

Lhak-Sam Monitoring and Evaluation plan

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
BCC	Behavioural Change and Communication
CSO	Civil Society Organization
CSOFF	Civil Society Fund Facility
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
IDAHOT	International Day against Homophobia, Transphobia and Biphobia
IEC	Information Education and Communication
KAPs	Key Affected Populations
LGBT+	Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex
M&E	Monitoring and Evaluation
MARPs	Most at Risk Populations
MoH	Ministry of Health
MSA GF	Multi Country South Asia Global Fund
MSM	Men having sex with Men
NACP	National AIDS Control Programme
NGO	Non-Governmental Organization
NSP	National Strategic Plan
ORW	Outreach Worker
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PR	Principal Recipient
SR	Sub Recipient
TFM	Transitional Funding Mechanism
TG	Transgender
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
VCT	Voluntary Counselling and Testing

Introduction

Much has changed in Bhutan since the detection of the first HIV case in 1993. Besides the number of cases having increased, both the medical and social responses have improved and gained great importance. From the beginning, the government has ensured access to health services and provided care and treatment free of cost, to all people living with HIV (PLHIV).

From 2009 – 2015, about 112400 people tested for HIV out of which 492 cases have been detected positive. This places prevalence at well below 0.01 percent. UNAIDS estimates that about 1100 – 2200 people could have been living with HIV/ AIDS at the end of 2012, most of whom are unaware they are infected. Given efforts made to identify existing cases, it is unlikely significant pockets of cases will be identified in the near future. Moreover, the number of annual cases identified has leveled off, with the peak in 2007.

HIV scenario in Bhutan is a diffused situation with reported cases coming from diverse occupational backgrounds and districts. They include farmers, housewives, armed forces, and female sex workers. Mode of transmission is primarily sexual. There are about an equal number of men and women identified as HIV positive. Two-thirds are between 20 and 49 years of age. The studies carried out by the ministry of health in 2013 estimate that there are about 9000 MSM in the country. However, there is no reliable sources or data on prevalence of MSM and TG populations. The number of MSM and TG registered at Lhak-Sam identified through peer network and outreach program is only 40. These group of member's work is a close collaboration in MoH and UNDP informally as a LGBT community in Bhutan.

The establishment of Lhak-Sam, as a non-government organization (NGO) in 2009 to improve the conditions of PLHIV has provided crucial support and strengthened networking. Since its inception, it has strived to provide a platform for PLHIV to come together and to support each other. As the only organization for PLHIV, it has come to play an important role in representing the group in national and international forums. It has gained the trust and confidence of PLHIV as reflected in its increasing membership and reach across the country. Partners including the Ministry of Health and international agencies have included Lhak-Sam in all decision making that affects PLHIV and currently implements a number of program as a sub-recipient (SR) for the Global Fund grants given to the government as the Principal recipient (PR).

HIV is still perceived with fear in Bhutan leading to stigmatization. The reaction to the coming out in public of 5 Lhak-Sam members has been generally positive, but it remains to be seen how PLHIV will be treated by other community members, friends and family. Self-stigma of members still exists, which can be seen during meetings or seminars, they are deeply concerned about their confidentiality and worried whether the hotel staff and others will listen to their conversations. This has led to low intake of HIV testing among people practicing high risk behavior. Bhutan has one of the best health systems in South Asia and anti-retroviral therapy for PLHIV is free through designated centers. However, the access to treatment is still a problem and there are 'lost to follow-up cases', especially in the rural areas.

The purpose of M&E Plan

It is important to develop an M&E plan before beginning any monitoring activities in order to have a clear plan for what questions about the program need to be answered. The plan will facilitate organization decide how they are going to collect data to track indicators, how monitoring data will be analyzed, and how the results of data collection will be disseminated both to the donor and internally among staff members for program improvement. Through this M&E plan, it is important that it is put into operation for optimal utilization to make program effectively as possible and able to report on results at the end of the program.

Monitoring and Evaluation of the NSP of Lhak-Sam implementation to track progress assess impact and provide guidance to the HIV response will be done through this Monitoring and Evaluation Plan. It provides the overall framework and identifies priority level indicators to which all implementing partners will be contributing to. Additionally, the M&E Plan will be a core component of the organizations M&E system for the HIV and AIDS response which is strategically designed to depend on existing stakeholder sub-systems as building blocks.

Background of Organization

Lhak-Sam was founded in 2009, endeavored by the courage of a group people with HIV positive. Registered under CSO Act of Bhutan in the following year, it received positive encouragement and support from the Ministry of Health and few dedicated individuals. The organization is aimed to be network of people committed to establishing networks among PLHIV, providing and promoting leadership, education and capacity building, empowering them to improve their quality of life, reducing stigma and discrimination and through increased access to information and resources for a meaningful life.

Through 2010 till date, Lhak-Sam has been a key player along with the NACP, taking initiatives in addressing and taking collective action towards effective response to HIV/AIDS and its impact. With a wide range of plans and programs, the organization has been emphasizing its activities to establishing networks, advocacy, care and support, education, counseling and more importantly centering its attention on the prevention. The network support has been successful in reaching 80% of population creating awareness and almost 40% of total PLHIV registering as its members. About 50 school children belonging to disadvantaged groups receive educational support apart from other essential and necessary requirements.

The organization is equipped with secretariat office in Thimphu and three region offices as regional coordinators in P/ling, Gelephug and S/Jongkhar. The organization is led by Executive Director along with seven staffs mainly looking after Program, Fundraising unit, Finance and Enrich sections.

Initially, Lhak-Sam's received its financial and technical assistance from UNDP, UNAIDS and CSOFF in order to function and carry out its mandates. Towards the mid-2013, the organization experienced dearth of financial aid impacting the need to financing overhead costs. Through kind support of GFATM, the TFM funding enabled the organization to function consistently. Currently Lhak-Sam receives funding from GFATM for a project period through mid-2015 till 2017.

Vision

A society where all PLHIV and affected family members have opportunities for a meaningful livelihood.

Mission

Working together to improve the quality of life for all people living with HIV in Bhutan through, networking, peer led advocacy on prevention, treatment, care and support, income generation and capacity building activities.

Objectives

- To network and provide support to all PLWHA in Bhutan and the region
- To empower and build the capacity of all members to participate fully in their own treatment, care and prevention
- To reduce stigma and discrimination by normalizing HIV/AIDS in all levels of society
- To enhance greater participation of members and other stakeholders in the fight against HIV/AIDS
- To increase access to resources by members through resource mobilization, grant making and management.

Project Description

Currently, Lhak-Sam is engaged with two projects supported through;

1. Sub-recipient for the implementation of the Global Fund grant BTN-H-MOH titled Preventing HIV/AIDS and Strengthening Treatment of PLHIV through a New Funding Module, NACP Ministry of Health as Principal Recipient for the period of 2014 - 2017,
2. Sub recipient of Multi-Country South Asia (MSA) Regional HIV Programme “Reducing the Impact of HIV on MSM and Transgender Populations in South Asia”, with UNDP as the Principal Recipient for the period of 2013 – 2017.

Under these two programs activities which are reflected into the Lhak-Sam Strategic plan are broadly covered which mainly HIV intervention into two components. Activities include;

1. **Advocacy at the national and local levels:** for both the project components advocacy, education and awareness for the general population on HIV and associated impacts and relation with the MSM and Transgender is the key activity. Beneficiaries comprises of PLHIV, MSM and TG, the youth and adolescents and general public of Bhutan. The focus is also being accorded to the Most at Risk Populations (MARPS) and the segments of Key Affected populations (KAPs) while keeping in mind the mandates and objectives. Special emphasis is made on the rights of PLHIV, reducing the stigma and discrimination, encouraging voluntary testing and providing information on existing services and availability of the treatment, while at the same time HIV associate risks and vulnerabilities are emphasized for the MSM and TGs.
2. **Outreach and networking psychological support:** based on the number of PLHIV identified in the districts, the executive committee sits down and plans the duration and date for travel, how much budget will be incurred and the packages of the services that will be provided. The three support

groups in the region as well as the secretariat office carry out the networking /outreach program as per the plan in their respective region.

Similar activity is carried out for the outreach program of MSM and transgender. Those who fear coming out revealing their identity are provided support, counselled and encouraged. Usually, those hiding behind the closet are the ones who are in the state of indecision and questioning pressurized with self-identity, depression and psychological problems.

3. **Social support during medical referral for disadvantage PLHIV individual:** PLHIV are mostly illiterate and live in a remote village finding difficulty in accessing the needful treatment on time due to financial problem. The identification of the beneficiaries as disadvantaged PLHIV are done during the times of home visit, meeting them face to face, observing their living standard, listening to them and feeling the needy situation of the member, the ORW reports to the Lhak-Sam secretariat office. An appropriate financial norm is being followed when providing such support, either the program manager or the finance officer puts up a note sheet to the executive director when informed by the outreach worker and the regional support group coordinator for a need of provision of support to the disadvantaged PLHIV.
4. **Nutritional support for PLHIV, procurement of multi-vitamin:** The PLHIVs receive the nutritional support in the form of multivitamin and proteins. The support is rendered to those with recurrent morbidity under recommendation of Physician and when admitted in the hospital due to opportunistic infection, treatment side effects and other complication.
5. **Observation of international events:** three international events, the World AIDS Day, Candlelight Memorial Day and the IDAHOT day are observed with support from the MSA project. These events are held every year in commemoration to their purpose. Members of PLHIV, MSM and TGs, relevant partners and stakeholders and supporters gather for discussion on the issues related to HIV and LGBT+ and very often social, health and legal aspects of these components.
6. **Trainings and forums:** through the MSA project and ad hoc small scale donor funding, trainings for PLHIVs and MSM and TGs are conducted in instances. These include treatment as prevention on HIV, while forum discussions are held to discuss the recurrent and priority issues affecting PLHIV and LGBT+.

Logical Framework

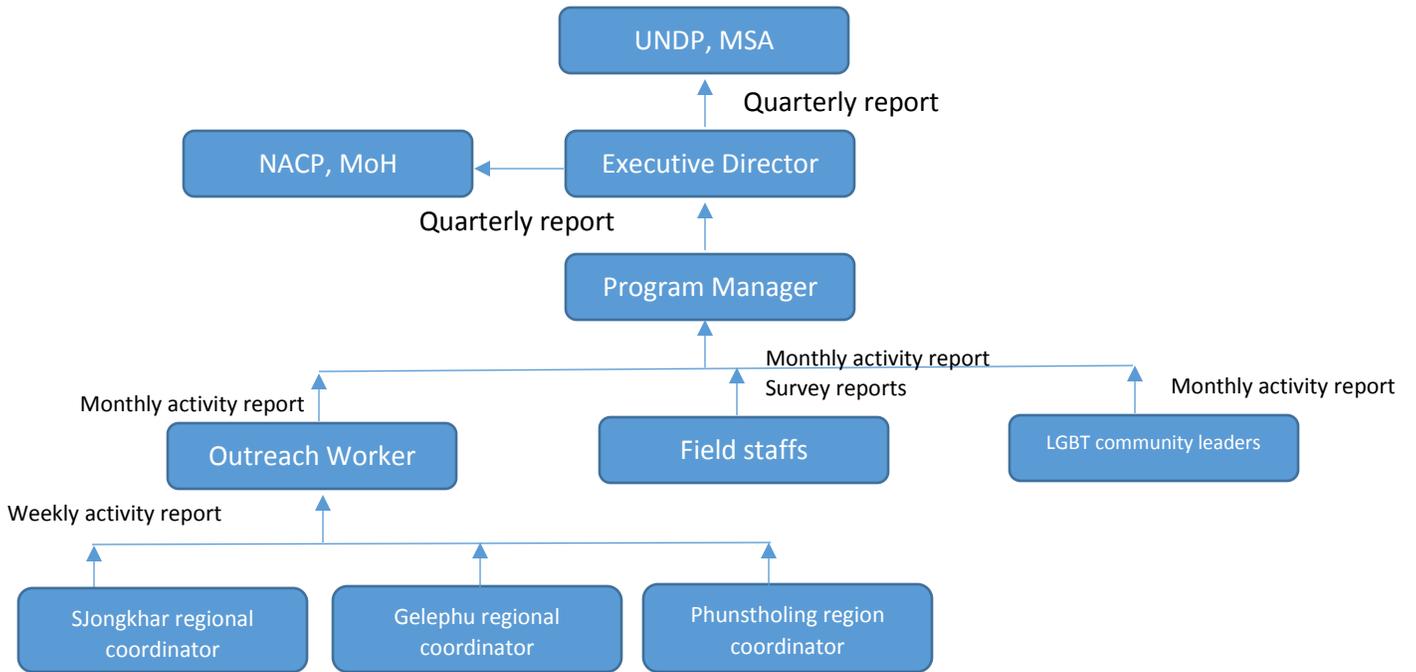
Activity	Output	Outcome	Impact	Target
Strategic Objective 1: To network and provide support to all PLWHA in Bhutan and the region				
Home visit to offer psycho – social support for the PLHIV members and LGBT Monthly follow up through phone calls Outdoor activities – picnic, gathering, place visits	Number of members PLHIV and new LGBT reached through outreach program	Increased level of self-care and management amongst PLHIVs and provision of receiving better and improved services Isolation reduction and confidence building of LGBT members	Improve and prolong lives of PLHIV with meaningful existence with right treatment and care. Create enabling environment for LGBT members.	Reach 70% of all HIV infected members with Lhak-Sam support. All LGBT members who have come out receives optimal access to health services
Assists in referrals and doctor consultations at the national and regional health centres.	Number of PLHIVs referred for various services including routinely CD4 check up Number of PLHIVs reached with ARV medicines from the health centre	Addressed treatment and health service access difficulties by the PLHIVs including mother to child transmission.	Reduction of mother to child transmission	Reach 70% of all HIV infected members with Lhak-Sam support.
Strategic Objective 2: To reduce stigma and discrimination by normalizing HIV/AIDS in all levels of society				
Dissemination of information and education through presentation slides, interactive, question and answer sessions. i) prevention and transmission HIV ii) VCT iii) stigma and discrimination iv) MSM & TG their associated risks and vulnerabilities on HIV/AIDS	Number of men and women reached with HIV prevention program, preventive interventions; transmission; 1) youths, 2) Uniformed personnel, 3) LGBT	1. Increase in turn over for VCT. 2. Safety precautions and preventive methods adopted. 3. Reduction of stigma and discrimination towards PLHIVs and LGBT+ 4. Enhance condom usage	The general population is well informed on the HIV knowledge, risks, transmission and preventive measures Myths and misconceptions on HIV is cleared. Halt and slow down ever increasing HIV incidence	Reach to 10,000 audience with face to face awareness campaign in one year
BCC and IEC materials – information pamphlets of HIV transmission and prevention distribution		Better informed and updated with HIV knowledge and information.	Prevent in HIV transmission and risky behaviours	5000 people distributed with BCC materials in one year
Strategic Objective 3: To empower and build the capacity of all members to participate fully in their own treatment, care and prevention				
Awareness and peer support activities through outdoor activities, gathering for isolation reduction in each region	Number of prevention program conducted and evaluated by regional network in respective region	Strengthened regional networks of PLHIVs and preventive measures are duly conducted	Closeness and confidence building, trust and peer support	100% of all registered members of Lhak-Sam (PLHIV and LGBT) are reached at least with one activity in one year

Activity	Output	Outcome	Impact	Target
The educational support in the form of cash and kind is sent to their respective locations all across the country. Cash are provided to purchase dress, shoes, bags and payment of school fees, while in kind children receive, books, pencils/pens and other stationeries. Those disadvantaged ones are provided with basic support in caring for the child	Number of school going children living with HIV and those affected due to HIV receiving basic educational amenities	Positive children receive equal education like any normal children. Orphaned children are continually sustained with basic needs at their age	Negative impacts of HIV on children is addressed. Equity and poverty arising out of HIV are adequately taken measure. Reduce stigma and discrimination at school.	
Periodic meetings, seminars, trainings of every staff member at local and international level	Number of staff trained and completed the self-assessment	The productivity and efficiency of every employee are expected to increase through check and periodic monitoring	Contribute towards effective response and mitigation towards HIV/AIDS	All staffs (PLHIV and LGBT) including members receive at least one training
Strategic Objective 4: To enhance greater participation of members and other stakeholders in the fight against HIV/AIDS				
Render support of benefits in cash, kind and legal services. Peer counselling and home visits.	Number of eligible adults and children provided with nutrition, psychological, social, or spiritual support including protection and legal aid services	Members of PLHIV are adequately provided with nutrition, social support in cash and kind during referrals and offer psycho-social support	Underprivileged members of PLHIVs are provided with basic requirements for very survival and sustainability. Legal provisions are taken care	
Operational research report on the knowledge, attitude, behaviour and practice of general population towards HIV/AIDS and PLHIV	Number of operational research conducted and endorsed	Information at different levels disseminated strategically and correctly	Updates of national response. The results of the KAPB is expected to measure the effectiveness of HIV program intervention	Four reports published in a year
Strategic Objective 5: To increase access to resources by members through resource mobilization, grant making and management				
Approach potential donors both local and international for resources and fund mobilization	Number of potential donors approached for fund and resources	Receive funds from local and international donors	Organization is sustained and consistent flow of budget is ensured	Mobilise BTN 2M in a year

Data Flow and Use

Source	Collection	Collation and Storage	Analysis	Reporting	Use
Routine data – outreach and home visit (through PLHIV membership forms)	Data collected by the outreach workers in the districts of 4 regions. The data is collected once in every quarter	Data aggregate by age, sex and gender. Documented in file and maintained electronically	The data can be analysed for assessing the Demographic background socio economic status of PLHIV stigma discrimination faced records of routine CD4 check up	Reports are submitted to National AIDS Control Program, MoH and relevant partners and donors	The information provides gaps and shortages in national HIV prevention, services and mapping of the locations the PLHIV reside
Periodic advocacy data (through pre test and post test questionnaire)	Program manager collects the data for each quarterly advocacy and awareness session	Data aggregate by age, sex and gender. Documented in file and maintained electronically	Analysis on HIV knowledge, behaviour and attitudes. Stigma and discrimination and homophobia	Reported to the UNDP, and relevant stakeholders	The information is used to achieve set targets and indicators for specific period of time
Regular monitoring data on patient referrals (referral forms)	Outreach worker and program manager	Data segregated by type of referrals and location	Analysis on type and frequency of opportunistic infections for PLHIVs	Reported to executive head of the organization	The information is used for surveillance and follow ups
Regular monitoring data on nutritional support (Nutrition register)	Program assistant and outreach worker	Data segregated by adults, pregnant mothers and children	Analysis of CD4 drops and vulnerability to opportunistic infections	Reported to executive head of the organization	The information is used for surveillance and follow ups

Data flow structure



Data Base Management System

Storage

Since Lhak-Sam doesn't have monitoring and evaluation officer, all data are maintained in hard copies as well as electronic copies with the program manager. The overall M&E systems is and managed by program officer. The IT section provides all necessary database formats in excel, SPSS and Microsoft office format systems.

The data backup is done in an external hard drive maintained with Program Officer. backups are carried out on monthly basis approved by executive director.

Analysis

All data are analyzed using a SPSS software. The program manager carries out all the analysis of the data and subsequently reports are generated. The analysis are carried out to identify programmatic gaps which is shared with secretariat and board members to track progress and to accordingly accomplish program goals and objectives.

Privacy

Majority of questionnaires, forms and registers are maintained in a lock up with program manager, since it involves confidential data on PLHIV and MSM and TG. The electronic copies are password protected with tight security of computers. The data are accessible to Executive Director and donors when necessary.

Reporting Plan

Data element	Information Product	Recipient	Date
Advocacy data; number of people reached, sessions, districts and survey questionnaires	Each activity advocacy report on HIV and LGBT	NACP, MoH and UNDP BRH	End of each quarter
Outreach data; number of PLHIVs reached with registration of membership forms	Activity outreach report	NACP, MoH and UNDP BRH	End of each quarter
Social support forms and registers. Number of (travel, nutrition, referrals)	Activity outreach report	NACP, MoH	End of each quarter