposed significant constraints on what interventions could be supported, as funding levels were so small. This is likely to have an impact on how much of a real contribution GAVI HSS funding can have on the health sector overall.

3.3 HSS Start Up Measures

Once the Ministry of Health received the letter approving the GAVI HSS grant in November 2007, the Planning and Policy Division had a meeting with its three main partners (Royal Institute of Health Sciences, Division of Human Resources and the Village Health Worker Programme) to inform them that funding had been approved and requesting them to begin preparing their first year action plans. Receipt of the first tranche of funding was then delayed, for reasons unclear to the Ministry of Health, but which appear to have been caused by delays transferring funds from the GAVI Secretariat to the Bhutan Ministry of Finance, and then further delays with transfers from the Ministry of Finance to the Ministry of Health account. The first tranche of money was only received in early June 2008.

On receipt of the funds, the Planning and Policy Division held another meeting with implementing partners to discuss their first year action plans. These plans went through a fairly rigorous government scrutiny process, which included:

- Review of implementing action plans by the MOH to ensure they were in line with the GAVI HSS proposal and then consolidation into an overall GAVI HSS annual action plan;
- Review of the GAVI HSS annual action plan then checked by the Partner Coordination Mechanism and then by the Gross National Happiness Commission – an intermediary (national planning) body that checks all plans and reports of programmes using Ministry of Finance managed funds.

Once the action plans were approved funding was allocated to the partner organisations and activities begun.

3.4 Annual Progress Reporting on HSS

Only one progress report has been submitted so far (for 2008) as funding was only received by Bhutan in June 2008 for year 1 activities. The report indicates that most activities have been carried out as planned and approximately 87% of the first year allocation has been spent.⁵ The Bhutanese financial year is from July to June, and so the first tranche of funds arrived more or less in line with the start of the new financial year in July 2008. Despite the fact that the GAVI reporting year is January to December, and that the Ministry of Finance and GAVI Alliance Secretariat require different reporting formats, the Ministry of Health has not had many problems in preparing its APR, perhaps because of the small amounts of money, and therefore limited numbers of interventions, involved.⁶

⁵ Ministry of Health, Bhutan (2009) GAVI Annual Progress Report 2008

⁶ Personal communication

3.5 Progress to Date

Progress so far has been limited as activities have only been running for a brief amount of time. The level of outputs achieved has been around 90% of what was planned for the first year. The Ministry expects to begin recording progress against outcomes in year 3 – 2010⁷.

Indicator	Baseline Value	Date of Baseline	2008 Value	Target	Date for Target
1. National DTP3 coverage (%)	94.8	2005	96%	>95	2012
2. Number of districts achieving ≥80% DTP3 coverage	18	2005	n/a	20	2012
3. National measles coverage disaggregated by district	90	2005	98%	>95	2012
4. Under five mortality rate (per 1000)	60.5	2005		35	2012
5. Maternal Mortality Rate per 100,000 Live births (disaggregated by district)	255	2005		140	2012
a. Number of PHC workers/Nurses who graduate annually under the revised curriculum (Objective 1)	0	2007	0	ALL	2012
b. % of PHC staff provided with at least 24 hours (3 days) of need based in-service training per year (objective 2)	Not known It is assumed it is less than five percent	Dec 2006	0	50 %	From 1 st January 2009
c. % of institutional deliveries*, in pilot districts (Objective 3)	Dagana: 11.6 Trongsa: 27 Pemagatse: 12.5 Lhuntse: 35.5 Trashiyangtse: 11.4	2006	0	Institutional deliveries increased by 10% of the baseline.	2012

⁷ Ministry of Health, Bhutan (2009) GAVI Annual Progress Report 2008

3.6 End of HSS Assessment

Given the size of the grant and limited range of activities, as well as the very organised monitoring and reporting systems apparent in Bhutan, it would be interesting to use Bhutan to 'dig deeper' in terms of understanding how GAVI HSS funding mechanisms add value to the overall HSS picture in a country. The Bhutanese government appears to have been pragmatic and realistic about what they could achieve with the very small amounts of funding available to them. They are interested in seeing how they can also use the experience of working within a flexible funding mechanism such as GAVI HSS to leverage other, more flexible funding from other development partners, in particular the Global Fund. The 2012 evaluation could usefully help the government to examine the degree to which this leveraging may have worked.

3.7 Support Systems for GAVI HSS

Key informants in Bhutan indicated that most technical support required for GAVI HSS, as well as for other programmes in the Ministry, come from within the Ministry itself. When MOH staff feel they do not have adequate capacity to meet technical support needs, then they tend to request assistance from WHO, both at country and at regional level. It would appear from the documentation and from interviews that WHO has been a key partner for HSS work more generally, and for providing advice on proposal writing and reports for GAVI HSS more specifically. There are almost no direct links with GAVI headquarters, and the lead HSS focal point in the government was not sure who she should speak to if she does have a query.

4 Alignment of HSS with GAVI principles

This section will attempt to analyse the extent to which the DRC HSS grant adapts to the following GAVI principles, some of which have been slightly modified to accommodate specific questions being asked in this evaluation such as the concepts of accountability and additionality of GAVI HSS funding:

- Country driven
- Aligned with national plans and M&E
- Harmonised
- Predictable funding (inc financial management and disbursement)
- Inclusive and collaborative processes (accountability has been added)
- Catalytic effect
- Results orientated – How are results measured?
- Sustainable – what is being funded? What will happen when there is no HSS money?
- Equity issues – does GAVI HSS attempt to support an equitable distribution of health?

4.1 Country Driven

The initiative for applying for GAVI HSS funds and the eventual proposal came from Government of Bhutan. As mentioned earlier, the Ministry of Health saw the GAVI HSS window as an opportunity to bring in more funds for government priorities to cover gaps in both Bhutan's own funding resources and in donor funds being provided. Key informant interview also indicated high levels of country ownership of the HSS funding and activities. One indicator of this is the degree to which GAVI HSS is managed through government systems and is integrated into the monitoring and reporting framework of Bhutan's central planning commission, the Gross National Happiness Commission.

Another indicator is the fact that, due to delays in receiving GAVI funding the MOH funded the development of continuing education modules from their own budget as they needed the materials in order to begin their planned training programme. They have now decided to use the money originally allocated to continuing education for supporting the development of a new National Health Policy. This is a priority that has been identified by the MOH, and agreed with the PCM and GNHC.

4.2 Is GAVI HSS aligned?

4.2.1. Alignment with National Plans and Systems

As seen in Section 1.1., GAVI HSS funding is highly aligned with Government of Bhutan priorities, both at macro level in terms of fitting with PRSP priorities, and at sectoral level in terms of responding to key elements of the five year national health sector plan.

4.2.2 Alignment with budget and reporting cycles

GAVI budgeting and reporting cycles are not aligned with the Government of Bhutan's fiscal year and reporting. Special reports have to be prepared to respond to GAVI requirements, using GAVI specific templates. The Planning Officer in Bhutan who has responsibility for managing and reporting on GAVI HSS funds has not found this to be too onerous, but it is extra work that has to be done for fairly small amounts of funding.

4.3 Is GAVI HSS Harmonised?

GAVI HSS funding is on-plan and on-budget. Funds are transferred from the GAVI Alliance Secretariat directly into the Ministry of Finance account. In order for the Ministry of Health to 'call down' any funding from the Ministry of Finance, they have to submit a detailed action plan to the Gross National Happiness Commission, whose responsibility it is to review plans, ensure they match agreements on how the funding was to be spent and to approve the transfer of funds to sector accounts.

Management of funding within the Ministry appears to be reasonably well harmonised, especially as the Government of Bhutan has taken the decision to use the Partner Coordination Mechanism, originally the CCM set up for managing Global Fund grants, to now be the health sector coordination body. This has avoided the problem seen in many other countries that have parallel and redundant coordination bodies working at programme and sector levels. GAVI HSS is monitored by the PCM, who also played a part in reviewing and approving the original grant application.

4.4 Is GAVI HSS funding predictable?

The experience with funding GAVI HSS funding predictability has been less positive in Bhutan than in other countries. As noted earlier, fund disbursement from GAVI to the Bhutan account took at least five months between approval and when the MOH was first notified the money had been sent. It took a further two months to track down the funding as it appears not to have been received by the Ministry of Health until June 2008. The MOH has also had poor communications with the GAVI Secretariat and has little idea of when they might expect the second tranche of funding to be sent. When asked when they thought they would received funding, the key informant indicated that she thought it might come once the 2008 APR is approved, but she had no idea what this process involved and how long they might have to wait.

It seems particularly odd that APR approval does not appear to be the trigger for release of funds for other countries examined by this evaluation, even where very large sums of money are involved, and yet Bhutan, which has very good reporting, has to wait for an indefinite period of time for \$ 38,400!

4.5 Is GAVI HSS accountable, inclusive and collaborative?

The above details demonstrate that GAVI HSS is held to account within a solid government accountability structure. The proposal development included discussions with many key stakeholders, while annual planning and reporting is done in an inclusive and collaborative manner, through the use of workshops with key partners.

4.6 Does GAVI HSS have a catalytic effect?

It is impossible to judge at this point what the potential is for GAVI HSS to be catalytic. The small amounts of funding involved mean that the interventions in and of themselves will have little influence on the rest of the health system. On the other hand, the government has clearly indicated that they would like to encourage other donors to learn from how GAVI HSS has operated, in particular the flexibility of how funding can be used to support key gaps and not just specific donor supported projects. This flexibility has been highly appreciated. The desire to use the funding to leverage greater flexibility from other donors needs to be tested once the MOH has more experience of GAVI HSS and has results to show from use of HSS funds.

4.7 Is GAVI HSS Results Oriented

GAVI HSS funding in Bhutan is focused very much on 'downstream' HSS activities, with some 'upstream' funding to enhance the capacity of the Department of Human Resources to monitor HR activities across the country. One of the main foci of GAVI HSS funding is to reduce maternal mortality rates through increasing the number of women having an assisted delivery. With the small amounts of money available, the MOH is improving the curriculum for nurses and auxiliary health workers to ensure they have the ability to provide basic obstetric care, training key education staff so that they can support the training of others and increasing the demand for assisted deliveries through training village health workers. It is likely, by taking this multi-pronged approach, that the MOH will be able to achieve its objectives in a few of the target districts.

Unfortunately the above results are not well reflected within the results indicators imposed by GAVI, which are more focused on increasing vaccination coverage and reducing infant and child mortality. As can be seen in Section 2.6, immunisation coverage is already quite high in Bhutan and the government has quite rightly focused the HSS grant on the more critical, higher order issue of reducing maternal and neonatal mortality through improving access to, and demand for, assisted deliveries.

4.8 GAVI HSS sustainability issues

GAVI HSS funding represents only a small percentage of the overall health budget. It is being used to increase institutional capacity through curriculum development, training and provision of limited equipment. As a result it is likely that the effects of the HSS grant will be sustainable in the longer term as the Ministry of Health and partners will carry on funding training activities in particular.

4.9 Does HSS funding help improved equity

Most of GAVI HSS funding is destined to have national coverage, as training is to be cascaded down through different levels of trainers to reach all districts and a large percentage of health staff. Village health worker training, which needs a more intensive approach, is due to take place in five districts, selected because of their high maternal and child mortality rates and low assisted delivery rates. Again, by having a multi-layered approach that could provide good national coverage while also focusing on problem districts it is more likely that GAVI HSS funding in Bhutan will improve equity of access to MCH services.

Annex 1 - Documents and Interviews

Documents Reviewed

GAVI (2007) Independent Review Committee Report – Bhutan: For the reporting period of 2007

Partner Coordination Mechanism (2007) Minutes of the 5th PCM for GAVI. Ministry of Health, Bhutan.

Royal Govt of Bhutan (1999) Bhutan 2020 – a Vision for Peace, Prosperity and Happiness.

Royal Government of Bhutan (2002) Ninth Plan Sector Document. Health Sector. Policy and Planning Division. Ministry of Health

Royal Government of Bhutan (2004) Poverty Reduction Strategy Paper. Department of Planning, Ministry of Finance

Royal Government of Bhutan (2007) Application from Bhutan for GAVI Alliance Health System Strengthening. Submitted October 2007

Royal Government of Bhutan (2009) GAVI Annual Progress Report 2008

Royal Government of Denmark (2008) Bhutan – Denmark Partnership Report

WHO-SEARO (accessed July 2009) Bhutan Country Profile.

http://www.whobhutan.org/EN/Section4_6.htm

Interviews

Sangay Wangmo, Planning Officer, Policy and Planning Division, Ministry of Health (main contact person for GAVI HSS)

Annex 2 – Summary Information Sheet

The GAVI Alliance HSS Evaluation Study Approach

On February 2009 HLSP won the contract for the 2009 GAVI Health Systems Strengthening (HSS) support Evaluation. The expectation for this evaluation is to determine to what extent operations at country level and support from global and regional levels, as well as trends in health systems and immunization are heading in the right (positive) direction. Qualitative and quantitative information will be collected and analyzed both retrospectively as well as prospectively beginning from the time that the application process commenced in country throughout implementation and monitoring and evaluation of the project to date.

There are five main objectives and areas of evaluation:

1. What has been the experience at country level with GAVI HSS in terms of *each* of the following: design, implementation, monitoring, integration (harmonization and alignment), management, and outputs/outcomes?
2. What have been the main strengths of GAVI HSS at the country level, and what are specific areas that require further improvement?
3. How has GAVI HSS been supported at regional and global levels—what are the strengths of these processes and which areas require further improvement?
4. What has been the value-added of funding HSS through GAVI as compared to other ways of funding HSS?
5. What needs to be done, and by when, at country, regional, and global levels to prepare for a more in-depth evaluation of impact of GAVI HSS in 2012?

The GAVI HSS evaluation will develop **five In-depth country case studies**. These are structured in such a way that independent consultants teamed with local consultants spend time in countries documenting country experiences. We anticipate up to two visits to each in-depth country between the period of May and June 2009. The first visit will focus largely on interviewing key country stakeholders to map key areas of interest, information and gather initial data. This visit may also include engaging / commissioning a local research institution to conduct further research into particular districts/ activities. During the second visit we anticipate any outstanding stakeholder interviews being conducted, all data collated and subsequently presented to all key stakeholders. We will explore with national stakeholders the opportunity

and convenience of conducting an end-of-mission 'validation workshop' in order to provide countries with feedback on the in-depth case studies, and seek validation of these.

In addition, the results from the in-depth case studies will be **complemented by the results of 6 on-going GAVI HSS Tracking Studies** being conducted by the JSI-InDevelop-IPM research group that will become fully fledged GAVI HSS Evaluation studies. Finally, the HSS Evaluation team will desk review all HSS application forms, HSS proposals and HSS Annual Progress Reports produced to date in order to **develop a database of HSS countries**. All these sources of information put together will aim to answer the five study questions mentioned above.