

Appendix 3: DESIGN AND MONITORING FRAMEWORK (DMF)

Program Impact is Aligned with

National health goals achieved (National Health Policy, 2011)^a

Self-reliance and sustainability in health service delivery achieved (National Health Policy, 2011)^a

Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting Mechanisms	Risks	Status (as of 30 June 2019)
Outcome Equitable access, efficiency, and financial sustainability of the health system improved	By 2024: a. Institutional deliveries in the 8 target districts increased to 70% (2016 average baseline: 57% for 8 districts) ^b	a. MOH annual health bulletin, National Health Survey	Changes in government priorities shift resources away from health sector policy reforms and improvements.	95.83% (2018 Annual health Bulletin)
	b. National immunization coverage of children, disaggregated by sex, sustained at 95% (2018 baseline: 95%)	b. MOH annual health bulletin, National Health Survey		95.1% (Annual Health Bulletin 2018)
	c. Population using primary-level care facilities (BHU-II and below) as first contact increased to 60% (2012 baseline: 32%)	c. National Health Survey		No survey has been conducted
	d. 100% of annual cost of drugs and required vaccines financed by the BHTF (2018 baseline: 90%) ^c	d. BHTF annual reports		BHTF Report not published
	e. Health facilities reporting notifiable diseases to the National Early Warning, Alert and Response Surveillance System increased to 80% (2018 baseline: 62.8%)	e. RCDC quarterly bulletins		90% (RCDC 1 st Quarter, 2019 bulletin)
Outputs			Political considerations divert attention and resources away from primary health care strengthening.	Some of the procurement is under process such as: Procurement through UNICEF (cold chain) /WHO(refrigerated van) is under progress. Payment

Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting Mechanisms	Risks	Status (as of 30 June 2019)
Project 1. Primary health services, especially in underserved areas, improved	By 2023: 1a. 100% of BHU-Is in the country met WHO and/or UNICEF standards to maintain the vaccine cold chain (2018 baseline: 0%; 0 out of 184 BHU-Is nationwide)	1a. DHO and PMPSU annual health facility reports, WHO Service Availability and Readiness Assessment, UNICEF effective vaccine management reports		has been made and the goods are awaited.
	1b. 100% of the BHU-II in target districts adequately equipped with health care waste management facilities as per national standards (2018 baseline: 6%, 5 out of 85 BHU-Is)	1b. DHO annual health facility reports; WHO Service Availability and Readiness Assessment		1b. Bids for work package of Dagana district (W-08) & Trashigang and Trashiyantse district (W-05) are under negotiation. Works contract for Mongar district (W-04) was awarded on May 2019.
	1c. 100% of BHU-II staff in target districts, at least 30% of whom are women, trained in BHSQA (2018 baseline: 0%; 0 out of 255 BHU-II staff)	1c. Annual QASD training reports		1c. BHSQA standard is being rolled out with women on priority list.
	1d. 5 new urban satellite clinics with gender-responsive design constructed (2018 baseline: 0)	1d. PMPSU progress reports		1d. Gender responsive design included in drawing and estimates of satellite clinics.
	1e. 100% of the BHU-II (staff in target districts, sex-disaggregated, trained in interpersonal communication skills and skills to identify and support victims of gender-based violence (2018 baseline: 0%; 0 out of 255 BHU-II staff)	1e. Annual HPD training reports		1e. Master Trainers will start trainings from July 2019.
Reform Area 2. Support for health sector financing enhanced	Key Policy Actions 2a. By 2018, a budget of at least Nu500 million allocated by the Government of Bhutan to the BHTF (2017 baseline: not allocated)	2a. Attested copy of the Government of Bhutan's annual budget appropriations for FY2017–2018, which		2a. Government allocated Nu.500 million on 2 February 2018, vide Cheque no. 010239.

Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting Mechanisms	Risks	Status (as of 30 June 2019)
		include an allocation of at least Nu500 million		
	2b. By 2018, cabinet order delinking the BHTF from the RCSC issued (2017 baseline: not issued)	2b. Attested copy of the cabinet order delinking the BHTF from the RCSC		2b. Cabinet order C-3/163/074 dated 12 July 2018 delinks BHTF from RCSC.
	2c. By 2018, BIA report that includes an assessment on equity of public benefits in obstetric care approved by MOH (2017 baseline: not approved)	2c. Attested copy of the BIA report and assessment approved by MOH		2c. BIA published after approval by 48 th high level committee meeting held on 8 June 2018.
	2d. By 2020, investment strategy for the BHTF approved by the BHTF board (2018 baseline: not approved)	2d. Attested copies of the investment strategy and minutes of the BHTF's board meeting approving the investment strategy		2d. Planned for 2020, activities initiated
	2e. By 2020, 100% of BHTF technical staff, at least 30% of whom are women, signed BHTF appointment papers (2018 baseline: 0)	2e. Attested copy from the BHTF on key staff appointments		2e. BHTF recruited all required staff. BHTF has 7 staff in total with 2 female employee (i.e 28.6 % are women)
	2f. By 2020, gender-sensitive national health bill submitted to Parliament (2018 baseline: not submitted)	2f. Attested copy of the Government of Bhutan's submission to the Parliament of the national health bill		2f. Planned for 2020, activities initiated
Reform Area 3. Disease surveillance and HIS enhanced	Key Policy Actions 3a. By 2018, e-health strategy, which includes health data standards for routine capturing of sex-disaggregated data, developed and approved by MOH (2017 baseline: not approved)	3a. Attested copy of the approved e-health strategy		3a. e-Health strategy published after approval by 49 th High Level Committee Meeting held on 29 June 2018
	3b. By 2018, executive order constituting a governing body, with at least 30% female representatives, for the national HIS issued by MOH (2017 baseline: not issued)	3b. Attested copy of the executive order issued by MOH constituting the HIS governing body and setting out the terms of reference of its		3b. Executive order: MoH/PPD/PPMS-25/2018/972 dated 29 June 2018 constitutes the HIS governing body with ToR.

Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting Mechanisms	Risks	Status (as of 30 June 2019)
	3c. By 2020, enterprise architecture for HIS developed and approved by MOH (2018 baseline: not approved)	members 3c. Attested copy of the blueprint document for the HIS enterprise architecture approved by the HIS governing body, MOH, and MOIC		3c. Planned for 2020, activities initiated
	3d. By 2020, technical standards for health data exchange incorporated in the e-GIF of MOIC (2018 baseline: no technical standards for health data exchange in e-GIF)	3d. Attested copy of the approved technical standards for health data exchange and interoperability, and attested copy of the updated e-GIF in which these technical standards have been incorporated		3d. Planned for 2020, activities initiated

Key Activities with Milestones	Status (as of 30 June 2019)
1. Primary health services, especially in underserved areas, improved	
1.1 Sign memorandum of understanding with district engineers for civil works supervision (May 2018)	Signed on 12 April 2019
1.2 Award civil works and goods contracts and contracts with civil society organizations (October 2018)	One Civil works (W-04) awarded on 9 May 2019. Good contract (GD-01 & GD-02) payment made, (GD-10, GD-11 and GD-12) awarded. CSO Proposal opened on 13 March 2019, Evaluation started from 25 March 2019, NOL received and contract not yet signed.
1.3 Complete all civil works (December 2021)	Completion of civil works may extend beyond December 2021 due to scope change as discussed during Mission visit (11-15 March 2019).
1.4 Complete all BHU-II staff training in interpersonal communication and quality assurance (October 2021)	It is expected to be completed
1.5 Complete all behavior change communication activities in the community (March 2023)	It is expected to be completed
1.6 Complete training of BHU staff in BHSQA (October 2021)	It is expected to be completed
Project Management Activities	Status (as of 30 June 2019)
Establish PMPSU with MOH seconded staff (April 2018)	Completed on May 2018
Put in place all full-time PMPSU staff (July 2018)	Completed on 15 August 2018.
Conduct periodic gender action plan and environmental management plan monitoring (December 2018–onward)	Initiated and reported as in QPR
Conduct IEE assessment of satellite clinic sites in Debsi and Phuentsholing (December 2019)	Will be initiated once the land is acquired and finalized.

