

“National and local responses will not work without the full engagement and participation of those affected by HIV, particularly people living with HIV.”

National Strategic Plan (2012 - 2016)

2014 ANNUAL REPORT

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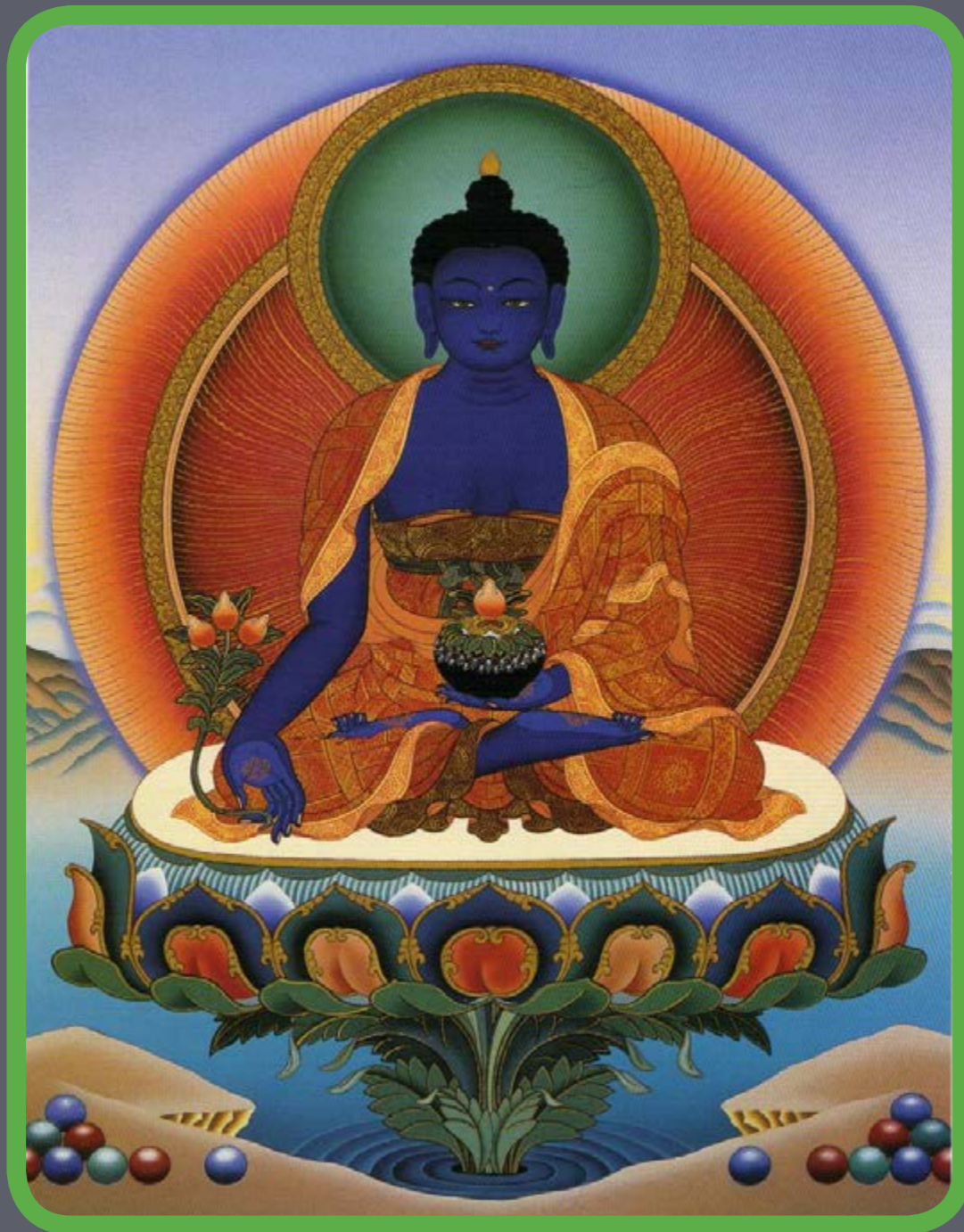
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LHAK-SAM (ALTRUISM)

BHUTAN NETWORK OF PEOPLE
LIVING WITH HIV AND AIDS (BNP+)





POTRAIT OF MEDICINE BUDDHA (SANGAY MENLHA)

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LHAK - SAM (BHUTAN NETWORK OF PEOPLE LIVING WITH HIV+) ANNUAL REPORT 2014

Lhak-Sam (BNP+) is the first and only network of HIV positive people formed in 2010, to address the needs of PLHIV for mutual support, solidarity, and social networking in Bhutan. Lhak-sam provides leadership, education and capacity building with a dream to create an environment free from stigma and discrimination and a society wherein all PLHIV and affected family members have opportunities for meaningful livelihood

OUR PURPOSE

To create and promote a strong support system based on solidarity, social networking and people's participation for addressing and taking collective action towards effective response to HIV/AIDS and its impact.

OUR VISION

A society where all PLHIV and affected family members have opportunities for a meaningful livelihood, with HIV and its impact controlled.

OUR MISSION

Lhak-Sam aims to be a premier organization in Bhutan committed to providing and promoting leadership, education and capacity building to all people living with HIV and their families, empowering them to improve their quality of life, by reducing stigma and discrimination and through access to appropriate prevention, care and support services.

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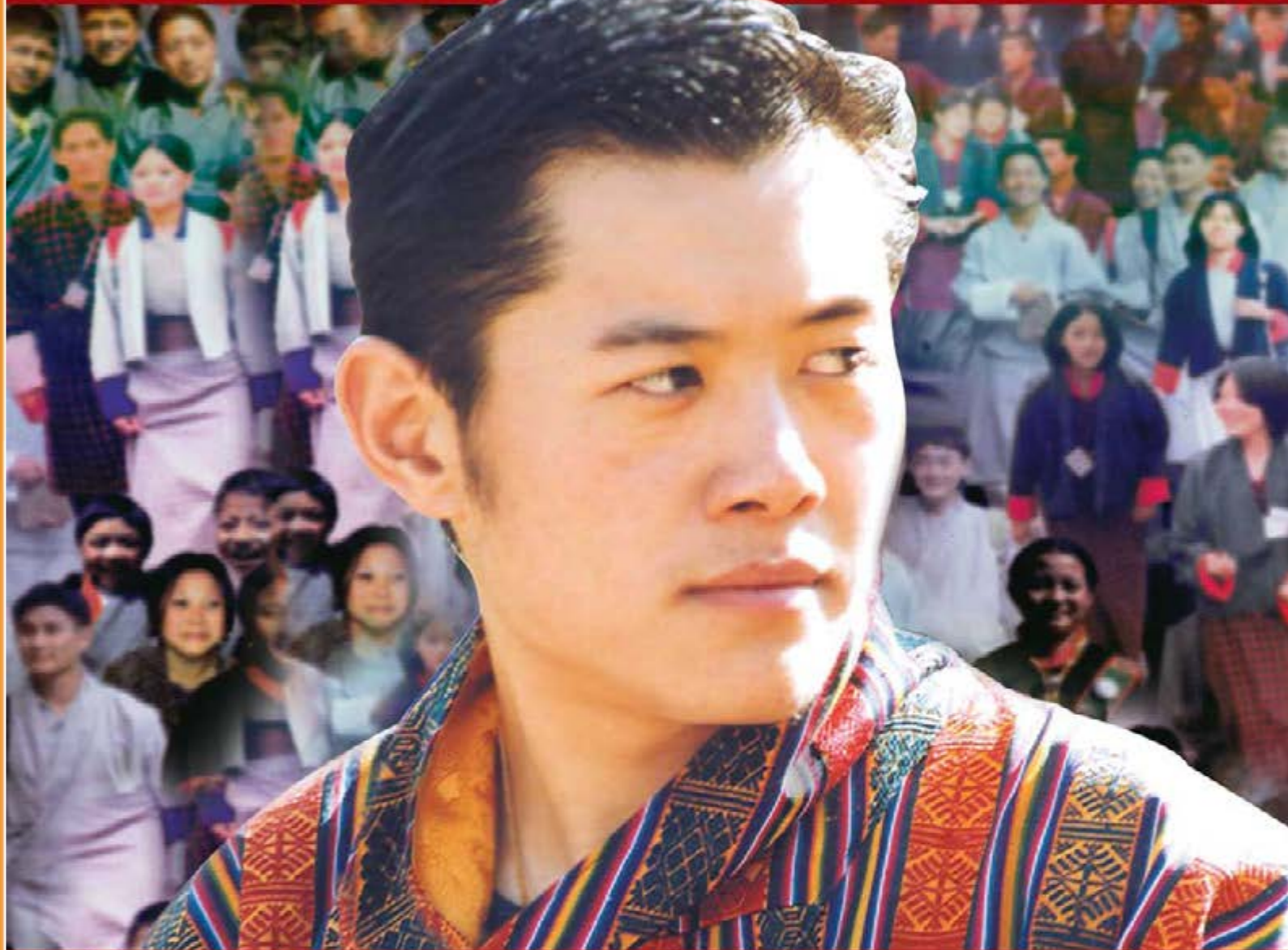
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Jigme Khesar Namgyel Wangchuck
 འབྲུག་མངའ་བདག་ཀྱི་ཕ་མོ།

“the goodness of a person



is at its purest in the young”

“I believe that the goodness of a person is at its purest in the young. And this is the root from which all hope and optimism about the future springs. After all it is the goodness in human nature that overcomes all obstacles.

HIV/AIDS is no exception.

The youth will use their strength of character to reject undesirable activities; their compassion to aid those afflicted; and their will to prevent its spread.”

Jigme Khesar Namgyel Wangchuck

Druk Gyalpo Jigme Khesar Namgyel Wangchuck



EXECUTIVE SUMMARY

As the year 2015 Wood Female Sheep Year begins, it's time we look back, reflect and acknowledge the small contribution and achievements that we have made, and the challenges that we have faced in responding to AIDS in Bhutan. This 2015, we celebrate 4 years of our working in solidarity with our HIV positive members and in partnership with government, and relevant stakeholders.

Subsequent to our registration with the Civil Society Organization Authority of Bhutan (CSOA) in November 2010, Lhak-Sam continues to rise in name, ability and responsibility. As a reflection of our progress we were shortlisted for the 2014 international red ribbon award. We have been recognized by our King, government, general public and partner agencies for our contribution in preventing and mitigating HIV/AIDS, and its associated impacts in Bhutan and the region. Lhak-Sam currently is one of the newer but one of the active members of the third country world Asia Pacific Network of People Living with HIV and AIDS (APN+), based in Bangkok, Thailand. Lhak-Sam served as the co-chair of the APN+ Steering Committee from 2012 to 2014, and is currently serving as an APN+ representative to the "7 Sisters", a coalition of Asia Pacific regional networks on HIV/AIDS.

The initiatives that we have taken have become well known in our communities for bringing grass root issues to the centre of discussions, ensuring that the positive perspectives are heard loud and clear when advocating for quality of life for our HIV positive people. The revelation of their status of eight HIV positive members of Lhak-Sam in the public from 2011 to 2014 has given HIV a human face which was well accepted by many people and regarded by many as a "brave and kind" step. Our information and education on HIV/AIDS to the people through our positive perspectives and experiences has reduced stigma to a certain level, increased the people's knowledge and understanding on HIV and AIDS and empowered them to seek prevention, testing and treatment services. The number of people seeking voluntary counseling and testing for HIV rose from 3600 in 2010 to 21,000 in 2012.

As a one of its kind organization in Bhutan and with our aptitude to realize how it feels to be in others shoes, and to know stigma and discrimination, we took the lead in informing the social, health and legal issues faced by Key Affected Populations (KAPs) at the national and regional level. We were assisted in our efforts by various partners from

EXECUTIVE SUMMARY

various organizations. The UN defined KAPs as people with profession of selling sex, men who have sex with men, transgender, and people who use drug, alcohol and inject drugs.

We continue to present a range of programs, to network, care and support, educate and advocate for People Living with HIV (PLHIV), while equally focusing and emphasizing on prevention. Our networking/enriching program was successful in consenting and registering 151 HIV positives from 15 of the 20 districts of Bhutan as members of Lhak-Sam, including 16 children living with HIV. Some of our children have unfortunately and sadly lost both their parents to AIDS, and presently are living with their elderly grandparents. Of these the eldest one is nineteen and the youngest one three years old. Our peer counseling, home visit and event programs have reduced isolation, built closeness and increased participation and improved peer to peer support. The basic treatment literacy sessions that we provide to the PLHIV were very useful in educating them on the importance of treatment preparedness, treatment initiation and adherence, and improved their knowledge on HIV/AIDS, self care and the importance of regular treatment monitoring. These are essential requirements for PLHIV to lead a productive and positive life.

The small support that we provide to our financially challenged members have brought enormous benefits in enabling members to continue education, seek needful treatment, access good nutrition during hospital stay, and buying essential items especially during cremation rites when members or their family members pass away.

In light of the emerging need to guide the organization in its work, the first strategic plan (2014-2018) was drafted in consultation with key stakeholders and donor agencies. Affected members were involved throughout the process and inputs were received from all sections of the positive members in the country. The document elaborates in detail, the strategic directions and sets specific targets to be attained during the life of the strategic plan. In this age of global financial crisis and with an uncertain economic outlook, SPL (Strategic Plan of Lhaksam) budget provides two scenarios. While the first scenario includes all activities planned under SPL, scenario two only looks at the most essential activities without which it would be a great challenge to reduce and reverse the spread of HIV. The strategic plan was launched

EXECUTIVE SUMMARY

by Her Majesty the Queen Mother, Sangay Choden Wangchuck, good will ambassador of UNFPA during the world AIDS day 2013. A copy of it can be found on our website www.lhaksam.org.bt.

From 2011 until 2014, Lhak-Sam was audited twice by the Royal Audit Authority (RAA), and had received an unchanged clean report, reflecting the dedicated and hard work input by the secretariat and its team. Lhak-Sam also obtained an A2 grading in its programmatic and financial assessment conducted by the UNDP BRH before Lhak-Sam could be eligible as a sub recipient for the South Asia Multi Country Global Fund HIV Program. A copy of the audit and the progress report were submitted to the Office of the His Majesty, CSOA, Regional Revenue and Custom Office (RRCO) and UN for their kind perusal and updates.

The Global Fund to Fight AIDS, TB and Malaria has been providing substantial grant to the Government since 2006 and continues to provide support through the new funding model. Several developments have however placed grave risk and threatened the sustainability of Lhak-Sam as an organization. These are the upgradation of Bhutan to a BAND 4 country (low middle income country and less disease burden), graduating to a middle income country from a LDC and withdrawing of major donors. This is further compounded by emerging priority areas of interventions, and the near absence of domestic funding. All this point to future threats for the smooth implementation of Lhak-Sam programs and sustaining the gains made thus far.

As we continue with our journey towards the fight against AIDS we will keep our partners, donors and people updated on our progresses and the challenges that we face.



Wangda Dorji
Executive Director

ORGANIZATION

The Lhak-Sam office is equipped with all necessary equipment and furniture in relation to its existing staff strength of ten; seven at the secretariat and three in the region as a regional support group coordinator. In addition we have some dedicated volunteers who provide us with the voluntary work when required.

The day to day task management of the organization is the responsibility of the Executive Director who works closely with the rest of the staff in fulfilling the mandates of Lhak-Sam. The ten current staff members with Lhak-Sam comprise of Executive Director, Program Manager, Finance Officer, Assistant Accounts Officer, Enrich Worker, Driver, Coordinator for the Drug Abuse Prevention Centre (DAPC) and the three regional support

Staff members of
Lhak-Sam



ORGANIZATION

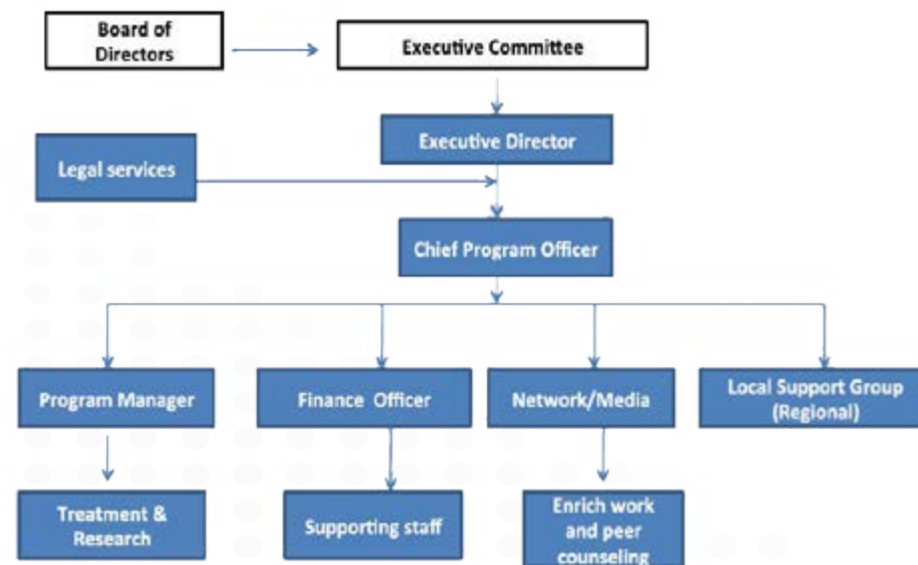
group coordinators, one each at Samdrupjongkhar, Phuntsholing and Galeyphug. The regional support group coordinators act as a bridge between the members in the region and the Lhak-Sam secretariat office in Thimphu.

Our Board of Directors comes from a diverse background, designation and experiences representing people from the private sector, corporate, government, faith based, bilateral and people living with HIV. The Boards represent as the major policy and decision-making body.

Both the quarterly board meeting and the fortnightly executive committee meeting were held regularly with every meeting minuted, endorsed and documented.

The governance manual, Terms of Reference (ToR) for the board members, human resource manual, financial manual and the first strategic plan of Lhak-Sam were developed and published.

Organization structure



NETWORKING AND ENRICH

In terms of networking/enrich work, Lhak-Sam has made a huge success in bringing together 151 HIV positive people from across 15 of the 20 districts of Bhutan, including 16 children under the roof of Lhak-Sam as its positive members. The male to female ratio is almost equal. Many of them are illiterate and come from a financially challenged family back ground, and live in very rural villages. Among the children with HIV, the eldest is nineteen years old and youngest 3 years. Some of the children have unfortunately and sadly, lost both their parent to AIDS and are currently living with and looked after by their elderly grandparents. Who will shelter and give them the care that they need after their grandparents pass away remains a big concern for Lhak-Sam on a daily basis.

Members of staff working on networking, strategy and coordination plan for reaching out to the people



Among the children with HIV, the eldest one is 19 and the youngest 3 years old. Some children's both parents were lost to AIDS and are currently looked after by their grandparents. It's a big concern for Lhak-sam who the care giver will be after their grandparents pass away.

Reaching out to people and populations who are going through psychosocial problems, fear, low self-esteem and remain hidden is difficult. Nevertheless with strong dedication and strategic approach adopted by our staff and key member, were able to conduct successful programs and make a difference in the lives of those affected by HIV and AIDS. This was made possible also by the strong support and

NETWORKING AND ENRICH

collaboration from the National AIDS and STIs Control Program (NACP), and the Health HIV focal person in the districts, Health Information Service centres (HISCs) and the Treatment and Care Unit in advocating and linking the PLHIV with Lhak-Sam. The services provided by these important agencies include providing medical care, linking and referring PLHIV to related services, providing counseling, delivering much needed antiretroviral medicines and formula feedings, upholding confidentiality and maintaining HIV data. They collaborated with Lhak-Sam during the information and education programs around the country, during international events, treatment literacy sessions, reaching out to defaulters and many such related programs.



HIV treatment literacy workshop in Thimphu for the PLHIV members

The prevalence of stigma and discrimination is high and in particular the presence of self stigma among PLHIV has created the biggest obstacle in reaching out to the unreached in a most effective manner. It is these people who require our support and intervention the most. As a result this has divided the Bhutanese PLHIV into two groups, one coming from a well-educated and well to do background who choose to remain anonymous and the other illiterate, with limited

Stigma and discrimination has divided PLHIV into two groups of people (rich & educated) and (poor & illiterate). The former prefer to remain anonymous while the latter seek support from Lhak-sam

NETWORKING AND ENRICH



Outdoor activities with the community people in Samdrup Jongkhar

Making understand the facts of HIV to the affected family members and discordant couples has helped improve rendering of moral support which is integral for the PLHIV to lead a better and quality life.

or no education, financially challenged and who seek the support of Lhak-Sam and become members. Understanding and respecting the rights to confidentiality, our members and enrich workers meet them in the place they feel most comfortable and safe, often in out of the way locations such as forests, river banks, bordering towns of India and Bhutan and often in odd hours such as late night. During these times we have provided peer counseling, information on available services and the means to how to access them, encourage participation and positive living. Knowing the importance, we give equal attention and care to the discordant couples. We also took the opportunity to meet with the affected family members of those that knew the HIV-status of their dear ones, and encouraged them to understand and render moral support which forms an integral part of PLHIV, to live well with HIV. Home visits were undertaken, especially to those going through psychosocial problems, and those living in isolated areas with limited access to information, to educate and provide them peer counseling/peer education support and encourage participations. The purpose of forming Lhak-Sam and its mandates was informed clearly to the HIV positive friends.

NETWORKING AND ENRICH

Although Lhak-sam has made tremendous achievement, lack of adequate funding in 2013 and 2014 was an obstacle in reaching to more PLHIV in need of services and support.

Our first Annual General Meeting was held in 2013 in the East of Bhutan with 61 HIV positive people participating from 15 of the 20 districts of Bhutan. On the last day, after visiting several monasteries in the vicinity, the participants danced in a large circle for almost three hours near the town monastery with many community people watching enthusiastically. Majority of our members are seeking treatment on time and are living healthy and meaningful lives.

Although tremendous achievements have been made in reaching and enriching PLHIV the targets have not yet been reached and there are many others yet to be reached. Lack of funds prevented us from undertaking network activities continuously during 2013 and 2014. Had there been more funds we would have reached more, educated more, empowered more and saved more from psychosocial, isolation, morbidity and mortality problems. From the total reported cases of 403 PLHIV, 77 people have died indicating a mortality rate of 19%. This means that for every 1000 positive people, 19 die annually. Assuming that from among the 77 people who died, 50 were married with three siblings each, this would mean that there are already 150 children who

Awareness on drug users vulnerability to HIV with the peer educators in Phuntsholing DIC



NETWORKING AND ENRICH

It has become clear that continuum of programs and activities to reach the unreached PLHIVs would have huge impact in reducing social isolation and in improving participation.

have either lost one or both of their parents and 50 of them have lost either their husband or wife, to AIDS and left behind helpless with the siblings.

Without a continuum of programs to reach the unreached (newly detected cases, lost to follow-ups and defaulters), and without educating them on the importance of treatment and adherence, the global HIV treatment and prevention program would falter. This would lead to further spread of HIV and especially lead to drug resistance virus being transmitted among the general population. Therefore in 2015 one of our focuses will be to look for fund to network and reach out to more for enriching the HIV program.

We acknowledge the generous funds received from the Global Fund and the Bhutan Country Coordination Mechanism (CCM) without which we would not have progressed this far. It has enabled us to conduct networking programs in 2013 and 2014 and significantly increasing our membership to 151 from 107.

Community based treatment and care sessions at Samdrup Jongkhar



NETWORKING AND ENRICH

We admit that proper and comprehensive recording of issues and challenges faced by our members, and the experience gained from networking and undertaking home visits could not be done in a comprehensive manner. As a young organization with limited capacity we are striving to put in place these important components so that our programs become better. Towards this we will continue to explore opportunities for technical assistance, for developing proper tools and forms to record and report activities. We will train the Lhak-Sam enrich workers and the key members in the region on how to use them for ensuring comprehensive documentation. This will allow Lhak-Sam to build evidences and establish baseline data and to use them while representing as the voice of our community.

Networking/home visit for providing peer counselling and necessity support



INFORMATION AND EDUCATION

A marvelous achievement has been made in the area of information/education from 2011 to 2014. The determined decision of eight PLHIV to disclose their HIV status publicly during the world AIDS day was a historical moment in the history of HIV in the country. The main aim of doing that was to empower PLHIV and the people of Bhutan on HIV and to put a face to the disease and its associated impacts. The response



First five HIV positive people who came out in the public in 2011 World AIDS Day

was very good and many people regarded the decision as "Bold and Kind". Although there had been deep apprehension on the plight of those who came out openly with fears of stigma and discrimination, the reality was quite different. Overall there was sympathy and understanding for PLHIV. A few faced minor discrimination however over the months and years the people of Bhutan have become more aware of HIV through the experience shared by these individuals. This event has also enabled Lhak-Sam to reach out more

effectively and conduct advocacy and awareness program in 15 of the 20 districts of Bhutan covering 24,000 audiences in total. This included prisoners, uniformed people (Royal Bhutan Police and Royal Bhutan Army and their family members) school drop outs, school children, civil servants and industries. Lhak-Sam members did not have to hide behind a veil of confidentiality and instead could openly discuss and answer questions from the audience. In addition various forms of media



Three HIV positive people who came out in the public in 2014 with Health Minister World AIDS Day

were used to create awareness among the people, from appearing on TV, speaking through radio, providing interviews in the print media, holding face to face discussion with public (during campaign) and also one to one counseling. Social media was used effectively to network and provide services among masses. Both the national and regional forums provided an arena for further reaching out to people. All this have had a positive impact on reducing stigma and most importantly in the uptake of VCT from 3600 people in

INFORMATION AND EDUCATION

2010 to more than 21, 000 in 2014. Despite achieving so much in a short duration of time especially in informing and educating the people across the country, the number of newly detected cases remains low. Although many of these are not recent infections, Lhak-Sam continues to have concern on the current rate of HIV case detection. The Joint United Nation Program on HIV and AIDS in 2012 estimated 1100 people living with HIV in Bhutan, however till date the registered case of HIV detected is only 403 as of 2014, which means 697 people are still unaware of their HIV status. One HIV positive person has a potential of unknowingly infecting 5 people in a year, which means 697 people have a potential of infecting 3458 people in a year, and 17,425 in two years and this could potentially turn into a new epidemic. The risks are higher considering the high prevalence of promiscuity, increasing commercial sex work, and the low usage of condoms. The high mobility among Bhutanese people especially within the region also poses significant dangers given the high prevalence of HIV in the neighboring countries. Current data indicate that there are more than 2.1 million PLHIV in India, 39,000 in Nepal, 440,000 in Thailand and 780,000 in China.

Therefore in 2015 Lhak-Sam will stress on strengthening mutual cooperation and collaboration with the NACP in reaching the most at risk communities, and improve KAPs through providing information and education program on HIV and STIs. We will also advocate for the establishment of providing on the spot facilities for voluntary counseling and testing for HIV, hepatitis B, C and syphilis.

The UNAIDS estimates 1100 people living with HIV in Bhutan whereas the current record is 403. This makes 697 people still unaware of their HIV status. One HIV person has potential of unknowingly infecting 5 people in a year.

Observing the World AIDS day 2013 at clock tower in Thimphu



ADVOCACY

Our continued advocacy program on treatment related aspects of PLHIV with the Ministry of Health, partners and donors has increased their understanding and acknowledgement of our concerns. With the institution of fixed dose combinations (FDC) and provision of Efavirenz (EFV) and Tenofovir (TDF) in the first line treatment regimen, the number of antiretroviral medicines has been now reduced from 6 pills a day to 2 pills in 2014. Viral load testing machines have also been approved and in expected to be procured under the New Funding Module grant of the Global Fund. The MoH has been supporting Lhak-Sam and ensuring that PLHIV receive optimal care as per the WHO guidelines. Through their efforts a treatment, care and support unit has been established in JDWNRH and this has improved the relationship between health care provider and PLHIV making access to treatment and care confidential and convenient. The NACP has agreed to host quarterly meeting between the health care provider and the receivers, for better understanding of each other's problems and in administering effective treatment. The provision of formula milk for feeding children born to HIV positive mother has been increased from one year to two years by the National HIV/AIDS Commission (NHAC) in its commission meeting in 2013. This will indeed improve the health of children and give them a better start in life.

LGBT community people are now in heart to heart and hand to hand to inform and advocate the people of Bhutan on the existence of LGBT

As the only agency working for PLHIV and managed by PLHIV, Lhak-Sam has inner knowledge and experience of key issues and challenges faced by the (KAPs) Key Affected Population's in Bhutan. As a result we have, in partnership with the relevant stakeholders, advocated and sensitized on the social, health and legal problems faced by the KAPs to all stakeholders. This has been one of the agenda during all our awareness campaigns and in the important forums at the national and regional level from 2012. Presently we are the sub-recipient of Global Fund to Fight AIDS, TB and Malaria (GFATM) at the country level,



ADVOCACY

and the South Asia Multi Country Global Fund program on HIV (MSA) at the regional level. Through the latter project we have made milestones in reaching out to other at risk groups such as identifying the first set of 7 MSM and 11 TGs in Bhutan. In close partnership with these groups we have conducted a series of activities for reducing isolation, closeness building and empowering through education, undertaking ex-country visits to enable exposure and establishing community forums. Some of them were inspired to take up the mantle for helping others and came out in the mass media for informing and educating the issues faced by the by LGBTI to the people of Bhutan. It is for the first time that a movement has been created and people of Bhutan are not more aware of LGBTI. This has resulted in demystifying myths and misconceptions about this otherwise hidden community and made people learn and understand the problems faced by them. The main aim of the project MSA is to help the community form an organization similar to Lhak-Sam i.e. by and for the LGBTI Communities in Bhutan.

Information and education programme at Chengmari school in Samtse

In February 2015 we have also signed a nine months grant agreement with the UNODC Drug Abuse Prevention Center (DAPC) based in New Delhi, for the prevention of drugs and alcohol use among school dropout youths in Thimphu. A coordinator (recovering drug and



ADVOCACY

alcohol user) has been recruited, ten hotspots in the city have been identified and a rapport has been built with some of the key school dropouts in the locations. A pamphlet has been developed through stakeholder consultation for mass distribution. This has been done through the generous support and participation of members from UNODC, UNICEF, Bhutan Narcotic Control Agency (BNCA) and peer counselors from Drop in Centers (DIC) and Rehabilitation Centre. The main objectives of the project is to build the capacity of the potential youth leaders on drug use, identify problems associated with drug use develop communication strategies aimed at its prevention among youths who have dropped out of schools.

UN's invitation of Lhak-Sam as a guest speaker in several national and regional level aid symposiums have given us a platform for advocating and sensitizing on the law and policies related to HIV and AIDS. All the issues have also been discussed closely with people from the judiciary, RBP, NCWC and related organizations. We have received a very positive feedback from the symposiums and the feedback from agencies have been encouraging. Lhak-Sam is hopeful that interventions will take place and changes will be made to the bottlenecks in the best interest of all those affected.

Advocay program with police personnels and their families in Tsirang



CARE AND SUPPORT

The Royal Government has been providing antiretroviral (ARV) medications and all other aspects of medical treatment for PLHIV free of cost. However the needs of many patients go beyond mere treatment which is often beyond the means of the formal health sector to provide.

Physical, mental, social and spiritual care and support within the circle of compassion towards PLHIV is a necessity which needs to be included. This enables them to remain healthy and be productive within their family and community. All of this must be done through provision of sharing emotions confidently, assuring security and offering dignity. It is within this concept that we are providing care to all, and financial support to only those who are financially challenged. The figure below

CARE	SUPPORT
<ul style="list-style-type: none"> Peer Psychosocial counseling Education session on basic self care/basic treatment literacy Escort to hospital and link them with HIV treating doctors, Lab technicians, pharmacist etc for the effective treatment. Attended while admitted in the hospital Reaching out/sending ARVs when necessary Monthly telephone follow up Referral to the regional and national hospitals Visited them when needed at any place, when we can 	<ul style="list-style-type: none"> Education support to 16 disadvantaged HIV positive children (double or single orphaned) (2011-2014) Education support to 8 affected children (HIV negative children of HIV positive parents) Stationeries support to 23 effected and affected children (2013-2015) Travel support to disadvantaged PLHIV to seek needful treatment Nutritional support while admitted in the hospital Death incentives (PLHIV and their Parents) Buy essential treatment related needs when necessary and when we can House hold item support to the most needed ones (supported only to few)

provides a summary of the services. Currently Lhak-Sam is under process of leasing 5 acres (500 decimal) of land from the government, some fifteen kilometers away from

CARE AND SUPPORT

Grandparents of an orphaned children says to Lhak-Sam;

"We love them very much, because they are our children's children, but now that we are too old and weak we are not able to take care of them, therefore we request Lhak-Sam to look after them"

Thimphu for instituting a Community Based Care Centre for those who would need it the most. Every winter, during the vacation season, few of our HIV positive orphan children are brought to Lhak-Sam office by their elderly grandparents, saying, "We love them very much, because they are our children's children, but now that we are too old and weak we are not able to take care of them, therefore we request Lhak-Sam to look after them". The center will cater to the needs of such children and others who have no family support. It will also form a rest house and shelter for those that come to Thimphu for treatment.

It is quite true that raising and fostering HIV positive orphan children even by extended family members and individuals are very few. This is made difficult because of perceived risk of accidental transmission to their own children and family members, fear of stigma and discrimination from others and scorn of neighbors. Therefore the centre will aim at providing food, shelter, education and skills to earn an income for our orphaned children and for those who are abandoned because of their HIV and economic status. There are many members who have been driven away from home and family and this center will allow them to build a new home surrounded by their peer supporters and feel loved and cared. The center will render food and shelter to all the HIV positives, when they come to national hospital, Thimphu to seek treatment when facing any health complication.

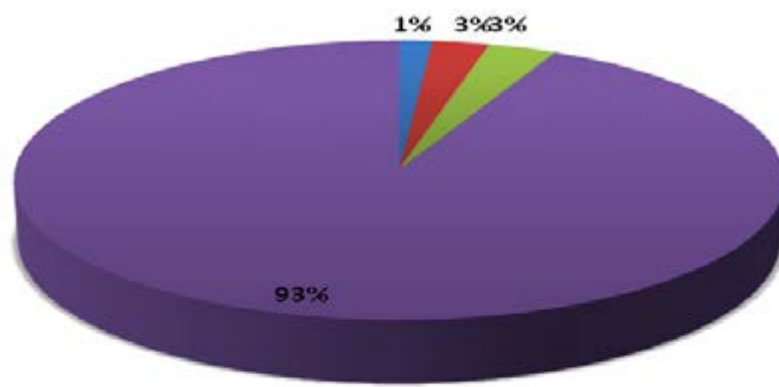
In times to come, our community based centre will create an enabling environment for all the KAPs to gather from time to time, to seek information, plan and carry out joint activities that would reduce social isolation, self and social stigma and discrimination, and build closeness and knowledge through sharing issues faced by each other.

Home visit and care and support program



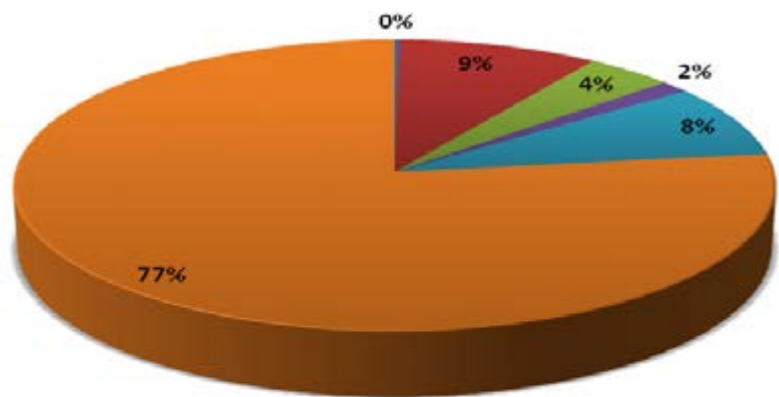
FINANCIAL SUMMARY

Net assest funding for the year 2014-2015



- 2014 Corporation - Nu. 67,000
- 2014 Individual - Nu. 115,500
- 2014 Institution - Nu. 139,023
- 2014-2015 International - Nu. 4,158,940

Net assest funding for the year 2011-2015



- 2011-2013 Interest from Fixed Deposit - Nu. 37,964
- 2011-2013 Royal Family - Nu. 1,605,000
- 2011-2014 Corporation - Nu. 706,845
- 2011-2014 Individual - Nu. 230,436
- 2011-2014 Institution - Nu. 1,389,433.64
- 2011-2015 International - Nu. 13,294,354.73

Lhak-Sam is committed for a cause and the roles that we play are crucial in containing the HIV epidemic and reducing its associated negative impacts.

However in 2013 and 2014, similar to other organizations including the government, Lhak-Sam experienced a sharp drop in external funding support. It was only through the kind support of GFATM and the recommendation of the MoH that support for overhead cost could be made available. The limited funds provided through the Transitional Funding Mechanism (TFM), from 2013 to 2015 have enabled Lhak-Sam to function and carry out its mandates.

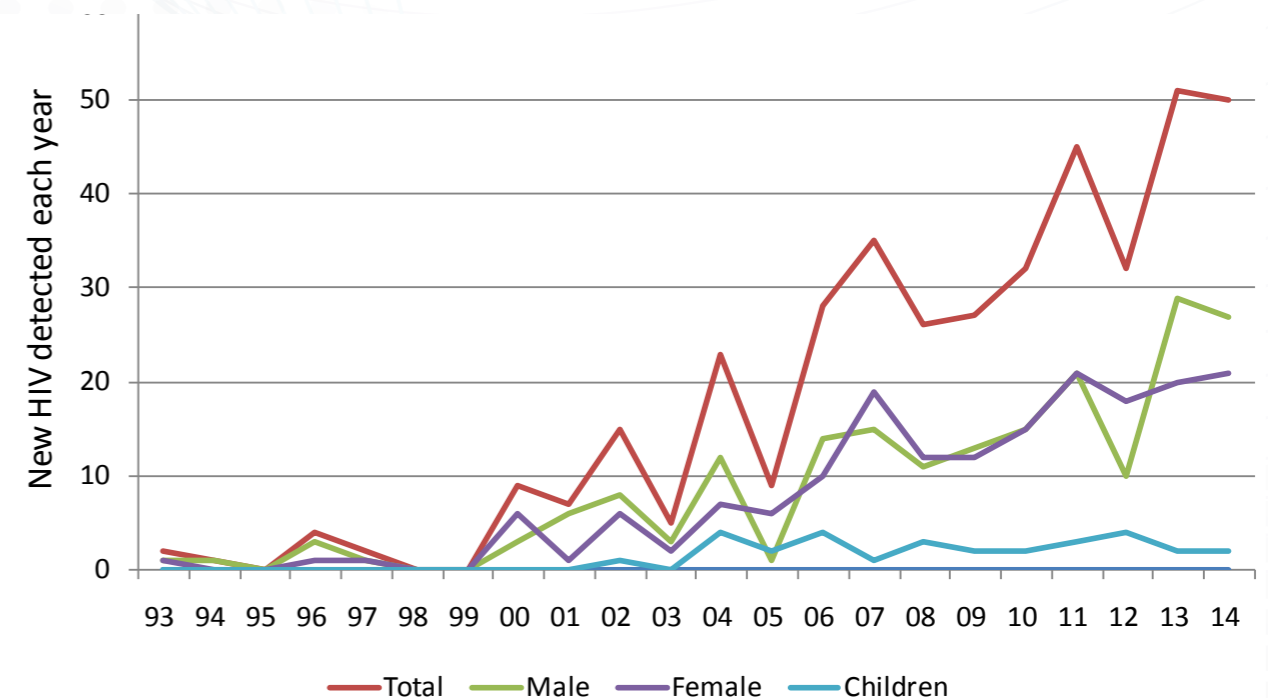
From June 2015 until 2017, Lhak-Sam is expected to receive some funds from the GFATM, the joint country proposal has already been submitted through the Bhutan Country Coordinating Mechanism (CCM), and is currently under the process of approval by the Global Fund. It will closely work with the Ministry of Health of Bhutan who will be the principal recipient of the fund. Despite this assistances substantial amount of funding gap is expected considering the key strategic objectives laid down in the 1st Strategic Plan of Lhak-Sam (2014-2018).

Having learned the lessons from the past experiences, Lhak-Sam will try to look for a technical assistance from our partners and volunteers for developing project proposal and fund raising plans on 2015. We will also focus our work on advocacy for domestic financing mechanism while more time will be spent in community mobilization, solidarity and support.

CURRENT HIV STATUS IN BHUTAN

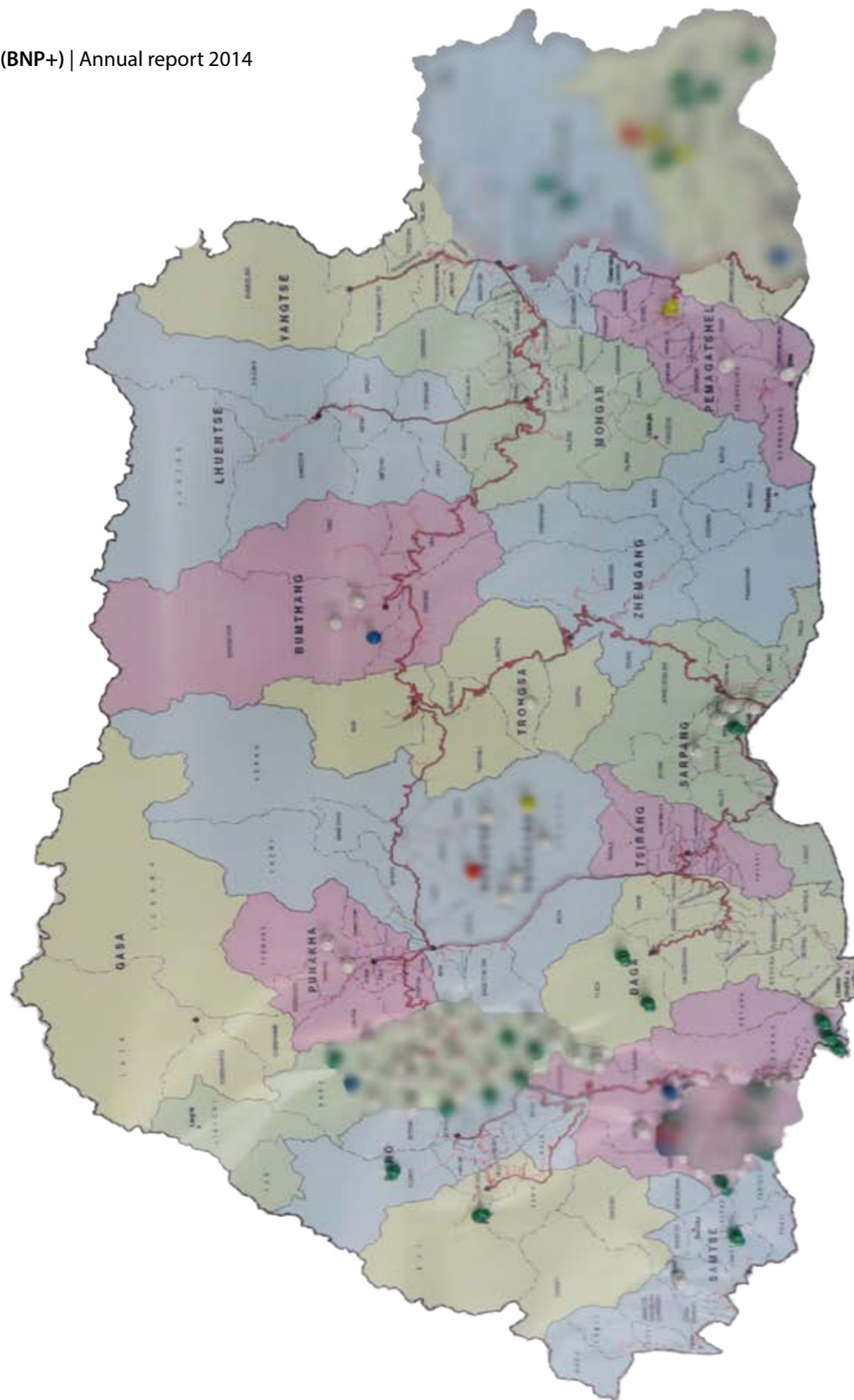
1. People Living with HIV at present - 0403 (M-204, F-199)
2. UN AIDS estimate of PLHIV in Bhutan - 1100
3. Number of deaths till present - 77
4. Number of PLHIVs receiving ART - 184
5. Number of PLHIVs by occupational background top five; Housewives - 89, Farmers - 69, Private/Business - 61, Drivers - 40, Armed forces - 33.
6. Number of PLHIVs in each age group (top 3) 30-39 years - 132, 25-29 years - 112, 20-24 years - 62
7. Number of PLHIVs infected through Sexual Route - 367, Mother to Child - 30, Intravenous Drug use - 3, Blood Transfusion - 3

HIV case trends in Bhutan from 1993-2014



HIV prevalence map of Lhak-sam members maintained at Lhak-sams' office

The thumb pins indicate exact location of PLHIVs residing in each district



HELP AND INFORMATION CONTACTS RELATED TO HIV/AIDS & STIs

HIV testing is available in every district hospitals and HISCs (listed below). For any information and help related to HIV/AIDS and STIs you may avail the counselling and treatment support from the below health HIV focal person in each district.

Centre	Name	Mobile
HISC,P/Ling	Karma Choden	17629937
	Tashi Wangdi	17351336
HISC,Thimphu	Ngawang Choida	17613553
	Kuenzang Lhaden	17669966
	Jambay Dorji	17722755
HISC,SamdrupJongkhar	Karma Wangdi	77266545
HISC,Gelephu	Tshering Tashi	17800188
Gelephu Hospital	Denka	17673939
Pema Gatsel Hospital	Tshering Wangmo	17695814
Nganglam BHU	P.K Chettri	17929052
Tsimalakha Hospital	Sonam Zangmo	17675424
Gedu Hospital	Parshuram Sharma	17688163
Gomtu Hospital	Lemo	17238442
Samtse Hospital	Leki Samdrup	17711844
Tendu BHU, Samtse	Tshering Lhamo	17771646
Paro Hospital	Denka	77466698
Punakha Hospital	Sithar Wangmo	17988277
Bajo BHU I (Wangdue)	Tshering Choden	17600150
Bali BHU I, Haa	Karma Choki	17687683
Daga Pela Hospital	Kado	17710693
Zhemgang BHU	Tashi Wangmo	17938411
Rangjung BHU I	Jamtsho	17699326
Trashigang Hospital	Tenzin Gelmo	17659911
Mongar Hospital	Tashi Penjor	17688229
VCT/JDWNRH	Jyoti Gurung	17601656
	Chencho Gyeltshen	17461812
Trongsa Hospital	Neychen Dorji	17692234
RBA/Lungtenphu	Tobgay Wangchuk	17118788
Lhuntse Hospital	Tshering Zangmo	17444578
Bumthang Hospital	Kinley Zangmo	17869603
Trashi Yangtse Hospital	Sangay Zangmo	17701179
Lhak-Sam Regional Support Group Coordinators		
Samdrup Jongkhar	Tandin Wangchuk	17512797
Phuentshogling	Sangay Wangdi	17538479

OUR INVOLVEMENT

1. Board Member of the Asia Pacific Network of People Living with HIV and AIDS, based in Bangkok
2. APN+ representative to "7 Sisters", a coalition of Asia Pacific regional networks on HIV/AIDS
3. Board Member of the Youth Lead, based in Bangkok
4. Member and sub-recipient of the Global Fund to fight AIDS, Tuberculosis and Malaria, Country Coordination Mechanism (CCM), under the principal recipient Ministry of Health, Bhutan
5. Sub-recipient of the South Asia Multi Country Global Fund Program on HIV (MSA), under the Principal recipient UNDP BRH
6. Signed a 9 months project with UNODC, DAPC based in New Delhi
7. Member of the UN One Program, under the Health Theme Group
8. Member of the National Action Coordinating Group (NACG) for South Asia Initiatives to end Violence Against Children (SAIVAC)
9. Observer during the National AIDS Commission (NHAC) meeting

ALTHOUGH WE LIVE WITH THE UNWELCOMED FACT OF HIV BUT WE LIVE POSITIVELY AND COMMITTED TO PREVENT OTHERS FROM GETTING INFECTED LIKE US

CONCLUSION

We would like to thank the Royal Government of Bhutan and in particular the NACP in the MoH, multilateral agencies, religious organization, donors and HIV positive networks partners for constantly building Lhak-Sam's capacity through various avenues. All of which have assisted us in being able to handle the tasks of our organization more confidently and meaningfully. With your support our voices are being heard loud and clear and the advocacy has raised the quality of life for PLHIV and KAPs. Our stakeholders need and respect for Lhak-Sam as a mutual partner has given us strength and confidence in moving forward aggressively towards halting and reversing HIV and mitigating its impact in the country and the region. The members and staff of Lhak-Sam have passionately worked hard and their willingness to learn has allowed Lhak-Sam to grow. It is the effort of everyone that success has come thus far. This same momentum must continue if we are to overcome all the other challenges in the coming years.

We also take this opportunity to thank and show our heartfelt gratitude to some of the corporate, business people and the individuals for their kind contribution which has helped us immensely in providing support to our financially challenged members.

We are optimistic that our partners will continue their support in further building Lhak-Sam in human resources capacity, strengthening system and funds to carry on programs.

ACRONYMS

AIDS	Acquired Immuno Deficiency Syndrome
APN+	Asia Pacific Network of People Living with HIV and AIDS
ARV	Antiretroviral Therapy
BNCA	Bhutan Narcotic Control Agency
BNP+	Bhutan Network of People Living with HIV+
CCM	Country Coordination Mechanism
CSEA	Civil Society Organization Authority Of Bhutan
DAPC	Drug Abuse Prevention Centre
DIC	Drop in Centers
FDC	Fixed Dose Combinations
GFATM	Global Fund to Fight AIDS, TB and Malaria
HISC	Health Information Service Centre
HIV	Humane Immuno Virus
JDWNRH	Jigme Dorji Wangchuck National Referral Hospital
KAPs	Key Affected Populations
LDC	Least Development Country/Countries
LGBTI	Lesbian, Gay, Bi-sexual, Transgender
MoH	Ministry of Health
NACP	National AIDS and STIs Control Program

NCWC	National Commission for Women and Children
NHAC	National HIV/AIDS Commission
NSP	National Strategic Plan
PLHIV	People Living with HIV
RAA	Royal Audit Authority
RBP	Royal Bhutan Police
RRCO	Regional Revenue and Custom Office
SAIVAC	Asia Initiatives To End Violence Against Children
SPL	Strategic Plan of Lhak-sam
STIs	Sexually Transmitted Infection
TB	Tuberculosis
TFM	Transitional Funding Mechanism
ToR	Terms of Reference
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Childrens Fund
UNODC	United Nations on Drugs and Crime
VCT	Voluntary Counselling and Testing
WHO	World Health Organization