Fund Mobilization Strategy

BHTF Fund Mobilization Strategy.

Report of the Fund Mobilization Expert.

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A. Main Pillars of BHTF Fund Mobilization Strategy:

1. The main pillars of BHTF fund mobilisation strategy would consist of; (a) Accountability, (b) Trusteeship, (c) Transparency, (d) Strong Engagement with Healthcare System, and (e) Visibility.

2. Accountability: Accountability means the obligation to answer publicly for the discharge of responsibility assigned to BHTF by the Royal Charter.

3. Trusteeship: Trusteeships is a key responsibility of BHTF as is evident from the title assigned by the Royal Charter. Trusteeship means proper discharge of fiduciary duty, care for the trust fund, and the duty to exercise a sound discretion.

4. Transparency is a trust building tool. Transparency, means the widespread availability of relevant, reliable information about the performance, financial position, and governance of BHTF.

5. Strong Engagement with Healthcare System: BHTF shall strengthen its engagement with the healthcare system; (a) to develops its understanding of community impact, (b) to strengthen monitoring capacity for rational use of medicines, (c) develop materials management and program implementation capacity, as mandated by the Royal Charter.

6. Visibility refers to proactive action by BHTF from time to time, that draws stakeholder's attention to its chartered mission and its role in fulfilment of those objectives. Visibility means access both ways. Popular awareness of BHTF's role in availability of vaccines and essential medicines will empower the needy to avail of these services from the healthcare system and will expand access to potential donors.

B. Annual Reports:

1. The BHTF shall regularly publish annual reports, preferably within six months of completion of each financial year.

2. The Annual Report shall provide information regarding the following;
   a. Grant making, program accomplishments & community impact during the year;
   b. Trust Fund Performance & Health Contributions during the year;
   c. Fund Raising Activities during the year;
   d. Donors during the year;
   e. Accounts & Audit for the year;
   f. Board & Staff; and
   g. Any other matter of special relevance to BHTF during the year.

3. The annual report shall contain the date of its publication and brief summary of Assets, Investment Income, Health Contributions, Events, Grants and Impact.
4. The Board will review performance measured by the following two indicators;
   a. Production time: The elapsed number of days between date of publication of the annual report and the last date of the financial year covered by the report.
   b. Regularity of publication, measured by the Standard deviation of Mean Production Time.

C. Donor Acknowledgement Policy:

1. The BHTF shall adopt the following acknowledgement policy.
   a. The accountant/cashier issues receipts for all amounts received by BHTF, in accordance with standard accounting principles and BHTF accounting policies, using specified donation receipt stationery.
   b. In addition to accounting receipts, every donation should ideally be acknowledged suitably by an appropriate person on behalf of the BHTF.
   c. Suitability of acknowledgements:
      i. *Identifiable donors should be acknowledged by a letter signed by an appropriate person on behalf of the BHTF. To manage the acknowledgement process within available human resources, the Director may segment donors and specify categories of donations for which the donation receipt would be adequate acknowledgement. Repeat and regular donors should be appreciated, irrespective of the value of donation.*
      ii. *In special case of high value donations, regular donors or exceptional acts of philanthropy, the concerned person acting on behalf of BHTF may personally convey thanks and express gratitude over telephone, messages, etc.*
      iii. *The donor list in BHTF website should include identity of all donors, except for those who have chosen to remain anonymous. For donors who chose to remain anonymous, their donation should be listed as "Anonymous" without any further identification.*
      iv. *Anonymous donations from identifiable groups should be acknowledged by a letter addressed to the group and delivered to the concerned organiser, coordinator, the person delivering collections to the BHTF or such other person as preferred by the group making the donation. In addition, these donations should be acknowledged by social media postings and included in list of donors posted in BHTF website. These donor groups may also be listed along with similar other groups in periodical press releases.*
      v. *Anonymous donations collected through donation boxes, should be acknowledged by social media postings and included in list of donors posted in BHTF website indicating the location of the donation box and period of collection. Anonymous donations collected through donation boxes should also be acknowledged through press releases about the concerned events.*
   d. Appropriateness of person on behalf of BHTF: Ideally, the person in BHTF having a personal relationship with the donor should sign the acknowledgement letter.

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> If this is not feasible, either because such a person is not identifiable or otherwise, the following guidelines should help identify the appropriate person to sign the acknowledgement on behalf the BHTF.
>
>   i. *The development or program officer who was involved in working with the donor to secure the gift.*
>   ii. *If the donation is made in response to an e-mail, letter, and/or volunteer solicitation, the individual who made the request.*
>   iii. *The BHTF Director or a Board Member who speaks with authority about the importance of the donor's investments to sustain primary health care in Bhutan.*

  e. The Acknowledgment Letter:

   i. *A standard draft (template) filled in with donor details may be used as the starting point. But the final communication must be tailored to the unique relationship of the concerned donor with BHTF, primary health care, and/or development of Bhutan, as the case may be.*
   ii. *Make sure the donor's name is spelt correctly and the salutation is proper. In case of doubt, prefer formal salutations over informal. Any time a donor or signatory voices preferences for how names should appear, this information should be preserved in BHTF systems.*
   iii. *Each letter should have subtle differences that speak to the kind of donor and donation that was received.*
   iv. *Mention about specific instructions, if any, and reassure compliance. For example, if a donor has requested to remain anonymous, mention something like, "… we recognise that you have chosen your donation to remain anonymous. We appreciate your self-less contribution and will honour your instructions."*
   v. *Make sure that the letter informs about RGoB's one to one matching contribution, in effect doubling the impact of his/her contribution.*

  f. In-kind contributions and non-cash gifts shall be acknowledged by describing the gift. No accounting receipts is to be given for any in-kind gift. The letter of acknowledgement should also avoid any expression that may be interpreted as an expert valuation of the gift. In case valuations claimed by the donor is to be included, the acknowledgement should clearly attribute the valuation to the donor. In-kind contributions should also be acknowledged through social media postings and included in the list of In-kind gifts posted in BHTF website.

D. MOH - BHTF MoU/Agreement on General Terms of BHTF Grant for Procurement of Vaccines, Essential Medicines and Core Supplies:

1. The proposed Memorandum of Understanding (MoU) should provide for the following:

  a. Timely sharing of monitoring & evaluation reports by DOMS and DOPH.

  b. Program performance reports by DOMS & DOPH.

  c. Identification of human-interest cases by Health Facilities and collaboration with BHTF for writing of social & community impact stories. Community impact

stories from all kinds of healthcare institutions and programs are important to reassure donors about proper utilisation of their gift and to motivate new donors. Hence;

- i. *National/Regional Referral Hospitals to document illustrative cases of successful medical treatment and the role of essential medicines / needles / syringes funded by BHTF. These may include admissions from remote areas, land & air ambulance cases and medical treatment of tourists.*
- ii. *General hospitals to document illustrative cases of successful medical treatment and the role of essential medicines / needles / syringes funded by BHTF. These may include, maternity & paediatric cases and admissions from, diverse socioeconomic background.*
- iii. *Basic Health Units, to document illustrative cases of successful medical treatment and the role of essential medicines / needles / syringes funded by BHTF. These may include, maternity & paediatric cases and admission from diverse socioeconomic background, & outpatients.*
- iv. *Director Public Health to document immunization events, and the role of vaccines funded by BHTF. These may include, immunization events, essential medicines for antenatal care, treatment of children, & chronic diseases.*

2. The Ministry of Health may include appropriate action points in the Annual Performance Agreements with the DOMS and DOPH, for effective collaboration with BHTF. The following additions are proposed for inclusion in section-2 of the MOH-DOMS/DOPH APAs.

Table: Proposed additions to section 2 of the MOH APA's with Departments regarding collaboration with BHTF for information regarding accomplishments of BHTF funded programs and service.

Dept	Action	Success Indicator	Unit
DOMS,	Ensure that all Hospitals & Health Units provide timely reports to BHTF regarding utilisation of & accomplishments attributable to BHTF funded core supplies.	Community impact story to illustrate successful medical treatment and the role of essential medicines / needles / syringes funded by BHTF.	Number
DOMS	Ensure that, when BHTF team visits, concerned Hospitals / Health Units identify cases, provide information and collaborate for writing of community impact stories.	Community impact story to illustrate successful medical treatment and the role of essential medicines / needles / syringes funded by BHTF.	Number
DOPH	Ensure that all Program Officers & Public Health Units provide timely reports to BHTF regarding utilisation of & accomplishments attributable to BHTF funded core supplies.	Community impact story to illustrate successful medical treatment and the role of vaccines, essential medicines / needles / syringes funded by BHTF.	Number
DOPH	Ensure that, when BHTF team visits, concerned Program Officers & Public Health Units identify cases, provide information and collaborate for writing of community impact stories.	Narrative report on primary health care events & community impact story to illustrate role of vaccines, essential medicines / funded by BHTF.	Number

E. MOH Departments and BHTF Coordination Mechanism:

1. A Coordination & collaboration mechanism between BHTF and MOH Departments may be established to monitor timely release of funds by BHTF for procurements and documentation of BHTF funded program accomplishments including community/social impact stories from various

healthcare facilities and program implementation agencies. This may include; (a) Quarterly Joint Reviews, and (b) Annual Workshop on Social Impact Storytelling for Health System Strengthening.

2. Broad outline of the Annual Workshop on Social Impact Storytelling for Health System Strengthening would be as follows.

   a. Participants from, DOMS, DOPH, Identified reporters/collaborators from Health Facilities and Public Health Program Units, professional experts and Resource persons.

   b. Purpose of the workshop will be; (a) to learn social impact storytelling skills, (b) present BHTF communication content developed during the year, and (c) plan BHTF communication content development activity for next year.

   c. Duration: Two days.

      i. *Day-1: Learning and refreshing storytelling skills.*

      ii. *Day-2: Review of BHTF content developed during the year & Planning BHTF communication content development activity for next year.*

   d. Invite professional experts to teach the participants, review and assess content, and advise about future plans.

F. Development of BHTF Organisational Capacity:

1. All BHTF personnel should be appropriately trained so that they are aware of their role in overall communication strategy of the organization and have the skills to perform their role ably.

2. All BHTF personnel should be trained in Website Management for small organisations that cannot employ fulltime Web Masters. The Website Management training should help BHTF personnel acquire required skills for;

   a. Updating of Website Content, including how to plan, outline and write new content, change content on Website pages, understand how to research to include search engine optimisation (SEO) keywords in Website content, and add new pages to website's menu.

   b. Maintenance of Website, including an understanding of different features of BHTF Website, system for backing up of the Website, monitoring Website's traffic and security, identify signs of possible problems with a Website, and understand basic steps to troubleshooting.

3. The Administrative Officer may be trained about, (a) Internet Protocol (IP) addresses, (b) Internet Domain Names, (c) Domain Name Registration & Renewal, (d) Domain Name Service (DNS) and DNS forwarding, (e) Procuring and Evaluating Quality of Services of Internet Service Providers.

4. The Accounts Officer may be oriented for; (a) maintenance of merchant account for online donations, (b) decoding various bank transaction statements, and (c) reconciliation with donor communications, for prompt identification of donors transferring funds to BHTF.

5. Current Program Officers should be trained in social impact storytelling content development.

6. Skills in social impact storytelling, human impact story writing, nonfiction narrative writing, event reporting or creative writing should either be a requirement or be given preference for future recruitment of Program Officers.

7. BHTF would empanel, for part time engagement, depending on need, one or more Social Impact Writers, with the following qualifications.

    a. University degree in English, Creative Writing, Communications, Journalism, or degree in any social sciences, social work and humanities field with certificate or diploma in creative writing.

    b. At least five years of professional experience in investigative and human impact story writing, nonfiction narrative writing, reporting of events, preferably on health care issues;

    c. Smartphone photography and basic editing skills.

    d. Excellent editing skills and ability to integrate human interest with statistics and technical reports to present credible content;

    e. Familiarity with workings of health care facilities such as hospitals health units and primary health centres. Understanding of immunization programs and awareness of the concept of essential medicines for primary health care.

    f. Familiarity with Bhutan, Bhutanese Culture, and Bhutanese health systems.

    g. Fluent in English (spoken and written). Familiarity with Dzongkha the Bhutanese national language.

    h. Demonstrates initiative, creativity, flexibility and team spirit.

8. BHTF officers and staff should be trained in proper use of social media. They should understand the terminology and metrics associated with each of the social media platforms in which BHTF has a presence. The training should also impart surveillance skills, so that BHTF personnel are in a position detect abuse of social media platforms in the name of BHTF or misrepresentation of BHTF.

9. Management of social medical accounts should be explicitly built into the job description of BHTF officers. Account administrator rights should be clearly assigned. Account maintenance teams should be defined and role of each member spelt out. Clear cut guidelines for transfer of social media account administration details, such as User Id, Password, Registered Telephone / Email Address, etc from outgoing to incoming personnel should be issued.

G. BHTF Merchant Account for Online Donations:

1. The BHTF shall operate a merchant account with the appropriate Bank in Bhutan to enable online receipt of donations. The initial expenditure, maintenance fee, and transaction discounts charged by the Bank shall be accounted for as fundraising expenditure under online transaction costs.

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H. BHTF Website:

1. The remodelled BHTF Website shall, at least include adequate information about the following.

    a. A well-crafted tagline, a succinct positioning statement, and a concise mission statement conveying the essence of BHTF objectives and the philosophies underlying them.

    b. About BHTF & Institutional Materials including; (a) The Royal Charter, (b) Latest & Previous Annual Reports, (c) Latest & Previous Audit Reports, (d) The Board & Board Members, (e) Office & Staff, (f) History of BHTF, etc.;

    c. The Fund including; (a) Corpus, (b) Investment Policy, (c) Trust Fund Management, (d) Asset Allocation, (e) Investment Return, etc.

    d. Programs including;

        i. *Financing Vaccine Procurement in Bhutan, along with information regarding immunization programs in Bhutan & vaccines financed by BHTF, how to access immunization services, and interactive facility for reporting of immunization service problems to the Director Public Health.*

        ii. *Financing of Essential Medicines in Bhutan, including information about the concept of essential medicines, current list of essential medicines in Bhutan, what if some essential medicine is not available in a health facility, how to avoid or minimise wastage of essential medicines, and interactive facility for reporting of essential medicine issue to the Director of Medical Services.*

        iii. *Financing of Core Medical Supplies.*

        iv. *Program Accomplishments, Social and Community Impact Stories, etc.*

    e. Donors, including; (a) List of donors, (b) Anonymous donors, (c) Portraits of generosity, (d) Past lists of donors, anonymous donors & portrait of generosity, etc.

    f. News & Events, including;

        i. *Upcoming Event(s) with information about the event & program, access & participation, volunteer options, sponsorship options, in-kind support options, etc.*

        ii. *Latest News.*

        iii. *Notes form the Field: Field reports from healthcare personnel in the field, travel notes of visitors to hospitals and health care institutions, stories from medicine store in-charges in hospitals about essential medicine section, stories about immunization activities in the field.*

        iv. *Past Events and Past News Archive; Etc.*

    g. Contact Us page giving complete postal address of BHTF office, BHTF email address, Telephones, map link, office hours, holiday list, website address, and a facility for browsers to directly send emails to BHTF from this page.

2. Donate Button & Donation Pages: In addition to the above the BHTF website shall include appropriately placed <<Donate>> buttons leading to Donations page, adopting, as far as is possible, the following guidelines.

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    a. Include <<Donation>> button in sticky header. Use Orioles Orange (Hex: #FF4E12; RGB: 255, 78, 18; CMYK: 0, 0.694, 0.929, 0) as in the National flag, to the fill for the <<Donation>> button. Additional instances of <<Donation>> to be provided in various pages juxtaposed with clear calls to action, such as mentioned below.

    b. Strategically place calls to action throughout the website. Include a few sentences inviting visitors to join BHTF in making an impact for vaccination of children and access to essential medicines and primary health care for all Bhutanese people. Do not use guilt. Instead, short narratives should inspire the visitor. Place additional <<Donate>> buttons near such narratives. Following are some examples;

        i. *Your Donation goes straight to BHTF corpus and the investment income is used to procure vaccines and essential medicines and primary health care in Bhutan.*

        ii. *Your contribution is more than a donation. It supports vaccination of children and enables free access to primary health care in Bhutan.*

        iii. *Immunization coverage in Bhutan is as high as __%. To sustain high level of vaccination coverage for future generations of Bhutanese children, we need your help to grow the BHTF corpus to fund increasing costs of vaccine procurement.*

        iv. *By investing your donation in perpetuity, the BHTF ensures the long-term vitality of Primary Health Care in Bhutan.*

        v. *Your donation adds to BHTF corpus, which is invested and held forever in an endowment. This means that your initial donation remains untouched, but the interest and investment returns from the corpus are available year after year to support primary health care in Bhutan.*

    c. The <<Donate>. Button should link directly to the donation process, including link to BHTF merchant account for online donation. Upon clicking any one of the donation-buttons or donation-links, the visitor should be taken to the path of online giving via a debit/credit card, along with links to other modes of giving for those visitors who may have another method in mind. The process should suggest five graded amounts, with the middle amount as the default option and an option to enter a custom amount.

    d. After the donation, the process should lead to gathering of personal details, keeping the number of fields minimal, all fields optional, and provision for donor's message. To capture donor details, keep the number of fields minimal. Preferably do not exceed the following fields: All fields optional.

        i. *First Name, Last Name*

        ii. *Country (Default to Bhutan Or pre-populate from IP Address)*

        iii. *Address (Two lines), Village/City, Dzongkhag/State/Province, Postal Code*

        iv. *Email address (To email a receipt).*

        v. *Donor's message: (Maximum of 250 words).*

>   vi. *Donor List Options: (a) Include details in the list of donors, Or (b)Keep my donation anonymous.*

3. The BHTF website should be responsive to visitors' device and display characteristics, so that it is readily accessed from all kinds of devices including tablets and smartphones.

4. The BHTF website must be updated from time to time as and when there is a change in information already posted, new content is available for inclusion, and/or any of the existing content becomes redundant and due for deletion. In addition, website content shall be reviewed regularly, preferably once every semester, to ensure accuracy and completeness of information.

5. Specific responsibility for review and updating of different sections of the website shall be assigned to concerned officers and staff, with one person designated as the website editor, through whom all updates shall be channelled. Whenever there is change of personnel, information about role of concerned position towards updating and maintenance of the BHTF website, user ids, password protocols, shall be passed on by the outgoing person to the incoming person.

I. Improved Visibility of BHTF in other Bhutanese Websites:

1. All Bhutanese websites with substantial international audiences should be persuaded to allocate reasonable space in their Website for BHTF. In particular explore feasibility to;
   a. Include Sustainable Financing for Primary Health Care as a separate page or at least as a sub-project in Sustainable Socio-Economic Development page, with the MOH and the BHTF as partners.
   b. Include BHTF as an Institutional Partner in the Institutional Partners page.
   c. Include BHTF as one of the listed causes of donation.
   d. Provide link to BHTF website.

J. Social Media Presence:

1. Existing Facebook (@bhtf97) accounts should be continued with regular postings.

2. Responsibility for maintenance of the BHTF official Facebook account should be assigned to one of the officers/staff, who would gather information from all staff members for potential Facebook posts. Whenever there is change of personnel, information about role of concerned position towards updating and maintenance of the BHTF website, user ids, password protocols, shall be passed on by the outgoing person to the incoming person.

3. Social media account administrator and team members should set an informal schedule that is consistent with the BHTF calendar of events. Then plan in advance what will be posted in the forthcoming weeks, gather required inputs, such as data, information, images, video etc. for specific postings. Responsibility among team members may be distributed either on the basis of

subject of posting and/or type of inputs. For example, some team members may be good at gathering photos and making videos, while some others may be in a position to gather data and/or draft the postings.

4. Decide on the basal frequency of posts. For example, at least one Facebook post per week. In any case periods of Facebook silence should never exceed more than 30 days. Frequency of postings will increase during events and special occasions. If there are too many postings in the pipeline, try to space them over several days instead of bunching all of them on a single day.

5. Balance fundraising, grant making related posts. In BHTF context, special efforts are needed to identify opportunities and occasions for grant making posts. Scope of program related posts should be expanded to include immunization program activities, utilization of essential medicines for outpatient and inpatient services in hospitals and health units.

6. All comments containing any suggestion or question must be promptly replied with a substantive response informing action taken or proposed to be taken and/or explaining and clarifying doubts and questions.

7. Considering the significant increase of Pintrest users in Bhutan, its visual appeal, and potential for increased visibility of BHTF among the youth, BHTF should open a Pintrest account, with boards that align with BHTF mission. The Pintrest Pin it button should be included in the BHTF website page.

8. Considering the very low prevalence of Twitter users in the country, postings in the BHTF's official Twitter account (@FundBhtf) should target international stakeholders.

9. BHTF's social media account administrators and team members should watch for any abuse of platforms in the name of BHTF or any misrepresentations about BHTF. Creation or existence of any account, pages or group that sounds like BHTF name or proclaims BHTF like mission should be shared among all team members and reported to the Director. Such cases should be included in a surveillance list and watched by all social media team members. Any overt abuse should be reported to appropriate regulatory authorities.

K. Monthly Media Reviews:

1. There should be a monthly review of communication & media performance, attended by all BHTF personnel and covering; (a) BHTF Website, (b) Social Medial Reach & Interactions, (c) Social media monitoring, and (d) BHTF in conventional mass media including print and television.

2. Review Website Performance should include;
   a. Online traffic, time trend and correlation with BHTF and related events.
   b. Landing page performance, based on landing page view, form submission rates and new contact rates. Learning from content in in top performing landing pages.
   c. Call-to-action (CTA) clicks and conversions. What are the top viewed CTAs? What are top-clicked CTAs? Which CTAs have maximum conversions?
   d. What are most viewed pages in BHTF website. This should help prioritize search

engine optimisation. Performance of CTAs on most viewed pages.

3. Review Social Media Reach and Interactions should include;
   a. Track how many messages were sent out, the overall reach per channel, and most importantly, which channels generated the most engagement and visits to BHTF website.
   b. Comparative study of messages that generate more interactions versus those without much interaction, and lessons for future postings.
   c. Review of comments and further action.

4. Social Media Monitoring: Watch different online sources for mentions of BHTF and related key words. An open source or freely available social monitoring tool may be used for this purpose.

5. Review of Conventional Mass Media should include;
   a. Coverage of BHTF in domestic news media.
   b. Coverage of BHTF in international news media.

L. Annual Fundraising Events:

1. Every year, at least one nationwide annual fundraising special event shall be organised, with the following objectives.
   a. To connect with people and highlight BHTF role in financing of PHC in Bhutan.
   b. To present BHTF's Report Card to the people.
   c. Appeal to philanthropists for their support for PHC and gifts to BHTF.
   d. To recognise donors, volunteers and supporters.

2. The exact dates and nature of annual fundraising event, shall be finalised sufficiently in advance, giving at least six months lead time.

3. Royal patronage and support from political leadership at the highest level of government, shall be sought and secured well in advance for effective planning and successful execution. Good offices of the BHTF Board Members, the Ministry of Health, and other Patrons would be availed to rally support for organisation of events.

4. Volunteer Recruitment & Training: The purpose of volunteer recruitment is twofold. Firstly, to enlist support of people for management of the annual event and secondly to build, over the years, a cadre of community members aware of BHTF mission and its role in ensuring financial sustainability of primary health care.
   a. Recruitment of volunteers should start about one month before the event.
   b. Need for and availability of volunteer opportunities should be announced through the BHTF website with cross linkages in sister websites such as the MOH, DOMS, DOPH, BHTF social media channels, press notes and news media.
   c. Multiple channels should be commissioned for registration of volunteers. These would include, Volunteer registration interfaces in the BHTF website as well as downloadable form in pdf, a system for volunteer registration through SMS, etc.

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    d. Volunteer training programs should be organised on weekly holidays prior to the event. Considering that volunteer recruitment would start about one month prior to the event, it should be possible to organise four batches of volunteer training, before the event. The training program should include;

        i. Presentation & discussions about the BHTF mission, history and track record of financial support to procurement of vaccines, essential medicines and core supplies for PHC.

        ii. Presentation and discussion about event schedule, arrangements, and support services.

        iii. Presentation and discussion of various volunteer roles, reporting and coordination arrangements.

    e. Incidental cost of volunteer recruitment and training should be built into the event budget.

5. Bhutan Friendship Associations all over the world shall be informed, sufficiently in advance, about program and schedule of the Annual Fundraising Event with request to disseminate the event schedule among their members, provide linkage to the event page in BHTF website, and encourage participation in the event.

6. All potential donors, philanthropists, institutions both domestic and international should be informed, well in advance, about program and schedule of the Annual Fundraising Event with request to, assign a page on the event in their website, provide linkage to the event page in BHTF website, and rally support for the event among friends of Bhutan.

7. Information regarding the annual fundraising event should be made available to all Foreign missions of RGoB through the Ministry of Foreign Affairs.

8. Overall cost of organising the special event should not exceed 40% of the actual funds raised through the event.

M. Periodic Review of Donor Landscape:

1. Once in five years the BHTF would take up landscape analysis of donors from Bhutanese perspective in order to identify potential donors for follow-on capitalisation of the BHTF.

2. Based on the landscape study of donors over 20 years from 1998-99 to 2017-18, by the consultant, the possibility of grants from the following potential donors may be explored.

    a. Apart from the substantial contribution to initial capitalisation of BHTF in 2000, the Gates Foundation has shown interest in recent years for projects in Bhutan. It may help to present the BHTF case for follow-on capitalisation to the BMGF.

    b. It has been reported[1] that, Global Fund for AIDS, TB and Malaria (GFATM) will be giving an additional 15% (of current contributions) on top of funding 3D (HIV/AIDS, tuberculosis, and malaria) treatment drugs. Funding for the 3D

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[1]Cruz Anna Mae D. Dela . Sustaining the Bhutan Health Trust Fund. Findings from a scoping study on the BHTF. Oslo: Asian Development Bank (ADB); 2017 Sep.

treatment drugs amounts to $3.58 million, meaning about $538,000 will be allocated for the BHTF over 2018 to 2021.

N. Increasing Revenue from Health Contributions:

1. Revenue from Health Contributions should be increased both by increasing the rate of contribution and expanding the base.

2. Rate of Health Contribution may be raised from 1% to 2%. This may be achieved either by increasing the rate of employee contribution to 2% or requiring a matching employer contribution corresponding to the existing rate of 1% employee contribution.

3. Base for collection of Health Contributions should be expanded as follows.

   a. Health Contribution from Works Contractors assessed @2% on the Human Resource Component of the respective Project Costs. These contributions can be collected by requiring appropriate deduction from payments for works contract by respective organisation (RGoB Department/Proprietary Firm/ Company/Corporation) employing the contractors.

   b. Businesses that do not collect Health Contributions from their employee either because the number of employees are small or mostly temporary in nature, may be required to pay Health Contribution @ 2% on estimated human resource component of their operating costs calculated on the basis of their annual turnover.

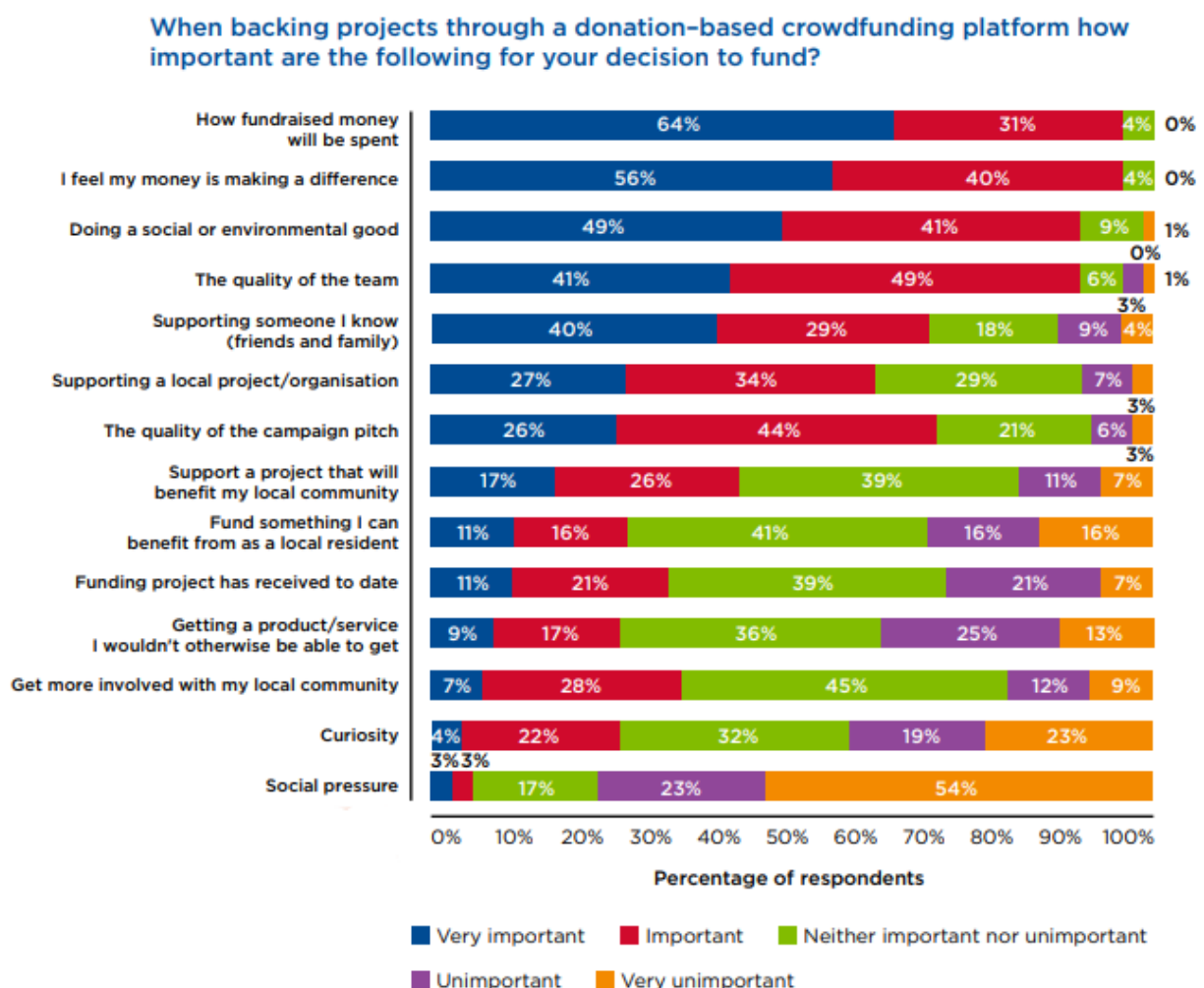## O. Legislative Mandate for Health Contributions:

1. As of now, Health Contributions @1% of gross salary is being collected on the basis of the Revised Taxation Policy, 1992. However, there is no legislative enactment for collection of Health Contributions.

2. Appropriate labelling of HC is also important. It should be clear to all that the HC is a contribution towards basic and primary health care services provided by the Government through various government hospitals and basic health units in Bhutan. Otherwise there is risk of people expecting and demanding all kinds of medical care in lieu of the HC, which in reality is a nominal contribution for basic and primary health care services.

3. The Ministry of Health may consider and move the RGoB for enactment of suitable law regarding collection of Health Contributions.

4. Depending on RGoB policy decision, the proposed law may provide for matching employer contribution.

5. Depending on RGoB policy decision, the proposed law may provide for collection of Health Contribution from Businesses that do not collect Health Contributions from their employees either because the number of employees are small, or mostly temporary in nature.

P. Alternative Fund-Raising Methods

1. Crowd Funding:

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a. Introduction: Crowd Funding leverages social media and web-based communication to solicit small contributions from a large group of people. This type of digital fund-raising is becoming more common for the humanitarian and developmental community.

b. Advantages: Non-profits can bring their message to a much wider and a younger swath of the population than would otherwise be possible. It can be fast way to raise finance with no upfront fees. Pitching the social cause through the online platform can be a valuable form of marketing and result in media attention. Through the crowd funding platforms investors can track the progress and can promote the brand through their networks. Ideas that may not appeal to conventional donors can sometimes get crowdfunded.

When backing projects through a donation–based crowdfunding platform how important are the following for your decision to fund?

Category	Very important	Important	Neither important nor unimportant	Unimportant	Very unimportant
How fundraised money will be spent	64%	31%	4%		0%
I feel my money is making a difference	56%	40%	4%		0%
Doing a social or environmental good	49%	41%	9%	0%	1%
The quality of the team	41%	49%	6%	3%	1%
Supporting someone I know (friends and family)	40%	29%	18%	9%	4%
Supporting a local project/organisation	27%	34%	29%	7%	3%
The quality of the campaign pitch	26%	44%	21%	6%	3%
Support a project that will benefit my local community	17%	26%	39%	11%	7%
Fund something I can benefit from as a local resident	11%	16%	41%	16%	16%
Funding project has received to date	11%	21%	39%	21%	7%
Getting a product/service I wouldn't otherwise be able to get	9%	17%	36%	25%	13%
Get more involved with my local community	7%	28%	45%	12%	9%
Curiosity	4%	22%	32%	19%	23%
Social pressure	3%	3%	17%	23%	54%

Percentage of respondents

■ Very important   ■ Important   ■ Neither important nor unimportant
■ Unimportant   ■ Very unimportant

c. Things to watch out for: Not all campaigns get into crowd funding platforms. Platforms must be screened for relevance before applying. Funding strategy of the platform must be in line with BHTF's needs. Content and media must be developed with care in order to position the campaign. The fund-raising campaign must be preceded by an awareness campaign so that there is an immediate connect with the target audience at launch. Yearly campaigns can be

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co-ordinated with other events. The figure in the previous page lists the main reasons why funders backed certain projects. These findings are from a study[2] conducted by UK based firm NESTA.

d. Conclusion: Crowd funding can be a viable option that can reach a global audience through social media and bring in additional funds for BHTF's mission.

2. Environmental, Social and Governance (ESG) Investing:

a. Introduction: ESG integration in the investment process has garnered a lot of attention recently. While the "E" (for "Environmental") pillar in ESG gets most of the attention in the press and elsewhere these days, the "S" (for "Social") pillar is of equal importance. Investopedia defines the "social" component of ESG in relation to a company's corporate history as "how it manages relationships with employees, suppliers, customers, and the communities where it operates." Good "social" metrics include: consistency in progressive corporate values, ethnic and gender diversity in the boardroom, percentage of profits that contributed to the local community, level of employee volunteerism, and improvement in employees' health and safety due to working condition upgrades.[3] Given the social nature of BHTF's mission it can position itself in the "social" factor in ESG investing.

b. Role of BHTF: Global Sustainable Investment Alliance (GSIA)[4] definition of sustainable investing includes "Impact/Community Investing" which is more relevant for BHTF. The definition is "targeted investments aimed at solving social or environmental problems, and including community investing, where capital is specifically directed to traditionally underserved individuals or communities, as well as financing that is provided to businesses with a clear social or environmental purpose". BHTF's charter would fit into this criterion.

c. Trends: ESG investing has grown quite dramatically over the last few years. GSIA report shows that overall ESG investment has grown from USD22.8 trillion in 2016 to USD30.6 trillion in 2018. This has been aided by ratings agencies incorporating ESG factors in their ratings decisions. However, the "Impact/Community Investing" factor has been underserved due to lack of measurement clarity. Following figure[5] shows the growth of ESG investing in various dimensions.
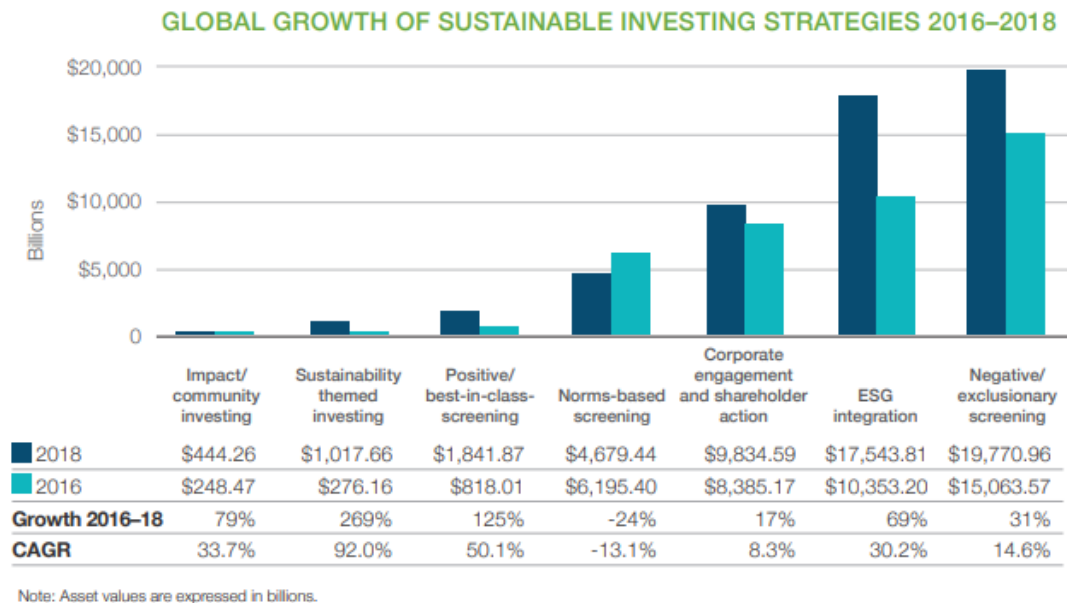
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[2] https://media.nesta.org.uk/documents/understanding-alternative-finance-2014.pdf
[3] https://www.clermontpartners.com/blog/back-to-basics-an-esg-primer/
[4] http://www.gsi-alliance.org/
[5] http://www.gsi-alliance.org/wp-content/uploads/2019/06/GSIR_Review2018F.pdf

BHTF Fund Mobilization Strategy.

GLOBAL GROWTH OF SUSTAINABLE INVESTING STRATEGIES 2016–2018

	Impact/ community investing	Sustainability themed investing	Positive/ best-in-class- screening	Norms-based screening	Corporate engagement and shareholder action	ESG integration	Negative/ exclusionary screening
2018	$444.26	$1,017.66	$1,841.87	$4,679.44	$9,834.59	$17,543.81	$19,770.96
2016	$248.47	$276.16	$818.01	$6,195.40	$8,385.17	$10,353.20	$15,063.57
Growth 2016–18	79%	269%	125%	-24%	17%	69%	31%
CAGR	33.7%	92.0%	50.1%	-13.1%	8.3%	30.2%	14.6%

Note: Asset values are expressed in billions.

d. Strategy: Corporations can partner with BHTF to bolster their ESG credentials. BHTF can partner with global corporates to boost the attractiveness of their corporate fundraising. Bhutan or BHTF can benefit from contributions from corporates in kind or capital contributions which can in turn drive employee engagement and CSR initiatives for these corporates.

BHTF Fund Mobilization Strategy.- *Appendix To*

Report of the Fund Mobilization Expert.

Dr. Prasanta Mahapatra,
27 July, 2020

BHTF Fund Mobilization Strategy - Appendix.

Table of Contents

1. Background and Rationale of the TA:

1. Traditionally, external sources had played a significant role in financing health in Bhutan, supporting almost 30% of total health expenditure in 1996. By this time, with rising per capita income, Bhutan is on its transition path from a least developed to lower-middle-income country. The share of external sources of funding for vaccines and primary health care was expected to decrease. Financial sustainability of vaccine and essential medicine procurements for primary health care services was a concern, as Bhutan graduates out of various international assistance programs.

2. The concept of a trust fund as a means of sustainable financing for primary health care emerged around 1997. The Bhutan Health Trust Fund (BHTF) project was formally launched at WHO Headquarters in Geneva on 12 May 1998, during the fifty-first World Health Assembly meeting. A capitalization target of US$24 million was set as the BHTF principal.

3. The Royal Charter for BHTF was issued on 3rd August, 2000. The trust is required to fund uninterrupted supply of core primary health care supplies of vaccines, essential drugs, needles syringes, cold chain equipment, etc. The BHTF Charter, mandates one-to-one matching contribution by the RGOB for donations to the trust fund capital. In addition, the RGOB shall meet the shortfall, in case BHTF's investment income is insufficient to fund the mandated program activities. Article 3.5 of the Royal Charter mandated that the Trust Fund shall be operational only when the principal amount reaches US$ 5 million.

4. BHTF started partially supporting vaccination programs from 2003-04 and paid for procurement of Hepatitis-B vaccine. This was followed by support for Rubella vaccination in 2005-06, and co-funding for procurement of Pentavalent / Tetravalent vaccines from 2008-09 onwards. In 2014-15, the RGOB decided to transfer 1% health contributions from public and private sector employees to the BHTF. Consequently, BHTF started funding procurement of essential drugs, in addition to its support for procurement of vaccines (Figure-1). The scale of funding for essential drugs is substantially higher than the expenditure on vaccines. BHTF's annual expenditure on essential drugs has been around 150 to 200 million BTN compared with about 6 million BTN for procurement of vaccines.

5. BHTF's capital stock increased from USD 18.4 million in 2005 to USD 35.4 million in February 2018 largely due to retained income from domestic investments net of expenses, and capital contributions. From 2006-2015, BHTF ploughed back about 95-99% of its revenue to the capital. However, as the expenditure on essential drugs and vaccines is likely to increase, BHTF's capital stock would be under strain. A financial sustainability study[6] estimated

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[6] BHTF, Financial Sustainability of the Bhutan Health Trust Fund, Author: Unknown, June 28, 2018. Document available with BHTF.

that BHTF would face a revenue deficit by about 2023. Revenue surplus of BHTF is projected to fall from USD 2.8 million in 2019 to a revenue deficit of USD 1.9 million in 2027. Although the ADB grant of USD10 million will ease the financial burden, this will not be enough. Hence, the need for sustained mobilization of additional funds to augment BHTF capital stock.

Figure 1 BHTF Expenditure on Procurement of Vaccines & Essential Drugs
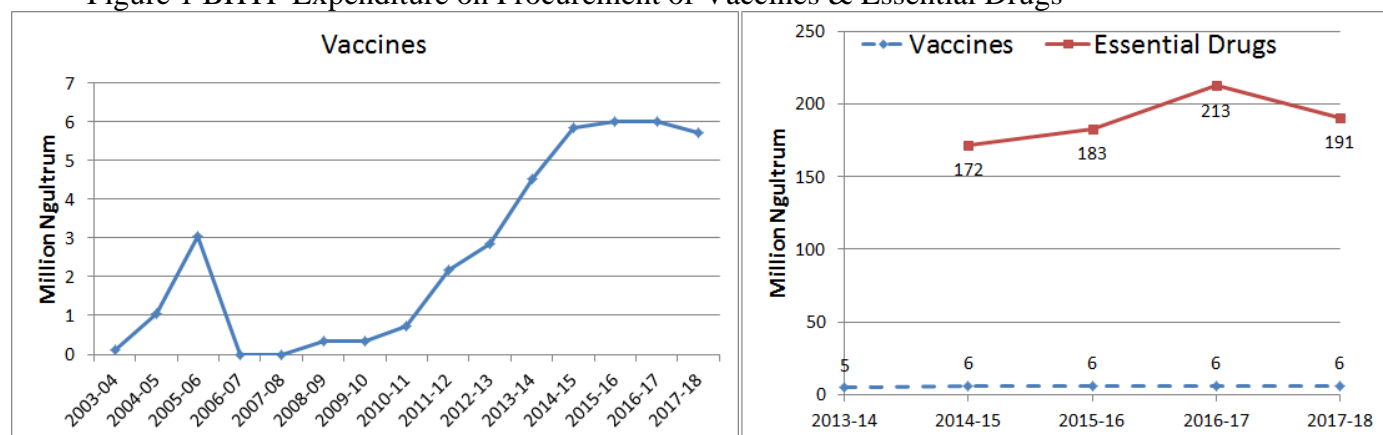
6. Objectives: The objective of the assignment is to develop a fund mobilization strategy for the Bhutan Health Trust Fund (BHTF) including best practice guidance for such fund mobilization.

7. Expected Outcome of the Assignment:

   a. Fund mobilization strategy and best practice guidance.

   b. Facilitation of Consultations on and endorsement of the fund mobilization strategy.

   c. Fundraising action plan and guide to development of knowledge products for increased transparency.

   d. BHTF capacity constraints and recommendations for improvement of fund mobilization capacity.

   e. BHTF communication plan, website & social media presence.

   f. Adequacy of IT infrastructure.

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2. Review of past and current fund-raising efforts for BHTF.

A. Initial capitalization:

1. Initial target of US$ 24 million was achieved by 2009-10, with grants from the RGOB, contributions from various donors, and one-to-one matching contribution from RGOB for all donor contributions (Table-1).

2. The RGOB obtained a soft loan of US$ 5 million from the ADB, to meet its one-to-one matching contribution obligations.

3. Political champions at the highest level of government played important roles in launching, publicising, and capitalising the fund.

4. Several donors from within and outside Bhutan recognised the importance of sustaining universal access to primary health care in Bhutan and helped establishment of the Bhutan Health Trust Fund with their contributions (Table-1). Earliest among these were; (a) the Norwegian Government, (b) Bill & Melinda Gates Foundation, and (c) The Summit Foundation. These three donors contributed US$ 1 million each, in 2000.

Table-1: Contributions for Initial Capitalization of the Bhutan Health Trust Fund.

Sl	Source	Dates		Million US$t
1	Royal Government Of Bhutan (RGOB)		US$6801000	11.801
	ADB Soft Loan to RGOB		US$5000000	
2	Royal Norwegian Government	2000 Nov 29	US$988371.88	1.301
	Additional contribution to fill initial capitalization target.	2009 Dec 15	US$312198.97	
3	Bill & Melinda Gates Foundation	2000 Oct 04		1.000
	The Summit Foundation	2000 Oct 04		1.000
4	Health Walk 2002 – Sponsors & Anonymous Contributions	2002		1.560
5	New Zealand Government		US$53000	0.053
6	Australian Government		US$64000	0.064
7	Dr. Frederik Paulsen Foundation		US$99945	0.099
8	Mr. Andrew Evans, Canada		US$50000	0.050
9	Mr. Madanjeet Singh		US$50000	0.050
10	Dr. Franz H. Rhomberg		US$39000	0.039
11	Private Sector fo Bhutan		US$36000	0.036
12	Schools in Bhutan		US$35000	0.035
			Total:	17.087

5. After the initial enthusiasm, contributions began to slow down. By 2002, growth of the BHTF had almost come to a standstill[7]. The then Health Minister, Lyonpo Sangay Ngedup, sensed some degree of donor fatigue. Funds were not growing as they had expected. So, they needed to do something out of the

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[7] The Bhutanese; Move for Health Walk with 'Invest in Health' theme to be held on 11th October, 2014 April, 10, https://thebhutanese.bt/move-for-health-walk-with-invest-in-health-theme-to-be-held-on-11th-october/

extraordinary[8]. In the same year, the World Health Organization (WHO) had given a "Move for Health" call to highlight the importance of life style for good health. This fact appears to have contributed to the Health Minister's idea of a cross country "Move for Health" walk in Bhutanese Himalayas to rally support for BHTF. The walk from the eastern tip of the country to the capital, the Minister thought, would make news and attract attention and hopefully sympathy also, for the BHTF. It would mean hiking across the kingdom along the ancient trail, covering a distance of approximately 560 Kms. Main purpose of this Move for Health Walk was to highlight the importance of physical exercise for health, in line with 2002 World Health Day theme, and in addition to raise funds for the BHTF.

6. This was a time when the Ministers were nominated by His Majesty the King of Bhutan. Full democracy ushered in 2008 was about six years away. The Move for Health walk by the then Minister for Health received Royal sanction. His Royal Highness the then Crown Prince Dasho Jigme Khesar Namgyel Wangchuk (the present King) flagged in the Health Walk, on 10th October 2002 at the Changlimithang Stadium in Thimphu.

7. All individuals, families, communities, organizations, countries and regions worldwide were invited to sponsor this test of endurance. Sponsorship was sought kilometre by kilometre, hour by hour (150 hours) or day by day for the long and strenuous walk[9].

Figure 2 Google map snippet of Trashigang to Thimphu by walk.
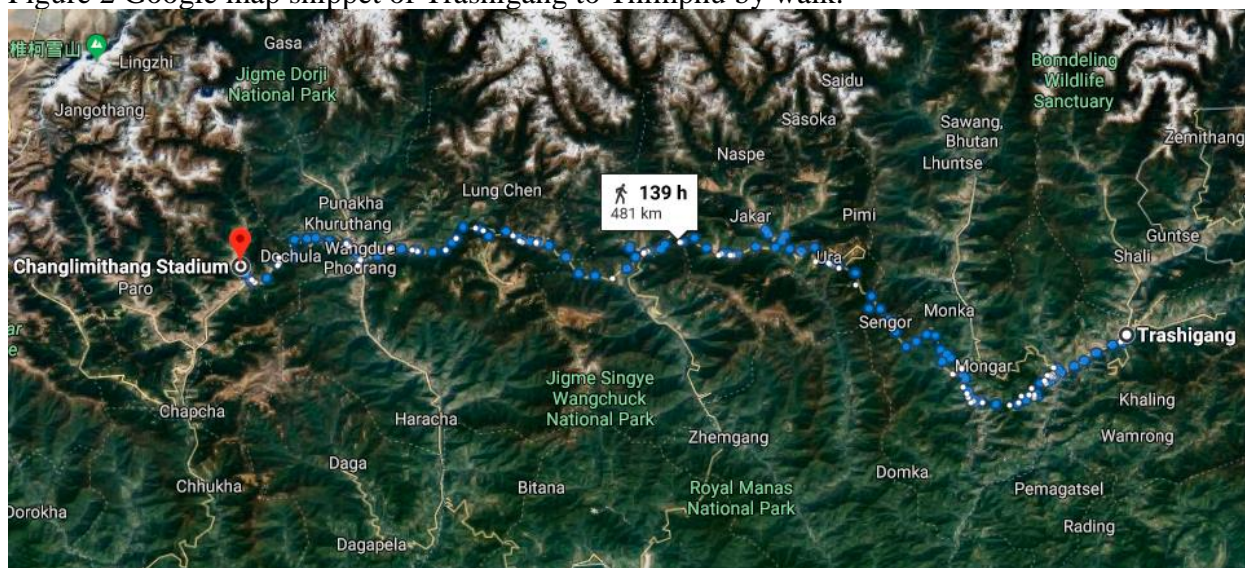
8. Dr. Sangay Thinley, the Health Secretary, RGOB visited New York, in first week of August, to rally support and garner sponsorships for the walk. Along with Ambassador Om Pradhan, Bhutan's envoy to the UN, Dr. Thinely met business leaders, doctors, sports organisers and various other friends of Bhutan, and

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[8] https://www.youtube.com/watch?v=Ow5mssWTa-c, accessed on 10 October, 2019.
[9] https://archive.is/20020603122332/http://www.move4health.gov.bt/

sought their support for sponsorship of parts of the Health Walk being undertaken by the Health Minister[10].

9. Six officials volunteered to join the Minister. The seven-member Health Walk Team started taking a two hour walk every day. On weekends and holidays, the team tested nearby hills surrounding the capital city. and the nearby districts. After nearly five months of preparation, early on the morning of 25th September, 2002, the Health Walk Team trekked down from the ancient fortress in Trashigang to the starting point of the journey, a bridge on the main lateral east west highway. Hundreds of support workers accompanied the team. The local population had assembled at the bridge to bid farewell to the team and give their contributions for the BHTF. The journey took them through thick forests, treacherous river crossings, leach and insect infested pads. The walkers crossed several difficult mountain passes, on their way. The team braved wild animals, high altitudes and some of the most remote terrain in the world during the gruelling 15½ day trek. On October 10th 2002, the team entered the capital, Thimphu. The Health Walk Team members were felicitated by HRH the Crown Prince, other members of the Royal Family, the Prime Minister, Ministers, Government officials and residents, amidst festivities at the Changlimithang Stadium in Thimphu.

10. The Move for Health Walk was an important milestone in health advocacy. The health walk team stopped at villages, health centres and schools. They explained to students and farmers the reason for undertaking the walk. The Minister advocated healthy life style and how prevention can minimise health expenditure. Simple messages like hand wash for prevention of diseases were propagated. Their slogan was how a small action by each and every one can save large healthcare expenses for the country. The Minister emphasised to people on the way that any contribution by them will give people a sense of ownership of the BHTF.

11. Local and international media covered the journey and highlighted the messages. The walk created awareness and revived the initial capitalization of BHTF. Government organizations, international agencies, the diplomatic community, individuals, business houses, families and NGOS contributed to the health trust fund. About Nu 78 million (US$1.56M) was raised for the Bhutan Health Trust Fund[11],[12],[13].

12. By 2003, BHTF principal had reached USD5.0 million, satisfying the Royal Charter criteria for operationalisation.

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[10] Crossette Barbara. Long Hike and Yetis, Too? Abominable; Bhutan Official Seeks New York Sponsors for a Himalayan Walk. The New York Times. New York; 2002 Aug 7; B.

[11] Choden Tashi. Traditional Forms of Voluntarism in Bhutan. Thimphu, Bhutan: The Centre for Bhutan Studies; 2003.

[12] Jill McGivering, BBC South Asia correspondent Bhutan health walk nets reward, 2002, Dec 24, http://news.bbc.co.uk/2/hi/south_asia/2603885.stm.

[13] In 2015, WHO SEARO conferred the Excellence in Public Health awards to Mr Lyonpo Sangay Ngedup from Bhutan for his path-breaking intervention and contributions towards establishment and initial capitalization of BHTF. WHO SEAR/PR/1611, http://www.searo.who.int/mediacentre/releases/2015/1611/en/

13. By 2009, the contributions to the Trust Fund had reached US$ 23.7 million, falling short by US$ 300,000 from the initial target of 24 million. Government of Norway, who had contributed to creation of the trust fund with a US$1.0 million initial contribution, decided to fill in the short fall by making an additional contribution of US$0.3 million, by December, 2009[14].

14. Thus, the initial capitalization target of US$ 24 million was reached in the financial year 2009-10.

B. Follow-on Capitalization:

1. By about 2009, the momentum for mobilization of capital contributions to BHTF had dissipated, necessitating additional grant from NORAD to fulfil the initial capitalization target. This situation continued until 2012-13. No funds were raised during 2011-12 and 2012-13. There was no fundraising event in this period, probably because, the initial capitalization target had been met.

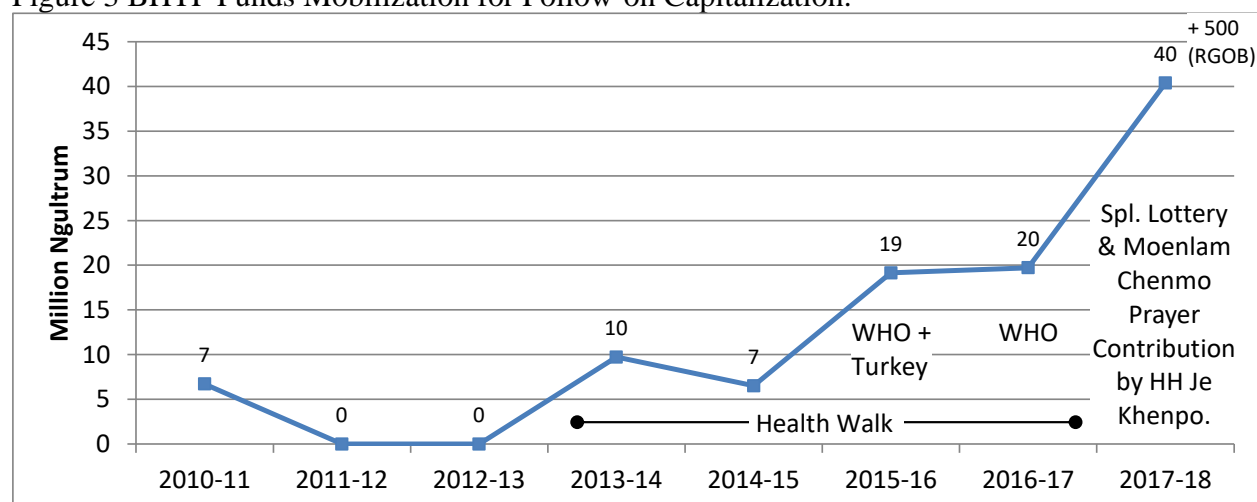Figure 3 BHTF Funds Mobilization for Follow-on Capitalization.

Table-2: Follow-on Capitalization of BHTF (All figures in Ngultrum)

Financial Year	Health Walks			BHTF Spl Lottery	Moenlam Chenmo	Occasional Donations	RGOB	Bi & Multi lateral
	Thimphu	Zongkhags	Total					
2010-11								
2011-12								
2012-13								
2013-14	4,905,081	4821565	9726646					
2014-15	2,816,286	3698522	6514808					
2015-16	5,337,910	7332188	12670098					6469474[a]
2016-17	7,715,915	1937251	9653166					10056000
2017-18		600439	600439	29133693	10000000	648857	500000000	
2018-19						215213		350289000[b]

[a] US$50,000 from Govt. of Turkey, converted @ Nu64.08; And US$50,000 from WHO converted @ Nu65.31.
[b] US$5million HSDP grant from ADB converted @ Nu69.47; And US$40K from Embassy of China (PRC) - New Delhi, converted @ Nu73.48.

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[14] Olsen Ingval Theo. The Bhutan Health Trust Fund Review of the Norwegian contribution. Oslo: Norwegian Agency for Development Cooperation (NORAD); 2012 Apr 30.

2. Funds mobilization resumed in 2013-14 (Figure-3 & Table-2). Health walk events were organised every year, from 2013 to 2016. The amount of sponsorships and donations ranged from Nu 6.5 million to Nu 12.7 million per year. In 2017-18, two special events, helped BHTF raise Nu 40 million. The special BHTF lottery yielded an income of Nu 29 million. After the Monlam Chenmo prayers, His Holiness Je Khenpo passed on Nu 10 million out of offerings received from devotees during the great prayer.

3. In 2017-18, the Royal Government of Bhutan (RGOB) released a capitalization grant of Nu 500 million. In 2018-19, the ADB released US$ 5 million, which is the first tranche out of US$10 million grant provided for capitalization of BHTF, under the Health Sector Development Program (HSDP).

C. Revival of Health Walks & Fundraising Events:

1. The Move for Health Walks, also known simply as "Health Walks" are organised to promote health, publicise BHTF, and encourage contribution to the fund. With royal patronage, political champions at the highest level of government, various ministries, and dzongkhags rally support for the event. Governments of development partner countries, embassies, NGOs, foundations, corporations, and individual philanthropists are called upon for their support. These all contribute on a voluntary basis. The RGOB matches all contributions on a 1:1 basis.

Table-3: Overview of Move for Health Walks to raise funds for BHTF.

Year	Dates	Lead Walkers / Dignitaries	Route / Event	Funds Raised, Nu
2002	25 Sep – 10 Oct	Minister for Health and Education	Traditional route from Trashigang to Thimphu (560Km)	78,000,000
2013	19th to 20th October	Prime Minister and Health Minister	Wangduephodrang to Thimphu Clock Tower	9,726,646
2014	11th October	Prime Minister and Health Minister	Khasadrapchu Middle Secondary School to Thimphu Clock Tower	6,514,808
2015	11th October	Her Majesty Gyalyum Sangay Choden Wangchuck	Royal Thimphu College to Thimphu Clock Tower	12,670,098
2016	1st October	Prime Minister and Health Minister	Marathon from Changlimithang to Babesa, and back to Clock tower in Thimphu.	9,653,166
2017	Sep-Nov	Health walk events organised in Dzongkhags		600,439
2018	Feb 05	Prime Minister and Health Minister	Move for Health Lottery Draw, Musical Evening & Medical Expo at Clock Tower, Thimphu.	29133693

2. The first Move for Health Walk was organised in 2002, to raise contributions for initial capitalization of the trust fund. As described earlier, this was a 560 Km walk from Trashigang to Thimphu, taking about 15½ days to complete. This was a phenomenal success on several counts such as; (a) raising

awareness about the importance of healthy lifestyle and WHO's "Move for Health" call in 2002, (b) relevance of BHTF for sustainability of primary health care services in Bhutan, and (c) raising of funds to build up the initial capital for BHTF. This event generated enormous publicity and goodwill for BHTF.

3. Somehow, the momentum built by the 2002 health walk was lost and there was no such fundraising event up until 2012. In 2013, the then Health Minister, Lyonpo Tandin Wangchuk conceived of a shorter memorial version of the Move for Health Walk, to revive interest in BHTF and raise funds for it. Thereafter, health walks were organised annually, until 2016. In 2017, health walk was replaced by a Move for Health Lottery event in Thimphu, while the dzongkhags organised move for health walks as before.

4. Table-3, shows the dates of these events. The then Prime Minister (PM) and Health Minister lead the Health Walks every year. The events included speeches by the PM and Health Minister and collection of funds at various stages on the route from flag-off to flag-in.

D. Health Walk 2013:

1. Detailed information about preparation before the event is not available. Availability of "MOVE 4 HEALTH WALK 2013" brochure in Japan-bhutan Organisation website[15], indicates that bilateral, multi-lateral agencies, Bhutan friendship organisations, foundations and NGOS were approached for their support. The gathering of people, and substantive collection of contributions at flag off, en-route and flag-in points indicate wide publicity among corporates, businesses, and general public.

2. The route started from Bajo town in Wangduephodrang, proceeded to Nahi School, and then on to Helela, where the walkers halted for the night. Next day the walk proceeded from Helela camp to Chamgang School, then to Simtokha and finally reached Thimphu Clock Tower by about noon.

3. The walk was flagged off at Bajo town by the then Prime Minister Tshering Tobgay and the Health Minister Tandin Wangchuk. The event began with Marchang ceremony. Addressing the gathering, the Prime Minister highlighted on the importance of staying healthy and reminded people to remain physically active. The Prime Minister exhorted people to contribute to the BHTF. BHTF received about Nu3.17 million contribution at this gathering.

4. Flag-in event was organized at the Clock Tower, Thimphu, along with cultural programs. The Prime Minister and Health Minister addressed the gathering. at Clock Tower. In all, about Nu 9.5 million was raised for BHTF through this health walk event.

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[15] http://www.japan-bhutan.org/wp-content/uploads/MOVE-4-HEALTH-WALK-2013.pdf
Accessed on 09 Oct 2019

E. Health Walk 2014:

1. The 2014 event was planned well in advance, as can be inferred from press releases[16] as early as April, 10, 2014, followed by news reports in September, 2014, leading up to the Health Walk on 11th October, 2014.

2. The route from from Khasadrapchu Middle Secondary School (Flag Off) to Thimphu, Clock Tower (Flagg in) was chosen. The theme was Move for Health: Invest in Health and Sustain Healthcare. Logistics support to ferry participants the flag off event was arranged by Bhutan Post. An open appeal has been made to all individuals, families, communities, foundations, organizations, countries and regions worldwide to contribute generously to Bhutan Health Trust Fund. The fact that donations made to BHTF are tax deductible, was highlighted.

3. The Prime Minister, Tshering Tobgay, led the health walk from Khasadrapchu till the Clock Tower Square, in the capital. The Opposition Leader, some of the Cabinet Ministers, Members of the Parliament and the senior government officials also joined hundreds of other participants for the walk. Addressing the gathering, Prime Minister spoke on the importance of healthy lifestyle.

4. At the clock tower square, various organizations, agencies, ministries and individuals handed over their donation for the Bhutan Health Trust Fund. This year's event could raise about Nu 6.5 million for BHTF.
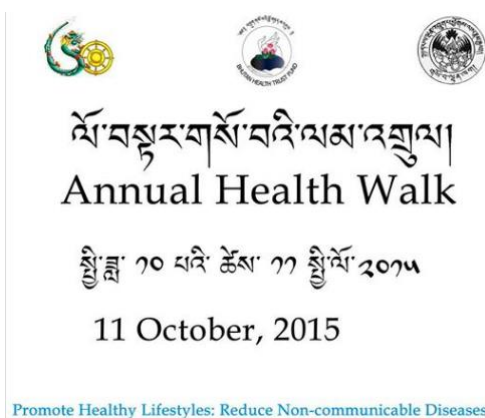
F. Health Walk 2015:

1. The 2015 Health Walk was synchronised with commemoration of 60th birth anniversary of The Fourth Druk Gyalpo. The celebrations offered an opportunity for past and potential foreign donors to visit Bhutan and witness the impact of their contributions towards healthcare for people. The MOH and BHTF organized several programs over a week-from 9th to 14th October, 2015.

2. On 9th October, donors and well-wishers were shown the functioning of Primary Health Care System. Discussion on Bhutan's Health System was organized in Paro. On 10th October, donors and guests were taken on aerial tour of Bhutan to see for themselves the difficulties of accessing scattered habitations, given the geographical terrain.

3. The nationwide health walk on October 11 was a part of this week-long commemoration. The walk was flagged-off from Royal Thimphu College and flagged-in at the Clock Tower. Bhutan Post provided free shuttle services to ferry people from and to the event. Health Walks were organized in all Dzongkhags as well. This event was labelled as annual health walk, indicating BHTF intention, at the time, to hold such Health Walks every year.

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[16]The Bhutanese; Move for Health Walk with 'Invest in Health' theme to be held on 11th October, 2014 April, 10, https://thebhutanese.bt/move-for-health-walk-with-invest-in-health-theme-to-be-held-on-11th-october/; & The Bhutanese; Bhutan Health Trust Fund to do a move for health walk next month, 2014 Sep 27. https://thebhutanese.bt/bhutan-health-trust-fund-to-do-a-move-for-health-walk-next-month/

ཕོ་བསྐྱར་གསོ་བའི་ལམ་འགྲུལ།
Annual Health Walk

སྤྱི་ཟླ་ ༡༠ པའི་ཚེས་ ༡༡ སྤྱི་ལོ་ ༢༠༡༥

11 October, 2015

Promote Healthy Lifestyles: Reduce Non-communicable Diseases

4. Her Majesty the Queen Mother Sangay Choden Wangchuck graced the occasion. Hundreds walked from Royal Thimphu College to clock tower square.

5. At the clock tower square, various organizations, agencies, ministries and individuals donated money for the Bhutan Health Trust Fund. About Nu 12.06 million was raised for BHTF.

6. On 12th October, a display of Bhutanese traditional medicine system was organized a the Lamperi Botanical Park.

7. On 13th October, donors were shown around the District Health System in Punakha.

8. On 14th October, a thanksgiving event for foreign donors of the Bhutan Health Trust Fund (BHTF) marked the formal launch of the trust fund's financing of essential drugs and vaccines[17].

G. Health Walk 2016:

1. The first announcement for the commemorative Move for Health Walk was through a Facebook posting on 15th September, 2016. Theme was "Health is Wealth. Share Your Wealth." The 2016 Health Walk was a marathon on 1st October, from the Changlimithang parking area to Babesa and then back to the Clock Tower Square in Thimphu. The marathon was organized in collaboration with the Bhutan Amateur Athletic Federation (BAAF). The following two options were available to participants.

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[17]MOH News, 2015, Oct, 08: Bhutan Health Trust Fund will finance essential medicines & vaccines to commemorate the 60th birth anniversary of fourth Druk Gyalpo.

   a. Open Competition (12 KMs for both genders from Changlimithang parking to Babesa zero point then back to clock tower square

   b. Veterans Category (Above 55 Years- 6 KMs for both genders, from Changlimithang Parking Area to Olarongchu then back to Clock Tower)

2. As part of the event, various health related activities including health-screening, treatment services, and a health exhibition were organised at the Clock Tower to advocate healthy lifestyles to promote BHTF ownership and solicit voluntary donations.

3. The Prime Minister and the Health Minister graced the occasion. Addressing the gathering, the Prime Minister informed about BHTF role in paying for procurement of vaccines and essential medicines. Lyonchoen said that it is the responsibility of the Bhutanese to take care of their health and not take the free health care services for granted. He stressed on the importance of healthy eating and physical activities. He appreciated popular support for BHTF, and exhorted everyone to strengthen the trust fund, to minimise uncertainties in future and sustain Primary Health Care[18].

4. Prizes were awarded to the three marathon winners and donors were issued certificates of appreciation, amidst cultural programs. Prizes to winners of marathon were sponsored by various pharmaceutical & medical suppliers in Bhutan[19].

5. BHTF accepted donations throughout the day, raising about Nu9.6 million.

H. Move for Health Special BHTF Lottery, 2018:

1. In 2017 special BHTF lottery was organised, tacitly discontinuing the memorial health walk. The special lottery was named "Move for Health Lottery". As the decision to discontinue memorial health walk was not formally announced, various district administrations (dzongkhags) continued to organise health walks in 2017 and together contributed about Nu 600 thousand to BHTF. The BHTF accounts do not show any receipts from dzongkhags, during financial year 2018-19, indicating discontinuation of district level health walks from 2018.

2. Bhutan Health Trust Fund (BHTF) organised the Move for Health Special Lottery in collaboration with Bhutan Lottery Limited. A total of 300,000 tickets (15,000 booklets) were printed. Each ticket was priced at Nu 300. First, second and third prize money was set at Nu 5, 2 & 1 million respectively. The estimated income from the sale of all booklets after deducting prize money and expenses, was about Nu 70M, if all the tickets were to be sold. It was estimated that a Move for Health Lottery every year would raise about Nu 20 million per annum for BHTF.

3. The lottery is distributed through ministries, dzongkhags, thromdes, other agencies and regular lottery agents. Lottery ticket sales started from 1st

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[18] Dechen Tshomo http://www.kuenselonline.com/move-for-health-walk-collects-more-than-nu-7-3m/
[19] BHTF Facebook, date 4th October, 2016: BHTF https://www.facebook.com/bhtf97/posts/bhtf-expresses-its-deepest-gratitude-to-the-honourable-prime-minister-of-bhutan-/1213443968719981/

November 2017. By 1st February, 2018, BHTF had sold about 90,000 tickets worth Nu 27 million, excluding the sales through lottery agents and in some dzongkhags for which sales data had not reached by this date.

4. Lottery was drawn on February 5, 2018, in a special public function organised at Clock Tower square in Thimphu. The Prime Minister and Health Minister attended the event at Clock Tower, spoke about efforts to sustain primary health care services in Bhutan and role of BHTF. The ADB's Resident Representative to Bhutan was also present. During the event, the move for health special lottery draw was held and results declared. About Nu 38 million worth of lottery tickets were sold since November 2017, till the time of draw. The net income was about Nu 29 million, after prize money and expenses[20].

5. As part of the event, a three-day medical expo was opened at the Clock Tower Square to provide a platform for pharmaceutical suppliers of Bhutan and manufacturers and distributors of medical products from neighbouring countries like Thailand, Nepal and India. It was expected that the medical expo would build relationships and businesses as well as showcase advancement in medical technology and services. The medical expo was organised in collaboration with the Bhutan Chamber of Commerce & Industry (BCCI).

6. Announcement of the special lottery in BHTF's Facebook page, on 13th November, 2017, generated comments from 56 persons. At least 20 of them appreciated the idea of a special lottery to raise funds for a laudable cause like that of the BHTF. All of these Facebook users were from within Bhutan. The remaining comments were about logistics of getting the tickets, announcement of results etc. No adverse comment or criticism of the lottery in the Facebook page.

7. However, the special lottery event appears to have generated some controversy. Some people perceived it as a political campaign and some others thought this would benefit a few individuals. An editorial[21] in Kuensel, on 2nd February, 2018, referred to this kind of dissenting opinion and argued in support of the lottery as a means to raise funds within the country for sustaining procurement of essential medicines and vaccines.

I.   Fund Mobilization Effort through Friendship Associations:

1. A delegation headed by the chairperson of BHTF, Lyonpo Tandin Wangchuck was in South Korea from 21st August 2016 till 26th August 2016. The aim of the trip was to mobilize funds and link BHTF with similar institutions in South Korea. The trip was organized by the Chairman of Korea Bhutan Friendship Association (KBFA), Mr. William Lee. The WHO Country Office in Bhutan

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[20]Dechen Tshomo, Kuensel, Health trust fund doubles to Nu 3.3B, 2018 Feb 6,
http://www.kuenselonline.com/health-trust-fund-doubles-to-nu-3-3b/
[21] Kuensel; Editorial - Sustaining free healthcare everyone's responsibility, 2018 Feb 2,
http://www.kuenselonline.com/sustaining-free-healthcare-everyones-responsibility/

funded the visit[22].

2. The team met with organizations in various fields- legislative, executive levels of government, politicians, non-profit organization, religious body, charity foundation, private sectors, media and pharmaceutical companies. The delegation discussed areas of mutual interests like sustainability of free health care services. Since BHTF is financing essential drugs and vaccines for Bhutan, the delegation requested its counterparts about possible assistance to BHTF in any form so that the BHTF becomes sustainable. With the help of KBFA, the delegation was promised scholarships for medical professionals, scholarships for BHTF's investment division, donation of medicines and vaccines, referral of Bhutanese patients to South Korea, special health care projects, religious and cultural collaboration, and strengthening relationship between South Korea and Bhutan.

3. KBFA promised support towards generation of donations to BHTF by accessing government and philanthropists, in addition to medical treatment for Bhutanese patients, training of medical students and health care personnel, tourism etc. The BHTF opened an overseas bank account in Korea to channel donations from South Korea. However, South Korean funds for BHTF are yet to materialise.

J. Who Contributes to BHTF?

1. Donors data available with BHTF from 2013-14 onwards was analysed. Each contribution was assigned a source category, based on the available name or description of donors, and personal knowledge of BHTF. The source categories are described below.

   a. Associations include the 1980's Tshogpa and the Bhutan Film Association

   b. Businesses include, various pharmacies, medical suppliers, tour operators, hotels, and shops.

   c. Corporates include Druk Holding Institution and Investments, Druk Air, Bhutan Telecom, Bhutan Tourism, various banks and financial institutions in Bhutan, construction companies, and other industries

   d. Anonymous staff contributions: These are contributions be employees in the formal sector, including various ministries of RGOB, Government Offices, Statutory Bodies, Financial Institutions, Corporate Offices. Although volunteers and organisers in respective contributing offices may maintain their lists, their total contributions are transferred to BHTF as a lump sum.

   e. Educational Institutions: These are anonymous personal donations collected by respective schools from their student and staff.

   f. Anonymous Public Donations / Lottery: These are contributions received through donation boxes or into the BHTF account for which identity of the donor

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[22] @bhtf97 Facebook posting dated 21 September, 2016; BHTF Report on visit to South Korea, 20-28 August 2016 for website; and http://www.health.gov.bt/a-successful-fund-mobilization-and-institutional-linkage-trip-to-south-korea-for-bhutan-health-trust-fund-bhtf-21-28-august-2016/

was not available. Proceeds from sale of special BHTF lottery tickets are also included here.

g. Named Personal Donations: These are donations from 116 persons, whose names are identified in BHTF accounts.

h. International foundations: These are philanthropic organizations based in foreign countries, interested in conservation of environment, primary health care or otherwise sympathetic to development of Bhutan. Some of them may have an office in Bhutan while others might have supported projects in Bhutan.

i. Dzongkhags: Funds raised by each of the 20 district administrations are transferred to BHTF in lump sum. Details regarding the ultimate source of contributions for these amounts are not available with BHTF. It is reasonable to assume that the pattern of contributions from various sources would be more or less similar to donations received at the national.

Table-4: Sources of Contributions to BHTF from Special Events

Source	2013-14	2014-15	2015-16	2016-17	2017-18	Total	%	% Excluding Dzongkhags & Foundns.
Associations	167279			20000	40057	227336	0.29	0.40
Businesses	250055	71501	298780	160000		780336	0.99	1.36
Corporates	1,697001	730000	400000	6525000		9352001	11.85	16.29
Religious Org. & Monastic Edu Inst.	50000	26932	200000		10000000	10276932	13.02	17.90
Anonymous Staff Contributions	1780155	912060	649367	471607		3813189	4.83	6.64
Edu. Inst. (Schools)	105000	16300		55901		177201	0.22	0.31
Anonymous Public Donations / Lottery	195565	2180	2256	10572	29133693	29190766	36.97	50.84
Named Personal Donations	809416	1100429	609177	472835	608800	3600657	4.56	6.27
International Foundations	30660		3,178330			3208990	4.06	Excluded
Dzongkhag Lump Sum	4795015	3655406	7332188	1937251	600439	18320299	23.21	Excluded
Total	9726646	6514808	12670098	9653166	40382989	78947707	100	99.99

2. Table-4 gives an overview of contributions to BHTF during the five year period from 2013-14 to 2017-18. Roughly about 77% of funds was raised at the national level. The 20 dzongkhags (Figure-4) contributed the remaining 23% of total funds raised in this period. Amounts received by BHTF from the dzongkhags include contributions from staff in district & regional offices of government and corporates, religious and monk bodies, businesses, contractors, community leaders, schools, anonymous public contributions from gewogs and through donation boxes. The dzongkhags played an

important role in sale of special lottery tickets. However, details of lottery ticket sales at the national level and through dzongkhags is not available. The total income from special lottery is included in calculating share of funds raised at the national level and the dzongkhags. Hence, the actual share of funds raised through dzongkhags would be higher than the above estimate.

Figure 4 Funds Raised in Dzongkhags (Districts) for BHTF, 2013-14 to 2017-18
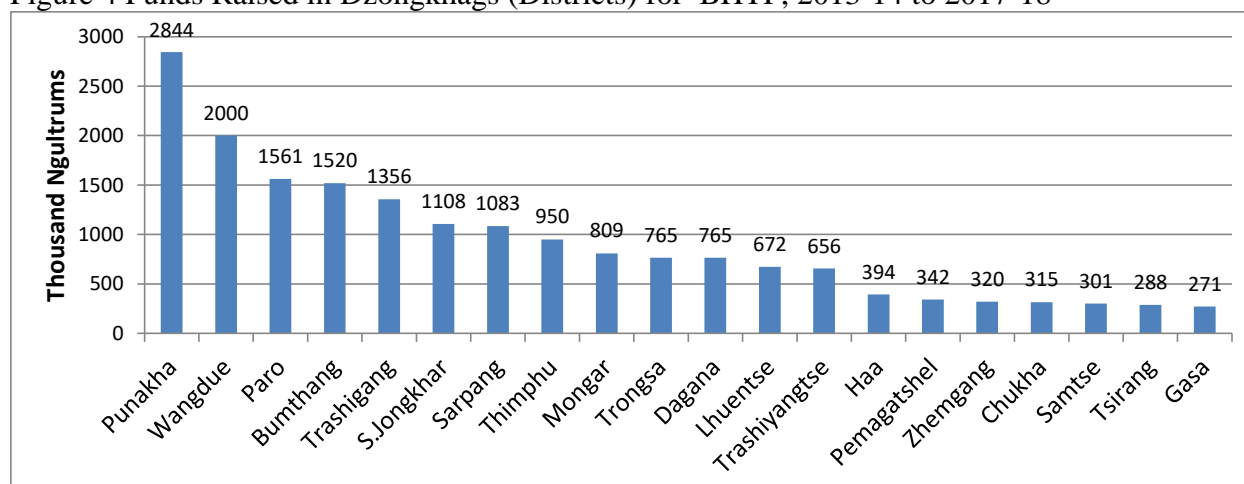
3. As the lump sum receipts from the districts represent contributions from sources similar to national receipts, the last column in Table-4 shows percentage contributions from various donor categories, excluding the receipts from international foundations and dzongkhags. The figures are a more realistic estimate of the overall percentage contributions to domestic fundraising from respective donor categories. Thus, about 51% of funds were raised from general public mostly through sale of lottery tickets, and some collections through donation boxes. Corporates, businesses, and associations operating in Bhutan contributed about 18%. Religious organizations and monastic institutions contributed 18%. The balance 13% contributions came from personal contributions, including anonymous staff contributions, named personal contributions, and anonymous contributions collected by educational institutions.

4. The corporate donations to BHTF during this five year-period, came from 25 corporations (Table-5). All corporate donations were received during the four years coinciding with the Health Walk events. There was no corporate donation in 2017-18, as the primary fundraising event in this year was the special lottery. Total corporate donations during the four-year Health Walk period was Nu9.25 million. Most (96%) of the donations were from 20 Bhutanese corporations and the remaining 4% donations came from five Indian companies.

Table-5: Corporate Donors to BHTF, 2013-14 To 2016-17

Sl	Donor Company	Country Affiliation	Contributing Years	Amount, Nu
1	Druk Holding and Investments (DHI)	Bhutan	2014-15, 2015-16, 2016-17	6,525,000

Table-5: Corporate Donors to BHTF, 2013-14 To 2016-17

Sl	Donor Company	Country Affiliation	Contributing Years	Amount, Nu
2	Thimphu Thromde (Municipal Corporation)	Bhutan	2013-14, 2014-15, 2015-16, 2016-17	601,500
3	Bhutan Tourism Corporation	Bhutan	2014-15, 2015-16	200,000
4	Druk Air	Bhutan	2013-14	200,000
5	Jai Prakash Associates Limited	India	2013-14	200,000
6	Galingkha Group of Companies	Bhutan	2013-14, 2016-17	170,000
7	Bank of Bhutan	Bhutan	2013-14	150,000
8	Royal Insurance Corporation. of Bhutan Ltd (RICBL)	Bhutan	2014-15, 2016-17	150,000
9	Bhutan Development Bank Ltd.	Bhutan	2013-14, 2014-15, 2015-16	135,000
10	T & K Construction	Bhutan	2013-14, 2015-16	101,000
11	Bhutan Insurance Limited	Bhutan	2013-14	100,000
12	Bhutan Telecom Ltd.	Bhutan	2013-14	100,000
13	Palden Group of Companies	Bhutan	2013-14	100,000
14	Jigme Industries	Bhutan	2014-15	100,000
15	Hindustan Construction Company	India	2013-14	51,001
16	Gamon India Limited	India	2013-14	51,000
17	Larsen & Toubro Limited	India	2013-14	51,000
18	Natl Housing Dev Corpn (NHDCL)	Bhutan	2013-14	50,000
19	Natural Res Dev Corpn (NRDCL)	Bhutan	2013-14	50,000
20	Bhutan National Bank Ltd.	Bhutan	2013-14	50,000
21	Rinson Construction	Bhutan	2013-14	50,000
22	State Trading Corporation	Bhutan	2015-16	50,000
23	Druk Punjab National Bank	Bhutan	2014-15	30,000
24	Kuensel Corporation Ltd	Bhutan	2016-17	30,000
25	Nima Group of Companies	Bhutan	2015-16	25,000
26	T Bank Ltd	Bhutan	2016-17	25000
27	WAPCOS Limited	India	2013-14	6500
	Total			9,352,001

5. Monlam Chenmo (The Great Prayer Festival) is observed for one or two-weeks every year. It's main purpose is to pray for the long life of all the holy Gurus of all traditions, for the survival and spreading of the dharma in the minds of all sentient beings, and for world peace. The prayer is for the good of all beings, human beings, and the whole animal kingdom throughout the world. His Holiness Je Khenpo, Chief Abbot of Bhutan, regularly conducts Monlam Chenmo rotating within the Dzongkhags. Devotees from all over the country join the prayers and offer donations to monastic bodies. On 27th November, 2017, after completion of the Monlam Chenmo, HH Je Khenpo donated Nu10

million from out of the prayer offerings, to the BHTF. In addition, religious and monastic bodies contribute to BHTF either directly or through respective dzongkhags. These donations include staff contributions from monastic institutions, monks, and parts of prayer money.

6. Anonymous Staff Donations: Staff in about 55 offices collected donations and passed on their contributions in lump sum to the BHTF. Table-6 shows the list of 15 offices from which total staff contributions to BHTF during the four-year period was more than Nu50000. There was no staff contribution to BHTF during 2017-18.

Table-6: Offices Donating More Than Nu50,000 Anonymous Staff Contributions to BHTF, During 2013-14 To 2016-17.

Sl	Organization / Office	Contributing Years	Ngultrums
1	Punatsangchu Hydro Power Authority	2013-14	641220
2	Ministry of Health	2013-14, 2014-15, 2015-16 & 2016-17	637392
3	Royal Bhutan Police	2014-15, 2015-16 & 2016-17	393465
4	Ministry of Economic Affairs	2013-14, 2014-15 & 2015-16	250250
5	KG Univ. of Medical Sciences of Bhutan	2013-14, 2014-15, 2015-16 & 2016-17	241836
6	Ministry of Labour & Human Resources	2013-14, 2014-15, 2015-16 & 2016-17	221505
7	JDW National Referral Hospital	2014-15, 2015-16 & 2016-17	205000
8	National Land Commission	2013-14	140001
9	Royal Audit Authority	2013-14	111111
10	National Assembly of Bhutan	2013-14, 2014-15 & 2015-16	110900
11	Election Commission of Bhutan	2014-15 & 2015-16	110000
12	Ministry of Education	2014-15	83450
13	Ministry of Finance	2013-14 & 2015-16	55668
14	Bhutan Milk and Agro Industry	2013-14	50000
15	Ministry of Works & Human Settlement	2013-14	50000

7. Five schools, namely; Druk School, Ugyen Academy School, Pelki High School, Kelki Secondary School and Nahi School collected donations for BHTF. Total contributions from these schools was Nu 177201, which is 0.22% of the total donations received during the period.

8. Named Personal Donations: About 114 persons have donated to BHTF during 2013-14 to 2018-19. Some of them donated more than once. Table-7 shows names of 11 persons who have donated Nu 50000 or more during this period.

9. Substantial contributions to initial capitalization, by several international philanthropic organizations have been described earlier. Three International Foundations contributed to follow-on capitalization of BHTF during the period 2013-14 To 2017-18. The Bhutan office of Helvetas of Switzerland, contributed US$500 (BTN30600) in 2013-14. In 2015-16, the EcoCap Movement of Japan contributed ¥ 5 million (BTN2711131). In the same year, the Helping Hands Health Foundation, Boulder, CO, USA, have contributed

US$7000 (BTN467199). Total contributions from these three foundations was Nu 3.2 million, which works out to 6.4% of the total funds raised by BHTF during this period.

Table-7:Offices With More Than Nu50,000 Anonymous Staff Contributions to BHTF, During 2013-14 To 2018-19.

Sl	Donor	Contributing Years	Ngultrums
1	Yum Thuji Zam	2014-15, 2015-16, 2016-17 & 2017-18	1,311,477
2	Mr. & Mrs Umezawa, Japan	2016-17, 2017-18 & 2018-19	650,500
3	Dasho Ugyen Tshechup Dorji	2013-14, 2014-15 & 2015-16	603,000
4	Ex Lyonpo Sangay Ngedup	2013-14, 2014-15 & 2015-16	377,509
5	Omtay Penjor and Aum Phub Zam	2013-14 & 2015-16	200,000
6	Ms. Damcho Choden, Lhaimetog Exports & Imports	2015-16	100,000
7	Mr. Alan C. McNabb & Mrs. Charity Appell McNabb; Director of Bhutan Oral Literature Project	2015-16	66,000
8	Mr. Takashi Nomura, Japan	2013-14	59,100
9	Mr. Tetsuya Sasatani, Japan	2013-14	59,100
10	Chaku and Kinley Pem	2013-14	50,000
11	Lt. Tshering Norbu C/o Mr. Dorji Pavo, PHPA	2017-18	50,000

10. In addition to cash contributions, certain associations, businesses and corporates contribute in kind for organization of the fundraising events. For example, a steel and wood industry contributed five donation boxes worth Nu17500, and several pharmacy and medical supply agencies donated various items worth Nu 76917 to be distributed as prizes on the occasion of 2016 Health Walk[23].

K. Country Affiliation of Contributions to BHTF:

1. As shown in Table-8, 61% of follow-on capital contributions were mobilized from within the country, and 38% was grants, mostly from ADB and some from WHO. Only 1% follow-on capital contributions could be raised from sources with affiliations in 8 countries. More than half [60% (0.6 out of 1%)] of the contributions from the 8 foreign countries were bilateral assistance from respective governments in two countries, namely the China and Turkey. Only 0.4% contributions came from business, foundations or philanthropists in foreign countries.

Table-8: Country Affiliation of Contributions to BHTF during 2013-14 To 2018-19

Country	Government & Multilateral	Business & Corporate	Foundations	Personal	Others	Total, Nu	%
Bhutan	500,000,000	9,384,056		2,942,344	62,114,986	574,441,386	60.72

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[23] BHTF Facebook posting dated 15th September, and 4th October, 2016.

Table-8: Country Affiliation of Contributions to BHTF during 2013-14 To 2018-19

Country	Government & Multilateral	Business & Corporate	Foundations	Personal	Others	Total, Nu	%
Canada				17,133		17,133	0
China	2,939,000					2,939,000	0.31
India		359,501				359,501	0.04
Japan			2,711,131	780,890		3,492,021	0.37
Switzerland			30,660			30,660	0
Thailand				240		240	0
Turkey	3,203,974					3,203,974	0.34
USA		288,780	467,199	66,000		821,979	0.09
WHO & ADB	360,671,500					360,671,500	38.13
Total	866,814,474	10,032,337	3,208,990	3,806,607	62,114,986	945,977,394	100
%	91.63	1.06	0.34	0.4	6.57	100	

L. Key insights from follow-on capitalization experience of BHTF:

1. Royal patronage and political champions at the highest level of government play important roles towards success of fundraising events.

2. Move for Health events have emerged as a brand associated with the BHTF. The term originates from the WHO. The first Move for Health event for BHTF was launched with Royal sanction, well before emergence of formal political parties. The 'Move for Health' term lends itself to broader interpretation beyond health walks. Hence, the 'Move for Health' brand has the potential to develop as an apolitical event brand identified with BHTF and to rally all sections of Bhutanese society in support of sustaining primary health care.

3. Organisation of successful fundraising events invariably consume massive mobilization effort by almost all ministries & departments of RGOB, as well as the district administrations all over the country.

4. Continued sustenance of Move for Health or any other Annual Fundraising Event would require clearly spelt out policy and unambiguous signalling from political leadership at the highest level of government.

5. Commemorative Health Walks, could generate on average about Nu10 million. The special BHTF Move for Health Lottery could generate about Nu29 million.

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3. Fund Mobilization Experience of Other Trust Funds in Bhutan.

There are two other trust funds in Bhutan, with a reputation of successful fundraising for their respective missions, namely; (a) the Bhutan Trust for Environmental Conservation (BTFEC), and (b) Bhutan for Life (BFL).

A. Bhutan Trust Fund for Environmental Conservation (BTFEC):

1. The idea of an endowment for conservation of Bhutan's natural heritage was conceived in late 1980s, to address concerns about issues of financial sustainability of environmental conservation programs. The BTFEC was launched in 1991 with one million US$ donation from the World Wildlife Fund (WWF) and technical assistance from UNDP. Following the United Nations Conference on Environment and Development in Rio de Janeiro in 1992, the endowment received a US$10.0 million grant from Global Environment Facility. On 26th May, the Royal Charter of the Trust Fund for Environmental Conservation (BTFEC) was issued recognizing the agreement with donor organizations and donor countries and incorporating the BTFEC. Initial capitalization was completed by 1998 with additional US$10.304 million capital contribution from various sources (Table-9).

Table-9: Capitalization History of the Bhutan Trust Fund for Environmental Conservation (BTFEC)

Sl	Donor	Donor Type	Year of Contribution	US$
1	World Wildlife Fund	Multilateral	1992	1,000,000
2	Royal Government of Bhutan	ROGB	1992-94	17,818
3	Netherlands Govt.	Bilateral	1992-96	2,454,500
4	Norway	Bilateral	1992-98	2,688,435
5	Finland	Bilateral	1995-97	66,312
6	Denmark	Bilateral	1996	2,334,418
7	Switzerland	Bilateral	1996	2,586,207
			Total, as of 1996:	21,303,690

Source: Namgyal Tobgay S. Sustaining Conservation Finance: Future Directions for the Bhutan Trust Fund For Environmental Conservation. Journal of Bhutan Studies; 3(1/2).

2. No additional capital contribution after 1998. The BTFEC focused on prudent investment strategy and selection of a suitable fund manager. In 1996, BTFEC-Board contracted a US based professional asset manager to manage its investments. In addition, the BTFEC-Board regularly reviews trust fund's investments and performance and gives highest fiduciary attention to fund

management. In order to earn maximum returns over a long-term investment horizon, the entire trust fund endowment was invested in a mixed portfolio of global and U.S. equities (70 percent) and U.S. fixed income instruments (30 percent). The asset manager was issued prudent, board-approved investment guidelines, and performance was measured against board-approved market benchmarks.

3. Recently BTFEC has changed its Fund Manager. The new Fund Manager is UBS (which is a Swiss bank) in USA. Long term return on investments achieved by the first Fund Manager was reasonable. The Fund Manager was changed because; (a) it is desirable to change fund managers periodically, (b) there were some differences about know your customer norms and adherence to BTFEC guidelines, (c) change in US regulations affecting BTFEC option to invest in some dynamic investment opportunities and (c) adherence to BTFEC guidance about investment in stocks of firms inconsistent with Bhutan's commitment to environmental conservation values.

4. The Investment Policy was revised in 2009, and recently again in 2018. The 2018 revision incorporates guidelines for the new Fund Manager.

5. In 1999, the trust fund adopted an annual spending ceiling, with total annual expenditure to remain within five percent of the investment portfolio's cost value as measured at the end of the previous fiscal year. This enables trust fund staff to operate within a financial target, and permits re-investment of unspent investment income to hedge against inflation and continuously increase the endowment.

6. BTFEC corpus consists of US$21,303690 contributed by various multilateral and bilateral agencies between 1992 to 1996. Prudent investment & fund management helped BTFEC grow this corpus to US$ 29,896,698 by 1999, US$36.0 million by 2010, and US$70 million by 2018-19.

7. About evolution of BTFEC as Program Implementation Agency:

   a. As of 2010, the BTFEC had a small team of officers, enough to manage its investments and grant making from out of the yields of its corpus. For example; as of 2011, BTFEC had a total of 9 staff members consisting of 5 officers, and 4 support staff. The modest staff strength would not allow for assumption of additional responsibilities such as program implementation.

   b. On the other hand, mere grant making from out of the limited resources of the trust did not yield adequate engagement of BTFEC staff with the full range of environment conservation activities in Bhutan.

   c. Several environmental conservation related program, funded by various international agencies were being implemented in Bhutan. The international funding agencies generally preferred international program implementation agencies to administer their grants for specific projects in Bhutan. These international program implementation agencies adopted program management, audit practices. In return these agencies would earn about 10% of project costs towards program management.

d. If BTFEC could develop itself as a program management organisation; (a) it will simultaneously increase its engagement with a broader range of environmental conservation programs in Bhutan, (b) provide an additional source of revenue consistent with its core mission of environmental conservation, and (c) will provide an opportunity for staff to develop their capacity in best practices of program management, accounting and audit.

e. These were the three triggers that prompted the present Director to develop program management capacity in BTFEC. However, real progress in this direction was made possible with the support of various authorities in the ROGB. For example, the then Minister for Agriculture, appreciated the idea and encouraged BTFEC to connect with international agencies with plans to fund environmental conservation related projects. Senior officers in the Gross National Happiness (GNH) commission were also open to the idea of BTFEC as a program implementation agency.

f. The above activities are consistent with the purpose of BTFEC specified in article-2 of the Royal Charter of the Trust Fund for Environmental Conservation, 1996.

g. ROGB support and concerted efforts by the Director and the small team of officers to improve their skills and capacity in good program implementation and auditing practices helped BTFEC bag some projects to start with. Demonstration of good and result oriented program implantation helped build up BTFEC's reputation as a credible program implementation agency.

h. Gradually BTFEC staff strength increased to handle additional workload. Today (2019) BTFEC staff team consists of 11 officers and 7 support staff.

B. Bhutan For Life (BFL) Fund:

1. Bhutan for Life (BFL) is a transition fund based on a single closing multiparty contribution. The goal was to raise US$40-45 million. By the time of closing, the Fund reached US$43million. The Green Climate Fund (GCF) contributed US$26.6 million. The remaining amount was contributed by the World Environment Fund (WEF), the UNDP, and various Non-Govt. Organizations.

2. Contributions to BFL received fillip, from a TED talk by the former Prime Minister of Bhutan, delivered at the official TED conference in Canada in 2016.

3. BFL is a project finance mechanism to provide sustained flow of funds to effectively manage the protected areas and biological corridors.

4. The transition fund will make annual payments for development of protected areas and biological corridors, bearing most of the expenditure during initial years and gradually tapering to zero over a period of 14 years. During this period budgetary support from RGOB will gradually increase, eventually assuming responsibility for most of the expenditure. In addition, the BTFEC will also make a contribution of US$7million over 14 years. The RGOB guarantees full funding for ever.

5. The project does not envisage any follow-on capitalization of the fund. This is because the initial capital is expected to bear larger share of conservation costs in the initial years. Gradually RGOB will assume full financial responsibility for conservation of protected areas and biological corridors.

C. Key insights for BHTF, from the experience of BTFEC and BFL:

1. Both BTFEC and BFL were successful in achieving their initial capitalization target.

2. Neither BHTF nor BFL have raised any fund for follow-on capitalization. The BFL project does not specifically envisage any follow-on capitalization, as the project maintenance costs are gradually to be taken over by RGOB. The BTFEC did not take up any follow-on capitalization. BTFEC's successes are primarily; (a) prudent investment strategy, and (b) diversification as a program implementation strategy.

3. Of all the three trust funds in Bhutan, BHTF is the only fund to have taken up follow-on capitalization challenge and has been successful in achieving most of the revised capitalization target, as of now. Its challenge is how to sustain follow-on capitalization to meet the ever-increasing costs for procurement of essential medicines.
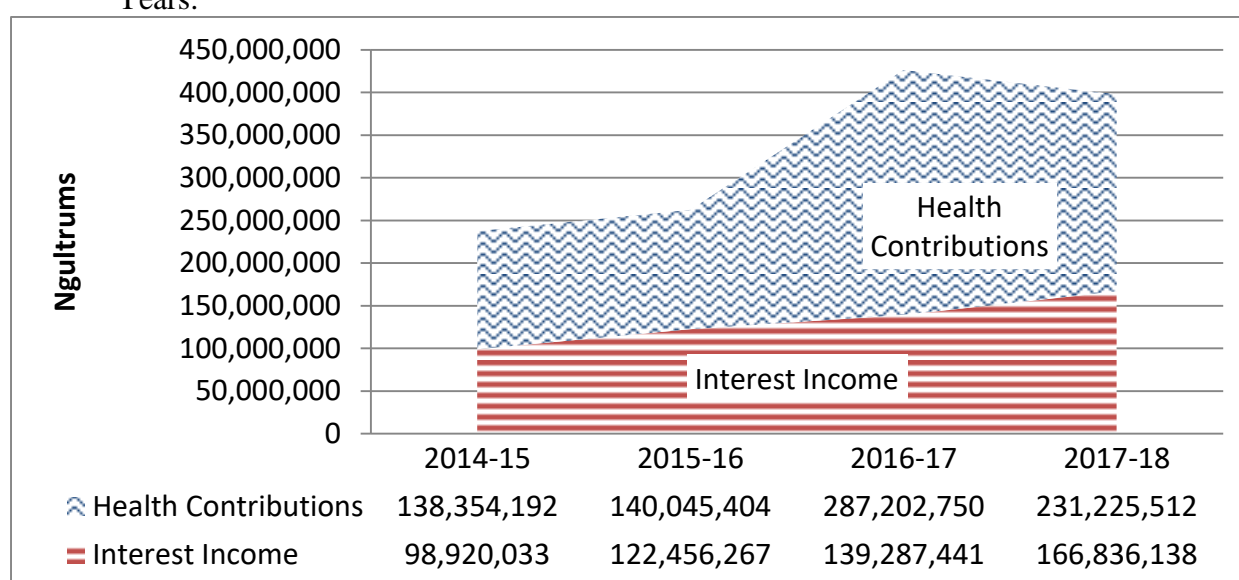
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4. Revenue Generation for BHTF.

A. Overview of BHTF - Revenue Income:

1. From 2014-15, BHTF assumed financial responsibility for procurement of essential medicines. Total cost of essential medicine is substantially higher compared with the total procurement costs for vaccines (Figure-1, page-A2). Interest income from BHTF corpus would not have sustained this substantive increase in annual expenditure. The RGOB decision to transfer revenue form Health Contributions to the BHTF, helped covering of current expenditure from revenue income. Thus, the Health Contributions are a major source of revenue income for BHTF (Figure-5).

Figure 5 BHTF Interest Income and Revenue Income from Health Contributions, in Recent Years.

|	2014-15	2015-16	2016-17	2017-18
Health Contributions	138,354,192	140,045,404	287,202,750	231,225,512
Interest Income	98,920,033	122,456,267	139,287,441	166,836,138

2. In recent years, about 53% to 67% of BHTF's revenue income comes from Health Contributions. Another small source of revenue income for BHTF has been miscellaneous income from hospitals. Thus, revenue income of BHTF consists of; (a) income from investment of capital, (c) health contributions, and (c) miscellaneous income from hospitals. Interest income from BHTF corpus is the subject of a separate study. This chapter reviews BHTF experience in generation of the other two sources of revenue income, namely; (a) Health Contributions, and (b) Miscellaneous Income from Hospitals.

B. Health Contributions:

1. The Revised Taxation Policy, 1992, specified that 1% on the gross salary will be charged as a nominal contribution towards health service provided free of cost. This 1% charge on gross salary of employees in government and corporate private sector is referred to as "Health Contribution".

2. RGOB decided to transfer Health Contribution collections to BHTF, from 2014-15. The DRC continues to collect the HC and transfers them to BHTF.

3. Figure-2 shows the annual collection of Health Contributions in recent years. Annual revenue from health contributions has increased from about Nu 105 million in 2010-11 to about Nu 225 million in 2018-19. The compound annual growth rate of Health Contributions during this period has been 9.95%.

Figure 6 Health Contribution Collections in Recent Years[24]
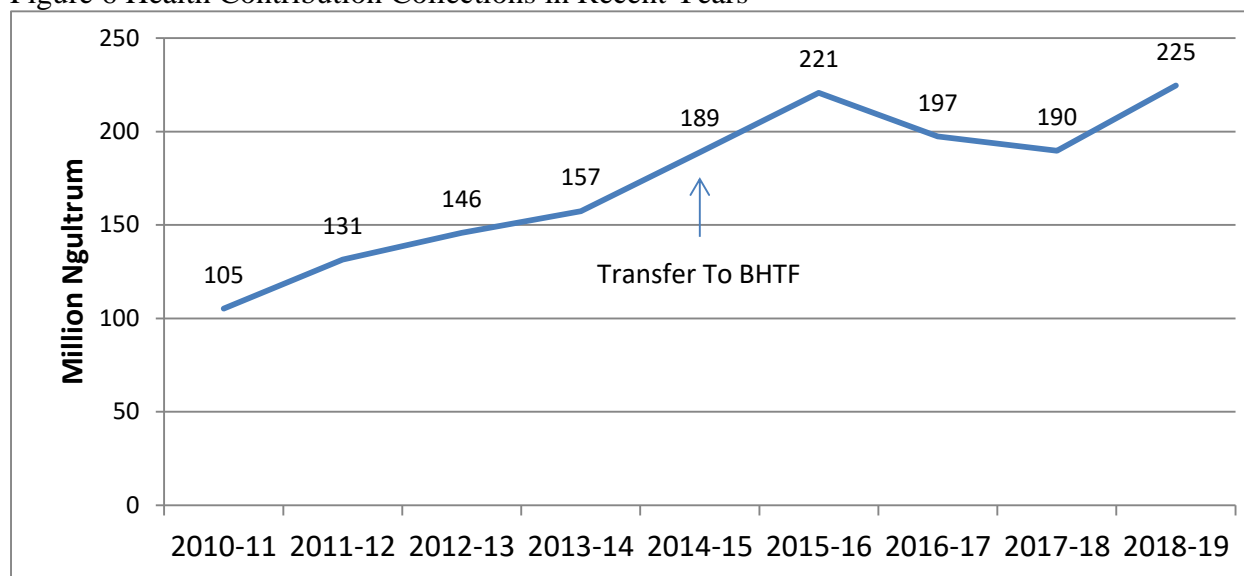
4. The Department of Revenue & Customs (DRC) under the Ministry of Finance is collecting Health Contributions (HC), on the basis of the Revised Taxation Policy, 1992 of the RGOB.

5. However, there is no legislative enactment for collection of Health Contributions. So far, no one has challenged legality of these collections in any court of law. It will be desirable to move appropriate legislation to firmly establish the legal basis for collection of HC. Another concern is the possibility of unrealistic expectations in lieu of the nominal health contribution. Formal sector employees may think the ministry of health should cover certain health care service, according to their expectation[25]. So far, no such demand has been expressed by any one. Even then, appropriate labelling of the HC is important. It should be clear to all that the HC is a contribution towards basic and primary health care services provided by the Government through various government hospitals and basic health units in Bhutan.

6. The DRC officers have noticed that many private sector firms find the transaction costs of monthly remittance of HC burdensome. As the absolute amount of HC remittance from most firms is usually small, many of them chose to remit total HC collection once a year, along with penalty. In other words, firms tend to lump deposit of health contributions deducted from their employees, to minimise the procedural and transaction costs of remittance to

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[24] Data for 2010-11 to 2013-14 taken from Table 3.13 in Thinley Sangay; Tshering Pandup; Wangmo Kinzang; et al.The kingdom of Bhutan health system review. New Delhi: World Health Organization - South East Asian Region Office (WHO-SEARO); 2017. Original source: RGOB – Dept. of Revenue & Customs (DRC) Figures for 2014-15 onwards are gathered from BHTF Accounts Section, based on amounts received from DRC.

[25]Cruz Anna Mae D. Dela . Sustaining the Bhutan Health Trust Fund. Findings from a scoping study on the BHTF. Oslo: Asian Development Bank (ADB); 2017 Sep.

the government treasury. In this regard, figure-3 shows monthly spread of health contribution collections for four recent years, 2015-16 t0 1018-19. Collections in July, i.e. first month of the financial year has been low in all years. The charts showing monthly spread of collections in 2015-16 and 1016-17 give some credence to lumping of deposit theory. However, in 2017-18 and 2018-19, monthly collections remained more or less at the same level, from second month onwards.

Figure 7 Monthly Spread of Health Contribution Collections
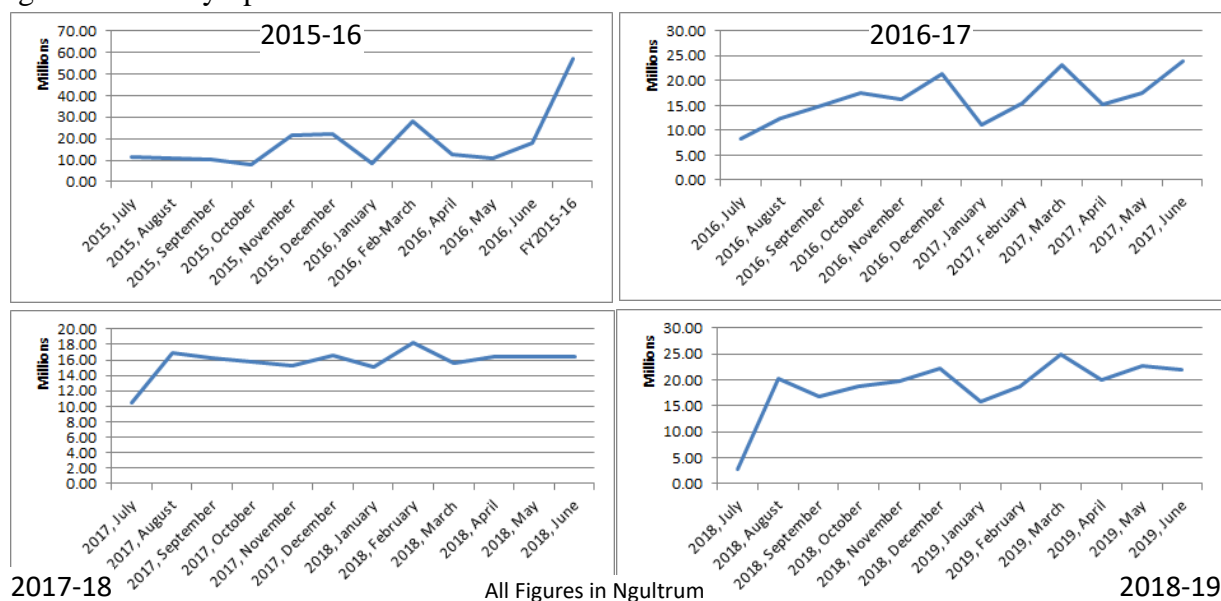
7. It would be desirable to closely study the incidence of lumping and its implications on compliance. Several factors may be at work. Differences in compliance by public and private entities need to be studied. If the compliance by private sector entities is more irregular, and the overall size of health contributions from private sector is less, the effect of lumping and irregular collections will not be visible in aggregate collections data.

8. In any case, procedural aspects of health contribution collections need to be reviewed and steps taken to simplify the business process and minimise the transaction costs of compliance.

C. Miscellaneous Income from Hospitals:

1. Starting with 2006-07 up until 2014-15, BHTF accounts show small amounts as incomes from ancillary utilities in hospitals (Table-10). Parking fees and rental income from some properties in the Jigme Dorji Wangchuk National Referral Hospital (JDWNRH) were received by BHTF from 2006-17 to 2010-11. Rental income from hospital canteen in the S. Jongkhar Hospital was received by BHTF from 2006-07 to 2014-15.

2. In terms of size these receipts are insignificant compared with investment and other revenue income of BHTF. Total of miscellaneous income over these 9 years was only 0.15% of the BHTF income during the same period. However, these receipts indicate that the idea of generating revenue for BHTF by way of

parking fees and rentals for ancillary facility in hospitals was explored for some time.

Table-10: BHTF - Miscellaneous Revenue Income

Financial Year	JDWNRH, Parking Fee	JDWNRH, Rental Income	SJongkhar H Canteen Rental	Other Misc. Income	Total
2006-07	55,362	48,000	10,010		113,372
2007-08	124,385	44,000	23,205		191,590
2008-09	100,180	90,000	25,870		216,050
2009-10	88,425	9,250	28,645		126,320
2010-11	33,450	37,000	35,790		106,240
2011-12			60,760		60,760
2012-13			45,650		45,650
2013-14			46,435	13,644	60,079
2014-15			8,430	54,281	62,711
2015-16					0
2016-17					0
2017-18					0
Total	401,802	228,250	284,795	67,925	982,772

3. Transfer of parking fees and rental income from JDWNRH to BHTF stopped from 2011-12 onwards. Receipts from the S. Jongkhar Hospitals ceased from 2015-16 onwards. These developments suggest that the idea of generating revenue income for BHTF from ancillary facilities in hospitals, such as parking fees, and rental for hospital canteens, have been dropped.

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5. Improved Communication.

A. Donor Engagement:

1. Philanthropy is voluntary action for common good, and fundraising is it's essential partner. Fundraising makes philanthropy possible by bringing together a particular cause, such as primary health care, and prospective donors who are willing to invest in the cause.

2. Community foundations need to be visible and well understood in order to successfully fundraise, be responsive to donors and the community. Community foundations must be outward-looking to attract donations and to serve community needs.

3. As a community foundation, BHTF's role is to bring people and organisations together to sustain and strengthen Bhutanese health system. As a public charity BHTF ought to channel Bhutanese value of virtuous action and selfless giving to improve people's quality of life. The BHTF should guide philanthropy such that generosity is practiced according to one's true capacity so that later on there is no regret over having overspent or overstretched one's own ability. and facilitate individuals, families, businesses and organisations to contribute towards healthcare services for the community. The BHTF manages these funds and gives out grants for procurement of vaccines and essential medicines. A successful communication strategy has to address both donor concerns and community impact of its grants for procurement of vaccines and essential medicines. Balancing and integrating the fundraising and grant making roles, is key to continued success of BHTF towards fulfilment of its core mission.

4. It is important to remember that donors have a vested interest in the affairs of the Trust Fund. The very act of making a donation creates a relationship between the donor and the Trust Fund. It would be wrong for any Trust Fund, to assume that, past or anonymous donors lose interest, once they have made their donation. Generous and selfless donors would not expect any personal return. But all donors would like to be reassured that the corpus to which they contributed is being protected and the cause for which they made a donation is being served. Anonymous donors mean to shun personal acclaim for their charity, but are concerned enough about proper utilisation. Prospective donors would not only want to evaluate relevance of the cause, but also how past donations were handled by the Trust Fund.

B. Donor Acknowledgement:

1. Prompt and meaningful acknowledgments are essential to donor satisfaction and retention.

2. Donation Receipts:
   a. A charitable donation receipt provides a documentation to the donor and serves

as a record for tax purposes. As of now BHTF is using the following stationery to issue receipts for donations.

b. Ideally, donations receipt should; (a) clearly identify non-profit tax exempt status of BHTF (Clause 4.1 of the Royal Charter), (b) non-profit & tax exemption status of BHTF granted by other countries, if any (Clause 4.2 of the Royal Charter), (c) Tax exemption of donations to BHTF under Bhutanese law (Registration No E-73 of DRC, MOF, RGOB), (d) date of receipt, (e) an expression of thanks, for example, "Received with profound thanks a sum of Nu/" as in the existing receipt, (f) amount of donation, (g) vide cash/check/online transfer reference date, from (h) donor name, (i) donor address, and (j) signature of accountant / cashier / authorised signatory. A note stating that "no goods & services has been provided in return", may help donors in certain countries and jurisdictions to satisfy their tax authorities.

c. As donation receipt is the most basic and essential acknowledgement of donor contribution, the stationery for issue of receipts may be carefully designed, to improve BHTF's visibility and convey a positive vibe to the donor. Use of appropriate imagery, fonts and colour scheme derived from Bhutanese tradition and/or unique BHTF events such as Move for Health Walks, conveying a positive sense of happiness, charity and community service will be desirable.

d. The counterfoil or carbon copy should capture donor name and address, so that acknowledgement communication, if any, can be sent later.

e. For sake of consistency, the same donation receipt stationery should be used to generate downloadable receipts for online transactions through the BHTF website.

3. Most donors expect to receive a "thank you" for any size of contribution. A prompt acknowledgement would demonstrate that BHTF appreciates a donor's generosity and that his or her gift will help sustain primary health care for Bhutanese people. A good acknowledgment reassures the donor that (s)he has made a worthwhile investment. In addition, BHTF's receipt and

acknowledgement would be of help, if the donor claims a tax deduction for a charitable contribution.

4. BHTF does issues letters of appreciation; to high value donors, and for group donations such as from Dzongkhags. Following are some examples.

Figure 8 Letters of Appreciation from BHTF Chairperson.

To WHO

To a High Value Donor
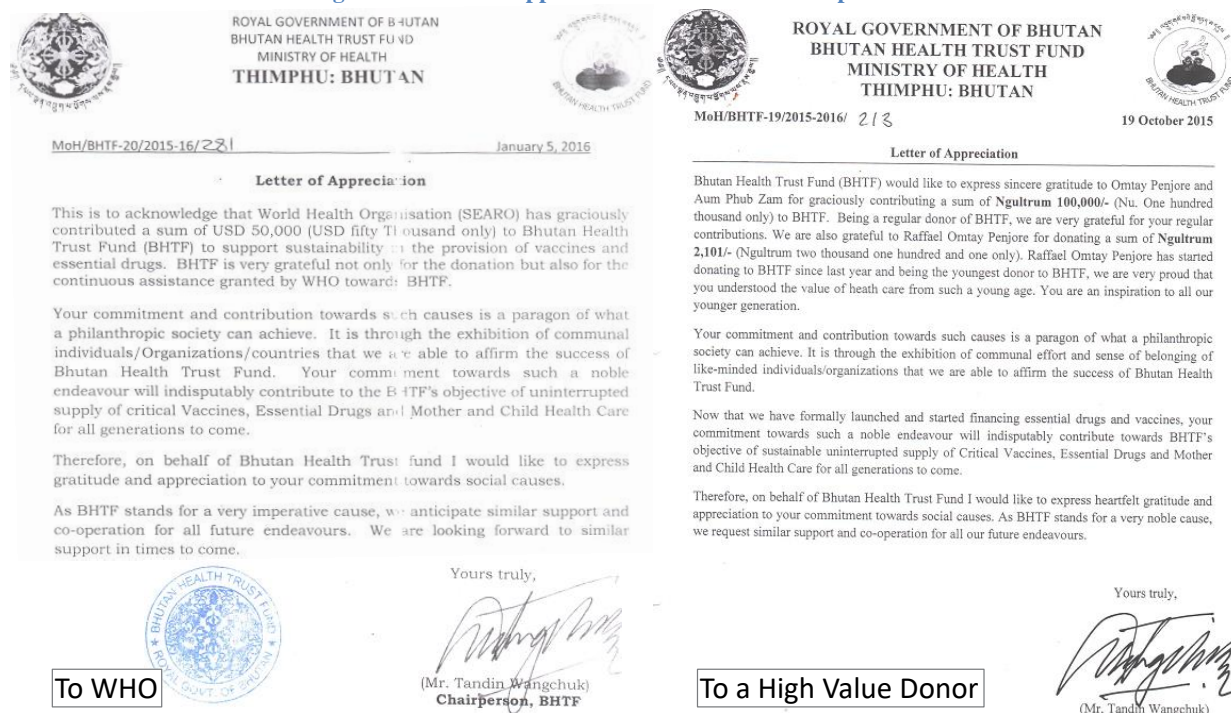
Figure 9 Letter of Appreciation From BHTF Director.

To A Dzongkhag

5. It will be desirable to institutionalise the practice with a definite and well spelt out policy laid out by the Board. Hence the following acknowledgement policy is recommended for consideration of BHTF.

   a. The accountant/cashier issues receipts for all amounts received, in accordance with standard accounting principles, and BHTF accounting policies using specified donation receipt stationery.

   b. In addition to accounting receipts, every donation should ideally be acknowledged suitably by an appropriate person on behalf of the BHTF.

   c. Suitability of acknowledgements:

      i. *Identifiable donors should be acknowledged by a letter signed by an appropriate person on behalf of the BHTF. To manage the acknowledgement process within available human resources, the Director may segment donors and specify categories of donations for which the donation receipt would be adequate acknowledgement. Repeat and regular donors should be appreciated, irrespective of the value of donation.*

      ii. *In special case of high value donations, regular donors or exceptional acts of philanthropy, the concerned person acting on behalf of BHTF may personally convey thanks and express gratitude over telephone, messages, etc.*

      iii. *The donor list in BHTF website should include identity of all donors, except for those who have chosen to remain anonymous. For donors who chose to remain anonymous, their donation should be listed as "Anonymous" without any further identification.*

      iv. *Anonymous donations from identifiable groups should be acknowledged by a letter addressed to the group and delivered to the concerned organiser, coordinator, the person delivering collections to the BHTF or such other person as preferred by the group making the donation. In addition, these donations should be acknowledged by social media postings and included in list of donors posted in BHTF website. These donor groups may also be listed along with similar other groups in periodical press releases.*

      v. *Anonymous donations collected through donation boxes, should be acknowledged by social media postings and included in list of donors posted in BHTF website indicating the location of the donation box and period of collection. Anonymous donations collected through donation boxes should also be acknowledged through press releases about the concerned events.*

   d. Appropriateness of person on behalf of BHTF: Ideally, the person in BHTF having a personal relationship with the donor should sign the acknowledgement letter. If this is not feasible, either because such a person is not identifiable or otherwise, the following guidelines should help identify the appropriate person to sign the acknowledgement on behalf the BHTF.

      i. *The development or program officer who was involved in working with the donor to secure the gift.*

      ii. *If the donation is made in response to an e-mail, letter, and/or volunteer solicitation, the individual who made the request.*

      iii.   *The BHTF Director or a Board Member who speaks with authority about the importance of the donor's investments to sustain primary health care in Bhutan.*

  e. The Acknowledgment Letter:

      i.   *A standard draft (template) filled in with donor details may be used as the starting point. But the final communication must be tailored to the unique relationship of the concerned donor with BHTF, primary health care, and/or development of Bhutan, as the case may be.*

      ii.   *Make sure the donor's name is spelt correctly and the salutation is proper. In case of doubt, prefer formal salutations over informal. Any time a donor or signatory voices preferences for how names should appear, this information should be preserved in BHTF systems.*

      iii.   *Each letter should have subtle differences that speak to the kind of donor and donation that was received.*

      iv.   *Mention about specific instructions, if any, and reassure compliance. For example, if a donor has requested to remain anonymous, mention something like, "… we recognise that you have chosen your donation to remain anonymous. We appreciate your self-less contribution and will honour your instructions."*

      v.   *Make sure that the letter informs about RGoB's one to one matching contribution, in effect doubling the impact of his/her contribution.*

  f. In-kind contributions and non-cash gifts should be acknowledged by describing the gift. No accounting receipts is to be given for any in-kind gift. The letter of acknowledgement should also avoid any expression that may be interpreted as an expert valuation of the gift. In case valuations claimed by the donor is to be included, the acknowledgement should clearly attribute the valuation to the donor. In-kind contributions should also be acknowledged through social media postings and included in the list of In-kind gifts posted in BHTF website.

C. Grant Making Programs, Accomplishments & Community Impact:

1. At present, the BHTF merely provides funding for services the MOH requests funding for, as long as these are aligned with the BHTF's mandate. The MOH typically compiles the funding requests (for vaccines, drugs, and medicines) of the various health facilities and units within the MOH network of facilities. The funding proposal and purchasing order are then sent to the Ministry of Finance (MOF), which sends these to the BHTF for possible funding. The Board deliberates and decides on whether or not to approve the proposal. If the proposal passes all criteria, the BHTF accountant makes a cheque for the MOF, and the MOF forwards the money to the implementing agency. The Rural Audit Authority checks the transactions. Generally, as long as there is enough funding and the proposal is consistent with the BHTF's charter (e.g. the request is for covering primary care services), it is approved.[26]

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[26] Paragraph extracted from Cruz Anna Mae D. Dela . Sustaining the Bhutan Health Trust Fund. Findings from a scoping study on the BHTF. Oslo: Asian Development Bank (ADB); 2017 Sep. Page-15

2. Thus, there is a significant difference between most community foundations and the BHTF. Both fundraising and grant making sides demand almost equal attention of community foundation managers. Reaching the target population, identifying the truly needy and deserving grantees, and responding to their unique circumstances are important challenges for any community foundation. The primary grantee, in case of BHTF, is the Health Department. The nature of grants are by and large defined in the BHTF charter. As a result, the grant making process in BHTF is practically limited to releasing of funds required by procurement agencies, subject only to budgetary constraints of BHTF. This is both a strength and a challenge for BHTF.

3. The strength part is easy to recognise. The procurement agencies, and utilisation units are all overseen by the Ministry of Health, with its attendant accountability and responsive mechanisms.

4. The challenge arises from the apparent distance between BHTF and Health Facilities (HF), which are the service providers where the essential medicine and vaccines funded by BHTF are ultimately used. The process of grant making automatically forces a community foundation identify community needs, conceive grant making programs to satisfy those needs, assess project proposals, implementation capacities of grant seeking agencies, monitor implementation and evaluate results. This process throws up enough material for community impact stories. Progress, completion and evaluation reports yield statistics and qualitative narratives to characterise and inform stake holders about a foundation's impact by way of meeting community needs. As these feedback loops are not built in to BHTF grant making process, special arrangements are needed to improve BHTF-HF communication and enable BHTF to access information about its community impact.

5. The RGOB's Annual Performance Agreement (APA) system would be an useful mechanism to institutionalise BHTF-HF interactions and ensure flow of information for BHTF to document and report about its accomplishments, community impact. Section-2 of the APA lists success indicators & target for priority actions under key objectives. This section can be utilised to include specific actions to encourage BHTF-HF collaboration for regular production of community impact stories, and illustrative reports of medical & healthcare services for which essential medicines, syringes, needles and vaccines financed by BHTF played a role.

6. For example, the MOH-BHTF APA for 2016-17 included "Visit health facilities to advocate and monitor BHTF activities" as one of the actions, in section-3. Advocacy and promotion of BHTF. Number of Dzongkhags visited was set as an indicator of success. Building upon this idea, the following actions are proposed, to facilitate production of content to illustrate community impact and highlight accomplishments of BHTF grant making program.

   a. Visit & collaboration with National/Regional Referral Hospitals to document illustrative cases of successful medical treatment and the role of essential medicines / needles / syringes funded by BHTF. Suggested target: one case per

quarter or four cases per annum.

b. Visit & collaboration with general hospitals to document illustrative cases of successful medical treatment and the role of essential medicines / needles / syringes funded by BHTF. Suggested target: one case per quarter or four cases per annum.

c. Visit & collaboration with Basic Health Units, to document illustrative cases of successful medical treatment and the role of essential medicines / needles / syringes funded by BHTF. Suggested target: one case per quarter or four cases per annum.

d. Collaboration with Director Public Health to document immunization events, and the role of vaccines funded by BHTF. Suggested target: one event per quarter or four events per annum.

7. Section-5 of the APA lists specific performance requirements from other ministries/agencies. This section is critical for BHTF as its communication and advocacy work is intricately dependent on collaboration with health facilities and public health program managers. The following requirements are proposed for inclusion in Section 5 of the MOH-BHTF APA to facilitate production of content to illustrate community impact and highlight accomplishments of BHTF grant making program.

Table-11: Proposed additions to section 5 of the MOH – BHTF APA

Section 5: Requirements from other Ministries, Agencies & Dzongkhags

Organization Name	Relevant Success Indicator	Requirement from the Organization	Justification for the Requirement	Requirement detail	Impact (if not met)
DOMS, JDWNRH, Regional Referral Hospitals	Community impact story to illustrate successful medical treatment and the role of essential medicines / needles / syringes funded by BHTF.	Identify cases, promptly contact BHTF, provide information and collaborate for writing of community impact story.	Community impact stories are important to reassure donors about proper utilisation of their gift and to motivate new donors.	Include admissions from remote areas, land & air ambulance cases and medical treatment of tourists.	Fundraising for follow-on capitalization would suffer.
DOMS, General Hospitals	Community impact story to illustrate successful medical treatment and the role of essential medicines / needles / syringes funded by BHTF.	When BHTF team visits, identify cases and collaborate for writing of community impact story.	Community impact stories are important to reassure donors about proper utilisation of their gift and to motivate new donors.	Include, maternity & paediatric cases and admission from, diverse socioeconomic background.	Fundraising for follow-on capitalization would suffer.
DOMS, DOPH General Hospitals	Community impact story to illustrate successful medical treatment and the role of vaccines, essential medicines / needles / syringes funded by BHTF.	When BHTF team visits, identify cases and collaborate for writing of community impact story.	Community impact stories are important to reassure donors about proper utilisation of their gift and to motivate new donors.	Include, maternity & paediatric cases and admission from diverse socioeconomic background, & outpatients.	Fundraising for follow-on capitalization would suffer.

Table-11: Proposed additions to section 5 of the MOH – BHTF APA

Section 5: Requirements from other Ministries, Agencies & Dzongkhags

Organization Name	Relevant Success Indicator	Requirement from the Organization	Justification for the Requirement	Requirement detail	Impact (if not met)
DOMS, DOPH Basic Health Units	Narrative report on primary health care events & community impact story to illustrate role of vaccines, essential medicines / funded by BHTF.	When BHTF team visits, identify cases and collaborate for writing of community impact story.	Community impact stories are important to reassure donors about proper utilisation of their gift and to motivate new donors.	Include, immunization events, essential medicines for antenatal care, treatment of children, & chronic diseases.	Fundraising for follow-on capitalization would suffer.

8. There is a view that RGOB's Annual Performance Agreement (APA) may not apply to BHTF in view of its full autonomy. In that case, the section-5 proposals and Table-11 in the above paragraph may be incorporated in the form of a Memorandum of Understanding between BHTF and MOH, which would specify the general terms of BHTF financial support for procurement of core supplies for primary health care.

D. Organisational Statements:

1. BHTF Tagline:

   a. A tagline is the briefest, easiest, and most effective way to communicate any organization's core identity and purpose. The tagline should inextricably link BHTF with its primary mission. The tagline would be the most frequently heard and read aspect of the organization.

   b. Tagline Dos:

      i. *Brief, specific, emotive and aspirational.*

      ii. *Emphasise action and/or emotion.*

      iii. *Easy to pronounce and sounds pleasant.*

      iv. *Consistent with organization's name, positioning and mission statements.*

      v. *Need not explain everything BHTF does. Instead pick one attribute that people should remember.*

      vi. *Try it out before committing the organization to it. Share provisional tagline with internal and external audience and get feedback. Revise if some people don't get it or are uncomfortable about it.*

   c. Tagline Don'ts:

      i. *Avoid generic and vague statements.*

      ii. *Avoid statements that the organization cannot fully deliver.*

      iii. *Do not repeat the BHTF name or ideas already represented in the name.*

      iv. *Do not change taglines frequently.*

   d. Following are some suggestions.

      i. *Financing Core Supplies for Primary Health Care in Bhutan.*

      ii. *Essential Medicines & Vaccines for All in Bhutan.*

      iii. *Financing Essential Medicines & Vaccines in Bhutan.*

    iv.   *Financing Essential Medicines & Vaccines for All.*

    v.   *Ensuring Availability of Essential Medicines and Vaccines for All Bhutanese.*

    vi.   *Making Sure Bhutan Has Essential Medicines and Vaccines.*

e. The tagline would be there in the sticky header of the website, on BHTF official stationery such as letter heads, donation receipts.

2. BHTF Positioning Statement:

a. This is a 1-3 sentence reply to the quick question as to what does BHTF do?

b. BHTF staff should brainstorm and develop some tentative position statements. These should be shared with knowledgeable MOH officials for comments and suggestions. The BHTF board should deliberate and approve appropriate position statements that succinctly and accurately characterise BHTF work. Multiple variants may be approved to increase the repertoire of organizational characterisation for use in different contexts and to avoid monotony.

c. Following initial drafts are suggested to facilitate the deliberative process:

    i.   *BHTF manages the health trust fund and utilises investment income to finance procurement of core supplies for primary health care in Bhutan. These include, vaccines for immunization, essential medicines, syringes and needles for hospitals and health centres in Bhutan.*

    ii.   *BHTF sustains primary health care in Bhutan by financing procurement of cores supplies, such as; vaccines, essential medicines, syringes and needles. We raise donations to grow the corpus, manage the trust fund, and channel health contributions for sustainable financing of free healthcare services in Bhutan, as per the Royal Charter.*

    iii.   *Forever protect the value of health trust fund by smart investment, and prudent application of investment income. And forever support primary health care with funding for procurement of core supplies.*

    iv.   *BHTF fulfils the Royal Charter mandate to sustain primary health care in Bhutan by financing procurement of cores supplies, such as; vaccines, essential medicines, syringes and needles. We raise donations to grow the corpus, manage the trust fund, and channel health contributions for sustainable financing of free healthcare services in Bhutan.*

3. BHTF's Mission Statement:

a. A mission statement acts as a guideline for multitude of organizational activities and helps clarify what to focus on. Mission statement influences employees and volunteers and aligns their conduct towards the Trust Fund's core purpose. Mission statements help build up and sustain appropriate organizational culture.

b. The BHTF mission statement should sum up its essence as an organization and its unique purpose. The statement should communicate the value that BHTF adds, and the community it serves. The statement is simultaneously an internal communique and a public statement. The stated mission should be realistic and feasible, keeping mind internal constraints and public expectations. The mission statement should be reviewed whenever the organization there is a need for substantive changes in its scope or at least once in five years.

c. Like the position statement, BHTF staff should brainstorm and develop some tentative mission statements. A focus group discussion conducted by an external moderator may help. These should be shared with knowledgeable MOH officials for comments and suggestions. The BHTF board should deliberate and approve the mission statement. There should be only one approved mission statement at any point of time.

d. Some tips for writing the mission statement:

   i. *Simple, easy to understand.*
   ii. *Concise. Brief and to the point.*
   iii. *Inform about purpose of the foundation and its community service.*
   iv. *Avoid jargons, buzzwords.*
   v. *Avoid long words and long sentences.*

e. BHTF Mission Statements in its Annual & Biennial Reports: The three annual/biennial reports published by BHTF has included statements about the vision, objective, and beneficiaries of BHTF. The following draft of a mission statement can be synthesised from these statements.

Mission Statement - draft synthesized from statements about vision, objective and beneficiaries in BHTF annual reports.

1. To promote the quality of life of people through provision of primary health care services.
2. To help sustain primary health care through the assurance of continued and uninterrupted supply of critical vaccines and essential drugs.
3. To eliminate financing uncertainties for priority health care services out of income generated from investment of the Fund.
4. Beneficiaries: Each and every citizen of the country irrespective of their gender and age.
5. To provide core supplies for quality mother and child health care services.

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f. The following is another draft of mission statement to kick start required deliberations leading to finalisation of BHTF Mission Statement.

> ### *The BHTF Mission (Another Draft)*
>
> 1. Improve Gross National Happiness (GNH) through Provision of Primary Health Care (PHC) Services.
> 2. Protect and Grow the Health Trust Fund for Sustainable Financing of Primary Health Care.
> 3. Direct Virtuous Action & Selfless Giving to Sustain Primary Health Care and Improve Quality of Life.
> 4. Smart & Prudent Investments To Maximise Income for Financing of Primary Health Care.
> 5. Finance Procurement of Core Supplies for Primary Health Care.
> 6. Ensure Availability of Essential Medicines and Vaccines for All Bhutanese.
> 7. Collaborate with Directorates of Medical Services (DOMS), Public Health Services (DOPS), Hospitals and Health Centres for Equitable Access and Maximum Impact of BHTF Support for Essential Medicines, Vaccines and Related Supplies.

E. Accountability & Institutional Material – The Annual Report:

1. A comparative study[27] of community and private foundations found that most community foundations had consistently aligned communication practices, such as; (a) publication of annual reports, (b) website, and (c) active solicitation of press coverage.

2. The purpose of annual report is to provide a yearly summary of funds, donors, grant making, and organizational information. Annual reports are useful to explain in detail a foundations work. Community foundation annual reports invariably include financial statements and audit reports. Purpose of including audited accounts in the annual report is to demonstrate the financial health of and to reaffirm organizational commitment to responsible stewardship, transparency and public accountability regarding financial operations.

3. So far, BHTF has published three annual/biennial reports (2010-12, 2012-13 and 2014-16). Two of these reports (2010-12 & 2014-16) are biennial reports covering two financial years at a time. The 2012-13 annual report covered one financial year. Table-12 gives an overview of contents in these reports.

4. BHTF Annual reports for 2016-17 and 2017-18 are under preparation. Draft reports are available, but the process of approval is not yet complete.

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[27]Ostrower Francie. Community Foundation Approaches to Effectiveness: Characteristics, Challenges, and Opportunities. Washington DC, USA: The Aspen Institute; 2006.

Table - 12: Overview of Available BHTF Annual / Biennial Reports

Period	Contents	Pages	Publication Date	Pdf Creation Date
2010-12	Message from Chairman, Vision, Objective, Target, Beneficiaries, Operationalization of the Fund, Major Donors, Status of the Fund, Auditors and Audit of the Fund (from inception), Conclusion (Thanks to Donors)	16	Not Available	25-Jun-13
2012-13	Message, Vision, Objective, Target, Beneficiaries, Operationalization of the Fund, Major Donors, Status of the Fund, Achievements, Auditors and Audit of the Fund	15	Not Available	19-Jun-14
2014-16	Message, Vision, Objective, Target, Beneficiaries, Financing of Essential Drugs, Financing of Vaccines, Yearly Fund Status, Investment of the Fund, Major Donors, Yearly Donations from Move for Health, Achievements, Launching of BHTF's Financing of Essential Drugs and Vaccines 2015, Operationalization of the Fund, Auditing of the Fund, Autonomy and Organogram, Management Board, Summary of Annual Donation, Detailed list of Annual Donors	15	Not Available	18-Apr-17

Pdf creation date as in pdf file properties gives some idea about probable date of publication.

5. Latest available annual reports of 15 community foundations were accessed by google search and their content examined, to get some idea about current practice. Table-13 shows the prevalence of various chapter or section headings in community foundation annual reports. This is based on a content analysis of latest available annual reports of 15 community foundations, accessed through a google search using search string "Community Foundation Annual Report". The result show that community foundation annual reports invariably have chapters or sections devoted to (a) grant making, (b) gifting, donations & donors, (c) board & staff. Most annual reports included; (d) community impact narratives, (e) financial statements & audit reports, (f) donor lists, (g) funds & fund management, and (h) a message, usually form board chair and/or CEO. A little more than half of the annual reports included, (i) a mission statement and/or a position statement about the foundation, (j) donor spotlight or portraits of generosity on selected donors. Some annual reports included a summary or highlights of funds and grants.

6. All annual reports liberally use images and photographs to illustrate community impact narratives, philanthropy, positioning statements, donor and grantee aspirations, and community concerns.

7. Many annual reports include tables, charts and graphics to communicate about assets, allocations, fund management, investment returns, allocation of grants to functional areas, etc.

8. The median size of community foundation annual reports, is about 32 pages. Most reports are presented in A4 size documents.

Table-13: Prevalence of Chapter or Section Titles in Community Foundation Annual Reports

Sl	Section Or Chapter Headings	% Annual Reports
1	Message, Introduction, Community Greeting, Or Message To The Community	73%
2	Mission Statement, About Us, Who We Are and/or What We Do	60%
3	Highlights Or Summary of Funds & Grants	47%
4	Grant making, Programs, Grants By Impact Area	93%
5	Community Impact Narratives, Grant Spotlights, Profile-in-Philanthropy, Program Highlights, Or Story of Impact.	80%
6	Funds & Fund Management	73%
7	Events	13%
8	Gifting, Donations & Donors	93%
9	Donor Spotlight, Portraits of Generosity, Profiles-in-Philanthropy, Donors with Impact / Champions of the Community Foundation / Community Leaderships	53%
10	Donor Lists/ Foundation Supporters / Memorials & Honorariums / Book of Memory & Honour / Donations in Memory / Honour of a Person	73%
11	Financial Statements & Audit Report	73%
12	Board & Staff	93%

Based study of first 15 results of a google search string "Community Foundation Annual Reports"

9. The BHTF Annual Report has to take into consideration, its own unique characteristics and needs. Most community foundations deal with a variety of funds, such as donor advised funds, community funds, agency funds, designated funds, area-of-interest funds, etc. The grant making activities have to correspond to the variety of funds managed by the foundation. BHTF differs from most other community foundations, as it deals with only one area-of-interest fund, namely health trust fund, and its grant making activities correspond to the chosen area-of-interest, namely financing core procurements for primary health care. Another unique feature of BHTF is the role of Move for Health events for fundraising. Yet another distinguishing feature is the size of revenue income from health contributions transferred by RGOB.

10. The recommended structure for BHTF annual reports is informed by its special characteristics mentioned above, and insights gained from review of various community foundation annual reports.

Table - 14: Recommended Structure for BHTF Annual Reports

1	Chapter	Content	# Pages
1	Message	BHTF Chairperson's Message	1
2	BHTF Mission	Mission Statement, What Do We Do (Position Statement), The Royal Charter	1
3	At a Glance	One Page, Two Column Summary. Left Column: Assets, Investment Income, Health Contributions, Events. Right Column: Grants, Impact	1
4	Grant Making, Program	Core Supplies for Immunization; Community Impact of Immunization Narratives, Core Supplies of	2--8

Table - 14: Recommended Structure for BHTF Annual Reports

1	Chapter	Content	# Pages
	Accomplishments & Community Impact	Essential Medicines, Community Impact of Essential Medicine Availability.	
5	Trust Fund & Health Contributions	Corpus, Investment Policy, Asset Allocation, Investment Return, Health Contributions & Revenue Income Trends.	2-4
6	Move for Health Events	About various "Move for Health" events during the year. BHTF Participation in Important Health Events	2-4
7	Donors	Donor Spotlight / Portraits of Generosity / BHTF Supporters. Reference to List of Donors at the End of Report	2-4
8	Board & Staff	Board Composition, About Board Members, About the Director & Staff	2-4
9	Accounts & Audit	Financial Statements & Audit Report including all schedules	4-8
10	List of Donors	List of Donors	2-4

The number of pages is indicative. Actual space devoted to various sections will vary according to the extent of activities and information under the respective sections.

11. Timeliness and regularity of the publication of the annual reports are important indicators of organizational efficiency, good organization practices, and transparency. Hence the following indicators are recommended to assess BHTF performance regarding preparation and release of annual reports.

   a. Production Time: The difference between date of publication and the last date of the period covered by the report. For example, suppose the annual report for 2012-13 is published on 19th June 2014. The last date of the year covered in this annual report is 30 June, 2013. Thus production time: 19th June 2014 – 30th June, 2013 = 354 days.

Table- 15: Computation of BHTF Annual Report Production Days

Sl	Financial Year	Period End Date (End Date)	Publication Date (Pub Date)	Production Days (Pub Date – End Date)
1	2010-11	30/06/2011	25/06/2013	726
2	2011-12	30/06/2012	25/06/2013	360
3	2012-13	30/06/2013	19/06/2014	354
4	2013-14	30/06/2014	No Report	
5	2014-15	30/06/2015	18/04/2017	658
6	2015-16	30/06/2016	18/04/2017	292

   b. Average Production Time: Mean or Median Production Time. Thus, based on data for five years, mean production time for BHTF reports = 478 days and median production time = 360 days.

   c. Regularity of publication can be assessed by the Variance or Standard Deviation of Mean Production Time.

F. About Websites:

1. Websites are fundamentally different from other kinds of communications. With newsletters, direct mail or such other forms of communication, one goes to the target audience, with a message. On the other hand, the target audience comes to the one's website. Except for the serendipitous hit, most visitors come to the website for a reason, such as the following.

    a. **To find something.** For example, accessing free healthcare, program of events such as health walks for which BHTF is known, or gather contact details.

    b. **To do something.** For example, make a donation, sign up for an event, or send a message to BHTF.

    c. **To know about BHTF's programmes.** For example, donors may like to check on BHTF accomplishments, such as; the kind of essential medicines financed, which vaccination programs are supported, where are these services made available, and who are benefitted by these programs. Prospective donors may like to check for the same kind of information to investigate BHTF's worthiness.

    d. **To research about BHTF.** For example; reporters, health system researchers, Bhutanese study scholars, bilateral, multilateral agencies, foundations and grant makers doing a background check, and simply curious visitors would like to check out history, learn about composition and membership of the Board, the staff, read about activities, access programmatic, administrative and financial reports.

2. The intentional visitor who comes with a specific purpose, will judge the website by one thing. How easy and fast was it to do what the visitor needed to do? Thus, the website designers, content developers and maintenance persons need to anticipate and deal with a visitor's expectations.

3. To a serendipitous visitor, wandering-in, the website should showcase the noble cause, good work and word wide donor support enjoyed by the BHTF.

G. BHTF Domain Name & Forwarding Service:

1. BHTF domain name is registered with Drukhost, a web hosting and development firm in Bhutan. BHTF subscribes to a domain name forwarding service from Drukhost. All internet requests for BHTF website are redirected by Drukhost to WEB-NUK's domain hosted in Godaddy servers. Users effectively interact with the website hosted in Godaddy data centre, USA/India.

2. The domain name registration and subscription to forwarding service by Drukhost has been arranged by WEB-NUK and is being paid for by them. This has created a vulnerability for BHTF. For example, the website was operational till the afternoon of 19th August, 2019. By evening it was brought down by Druknet. It was found that Web-Nuk, the web design service provider had not cleared DNS, and redirecting service bills. As the BHTF emails are linked to the website domain, staff email accounts are also disabled.

3. The context for sudden withdrawal of domain name registration and forwarding service can be traced from the Consultant and BHTF team request to WEB-NUK to improve various aspects of the website design and service.

    a. On 15th August, 2019, BHTF team consisting of this Consultant, the Program and Investment Officers visited WEB-NUK office. They discussed with Mr. Nimesh Kaflay, proprietor cum web designer of WEB-NUK and requested for various design and service improvements such as;

        i.   *Providing monthly website traffic statistics and market intelligence to BHTF.*

        ii. *Carry out certain design improvements, restore broken links, remove unwanted links etc.*

    b. At the time of discussions, WEB-NUK had promised to carry out requested changes without any additional cost to BHTF. However, WEB-NUK reneged on the promise and instead disrupted availability of BHTF website by informing Drukhost that they will no longer pay for the domain name forwarding service. The problem was resolved after some discussions between BHTF officers and Mr. Nimesh Kaflay of WEB-NUK and the website was restored by 20th August.

4. In order to avoid any such disruptions in future, BHTF should directly deal with the concerned Internet Domain Registration service provider and secure continued validity for its domain name and forwarding service.

H. Browsing Experience with BHTF Website:

1. I browsed the BHTF Website at http://www.bhtf.bt/ on several occasions during July – August, 2019 to gather information required by me and also to gather some feedback about user experience (Ux) with the website.

    a. The image slider (carousel) on the home page shows up on every page as the user clicks various menus on the sticky headers. As a result, user remains confused, if the page has in fact changed according to the chosen menu. Moreover, designed height of the image slider occupies almost the entire height of browser window. As a result page specific information does not readily show up even below the image slider. Each menu page should be designed uniquely so that visitors will know that they are directed to new page in every click. Page specific content should show up at the top.

    b. Most of the page links, particularly at the bottom of each page are broken. Clicking these links brings the user back to the home page.

    c. The web pages do not respond to the user's environment based on screen size, platform and orientation.

    d. There are some unnecessary links such as web-mail.

    e. The contact us page is not very helpful. It should have: (a) Street Address, including Telephones, Email etc., (b) Google map of office location, (c) Email contact form through which a visitor to the site can send email to BHTF.

    f. The News & Updates scroll in the footer does not have any facility to pause and read an item. The 'News And Updates' window is too small. There are no scroll

bars and no facility to pause or click any news item to read details. The number of news items are few. The news items could have simply been presented in a news page without any scrolling. News headlines can be presented at top of page, with links to detailed news under respective titles in the page. The scrolling News And Updates area does not add any value to the visitor. Worse it frustrates even a determined browser like this consultant trying to read the news, as it is not possible to pause the scroll. [The News And Updates scroll has been slightly improved in the meanwhile. Now (2019, Nov 2nd Week) the text pauses if one points to the scrolling text and allows the visitor to click on the paused text to go to the detailed news page. But the scroll area is small and news items do not have recognisable titles.]

g. The donate to BHTF page is confusing. It gives a lot of information about various BHTF accounts. Most users would lose interest in the maze of all these details. For example; for donations from outside Bhutan, the page gives BHTF account details with Bank of Bhutan, then mentions about donations through Bhutan Foundation in USA, again Bhutan Foundation in Thimphu. This is followed by "To transfer money to Bhutan from any place outside Bhutan, please request your Banker to remit as under for USD remittance: giving details about BHTF account with Bank of Bhutan.

   i. *A donor from within Bhutan has to choose one of the five bank accounts listed in the web page. The same information can be parsed and presented from user perspective as follows:*

      ☐ *If you have an account with Bank of Bhutan, transfer your donation to BHTF account #100782506 and give details that are required by Bank of Bhutan online banking interface for transfers within the bank.*

      ☐ *If you have account with Bhutan National Bank ….*

   ii. *Donors from USA have to first decide whether to transfer funds to BHTF account with Bank of Bhutan in Thimphu or donate to the Bhutan Foundation New York or Bhutan Foundation Thimphu. Thus, a visitor to the site from USA and wanting to make a donation to BHTF has to process three choices. First, BHTF account or Bhutan Foundation account, if Bhutan Foundation account, whether the New York office or Thimphu office. And this person has to slide down to bottom of the page to learn about US tax exemption for his/her donation! Instead it would be desirable to give just one option for people browsing the website from USA, and this should ideally be the Bhutan Foundation, New York option. That would avoid the hassles and additional the transaction cost of international money transfer and will reliably give them access to US tax exemption facility available to Bhutan Foundation donors.*

   iii. *Similarly, donors from within the neighbouring country, India, are not allowed to transfer US dollar funds to Bhutan. Transferring Indian Rupees to an account in Bhutan is also not straight forward. India's NEFT transfer facility does not yet extend to Bhutan. A donor has to be determined enough*

> *to transfer funds through cash management system service offered by banks in India to Banks in Bhutan.*

h. The Donate to BHTF page is also poorly formatted. Visitors could be given links at top of page to skip to the section most relevant to them. For example;

   i. *Domestic Donors (Within Bhutan)*

   ii. *For Donors in USA.*

   iii. *For Donors in India*

   iv. *For Donors in Other Countries*

i. The page can then be organised under respective section headings with appropriate font and style for easy navigation.

I.   Benchmarks & Learning from Other Websites:

1. Ideally, the best website among exactly similar organizations would be an useful benchmark. A benchmark website, would serve as a point of reference by which one can assess the subject website, identify gaps and uncover opportunities for improvement. But organizations exactly similar to BHTF are hard to find. BHTF does share its regional focus with several other Bhutanese foundations, but differs from them in terms of the social causes supported by it. For example; the Bhutan Foundation, USA seeks to garner international support for overall socioeconomic development & cultural preservation in Bhutan, the BTFEC deals with environmental conservation. The BHTF is in many respects similar to community foundations but is different from most of them in the scope of its fundraising and grant making functions. The social cause for which BHTF gives grant is largely predetermined to financing of core supplies for primary health care (PHC). The scope of BHTF grants can at best be expanded to other aspects of PHC. BHTF grantees are the few departments under MOH dealing with procurement of essential medicines and vaccines. In other words, BHTF is a single field of interest fund. BHTF does not deal with any donor advised funds, and field of interest funds, except for primary health care. The fundraising is mostly restricted to donations for PHC.

2. The next best course of action, in the absence of a pool of exactly similar organisations for a benchmark website, would be to study several mostly comparable websites and draw inspiration for development of BHTF website. Accordingly, I have studied the websites of three Bhutanese community foundations, and several other community foundation websites, to inform development of BHTF website. The three Bhutanese foundations consist of; (a) The Bhutan Foundation, USA, (b) The BTFEC, and (c) The Loden Foundation.

3. The Bhutan Foundation (https://bhutanfound.org/), New York, USA:

   a. The Bhutan Foundation was established in the USA in 1985, to support government and non-government organizations in Bhutan towards, conservation of natural environment, socioeconomic development, preservation and promotion of art & culture in Bhutan. The foundation seeks to increase mutually beneficial association between Bhutanese and USA organizations in both public and private sectors.

b. The first thing to notice is the fact that this is a secure site, as can be inferred from the "https://" in the protocol component of its url.

a. Persistent (sticky) header menu: About Us, Projects, Partners, News & Events, Contact Us & Donate. Links to Facebook, Twitter, YouTube and Instagram. Search Box. Search string "Bhutan Health Trust Fund" or "BHTF" did not yield any result, indicating complete lack of awareness in the Bhutan Foundation Website, about BHTF. This is inconsistent with the instructions in BHTF website about routing of donations from USA through the Bhutan Foundation. For example, the BHTF website says, "Donations to Bhutan Health Trust Fund can be made by checks addressed to the Bhutan Foundation ..."

b. The Home Page shows the mission statement, a carousel of "Features Projects", Latest News, Notes from the Field and Local spotlights. The page is crowded by images, It would have been helpful, if the some of the space devoted to images had been used to display a few lead sentences of the content. The carousel serves links to about four projects. The space assigned to the carousel could have been used to show each project's lead picture, the title and a few sentences of leader text, with links to respective project pages.

c. About US: Has two pages; About Bhutan and "Our Team". The "Our Team" page has three tables, giving information about Board, Staff and Advisory Council members.

d. Our Projects: Has four pages, namely; (a) Cultural Preservation, (b) Environment, (c) Good Governance, and (d) Sustainable Socio-Economic Development. Ideally Sustainable Financing for Primary Health Care should have been a subproject under Sustainable Socio-Economic Development, with BHTF as a partner. BHTF should coordinate with the Bhutan Foundation regarding this.

e. The Partners page has two tabs, namely; (a) Local Partners, and (b) Institutional Partners. Many local institutions in Bhutan, including the Ministry of Health, are listed as local partners. However, BHTF does not find a place among them. The scope MOH partnership does not include any mention of BHTF. It would be desirable for BHTF to join the Bhutan Foundation as a Local Partner.

f. News & Events menu has three pages, namely; (a) Latest News, (b) Notes from the Field, and (c) Events. The "Notes from the Field" is a useful banner to bring together short community impact stories from time to time. This should be emulated in BHTF website.

g. Resources: This page has the Annual Reports for download, newsletter archive, and other reading material on Bhutan.

h. Contact Us: Gives, street & mailing address, telephone and email addresses for the US office in New York and the Bhutan office in Thimphu. The page also provides a form for visitors to send a message to the foundation from the website.

i. Donate: The page provides for processing of donations through a five-steps. The page presents four predefined donation amounts and an 'Other' option for any other amount.

1. Select a donation amount:

| $50 | $100 | $250 | $500 | OTHER |

☐ Recurring Monthly Donation

2. Select your payment type:

| CREDIT CARD | OR | PAYPAL |

Step-3: Fill details; Cause of Donation, Name, Email, Telephone & Address.

Step-4: Card Details &

Step-5: Captcha

j. The first menu option in the footer is "Site Map" followed by a repeat of all options in the header. However, the Site Map page is blank, without any information about the hierarchy of content in the website.

4. Bhutan Trust Fund for Environmental Conservation (BTFEC), http://www.bhutantrustfund.bt/:

a. BTFEC is the world's first environmental trust fund, established in 1992 as a collaborative venture between the RGOB, United Nations Development Program, and World Wildlife Fund.

b. Persistent (sticky) header menu: About Us, Program, Downloads, Announcement, Lodge a Complaint, IIMS, Ongoing Projects, and Publications. A search box is also provided in the header. About, Program, Downloads and Publications, each have drop-down items.
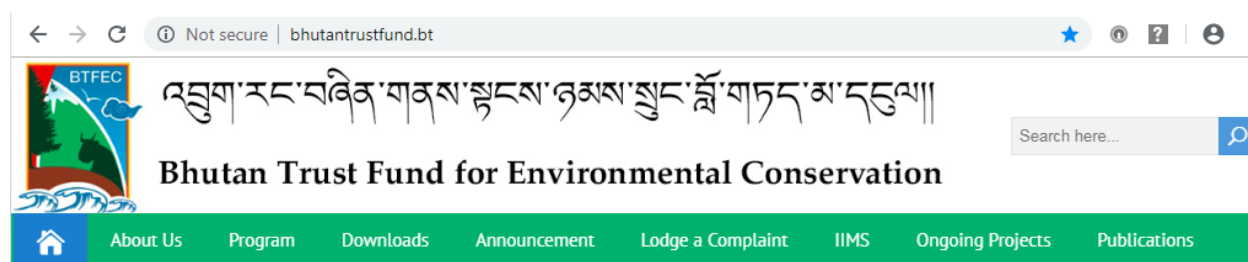
c. The 11-page long Home Page refers to a series of event, report or project titles along with a related photograph followed by "Read more …" anchor text. Clicking the picture or the anchor text leads to respective detailed pages.

d. About Us – Drop-down menu has seven options, namely; (a) Vision Mission, (b) Chairman's Message, (c) The Organization, (d) Management Board, (e) Asset Mgt. Committee, (f) Secretariat, and (g) Technical Advisory Panel. The Chairman's Message option leads to a blank page without any message. Clicking the menu without selecting any of the drop down items, leads to a page showing About Us title without any associated content, and brief description of The Organisation, but no links to other drop-down items.

e. Program: Clicking this menu without selecting any of the drop-down items, leads to a blank bearing the title "Program" but no content. It would have been useful to show at least anchor text for each of the drop-down item. The drop-down items include; (a) BTFEC Funded Projects, (b) GEF Funded Projects, (c) At Glance (which leads to a fact sheet summarising all grants), (d) Ongoing projects, and (e) About Grants, leading to a further set of drop-down items. Drop-down items tend to adversely affect user experience. The tertiary drop-down items under "About Grants" could have been avoided by including the respective contents in the "BTEF Projects" and/or "GEF Projects" pages.

f. Downloads: The Downloads page contains links to download various grant proposal and reporting formats. The Downloads drop-down menu has six items, namely; Royal Charter, By Laws, Strategy Plan III, BTFEC's Project Formats, Reports and Program Opt. Norms. The "Reports" drop-down menu leads to two further drop-down items, namely; financial reports and technical reports. The financial reports page contains links to download financial statements and audit reports. The Technical Reports page was blank on the date of browsing (21Nov 2019). The Program Opt. Norms drop-down menu leads to two further drop-down items, namely Gender Equality Framework, and Environmental and Social Policy. Each of these two pages contain a link to the respective content. For example; to access Environmental and Social policy document a visitor has to click Downloads, select Program Opt. Norms, then select Environmental & Social Policy drop-down item, and finally click the Environmental and Social Policy anchor text. Thus, a visitor has to pass through four layers of clicks after landing on the website home page to access this content. It would have been more user friendly, if the Downloads page could give access to all downloadable contents by straightaway including appropriate anchor texts embedded in short descriptions

of the respective contents.

g. Announcement: No drop-down items. Clicking this menu, leads a visitor the Announcement page, which shows all notifications and request for proposal announcement from most recent down to past announcement. Each announcement title is followed by a brief description and link to detailed page of respective announcement. The user experience is better for this page than those with drop-down menus.

h. Lodge a Complaint: The page shows an image of BTFEC complaint handling process, which is hard to read. Clicking on the complaint form leads to a downloadable document, but no online complaint form.

i. IIMS: This menu leads to an Integrated Information Management System, sign in form, apparently for grantees and BTFEC officers. The page does not provide back button for visitors who may land on this page by mistake.

j. Ongoing projects: The page gives a tabular presentation of core and small grant ongoing projects funded by BTFEC.

k. Publications: This has six drop-down menu items, namely; (a) Annual Reports, (b) Project Completion Reports, (c) Project Research, (d) Contact, (e) Media Reports, and (f) contact Thinley. The "contact" and "contact Thinely" items lead to similar messaging forms. These two drop-down items are out of place under "Publications' menu. Visitors wanting to send a message may not readily locate this menu item.

5. Loden Foundation, Bhutan, http://loden.org/ :

a. This is a civil society organisation in Bhutan supporting education and promoting entrepreneurship amongst the young Bhutanese. Its main programmes include the Loden Entrepreneurship Programme (LEP), Loden Sponsorship Scheme, Loden Early Learning Centres and Loden Knowledge Base. The foundation also organises educational events to raise awareness on education and social entrepreneurship.

b. Persistent (sticky) header menu: Home, About US, Activities, Entrepreneurs, Bhutan Dialogues, Downloads, Contact, Donate & Facebook Link.
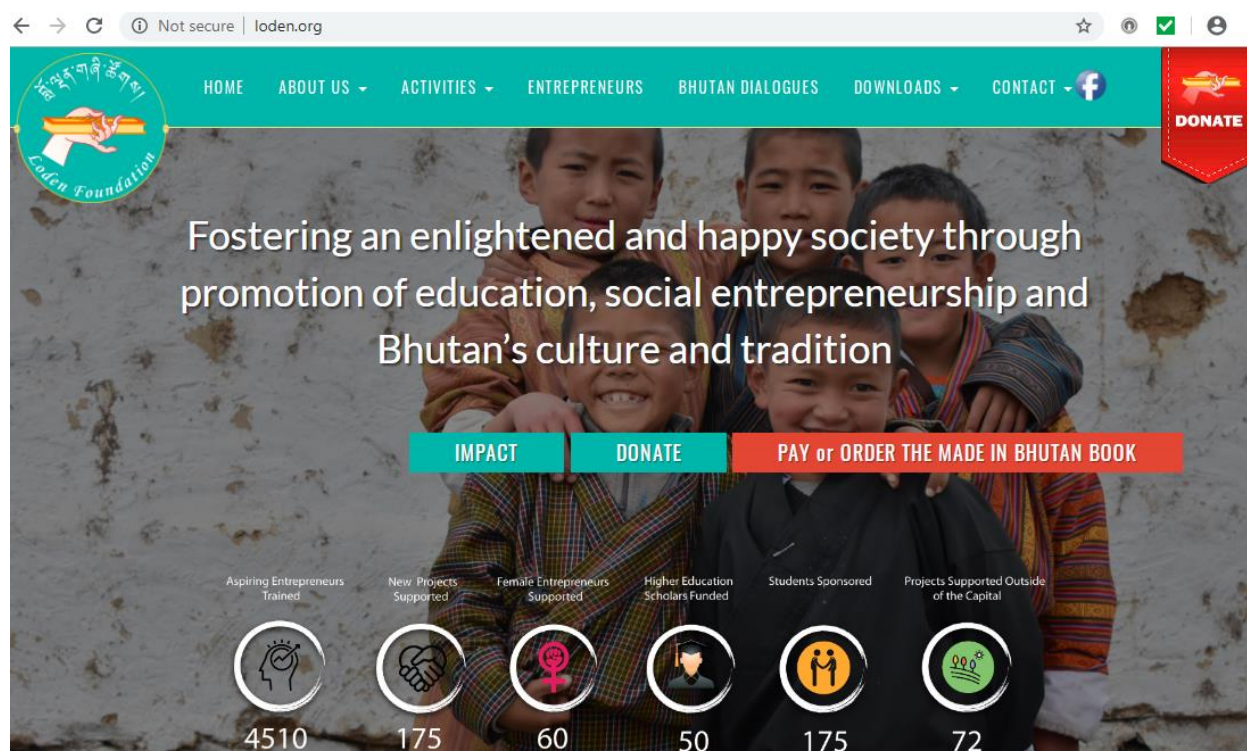
c. The Home Page shows the foundation's mission statement and gives summary of the foundations work, acclamations received, and news regarding recent and forthcoming activities. The three prominently labelled buttons immediately below the mission statement, are labelled as "Impact", "Donate" and "Pay Or Order the Made in Bhutan Book".

　　i. *Impact: Leads to Impact Summary page, showing Loden's impact in a nutshell, followed by four videos of varying duration (1minute, 3 minute, 18 minute & 30 minute) introducing and summarising the work of Loden foundation. The videos include clips of personal entrepreneurship stories from people touched by the foundation's work.*

　　ii. *The Donate button leads to the Donate page, which can also be accessed from the menu in persistent(sticky) header.*

　　iii. *The Pay or Order the Made in Bhutan Book leads to Made in Bhutan Entrepreneur stories.*

d. Clicking the About Us menu item leads back to the Home page. To proceed further, one has to click one of the three drop down items, namely; (a) What we do, (b) Who we are, and (c) Links. The "What we do" page introduces 3 core programme areas of the foundation, namely; (a) Educational initiatives, (b) Social entrepreneurship, and (c) Cultural Programme. The "Who we are" page gives details regarding; (a) Board of Trustees, (b) Staff (Our Team), (c) Loden Stalwarts (Volunteers), and (d) Other Volunteers & Members. The Links page contains links to various other websites under five categories, namely; (a) Bhutan Websites, (b) Loden Entrepreneurs, (c) Partners, (d) Friends, (e) NGOs.

e. Clicking the "Activities" menu item keeps the visitor on the Home page. To proceed further, one has to click one of the three drop down items, namely; (a)

Loden Educational Initiatives, (b) Loden Social Entrepreneurship, and (c) Loden-Shejun Culture Programme. The respective pages introduce respective programme components and give the email address to inquire about application process.

f. Entrepreneurs: This page gives details of all entrepreneurs supported by the Loden foundation till date. One can browse the Photos and click any item to see respective entrepreneur page. Each entrepreneur page gives a summary of the enterprise. One can also filter the entrepreneur photos displayed on this page for specific dzongkhag, year of support and/or type of business.

g. Bhutan Dialogues: Every second Thursday of the month, the Loden Foundation and United Nations in Bhutan lead Bhutan Dialogues – platform to discuss ideas and issues in development in Bhutan. The Bhutan Dialogues appears to be a separate website. Clicking the Bhutan Dialogue option in Loden Foundation website, opens a separate browser tab and takes the visitor to the Bhutan Dialogue Home Page.

h. Downloads: Clicking the "Activities" menu item keeps the visitor on the Home page. To proceed further, one has to click one of the two drop down items, namely; (a) Reports, and (b) Forms. The Reports page has links to download annual reports, financial report, and newsletters. The Forms page has links to download guidelines and forms to seek support and/or to meet reporting and monitoring requirements.

i. Contact Us: Clicking the "Contact Us" menu item keeps the visitor on the Home page. To proceed further, one has to click one of the three drop down items, namely; (a) Contact Us, (b) Volunteer, and (c) Impact Survey. The Contact Us page gives a google map location, street and postal addresses, telephone numbers, and an online message form. The volunteer page invites volunteering and gives link to relevant guidelines and terms. On the date of access (23rd Nov 2019) the Impact Survey page contained an online survey to assess the impact of the Loden Entrepreneurship Programme.

j. Donate Page: Gives information about wire transfer of funds and online payment using PayPal or Credit Card.

k. Every page of the site shows bread crumbs, i.e. position of the page in the site map.

6. Study of Community Foundation Websites: I have gathered the following general features of community foundation websites, by browsing about 10 sites.

a. All sites include options regarding Funds & Donors and Grantmaking & Grantees in the persistent menu.

b. Funds & Donors menu items contain material regarding various types of funds (Donor advised funds, Field/Area of Interest Funds, Untied Community Funds, etc), Philanthropy & Ways of Giving. Most sites have content to acclaim selected

individual donors under various captions, such as; portraits of generosity, champions of specific causes, etc. Many sites give detailed donor lists.

c. Grantmaking & Grantees menu items contain brief description of various programs and community groups supported by foundation grants. These are invariably accompanied by human interest stories of how the respective grant programs have touched the lives of specific persons and made an impact for the community. Many sites give list of grantees.

d. All sites provide About Us, Contact Us, and Donate options in the persistent menu. The About Us page usually gives details of Board, Staff, access to Annual Reports, Audit Reports, etc. Sometimes various reports may be grouped under a separate menu options such as "Reports" or Downloads, along with other reports and/or downloadable material. The Contact Us page usually give street & postal address, email address, telephone numbers, and an online message form for visitors send email to the organization. My observations about "Donate" pages are mentioned elsewhere in this report.

J. Content-First Website Design:

1. Without the right content in place, any amount of sophistication & power in user interface (UI) goes waste. Content is key to user experience (UX). Discord between design and content can lead to confusion and frustration among website visitors. The designer should have at least some of the stories to follow when building the website. A preapproved wireframe tends to restrict the content writer, who would then either cut down or pad up content to fit the frame. When content gets cut, or its placement reshuffled at the last minute, the story is inconsistently told. Hence, content and design work should progress simultaneously. This can happen only if content comes first. On the other hand, without any structure content writers would be confused & rudderless in organising available material and unsure about commissioning of new stories. Thus, some degree of structure and a tentative outline of the target medium, i.e. the website, helps anchor content creation.

2. Content-first design approach does require close coordination and takes some adjustments, between the content writers and the designer. The additional effort, however is worth it. In reality content-first approach is not sequential. Rather an interacting, simultaneous design and content creation process would be ideal.

3. The first step of interactive website design & content creation process would be development of a wireframe consisting of a tentative sticky header, the footer, and undefined body. This process should be informed by an understanding of the BHTF mission, identification of stake holder groups, listing out of BHTF activities, review existing website content, and assessment user experience with existing website.

4. Second, the BHTF officers should develop content by organising and elaborating on available pieces of content into coherent narratives for

inclusion under each of the sticky header menu. For immediate content creation, the following sources would be useful.

    a. Compilation of Bhutan Health Trust Fund (BHTF) Related News & Content-Pieces, prepared by me for this purpose.

    b. Material available with BHTF:

        i. *Content in existing website.*

        ii. *Prepared reports, for example the report of BHTF delegation visit to South Korea.*

        iii. *Audio (BHTF Song), Commissioned Video (commissioned by BHTF after the first health walk in 2002), candid videos, commissioned and candid photos, etc. available in BHTF office*

        iv. *Correspondence, official notes, press notes etc. available in BHTF files.*

    c. Material available with MOH:

        i. *Correspondence, official notes, press notes etc. regarding launching of BHTF and its initial formative years that would be available with the MOH.*

        ii. *Audio (BHTF Song), Commissioned Video (commissioned by BHTF after the first health walk in 2002), candid videos, commissioned and candid photos, etc. available in concerned sections of the MOH, media unit and the IT division of the MOH.*

    d. Material, for example candid photos, available with and information gathered from former staff and officers who either worked in BHTF or dealt with the BHTF subject, while in MOH.

5. Third, organise batches of content developed by BHTF officers according to the sticky header menu and jointly review the appropriateness of such classification. Revise sticky header's tentative menu, if required. Similarly reorganise and parse the content, as required.

6. Repeat several iterations of steps 1-3, until the sticky header menu stabilises.

7. Develop appropriate wireframe for body of pages under respective sticky header menu. The body wireframe under different menus may vary according to the demands of content under respective sections.

8. Tie up the footer.

9. Consult all stake holders and freeze the wireframe.

10. Then develop website maintenance manual for BHTF officials.

11. Finalise technical documentation for modification and redevelopment of website in future.

K. What is Good Content for a Website?

1. Creation of engaging content and organizing it into various categories for easy navigation is most important for a successful website.

2. Content should not be confused with text. Engaging narratives and meaningful stories characterising the Trust Funds mission and work make good content. Narratives usually need some text. Good narratives mostly embed various

other media to efficiently convey the message. Photographs enrich the story by capturing interesting moments from the lived experience of people benefitting from the Trust Funds support for primary health care. Embedded links to relevant videos and audios can further enrich the message and improve its impact. Sometimes, a single photograph or a curated mosaic of pictures with a well thought out caption would suffice.

3. Crowding the page with too much of anything affects user experience and degrades ease of reading. The composition should balance text and images, according to needs of the story.

4. As far as possible, all photos should be labelled, identifying the event and describing the moment of its capture.

5. Filling the page with oversize images, or serving a collection of pictures in a carousel (image slider) degrades ease of reading and affects user experience. Instead photos should preferably be embedded in concerned narrative or juxtaposed with text describing the event and moments in which the photos were taken.

6. Aligning content for search engine optimization (SEO):

   a. Apart from readability and user experience, optimization of website's content for search engines is important. The title of each content should include keywords about the subject matter. In addition, as far as possible, the first 100 words of a narrative should also include keywords.

   b. Longer form content, i.e. more text, provides an opportunity to dive deep into a case. Visitors who find the story engaging enough will stay longer in BHTF website. More words equal more keyword ranking opportunities. Industry studies show that longer content length is associated with higher page rank in search results[28].

   c. Use of appropriate synonyms and related keywords helps communicate subtleties and optimize searches. Inclusion of keywords and related phrases in different parts and contexts of a narrative reinforce its relevance and ranking by search engines. At the same time, it is important to recognise that stuffing the text with key words and key phrases without any organic link to flow of the story degrades readability and affects user experience.

   d. While the content writer should be aware of the implications of keywords and key phrases for search engine optimization, flow of the story and the subject at hand should be the primary drivers of content development. One good approach would be to first write and compose the content based on the subject matter and tell the story unencumbered by any other technicalities. Then review the composition and consider alternatives that would optimize the content for search engines without altering the story line and without compromising its readability.

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[28] SEO For Nonprofits: A Beginners Guide To Digital Marketing Success,
https://nonprofitssource.com/nonprofit-seo-digital-marketing-success/, accessed on 19th Nov. 2019.

Figure 10 Association of longer content with higher page rank in search engine results.
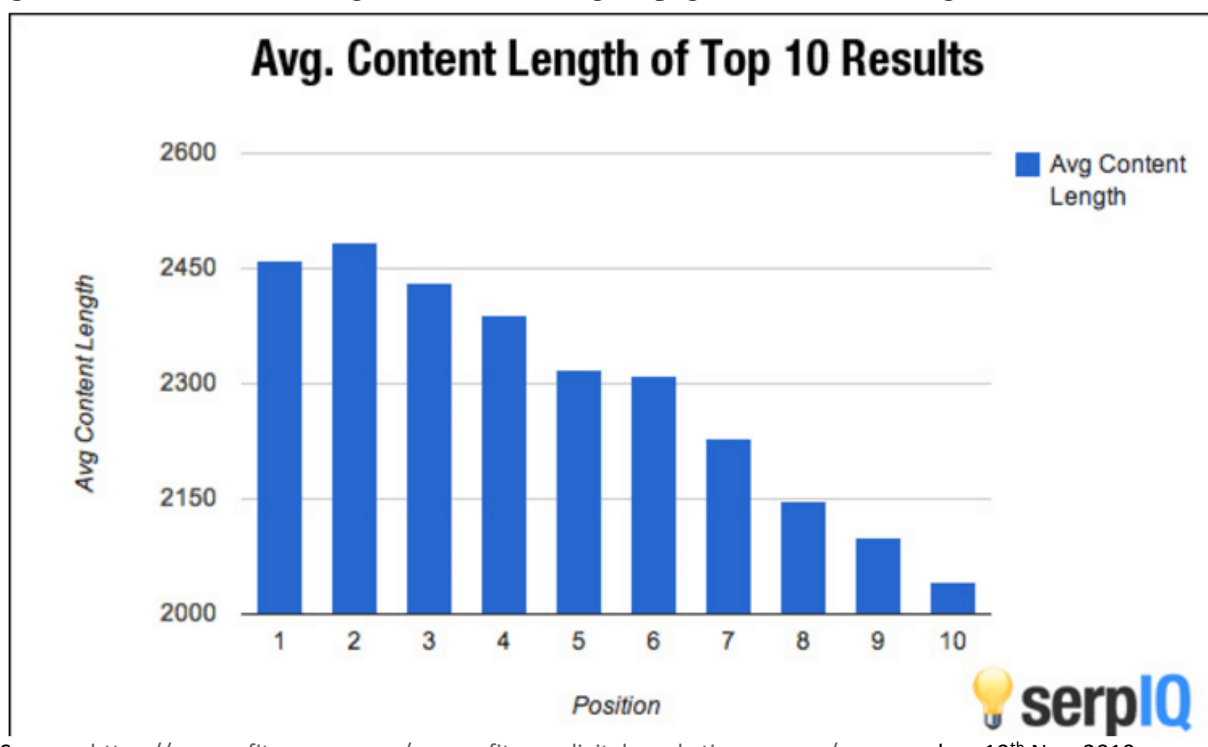
Source: https://nonprofitssource.com/nonprofit-seo-digital-marketing-success/, accessed on 19th Nov. 2019.

7. The purpose of content creation is to convey to visitors, the range of BHTF activities, and its track record. Website content for any community foundation should reflect in a balanced way, the grant making activities, community impact of grants, along with fundraising activities, and organizational accountability. Availability of such balanced content covering activities over many years informs visitors about the foundation's track record. An usability study of non-profit websites[29], found that; Users were more interested in hearing from people who had engaged with and/or benefitted from the organization's work.

8. Watson et al[30], define an attractor as a website with the potential to attract and interact with a relatively large number of visitors in a target stakeholder group. They classify attractor websites into 8 categories, of which the following two are relevant for BHTF;

   a. The archive: These sites provide visitors with opportunities to discover the historical aspects of the foundation's activities. Their appeal lies in the instant and universal access to interesting information and the visitor's ability to explore the past. Archives reinforce the foundation's credibility and image.

   b. Exclusive sponsorship: An organization may be the exclusive sponsor of an event of public interest. For example, the Move for Health events. Promotion of such events through website can extend its audience reach. Sponsorship attractors,

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[29]Non-Profit Organization Websites: Increasing Donations and Volunteering, by Jakob Nielsen, 15 Feb, 2011.https://www.nngroup.com/articles/non-profit-websites-donations/, accessed on 19th Nov 2019.
[30] Watson, R. T., S. Akselsen, and L. F. Pitt. 1998. Attractors: building mountains in the flat landscape of the World Wide Web. California Management Review 40 (2):36-56.

such as Move for Health event related content can attract many visitors in short periods. They can enhance the foundation's image through provision of timely, exclusive, and valuable information. For this, the information on the website must be current. Failure to provide up-to-the-minute updates can have an adverse effect on the perception of the organization.

L. Writing Social and Community Impact Stories:

1. Impact stories put a human face on the organisation by providing a glimpse into the lives of individuals or communities benefitting from the foundations work. Impact stories are essential in developing the foundation's reputation and communicating its credibility.

2. Creating compelling content is hard work. The following tips may help BHTF officers, develop appropriate content for the website and other communication material.

   a. Collaboration with officers and staff in hospitals, basic health units and immunization program officers is essential. BHTF financed vaccines & essential medicines are used in these health care institutions to protect children's health and treat people in need. Staff working in these User Units best know the individuals and communities served by BHTF financed vaccines and essential medicine. Hence, clearly explain BHTF communication goals to User Unit personnel and enlist their support in the search for great stories. Identify User Unit personnel who may have a knack for spotting human interest cases and who are willing to collaborate with BHTF for documentation of social and community impact stories. Stay in touch with User Unit Collaborators and work with them as and when an interesting case comes up with potential for a compelling story illustrating impact of BHTF financed vaccines and core supplies. User Unit Collaborators may be invited for periodical workshops on Social Impact Storytelling to build up their skills and strengthen BHTF-User Unit links.

   b. Keep the stories accurate, focused and relevant. Add details to create rich stories that connect and communicate impact. Focus on stories that best illustrate BHTF's work and avoid getting side-tracked by irrelevant detail. Keep stories moving at a swift pace. Always ask others to review and critique drafts and revise as needed.

   c. Write in a conversational tone that doesn't sound newsy or clinical.

   d. Bring characters to life. Help readers relate to characters in the story by adding small details of people's appearance or demeanor. Try adding details on the environment to put the characters in context.

   e. Use Quotes. Let the characters in the story shine though in their own words. Avoid cliché and look for short, simple and spontaneous expressions.

   f. Select stories and cases to characterise BHTF work from multiple perspectives. The range of stories should look at BHTF's social impact from different perspectives and levels. For example; individual, family, gewogs, dzongkhags

thromdes, hospital administrators, medical stores personnel, doctors & nurses.

g. Use pictures: Considering the current state of mobile and smart phone technology, amateur photography is usually adequate. Resolution of pictures taken by most smart phones are more than adequate for websites. Encourage User Unit Collaborators to take as many photos as is feasible and record videos where feasible. Emphasise the importance of candid photos and videos. Readers can easily recognise staged photos and videos. Staged photos and videos tend to affect credibility of the story. Curate these photos & videos and identify the ones that will best illustrate the interesting moments in the story. All available photos & videos need not be used. Text and images ought to be balanced. Occasionally professional photographers / videographers may be commissioned to candidly record moments in planned events or for specially commissioned content development tasks.

h. Story length: If readers have to keep scrolling they tend to stop reading.

M. Suggested Structure for BHTF Website (Site Map):

1. Home
   a. The Royal Charter
   b. The Mission
   c. Our Vision
   d. Healthcare Financing in Bhutan
   e. Workshop on Transition Readiness Financing for Health [8th June, 2016).
   f. Financing Core Supplies for Primary Health Care

2. About
   a. The Board, About Board Members, Emeritus Board Members
   b. BHTF Office & Staff, About Staff Members, Former Staff Members.
   c. Annual Reports
   d. Audit Reports
   e. History of BHTF:
      i. *Background: Transition Financing Concerns.*
      ii. *The Launch & Initial Capitalization.*
      iii. *The Royal Charter.*
      iv. *The First Move for Health Walk.*
      v. *Follow-on Capitalization and Annual Move for Health Events.*
      vi. *Bhutan Friendship Associations:*
         □ *South Korea Visit (21-28 August 2016).*

3. The Fund: To be decided with inputs from the Fund Management Consultancy. Following is a tentative outline.
   a. Investment Policy:
   b. Trust Fund Management.

    c.   Asset Allocation.

    d.   Investment Return.

    e.   Cross Links:

        i.   *Audit Reports.*

4. Programs:

    a.   Financing Vaccine Procurement in Bhutan

        i.   *Immunization Programs in Bhutan & Vaccines Financed by BHTF*

        ii.   *How To Access Immunization Services for Your Child?*

        iii.   *Accessing Immunization Services for the Elderly?*

        iv.   *Ask Your Health Officer About Immunization Services.*

        v.   *Report an Immunization Service Problem to Director Public Health.*

    b.   Financing for Essential Medicines in Bhutan:

        i.   *What Are Essential Medicines?*

        ii.   *Essential Medicines are Key to Quality of Service by the Hospital and Health Centre Near You.*

        iii.   *How Essential Medicines List Helps Equitable Access to Healthcare.*

        iv.   *Link to Current List of Essential Medicines.*

        v.   *What if Some Essential Medicine is Not Available in Your Hospital?*

        vi.   *Avoiding and Minimising Wastage of Essential Medicines:*

            ☐   *A Little Waste Here and A Little Waste There Adds Up.*

            ☐   *What to do with unused medicines.*

            ☐   *Medicine drop boxes at your hospital.*

        vii.   *Report an Essential Medicine Issue to the Director of Medical Services.*

    c.   Financing of Syringes.

    d.   Community Impact...

    e.   Notes form the Field: Cross link with News & Events Page.

    f.   Report a Problem Or Give Your Suggestion For Improvement of Hospitals & Health Units: A forum for relaying of stakeholder concerns & suggestions regarding a hospital, health unit or program to the concerned User Units in the health system and conveying of health system replies to BHT stake holders.

5. News & Events:

    a.   Upcoming Move for Health Events:

        i.   *Event AA*

            ☐   *About the Event & Program.*

            ☐   *Access & Participation.*

            ☐   *Volunteer Options.*

            ☐   *Sponsorship Options.*

            ☐   *In-kind Support Options.*

    b.   Latest News:

    c. Notes from the Field: Field reports from healthcare personnel in the field, travel notes of visitors to hospitals and health care institutions, stories from medicine stores in-charges in hospitals about essential medicine section, stories about immunization activities in the field. Cross link with Programs Page.

    d. Past Events:

        i. *The First Move for Health Walk (2002)*

        ii. *Move for Health Lottery 2018*

        iii. *Health Walks – 2017*

        iv. *Health Walk – 2016*

        v. *Health Walk – 2015*

        vi. *Health Walk – 2014*

        vii. *Health Walk 2013*

    e. Past News Archive

    f. Portraits of Generosity:

6. Donate: Please consider the following draft guidelines for the Donations page.

    a. The BHTF should open a merchant account with Bank of Bhutan, for online receipt of donations.

    b. Include <<Donation>> button in sticky header. Use Bhutanese Orange (one of the colours in National flag) to highlight the <<Donation>> button. Additional instances of <<Donation>> to be provided in various pages juxtaposed with clear calls to action, mentioned below.

    c. Clear calls to action throughout website: Strategically place calls to action throughout the website. Include a few sentences inviting browsers to join BHTF in making an impact for vaccination of children and access to essential medicines and primary health care for all Bhutanese people. Do not use guilt. Instead, short narratives should inspire the visitor. Place additional <<Donate>> buttons near such narratives. Here are some examples;

        i. *Your Donation goes straight to BHTF corpus and the investment income is used to procure vaccines and essential medicines and primary health care in Bhutan.*

        ii. *Your contribution is more than a donation. It supports vaccination of children and enables free access to primary health care in Bhutan.*

        iii. *Immunization coverage in Bhutan is as high as __%. To sustain high level of vaccination coverage for future generations of Bhutanese children, we need your help to grow the BHTF corpus to fund increasing costs of vaccine procurement.*

        iv. *By investing your donation in perpetuity, the BHTF ensures the long-term vitality of Primary Health Care in Bhutan.*

        v. *Your donation adds to BHTF corpus, which is invested and held forever in an endowment. This means that your initial donation remains untouched, but the interest and investment returns from the corpus are available year after year to support primary health care in Bhutan.*

d. The <<Donate>>. Button should link directly to the donation process. When someone clicks a donation buttons or link, they should be taken immediately to the start of that process. Every extra step in the process will reduce conversion rates. Hence, do not insert any additional page with lots of text about the different ways to give, which then requires the users to click a donate button again. Instead, immediately start them down the path of online giving via a debit/credit card, but include, at this page, links to other ways to give for those that had another method in mind. Do not require people to solve a captcha or to login/register before donating. Instead, capture personal details and donor's message, after the donation has been made.

e. The donation page must be mobile friendly. Hence, the need for responsive design.

f. Avoid distractions in the donation page. Hide sticky header. Use simpler footer. Eliminate unnecessary links. Hide social media icons.

g. Multiple images tend to distract from the primary objective of successfully completing the donation. Hence, do not use more than one image on donations page. The image chosen for donations page should connect the act of giving to the ultimate beneficiary, namely children receiving vaccination, or common Bhutanese folks receiving medical care and essential medicines.

h. Use suggested donation amounts. Suggest about five graded amounts with the option to enter a custom amount. Use the middle of the suggested five amounts as the default option.

i. To capture donor details, keep the number of fields minimal. Preferably do not exceed the following fields: All fields optional.

   i. *First Name*
   ii. *Last Name*
   iii. *Country (Default to Bhutan Or pre-populate from IP Address)*
   iv. *Address (Two lines)*
   v. *City*
   vi. *Dzongkhag/State/Province*
   vii. *Postal Code*
   viii. *Email address (To email a receipt).*
   ix. *Donor's message: (Maximum of 250 words).*

j. Donor List Options:

   i. *Include details in the list of donors.*

k. Keep my donation anonymous.

7. Contact Us:

a. Complete Postal Address.

b. At least one email address which is daily monitored by the Sr. Adm or any other designated officer.

    c. Telephones

    d. Google map link.

    e. Office hours.

    f. Holidays.

    g. Website address.

    h. Facebook and other social medial accounts.

    i. And button that would allow the visitor to send an email to the BHTF directly from the website.

N. Social Media:

1. Social media refers to various internet-based platforms purporting to facilitate interactions among people. Although most platforms are proprietary, users can register for free in almost all of them. Usage is subject to terms & conditions, allowing rights to respective platforms, on usage of metadata. Advertisements and sale of business analytics derived from user & usage metadata is usually the primary revenue model. While the tools of social media are easily accessible, the rules of the road are not necessarily intuitive. It's a new communications landscape, with tremendous opportunities but also a lot to learn.

2. Popular social media platforms include;

    a. Facebook: allows registered users to create free public profiles that appears as a webpage. Users can like a foundation's public page to receive updates.

    b. Twitter: microblogging service that allows registered members to broadcast short posts called tweets. Twitter members can broadcast tweets and follow other users' tweets by using multiple platforms and devices. Fundraisers and grant makers can group posts together by topic using the hashtag which are basically words and phrases prefixed with a "#" sign.

    c. Pinterest: a social curation website for sharing and categorizing images found online. Pinterest requires brief descriptions but the main focus of the site is visual. Clicking on an image will take you to the original source.

    d. YouTube & Vimeo: Video sharing platforms. Users can upload, view, rate, share, add to playlists, report, comment on videos, and subscribe to other users. Foundations can create and share videos that communicate foundation mission, track record, community impact and best practices.

    e. Instagram: Photo and video sharing social networking service owned by Facebook.

    f. WhatsApp: Messaging and Voice over IP (VoIP) service owned by Facebook.

    g. Snapchat: messaging app that lets users exchange pictures and videos (called snaps) that are meant to disappear after they're viewed.

3. Usefulness of social media for community foundations:

a. Social media offers concise and immediate bursts of information to a broad audience.

b. Unlike with other forms of communication, a social media audience has self-selected to follow and receive information from the foundation. That means these people want to hear from the foundation.

c. Social media can promote on going and dynamic dialogue about transparency in fundraising activities, accountability in trust fund management, proper utilisation of trust fund income, and availability of vaccines and essential medicines in in health care institutions.

d. The social media audience may comprise a more active set of stake holders. On average Facebook user in Bhutan are more educated and more aware of healthcare financing and sustainability issues.

e. The social media target audience for BHTF would consist of; (a) past donors and move for health event participants, who care about proper utilisation of the Trust Fund, (b) potential donors and would be participants in future move for health events, (c) health system stake holders, (d) philanthropists, and (e) general public interested about good governance and good organisation.

4. In Bhutan, Facebook is the most popular social media platform, accounting for about 80% social media market share. YouTube, Twitter and Pinterest have accounted for 10 to 15% market share in Bhutan at different points of time.

Figure 11: Social Media Market Share in Bhutan
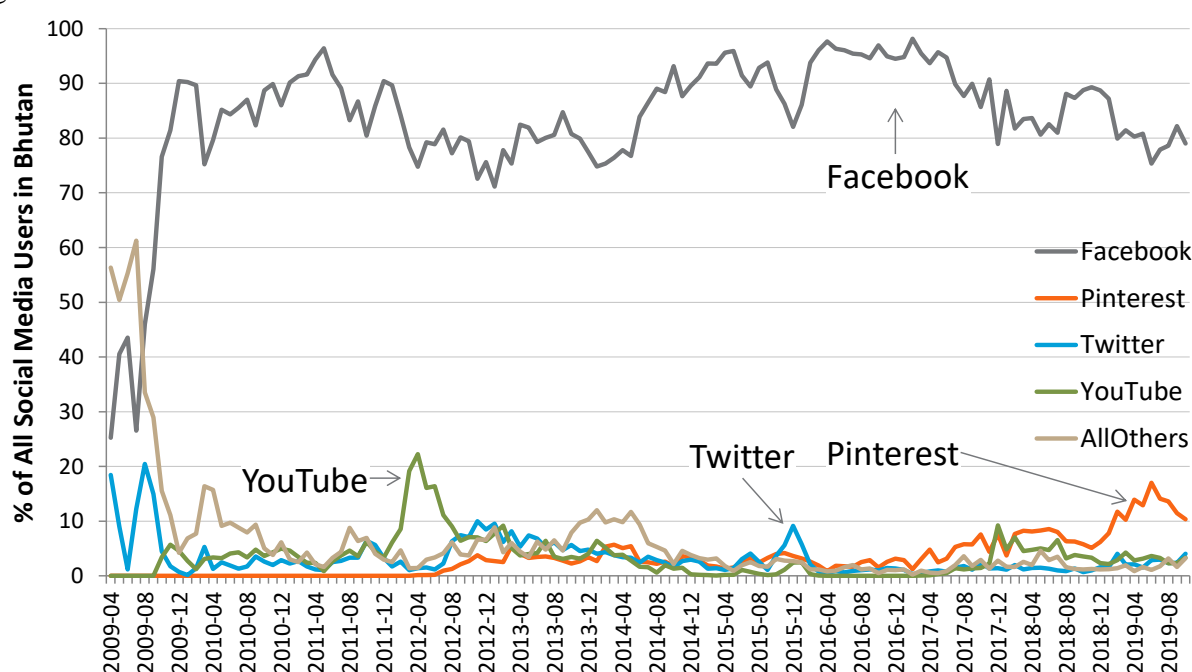
Data Source: https://gs.statcounter.com/social-media-stats/all/bhutan/#monthly-200904-201910, accessed 2nd Nov, 2019

5. BHTF has a Facebook (@bhtf97) and a Twitter (@FundBhtf). In addition, BHTF has uploaded some videos to YouTube.

6. BHTF-Facebook Page (@bhtf97):

Table - 16: Time Trend of BHTF Facebook Postings

Year	Facebook Quiet Period (Days)	Donor Acknowledgements	Financing Core Supplies for PHC	Move for Health Event	BHTF Org., Appeals, Efforts, Facebook Account & Song	Total
2014	Facebook page created on 4th Nov 2014					0
2015	0-28 Days	22	3	4	14	43
2016	0-50 Days	63		4	8	75
2017	0-65 Days	12	2	2		16
2018	66-347 Days	1				1
2019	0-94 Days	4	4		5	13
Total	0-392 Days	101	6	10	22	143

Quiet day = Date of current posting – Date of immediately prior posting, which may be in the previous year. The quiet day value for first posting on 14th Feb in 2019 was of 392 as its immediate prior posting was on 18th Jan 2018. For purposes of this table, the upper range of quiet days in 2018 = elapsed days from the date of single posting to end of the year (347 days). For 2019, within calendar year quite period before 1st post on 14th Feb = 44 days.

a. The BHTF Facebook page (@bhtf97) was created on 4th November, 2014. The account holder, i.e. administrator of the page is named Bhtf Bhtf. Postings on the Facebook page started from 2015. As of 7th October, 2019, 2354 people have liked the page and 2365 people follow this account. The account was most active in 2015 and 2016 (Table-16).

b. By October, 2019 a total of 139 posting had been made. About 83% of these postings were made in 2015 and 2016. The number of postings reduced to 16 in 2017. The single posting in 2018 was made on 18th January to acknowledge a donor. The next posting was after about 13 months (392 days), on 14th Feb, 2019. This was the longest Facebook quiet period for BHTF. Barring this period, the BHTF-Facebook quiet periods ranged from 0 (more than one posting on the same day) to 94 days (about 3 months gap between subsequent postings). Compared with 2015 there has been a gradual increase in the range of Facebook quiet periods (Table-16). BHTF-Facebook page has experienced the longest quiet period of 392 days between 2018-19, suggesting probable loss of interest in social media as means of communicating. Another reason for substantially reduced postings and long quiet periods in recent years, seems to have been change of personnel and absence of any definite practice or protocol for transfer social media account details at the time of transition.

c. When the account was active, most of the postings were to acknowledge donors. Some of the postings were about Move for Health events and Financing of core supplies for primary health care.

Table- 17: Selected Facebook Postings & Comments to Illustrate Opportunity for BHTF To Engage in a Meaningful Conversation with Facebook Community.

Date	Original Post	Comment	BHTF Reply
15/09/16	Commemoration of the Move for Health Walk 2016. For registration please contact …Bhutan Amateur Athletic Federation (BAAF) at 328623 or 334889.	28/09/16: Sir, 328623 is a fax number and 334889 is not under service. Difficult to contact anyone for registration. There should be no last date for registration with the morning of 1 Oct 6 am as deadline for registration. Will participate irrespective of registration. Wonderful initiative and Tashi Delek in advance	None
13/11/17	Bhutan Health Trust Fund (BHTF) is organizing a Special Move for Health Lottery in collaboration with Bhutan Lottery Limited. …	14/11/17: We will buy definitely and also like to request BLL to organise such lottery every month. It is actually two way win win.	15/11/17: Thank you for your support
		14/11/17: Where do we get it around Pension Colony, Thimphu?	None
		14/11/17: we must support for such move la. ... In total 80 lack is given as prize money I think it will consume 20 % of trust fund or will ticket sell have huge impact in raising fund ...must be strategy to boost more funds...All the best of luck. BHTF la	None
		10/01/18: … Tashigang. Available?	None
		17/01/18: Were will get here at paro	None
		05/02/18: … when will get the result	None
		05/02/18: Time?	None

There are many comments lauding the cause, appreciating BHTF work and expressing good wishes. Those are excluded, as they may not provide much opportunity for further engagement with the Facebook community.

d. So far, most of the Facebook postings from BHTF have remained as broadcast messages. Some postings did generate comments. A lot of those comments were appreciative and congratulatory. A few comments asked specific questions, made some suggestion or expressed some inadequately informed opinions (see Table-17 above). BHTF did not use such opportunities to engage the Facebook community with a meaningful conversation. For example, when a user informed that the telephone number given for BAAF was not working, it would have been useful to check those numbers and post a reply giving the correct telephone and/or explaining what might have caused the particular user's difficulty in getting through to BAAF. The deadline for registration was eventually relaxed and on the spot registrations for the event was allowed. This fact could have been posted in the Facebook as a reply to the user's comment. Similarly, some people asked about availability of special lottery tickets in their specific areas. Ascertaining the exact source of tickets in the respective areas and sharing with Facebook community by replying to the concerned comments would have demonstrated BHTF's responsiveness.

e. The Facebook Page information needs to be updated from time to time. For example; under Target: it shows "The initial target of the Fund is to mobilize US$ 24.00 million." even though BHTF is now in follow-on capitalization phase with a revised target.

7. YouTube: BHTF has uploaded some videos to YouTube and has provided links to those YouTube videos from the website. So far, only four videos have been uploaded. The first 3 videos, on the 2002 Health Walk was uploaded in April 2010. The fourth video was uploaded in October, 2015. No video has been uploaded to YouTube after October 2015.

Table-18: BHTF Videos in YouTube

Category	Date & By	Subject	Title	Duration	Views
Nonprofits & Activism	23/04/2010, By Kinley Tshering	Documents 2002 Health Walk, Trashigang to Thimphu	Move For Health Bhutan – I	8:46	3999
			Move For Health Bhutan - II	7:33	1475
			Move For Health Bhutan - III	8:31	1070
People & Blogs	14/10/2015 By Nima Wangchen	A one to one partnership for primary health care, the BHTF.	BHTF video snap	7:11	245

8. BHTF-Twitter Account (@FundBhtf):

a. The @FundBhtf Twitter account was created in August 2013, more than one year before creation of the BHTF Facebook page. The account titled "Health Trust Fund" has been described as "BHTF is a social service delivery entity established to ensure sustainability of primary health care services in Bhutan."

b. Altogether 23 Tweets have been posted from the date of creation in 2013 till 31st October, 2019. The account was mostly active in 2013 (11 Tweets) and 2014 (9 Tweets). In 2015 there was only one Tweet, and no Tweets during 2016-18. Recently 2 Tweets have been posted in October, 2019.

c. The date of creation of this account (August, 2013) precedes the date of creation of the BHTF Facebook page (4th Nov 2014). The source of almost all Tweets in 2013-14 was Facebook, indicating that the person operating this Twitter account had probably had a Facebook account in the name of BHTF. The shortened urls used in the Tweets would direct the Tweet reader at the time to more details in the Facebook. But these links are no more valid, indicating that the linked Facebook account might have been closed in the meanwhile.

9. The case of Bhutan Health Trust Fund, Through Facebook Public Group:

a. This group was created by Leki Wangdi, Researcher at Ministry of Education and Principal (School). He studied at Paro College of Education, graduated in 2003

b. On 7th October, 2015, Mr. Leki Wangdi created the group titled "The group was created". On the same day he changed the group name to "BHUTAN HEALTH TRUST FUND, THROUGH FACEBOOK." The first posting stated that "This group is

created to raise BHTF, and to commemorate 60th birth anniversary of our 4th Druk Gyalpo. Hope every one of your will donate your hard earned income for general benefit."

c. There were several postings exhorting people to contribute to BHTF.

d. On 21 Feb, 2016 Mr. Leki Wangdi posted details of a personal savings bank account set up by him and invited all readers to transfer their donation to this account. He promised that all collections would be transferred to BHTF.

e. However, no fund had been received by BHTF up until October, 2019. The matter is being inquired by BHTF.

f. This case illustrates the potential for adverse effect on BHTF reputation due to unauthorised solicitations through social media platforms in the name of BHTF.

10. **Key insights from BHTF 's Social Media Presence & Recommendations:**

a. Utilisation of Facebook as the primary social media platform for BHTF is consistent with Facebook's dominant share of social media market in Bhutan. Hence, Facebook should continue as the primary social media platform of BHTF.

b. Review usefulness of Twitter for BHTF. Twitter generally requires more frequent posts (tweets) to drive the discussion. Considering the very low prevalence of Twitter users in the country, postings in the BHTF's official Twitter account (@FundBhtf) should target international stakeholders.

c. It will be desirable to produce at least two 3-minute videos every year, summarising BHFT activities for the previous year and highlighting community impact due to BHTF financing of core supplies for primary health care. These videos should be uploaded to YouTube.

d. Except for Pintrest, no additional social medial platforms need be subscribed at this stage. Each additional platform, calls for additional resources to sustain effective presence and visibility. Presence in multiple platforms, without adequate maintenance and regular postings will erode BHTF credibility. Hence, it is better to be present in one or two social media platforms and achieve a more vibrant presence in them.

e. BHTF officers and staff should be trained in proper use of social media. They should understand the terminology and metrics associated with each of the social media platforms in which BHTF has a presence. The training should also impart surveillance skills, so that BHTF personnel are in a position to detect abuse of social media platforms in the name of BHTF or misrepresentation of BHTF.

f. Management of social medical accounts should be explicitly built into the job description of BHTF officers. Account administrator rights should be clearly assigned. Account maintenance teams should be defined and role of each member spelt out. Clear cut guidelines for transfer of social media account administration details, such as User Id, Password, Registered Telephone / Email

Address, etc from outgoing to incoming personnel should be issued.

g. Social media account administrator and team members should set an informal schedule that is consistent with the BHTF calendar of events. Then plan in advance what will be posted in the forthcoming weeks, gather required inputs, such as data, information, images, video etc. for specific postings. Responsibility among team members may be distributed either on the basis of subject of posting and/or type of inputs. For example, some team members may be good at gathering photos and making videos, while some others may be in a position to gather data and/or draft the postings.

h. Decide on the basal frequency of posts. For example, at least one Facebook post per week. Frequency of postings will increase during events and special occasions. If there are too many postings in the pipeline, try to space them over several days instead of bunching all of them on a single day.

i. Balance fundraising, grant making related posts. In BHTF context, special efforts are needed to identify opportunities and occasions for grant making posts. Scope of program related posts should be expanded to include immunization program activities, utilization of essential medicines for outpatient and inpatient services in hospitals and health units.

j. Emphasise interactions, by promptly and adequately responding to comments and queries. Prompt response to such comments will encourage people to engage with BHTF through the social media platform. Silence tends to kill further interactions.

k. BHTF's social media account administrators and team members should watch for any abuse of platforms in the name of BHTF or any misrepresentations about BHTF. Creation or existence of any account, pages or group that sounds like BHTF name or proclaims BHTF like mission should be shared among all team members and reported to the Director. Such cases should be included in a surveillance list and watched by all social media team members. Any overt abuse should be reported to appropriate regulatory authorities.

O. IT Infrastructure:

1. Currently, Bhutan's telecommunication connectivity is provided internationally through two gateways: Phuentsholing - Siliguri and Gelephu Bongaigaon, both of which have a single point of potential failure at the narrow Siliguri Corridor. This unreliable international broadband service in Bhutan is nearly ten times more expensive than in India, and double that of Nepal's[31]. To improve the IT infrastructure and IT enabled services (ITES), the RGOB has set up the Thimphu Tech Park (TTP). As of 2017, the park had few domestic companies and five international IT/ITES companies. Singapore owned and operated a joint venture with the Druk Holdings and Investment

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[31] Jamso Janna. Bhutan: The Land of the Thunder Dragon. Diversification and Modernization. Briefing Paper. Brussels, Belgium : European Institute for Asian Studies (EIAS); 2017 Nov.

Ltd. (DHI), the commercial arm of the RGoB. The domestic fibre-optic backbone is being expanded along power transmission networks, using the universal service fund. As of 2017, Two hundred gewogs (counties) are now connected with optic fibres. The Government also subsidises training services to expand IT manpower.

2. The Information, Communication and Media Act of Bhutan, 2018 requires that websites maintain effective control to protect the integrity and confidentiality of payment and other personal information.

3. Government entities are bound to follow the Bhutan Government Website Standards issued by the Department of Information Technology and Telecommunications (DITT) in 2018. A lot of these guidelines are good practices. Although BHTF is an autonomous body, it will be prudent to adopt the good practices in these guidelines.

4. DITT guidelines require all Government entities to host their website in Bhutan. Most Government entities host their websites at Bhutan Telecom data centre.

5. The Ministry of Health website is hosted within the Ministry's premises. Maintenance of the website within the MOH premises is feasible as there is a team of about 5 to 6 ICT personnel. For small organisations with none or at best one ICT person, premises hosting is not advisable.

6. The Chief of ICT, MOH informed that internet speed in Bhutan is reasonably good. For the level of traffic experienced by the MOH website, the available bandwidth is adequate.

7. Web Hosting Services and Internet Service Providers (ISPs) in Bhutan: (a) Bhutan Telecom, and (b) Druknet.

8. Being an autonomous body, BHTF board has the flexibility regarding location of hosting the website. ISPs in Bhutan operate from a single data centre. Many ISPs abroad provide for redundant data centres. A popular international web hosting service provider is Go Daddy. They have recently set up a data centre in India. Website designers and developers in Bhutan have access to and do host their client websites on international webhosting sites often with multiple data centres. At present the BHTF website is hosted on Go Daddy.

P. Organisational Capacity to Operationalise Communication Strategy:

1. Allocation of funds for communications: There is a healthy concern within BHTF towards costs and benefits of the foundation's communication strategy. Apparently, there is an impression that expenditure on communications should be justified in terms of its potential contribution to fundraising. But counting the potential for prospective donations would not be appropriate. The BHTF has an obligation to reassure past donors and contributors of prudent fund management and inform about application of investment income. Hence, at least a small part of the investment income ought to be allocated for effective communication of BHTFs work.

2. Training and orientation of BHTF personnel for improved communications: Communication with stake holders will be effective only when these activities are organically built into the organization's functioning. For that to happen, all BHTF personnel need to be appropriately trained so that they are aware of their role in overall communication strategy of the organization and have the skills to perform their role ably.

3. The following suggestions may be considered to improve BHTF human resources capacity for improved communication with stake holders.

   a. All BHTF personnel should be trained in Website Management for small organisations that cannot employ fulltime Web Masters. The Website Management training should help BHTF personnel acquire required skills for;

      i. *Updating of Website Content, including how to plan, outline and write new content, change content on Website pages, understand how to research to include search engine optimisation (SEO) keywords in Website content, and add new pages to website's menu.*

      ii. *Maintenance of Website, including an understanding of different features of BHTF Website, system for backing up of the Website, monitoring Website's traffic and security, identify signs of possible problems with a Website, and understand basic steps to troubleshooting.*

   b. The Administrative Officer: She may be trained about, (a) Internet Protocol (IP) addresses, (b) Internet Domain Names, (c) Domain Name Registration & Renewal, (d) Domain Name Service (DNS) and DNS forwarding, (e) Procuring and Evaluating Quality of Services of Internet Service Providers.

   c. The Accounts Officer: He may be oriented for decoding various bank transaction statements and reconciliation with donor communications, for prompt identification of donors transferring funds to BHTF. Prompt determination of donor identities will help in issue and mailing of donation receipts and acknowledgement letter according BTHT policy for acknowledgement of donors. In respect of cash donations received by the accounts department, the orientation should also emphasise the importance of gathering full contact details of donors at the time of receipt of their contribution, so that acknowledgement letters can be issued in accordance with BHTF acknowledgement policy.

   d. Program Officers would benefit from some formal training in social impact storytelling content development. Table-19 gives an illustrative list of courses based on a quick internet search using google. It will be desirable to identify a suitable institution for training of BHTF Program Officers and sponsor their training.

Table- 19: Illustrative List of Training Programs in Social Impact Storytelling.

Institution	Program & Scope	Format & Duration
George University School of Continuing Studies	Certificate in Social Storytelling	Online, 4 Months

Table- 19: Illustrative List of Training Programs in Social Impact Storytelling.

Institution	Program & Scope	Format & Duration
https://scs.georgetown.edu/programs/480/certificate-in-social-impact-storytelling/	Teaches how to harness the power of effective storytelling for the strategic benefit of an organization and society as a whole	
MichiganX from University of Michigan https://www.edx.org/course/storytelling-for-social-change	Storytelling for Social Change. Develops skills for using stories to deliver messages that affect audiences and shape attitudes for social change.	Online 5 Weeks
Claremont Lincoln University https://certificates.claremontlincoln.edu/courses/digital-storytelling-social-impact/	Digital Storytelling for Social Impact Storytelling techniques for social causes. Using digital technologies to build awareness and engage audiences.	Online, 6 Weeks
NYU School of Professional Studies. https://www.sps.nyu.edu/professional-pathways/courses/BIZP1-CE9700-storytelling-for-social-impact.html	Storytelling for Social Impact Hands-on interactive class on basic structures of compelling stories, with an emphasis on social and cultural entrepreneurship. Work individually & in teams to craft verbal, visual, & written stories.	In-person, Four 2½h sessions in 4 weeks

4. Empanel two or three Social Impact Writers, with college degree in English, Communications, or Journalism, and at least about five year experience in nonfiction narrative writing, reporting of events, creative writing and track record of some published work. These consultants would be required to coordinate with User Unit Collaborators with potential human-interest story material. They may be paid on the basis of content creation, per social impact story etc., in addition to travel costs. The Senior Program Officer should coordinate and manage the work of Empanelled Social Impact Writers to ensure that BHTF's annual target of social impact content creation is achieved.

5. Annual Workshop on Social Impact Storytelling for Health System Strengthening:
   a. BHTF may organise every year a workshop with the above title, with participants from, DOMS, DOPH, BHTF - User Unit Collaborators.
   b. Purpose of the workshop will be; (a) to learn social impact storytelling skills, (b) present BHTF communication content developed during the year, and (c) plan BHTF communication content development activity for next year.
   c. A two-day format may be considered.
      i. *Day-1: Learning and refreshing storytelling skills.*
      ii. *Day-2: Review of BHTF content developed during the year & Planning BHTF communication content development activity for next year.*
   d. Invite professional experts to teach the participants, review and assess content, and advise about future plans.

6. Professional Support for Social Impact Story Telling: Occasionally, storytelling professionals with a track record of specialized creative and technical skills should be invited to turn compelling stories into high-quality content. It is important to recognise that accomplished resource persons would either not be available or be expensive to hire, for long periods. Hence, the BHTF

program officers should in advance, identify cases that are potential community impact story ideas, and work with such resource person to produce publishable content for BHTF website and BHTF communication literature. It would be a good idea to arrange for visit of social impact story telling experts to straddle the dates of the annual workshop mentioned above. Resource persons visiting ahead of the workshop can help finalise content that can be presented and fine-tuned during the workshop. Resource persons arriving at the beginning of annual workshops can help identify potential story ideas during the course of the workshop and stay on for some more days to develop them into publishable content.

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