Report on Gender Review for Countries Participating in the Global Fund Sustainability of HIV Services for Key Populations in Asia (SKPA) Program within the Context of HIV: BHUTAN

PREPARED FOR AFAO SKPA REGIONAL PROGRAMME

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ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
BHU	Basic Health Unit
BNCA	Bhutan Narcotic Control Agency
CCM	Country Coordination Mechanism
DIC	Drop-in Centre
DOPH	Department of Public Health
DYS	Department of Youth and Sports
GNHC	Gross National Happiness Commission
HISC	Health Information Service Centre
HIV	Human Immunodeficiency Virus
IBBS	Integrated Biological Behavioural Surveillance
JDWNRH	Jigme DorjiWangchuck National Referral Hospital
MoE	Ministry of Education
MoH	Ministry of Health
MSM	Men who have Sex with Men
NACP	National HIV/AIDS and STI Control Programme
NCWC	National Commission for Women and Children
NGO	Non-Government Organization
NHAC	National HIV/AIDS Commission
PEP	Post-Exposure Prophylaxis
PMTCT	Prevention of Mother-To-Child Transmission
PrEP	Pre-Exposure Prophylaxis
RENEW	Respect Educate Nurture and Empower Women
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
YDF	Youth Development Fund

ACKNOWLEDGEMENT

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EXECUTIVE SUMMARY

Bhutan has a low HIV prevalence with 627 cases detected as of June 2019. The Ministry of Health along with partner agencies made a concerted effort to curb the HIV epidemic since the first case was detected in 1993. This has yielded dividend and epidemiologically there appears to be a plateau in the number of new HIV diagnoses, fluctuating between 49 and 58 annually. However, there are numerous challenges which if not addressed appropriately, would escalate the HIV epidemic. There is still a considerable detection gap of 47.6% given that the population size estimate of people living with HIV (PLHIV) is 1,265 (UNAIDS spectrum, 2018).

Key populations in Bhutan encounter numerous social, economic and legal barriers which hinder access to health care services. At present, there are no reliable population size estimates for key populations in Bhutan, namely men who have sex with men (MSM), transgender (TG) and female sex workers (FSW), people who inject drugs (PWID); or evidenced based data on their respective risk behaviours which puts them at risk to HIV and other communicable diseases. The Ministry of Health (MoH) is currently undertaking a population size estimate study supported by the Global Fund, due to be completed at the end of February 2020. The findings from this study is expected to inform and strengthen focused interventions for key populations in Bhutan, in line with the National HIV Programme strategies.

Same sex behaviour is criminalised in Bhutan. In June 2019, Bhutan's National Assembly passed a motion in to remove sections 213 and 214 of the Bhutanese Penal Code which criminalizes same sex behaviour. Further discussion is underway in the National Council, the upper houses and once the motion is passed, the revocation of the law will go to the King of Bhutan for assent.

This gender review was carried out to identify gender-related barriers and associated-risks for these key populations and gaps in current national HIV programme, via a triangulation of desk review, focus group discussion (FGD) and in-depth interviews (IDI). A total of five (5) FGDs were conducted with MSM, TG, FSW, outreach workers, Health Information Service Centre (HISC) in charge and counsellors; and eight (8) IDIs were carried out by the national consultant.

Key populations, in the context of this gender review, which had been identified as most affected by gender-related barriers are t*ransgender men (TGM), transgender women (TGW), men having sex with men (MSM), female sex workers (FSW).*

HIGHLIGHTS OF GENDER-RELATED BARRIERS IDENTIFIED

1) Transgendered People

a) High risk sexual behaviour with heterosexual men and women, men who have sex with men (MSM) and other transgendered people.
b) Alcohol and other substance abuse, including misuse of emergency contraception in lieu of hormone replacement therapy (HRT) and procurement of HRT from across the border, without appropriate medical advice.
c) Sexual and physical violence against transgender men and women.
d) Rape-related pregnancies experienced by transgender men resulting from sexual violence.
e) Absence of TG-specific health services.
f) Absence of legal and social protection for TG population.
g) Stigma and discrimination from all levels of society – family, community, healthcare workers and other duty bearers.
h) Early termination of schooling due to stigma, discrimination and harassment.
i) Limited employment opportunities resulting from gender identification and workplace discrimination.

2) Men who have Sex with Men (MSM)

a) Critical mental health problems – depression, anxiety, suicide (also relevant for TG men and women).
b) Young MSM unable to access health services and legal protection because they require parental consent.
c) Increased trend among young MSM engaging in sex work where they transact with older men and are subjected to physical violations, coercion and blackmail.
d) Alcohol and substance abuse; absence of MSM (and TG) friendly harm reduction and rehabilitation services.
e) Stigma (including self-stigma), discrimination, workplace discrimination, harassment and violence commonly experienced by MSM community.
f) Difficult to mobilise and empower as a community, lack representation in civil society organisations due to fear of disclosure and perceived association to HIV.

3) Female Sex Workers

a) Difficult to reach by programme implementers (highly hidden population).
b) Home-based sex workers are difficult to identify, therefore not reached by programmes.
c) Dependence on emergency contraception due to:
    i) shame attached to being identified as a sex worker, hence reluctance to purchase condoms
    ii) limited access to free condoms and lubricants (as a result of point number 1)
d) Vulnerable to physical, sexual and economic violence.
e) Outreach activities are mostly conducted after 10 pm and outreach workers are unable to conduct or refer to HIV testing. FSW are reluctant to attend normal clinic hours as they work at night and rest during the day.

Cross-Cutting and other Related Issues

1) Laws criminalising key populations and their associated sexual behaviours.
2) Current HIV screening, testing and condom/ lubricant distribution do not adequately reach the majority of key populations.
3) Health facilities and health workers have limited knowledge and skills to address the specific needs of key populations.
4) Myths, misconceptions, stigma and discrimination perpetuate all forms of violence (sexual, physical, mental and economical) against key populations
5) The general public, public institutions including schools and health services have limited awareness on the issues of sexual orientation, gender identity and expression (SOGIE)
6) Healthcare workers are not trained on gender and human rights, hence lacks competency to address the needs of transgender and MSM population
7) Increasing trend in substance abuse particularly alcohol.
8) Insufficient data on injecting drug use and drug use in general although drug use was reported amongst key populations and populations living in border towns during data collection.
9) With the influx of tourism particularly regional tourism, there is possibility that the number of FSW will increase, particularly in major tourist destination areas such as Paro.
10) There is growing number of children affected and infected with HIV without much social and psychological support systems at home, community and institution.
11) There are no initiatives to protect and care for children affected or infected by HIV. Often, they are stigmatized, bullied and harassed in school by peers and teachers
12) Current rapid test kits use serum for testing HIV, Syphilis and hepatitis B; thus results cannot be given immediately.
13) Outreach workers are not properly remunerated and often spend their own money to network with key populations and they have to work late nights for networking and also has to come to office during daytime.

14) Despite awareness and advocacy, there are still myths related to HIV; and HIV is often demonized and considered a dreadful disease with no cure and treatment.

High Level Recommendations

1) Develop and implement a comprehensive "Advocacy strategy", including initiating a Stigma Index to reduce stigma and discrimination faced by the key populations and targeted at various level, including parliamentarians, health care workers, judiciary, law enforcement, government agencies and the general public
2) Ensure that the gender-related barriers identified in this report are an integral part of policy dialogue with government in the context of the SKPA program.
3) Ensure that the gender-related barriers to KPs accessing HIV services are included and addressed in all training guidelines and SOPs related to CBT, PrEP, and HIVST implemented within SKPA.
4) Develop training guidelines and train healthcare workers to address the health needs of the key populations with priority provided to health facilities in major urban areas where most of the key population reside and trainings can then be cascaded to other provinces/districts.

Cross-cutting Recommendations

Services

1) Ensure that gender-related barriers to HIV services access for KPs is included in all targeted internet-based information, social marketing strategies and sex venue-based outreach.
2) Integrate gender-sensitive mental health and substance abuse interventions and services within key population services, such as routine screening and management of mental health disorders (depression and psychosocial stress).

Capacity Building

1) Strengthen outreach training modules to include innovative approaches to networking and outreach to sub-groups of key populations, including mental health, substance abuse and gender-based violence.

Advocacy

1) Advocacy targeting law enforcement agencies to address arrest and detention of sex workers without cause and police extortion of sex workers.
2) Work towards implementing and enforcing anti-discrimination and protective laws, derived from human rights standards, to eliminate stigma, discrimination and violence against people from key populations.

Strategic Information

1) Conduct a rapid assessment on PWUD/PWID (note that this was raised as a priority area during a recent AFAO/SCUS mission)

Community Systems Strengthening

1) Support meaningful involvement of people from key populations in national programme strategies, policy development and programme implementation.
2) Involve youth groups and Integrated Youth Centres in stigma and discrimination reduction initiatives.

Address Emerging Issues:

1) There is need to conduct a situational analysis of children living with HIV and those affected by HIV/AIDS and develop strategic interventions to provide care and support vulnerable and affected children including provision of financial support for AIDS orphans, social protection and anti-discriminatory policies in schools/higher institutions.
2) Work with UNICEF and UNFPA to strengthen peer support programmes for women and children living with HIV.

INTRODUCTION

Bhutan is a recipient of national and regional grants from the Global Fund. The Australian Federation of AIDS Organisations (AFAO) is the Principal Recipient of the Sustainability of HIV Services for Key Populations in Asia Programme (SKPA Programme). The programme is a multi-country grant funded by The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) covering eight (8) countries: Papua New Guinea (PNG), Timor-Leste, Malaysia, Philippines, Laos, Mongolia, Bhutan and Sri Lanka. This review was initiated by SKPA led Gender Reviews conducted in 5 out of 8 of its participating countries, namely Bhutan, Sri Lanka, Mongolia and Philippines in November 2019. This review was conducted to enhance existing national processes to be aligned with the national HIV interventions and investment framework. The review provides gaps, recommendation and costed implementation plan for 2020-2022 to address gender related barriers for key population interventions.

COUNTRY CONTEXT

The first case of HIV in Bhutan was diagnosed in 1993. Since then there was a steady rise in the number of HIV cases detected in Bhutan. As of June 2019, there are 663 HIV cases recorded. Bhutan follow treat all policy and all antiretroviral treatment is provided free of cost by the Royal Government of Bhutan. Current evidence of HIV indicates Bhutan as a low-level HIV epidemic[i]. UNAIDS estimates the number of people living with HIV at about 1,300, indicating a nearly 50% detection gap.

The Constitution of Bhutan provides protection against any form of stigma and discrimination, although there is no specific HIV law in Bhutan to exclusively protect people living with HIV (PLHIV) and those affected by HIV. In addition, The Royal Decree from the fourth King of Bhutan urging people to provide adequate care and support to the people living with HIV without any stigma and discrimination. This Royal decree is the backbone for protecting the rights of PLHIV to non-discriminatory and non-judgemental access to services.

The current national strategy to end HIV by 2030 targets to achieve 90-100-90 i.e. 90% diagnosis, 100% treatment and 90% proportion retained in care with sustained viral suppression by 2020. Several challenges need to be addressed to achieve the high level of targets. Population sizes, risk behaviours and health seeking behaviours of the key populations, particularly men having sex with men (MSM), transgender (TG) and female sex workers (FSW) are not understood clearly. There is increasing concerns that high levels of sexual transmission amongst key populations will bridge transmission of HIV to the general population. Therefore, it is imperative to address these challenges. Bhutan's endgame success will hinge on how adequately programme addresses key populations particularly MSM, TG and sex workers.

GENDER AND HIV

In accordance to WHO Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations (2016), Key populations are defined groups who, *"due to specific higher-risk behaviours, are at increased risk of HIV irrespective of the epidemic type or local context. Also, they often have legal and social issues related to their behaviours that increase their vulnerability to HIV."* The guidance document identified the following key populations: men who have sex with men, people who inject drugs, people in prisons and other closed settings, sex workers and transgender people.

The UNAIDS and Stop TB Partnerships HIV/TB Gender Assessment Tool defines of gender as a *"socially constructed set of norms, roles, behaviours, activities and attributes that a given society considers appropriate for women and men, with the inclusion of people who identify themselves as transgender. The intricacy of the issue expands with the understanding of diverse gender identities, a person's deeply felt internal and individual experience of gender that may or may not correspond with*

the sex assigned at birth. Gender-based prejudice includes any kind of stigma, discrimination, or violence against somebody because of their gender, gender identity or their sexual orientation".

Guiding Principles for the Gender Review

The following guiding principles were adopted for the review process:

1. In keeping with the principle of Greater Involvement of People Living with HIV (GIPA), for the meaningful engagement of people living with HIV communities should be ensured participation as stakeholders;
2. Evidence-informed approach in conducting the gender review;
3. Impartiality in reporting and documenting respondents' responses;
4. Ensure meaningful participation of key population communities;
5. Respectful engagement with stakeholders and partners;
6. Transparency.

Objectives of the Gender Review

The objectives of the review are:

1. To define key populations, including sub-groups of key populations, taking into account age, gender, ethnicity and behaviours which puts them at risk to HIV.
2. To identify gender-related barriers and associated-risks for these key populations and gaps in current national HIV programme.
3. To develop a list of costed and prioritized interventions and approaches to address identified barriers. Note: Specific needs of transgender populations, female drug users, and male and transgender sex workers should be included.

Expected Outputs

1. Gender-related barriers and associated-risks for these key populations and gaps in current national HIV programme are identified
2. Recommendations to address the gender related barriers to accessing HIV related services are provided
3. Costed and prioritized interventions and approaches to address identified barriers are drafted

METHODOLOGY OF THE GENDER REVIEW

Desk Review

The review methodology combines analysis of available literature, qualitative analysis of secondary data sources such as the country reports (if relevant), gender and human rights assessments previously conducted, documents from the Global Fund. The National consultant reviewed key data and information available from the NACP.

In-country Data Collection

The national consultant collected primary (qualitative) data from Principal Recipients (PR), UN partners, government and NGO service providers, key population programme implementers and programme beneficiaries with a focus on key population, as defined by Bhutan's epidemiology contexts. Participatory and collaborative techniques that included focus group discussions, in-depth interviews and stakeholder's consultation meetings were used to obtain detailed information on gender-related barriers.

The national consultant, in collaboration with Save the Children Bhutan (SKPA regional programme sub-recipient), conducted a national level consultation where the national consultant presented preliminary findings from the gender review; which were validated and amended by relevant stakeholders.

Selection of Key Informants and Selection of Sites

For the purpose of gathering information, the following activities were conducted:

1. Focus Group Discussion (FGD) -FGDs were carried out with following key informants:
   i) Transgender men
   ii) Transgender women
   iii) Men who have sex with men
   iv) Female sex worker
   v) HISC counsellors/in charges
   vi) Outreach workers
2. In-depth Interviews (IDI)
   i) UNICEF gender focal person
   ii) UNDP gender focal person
   iii) Executive director of Lhak-Sam
   iv) Executive Director of Nazhoen Lamten
   v) Executive director of Chithuen Phenday Association
   vi) Programme Manager of NACP
   vii) Councillor, RENEW

The FGDs except for female sex workers were conducted at Dekiling conference hall, Wangdue Phodrang. The location and venue provided an ideal situation since all the participants were gathered there for training on key population size estimation.

FSWs were interviewed in Thimphu. On the average, 4-8 participants were present in each focus group. IDIs were conducted in the respondent's respective offices as it provided the ideal place and was suitable for the interview. The interviews were moderated by the national consultant using key question guides.

Data Collection Tools and Instruments

The gender review was guided by a review tool, adapted from UNAIDS and STOP TB Partnerships Gender Assessment Tool (2016) and WHO Tool to Set and Monitor Targets for HIV Prevention, diagnosis, treatment and care for key populations (2015). Technical support for this review was provided by Mona Sheikh Mahmud, AFAO regional consultant.

Data Analysis Methods

Data and information derived from desk reviews, key informant interviews, focus group discussions and national consultation were summarised for each thematic area. The national consultant conducted an analytical review and formulated key recommendations which were then presented at the national consultation. Upon reaching consensus for prioritised activities, costed implementation plans and activities were developed. The action plans were grouped under four strategic directions:

A. Reducing stigma, myth and discrimination
B. Improving access to HIV/STIs testing, counselling and treatment for key populations,
C. Promoting dignity and human rights of key population through providing care and support (networking platform, networking and care for the vulnerable)
D. Improving strategic information for planning and advocacy

Limitations

- The assessment was mostly qualitative, and information was gathered through key informants and focus group discussions
- The literature review was not conducted systematically, and the consultant reviewed only key recent literature pertaining to Bhutan context
- Although, informed through writing and verbally, there was not much participation from the UN organization in the stakeholder meeting. Most of the organizations were busy for the year end closing.

DESK REVIEW

The National STI and HIV/AIDS Prevention and Control Programme (NACP) was established in 1988. The first cases of HIV were detected in 1993 and annual case detection seems to have plateaued around 55-57. With the detection of HIV, the government initiated a multi-sectoral concerted effort to stop the epidemic and the National AIDS Committee (NAC) was established, which was later upgraded as the National HIV/AIDS Commission (NHAC) in 2004 to oversee and coordinate multi-sectoral response to HIV; and to support and care the HIV infected patients.

HIV/AIDS initiatives received the highest leadership support from His Majesty, the King of Bhutan, by the issuance of a Royal command for the need to strengthen prevention efforts and to provide full care and support for people affected by HIV with compassion and empathy. As a result, Bhutan remained successful in curbing the HIV epidemic and is one of the few countries in South Asia which continues to experience a low HIV prevalence, estimated at under 0.1 per cent (<0.1-0.4%).

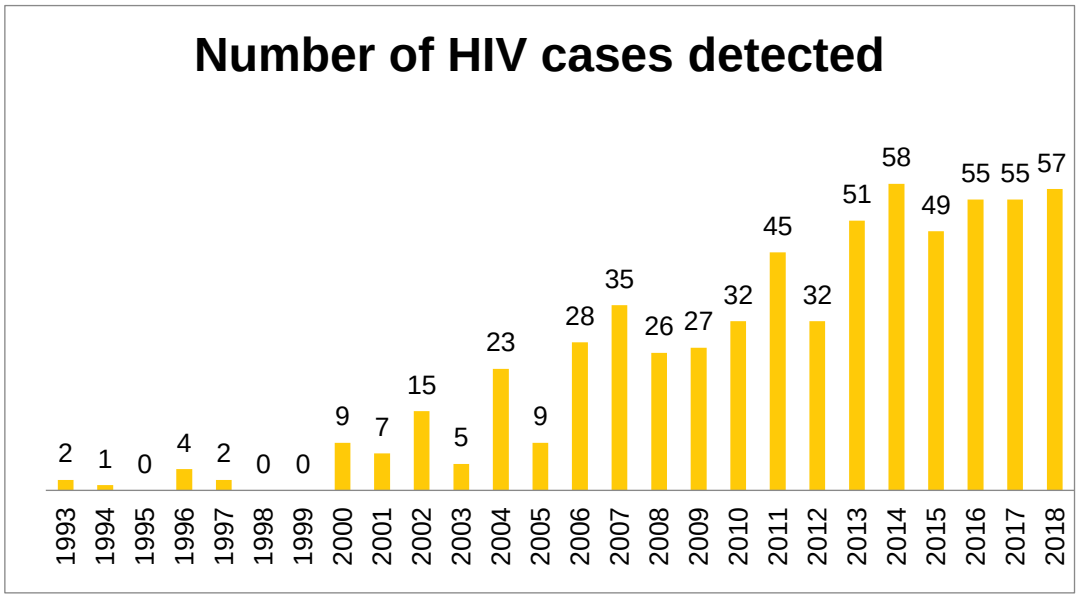

Figure 1: Number of HIV cases detected since 19993

Although, the case detection has stabilized around 55-57 annually, there is significant gap of 47.6% which is far from reaching the case detection of 90% target (Figure 2).

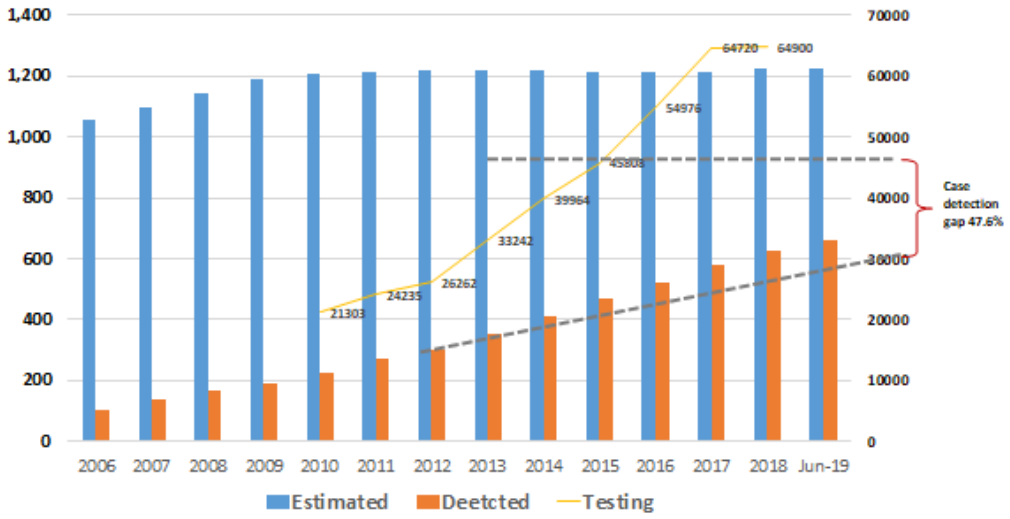

Figure 2: Graph showing case detection gap[ii]

Of the total number of cases detected, 92% were via sexual transmission, 6% via mother to child transmission, 1% via sharing of contaminated needles and 1% through contaminated blood transfusion (outside the country). About 72% of the cases were diagnosed through programmatic interventions of contact tracing, medical screening and voluntary testing.

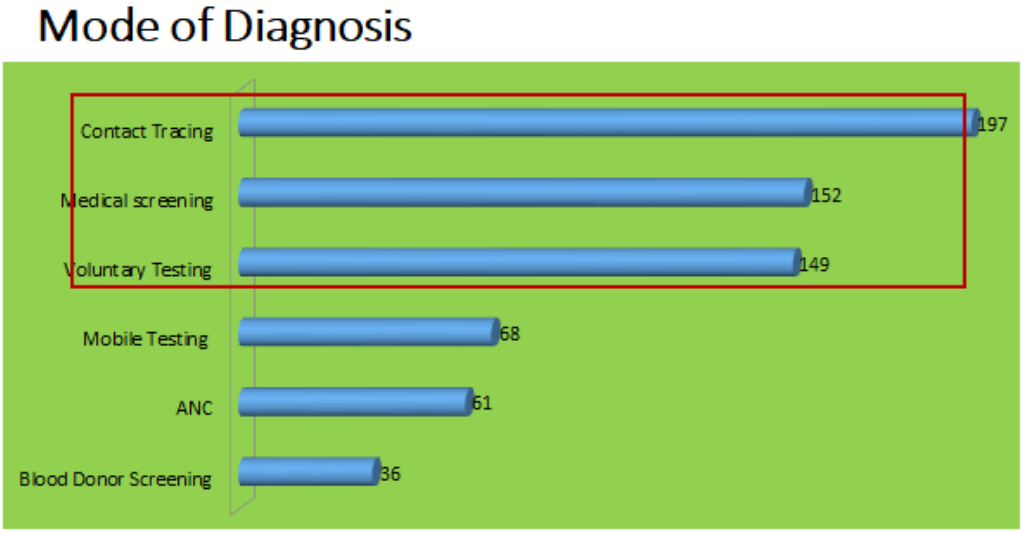

Figure 3: Graph showing case detection by different method

Bhutan's strategy for "Ending the AIDS epidemic as public health threat" is to achieve the goal of reaching 90-100-90 global targets for HIV response by 2020, and continues through the implementation period, towards ending of the HIV epidemic by 2030. This goal can be achieved by following objectives as highlighted in the National Strategic Plan on HIV, AIDS and Sexually Transmitted Infections (2018 – 2023)[iii] which are:

2. To increase coverage of comprehensive package of HIV prevention services

3. To reduce new HIV infections from 2010 to 2020 (leading to 90% reduction by 2030)
4. To achieve >95% Test and Treat targets by 2020 (leading to 100 % by 2030)
5. Retain 90% PLHIV on treatment, resulting in undetectable Viral Load
6. To eliminate new infections among children by 2020
7. To enhance strategic information
8. To build sustainable and cost-effective systems for health, integration of HIV/STI services
9. To achieve zero discrimination by 2020

Key populations highlighted in the NSP are men who have sex with men (MSM), people who inject drugs (PWID), people in prisons and other closed settings, sex workers (SW) and transgender people (TG).

FINDINGS

In addition to the Ministry of Health, although not specific to HIV/AIDS, there are many organisations with gender focussed mandates. Respect Educate Nurture and Empower Women, National Commission for Women and Children, Nazhoen Lamten, Lhaksam are some of the NGOS which works on gender related issues. UNDP, WHO, UNICEF, Save the Children and other international organizations also highlights the importance of gender and human rights in their core mandates. NACP of MoH works closely with Respect Educate Nature Empower Women (RENEW)-NGO on the aspect of HIV prevention among women suffering from sexual and domestic violence; and with other organisations which provide care and support for PLHIV.

Sensitisation, advocacy and behavioural changes are key strategies not only for HIV prevention but also for stigma and discrimination reduction. The Ministry of Health and other relevant NGOs including youth volunteers provide advocacy and awareness to key and vulnerable populations on HIV and AIDS. More prominently such information is disseminated through the Health Information and Services centres (HISC) and stand-alone VCT centres through outreach and in-reach services which provide targeted interventions. Posters, pamphlets and TV media information, education and communication materials have been developed as part of the MASS media communication strategy. The outreach and in-reach activities are provided through peer education. Male condoms and lubricant are also provided free cost to key populations from HISC and with minimal cost from condom vending machines.

All the district hospitals provide ARV treatment to PLHIV as per WHO 2015 guidelines. Bhutan follows “treat all policy” and provides treatment for all HIV cases at no cost by the government. The current guidelines do not recommend pre-exposure prophylaxis (PreP). Prevention of mother to child treatment (PMTCT) was instituted in 2006. Current HIV testing among pregnant mothers has a coverage of more than 95%. Currently, diagnosis is done for three test parameters (HIV, Syphilis and Hepatitis B) and is provided to all the people who wish to access services from any health centres.

The HIV testing guidelines doesn’t recommend HIV self-testing. VCT services are provided through 10 HIV counsellors in all 7 stand-alone VCT centres and there are VCT counsellors in all the hospitals. These counsellors are supported by outreach workers and peer educators who are linked and networks with key populations. The current HIV treatment and management guidelines 2016, NSP 2018-2023, and VCT guidelines protects and promote the rights of key and affected populations in Bhutan for access to care, support and treatment. All diagnosis and treatment including hospital admission and supply of medicines are provided at no cost by the government. These services do not restrict to treatment for HIV/AIDS only but for all diseases including referrals outside the country, for cases where the disease cannot be managed in Bhutan.

During the review process, various issues and service gaps were identified related to key populations, who are mostly hidden due to legality issues, and highly stigmatised and discriminated. Such situations make them vulnerable and creates a conducive environment for the spread of HIV infections, hence

warrants a special focus for targeted interventions. The review focused on the issues and gaps of the following key populations:

1. Transgender women and transgender men (TG)
2. Men who have sex with men (MSM)
3. Female sex workers (FSW)

PROFILING OF KEY POPULATIONS IN BHUTAN

The country's first attempt at a population size estimate of men who have sex with men reported 9,105 MSM in Bhutan[iv]. The study found that less than 10 percent of MSM were younger than 20 years old and 56 percent had completed 10 years of schooling and 90 percent wo -third of MSM were currently married. The study also revealed that the MSM are having their sexual debut at a very young age of less than 16 years of age and 16 % percent of MSM surveyed reported having sex with non-commercial sexual partners in the last six months prior to the survey. The study had numerous challenges and limitations. Hence, a comprehensive size estimation and mapping study is currently being carried out by the MoH with the assistance from the Global Fund. The study will also highlight on the sexual risk behaviour of the key population that will be utilized by the program for developing focused interventions to cater to the key population.

As per the records of Rainbow Bhutan[v], there are about 118 members registered with the organisation; as per table below:

Table 1: Number of Key Population members registered with Rainbow Bhutan

Age Group	Lesbian	Gay	Bisexual	Transgender Men	Transgender Women	Total	%
15-20	1	10	8	7	6	32	27
21-25	0	23	8	11	4	46	39
26-30	0	17	0	5	6	28	24
31-35	0	3	0	1	2	6	5
36-40	0	0	0	0	1	1	1
41-45	0	2	0	0	0	2	2
46-50	0	0	0	0	0	0	0
51-55	0	1	0	0	0	1	1
56-60	0	1	1	0	0	2	2
	1	**57**	**17**	**24**	**19**	**118**	**100**

A formative assessment on stigma and discrimination impacting universal access to HIV and health services for men who have sex with men and transgender people in Bhutan[vi] was conducted in 2013; highlighting the challenges in reaching key populations, particularly MSM and TG populations due to the law criminalizing sodomy and the fear of social stigma.

The legal environment assessment of HIV in Bhutan[vii], carried out by MoH in 2016 highlighted issues focusing on the rights-based approach of HIV strategy and recommends addressing various policy and legal barriers faced by marginalised key populations including MSM, TG, FSW and other vulnerable population. While there is some discussion on the legal front to decriminalise same-sex behaviour and sex work, the repeal of related legislations has yet to be passed by the parliament. Until such time, LGBT and their sexual behaviour remain punishable under the law, although, it has never been applied to date. This poses a severe challenge in addressing the issues and barriers faced by key populations. Further Bhutan is a small country with a total population of 734,374; it is closely networked society where "***everyone knows everyone"***.

There are significant misconceptions on homosexuality both by the public and healthcare workers with high level of stigma, homophobia and discrimination against the MSM and TG. And often, these groups do not reveal their gender identity to healthcare worker or even to their MSM/TG community. There is often lack of trust and fear of being "outed" by healthcare workers and the services providers.

Integrated Biological and Behavioural Surveillance (IBBS) Surveys among vulnerable and Key Populations at Higher Risk in Bhutan, 2016[viii] did not detect any new HIV cases; however, the survey found high prevalence of STI among the spectrum of key populations included in the survey. The risk behaviour was elucidated with findings of low comprehensive HIV knowledge, low condom uses and promiscuous sexual behaviour among the surveyed population.

KEY POPULATION SPECIFIC ISSUES, GAPS AND RECOMMENDATIONS

TRANSGENDER POPULATION

The transgender population are becoming more visible in Bhutan. However, it seems that there are no agencies or organizations which focuses on the issues in Bhutan. The review identified unique issues and challenges faced by transgender women and transgender men.

Key Findings

Environment for education & employment

The current schooling systems are not gender sensitive both in terms of environment and operations. Most schools have strict hair and dress codes and activities which are specifically assigned to male and female students. This is a challenge for young transgender population at an early age, i.e. transgender boys and girls are forbidden to dress according to the gender that they identify with. Furthermore, incidences of bullying and discrimination by fellow students and teachers are common; with transgender boys and girls being called, "*Cha-ka*" a derogatory word for transgender people. Hence most transgender students drop out of schools at a young age. Transgendered people who had experienced early termination of schooling, expressed that they had left school owing to the inadequate support from friends and teachers because of their gender identity. The strict culture of gender being understood as male and female only, contribute towards discriminatory practices against transgender men and women; which have resulted in transgendered people **dropping out of school at a very young age.**

It is compulsory for all Bhutanese to wear traditional clothes which are distinct for male and female in office and any official gatherings. **The dress code is not conducive for transgender population. This is a hindrance to transgender women and men who seek official jobs; and are known to have resigned from their jobs due to these reasons**. Hence, most transgendered people seek **employment in entertainment venues where they can dress according to their gender identity.**

Socio-economic status and poverty

As a result of low levels of education amongst TG populations, their employment opportunities are limited. Many of them resort to engaging in transactional sex with straight men and women who are

either (single/married/divorced), often with multiple sex partners. The transgender community often engaged in multiple sexual relationships with MSM and straight men and women including their own TG communities. Consequent to low levels of education and economic status, TG communities are vulnerable to abuse for cash, Lack access to adequate information on sexual and reproductive health, they are vulnerable to HIV and STI infections, including unwanted pregnancies (for transgender men).

Stigma and discrimination:

There is widespread stigma and discrimination against transgender community. The sexual behaviour, gender identity and sexual orientation of TG are seen as a mental illness. Most people including healthcare workers believe that being a transgender or MSM is a choice. Social exclusion, stigma and discrimination from friends and families further deteriorates the quality of life and many of them suffer from depression and some even commit suicide. One of the transgender men said, "*One of our friends was forced to marry by his family which made him depressed and eventually he committed suicide"*. As a result, many young transgenders choose not to disclose their gender identity to avoid rejection.

Transgender communities face discrimination and stigmatisation while accessing the health services. One of the transgender women said, "*Healthcare workers are very insensitive and do not understand. They often ask about our menstrual cycle, which makes us feel shy and angry*". Further, health workers indirectly try to avoid providing treatment to TG. **As a result, they face difficulty in accessing the health services from general hospitals resulting from the fear that the physicians may not understand his or her gender identity and sexual orientation.** Inadequate knowledge and skills, and lack of clinical protocols to deal with TGs by healthcare workers are key barriers which deter TG seeking health services.

Sexual harassment and rape

Many of the transgender women and transgender men had experienced sexual harassment and violence at a very young age. Transgender men often socialise with men and are opportunistically raped. Worst still, the family believes that, being a transgender is by choice and they can be corrected if they become sexually active and are often raped by family members as a corrective measure. In the focus group, a transgender man said, "*One of our friends was raped and committed suicide, and another one was also raped and became pregnant but luckily, he did not commit suicide although depressed*". However, they cannot report to police or another organization for fear of rejection and sodomy law.

Transgender community are often discriminated against and harassed by the taxi driver while travelling. One TG said, "*We often get physically and verbally abused. Taxi drivers often ask, "What do you have in between the legs, do you have both penis and vagina?"*

Alcohol and substance abuse

Low acceptance from families and friends often results in excessive alcohol intake as a coping mechanism. Further, most TGs work in entertainment venues, where alcohol, smoking tobacco and drugs are easily available. Drugs and alcohol use are common amongst TG. They are often intoxicated or drunk; and under these circumstances, TGs engage in transactional sex and have multiple sexual partners.

Access to health care Services:

The transgender focal group said that health facilities are not TG-friendly at all; and that healthcare workers are insensitive to the needs of the TG. One of the transgenders said, *"they (healthcare workers) are insensitive; and often stigmatise and discriminate TG".*

Even at the hospital reception, the registration system records patients' gender as male and female. Often, transgenders are refused access to healthcare due to their mismatched attire (dress) and their sexual identity.

One of the therapies required by the transgender people is hormone therapy. This is not available and often TG get such treatment from across the border without proper medical support. Some TGs also take emergency contraceptive pills which is freely available in the market. Such intake of hormone is dangerous and causes lots of side effects.

Recommendations

- ✓ Develop protocols and training manuals to address specific health needs of TG/MSM.
- ✓ Pre-service curriculum of health service providers to be reviewed to incorporate gender and human rights.
- ✓ Stigma and discrimination reduction programme targeting:
    - Healthcare workers to create an enabling environment for TGs and increase uptake of services.
    - General public, public institutions, families of TG men and women to reduce myths attached to gender and sexual identities; and to reduce stigma, discrimination and all forms of gender-based violence.
- ✓ Initiate dialogues with policy makers and legal professionals to discuss issues pertaining to TG populations rights to health, social and legal protection.
- ✓ Integrate sexual reproductive health and rights services for transgender men and women. These services could preferably be offered from the HISC.
- ✓ Introduce community-based testing and care services for TG population.

MEN WHO HAVE SEX WITH MEN

Stigma and discrimination

Many MSM in Bhutan are still hidden owing to non-acceptance of their sexuality by society, families and friends. This has resulted in a multitude of mental health conditions including depression, anxiety and in some cased leading to suicide. Many MSM have difficulty accessing treatment for STIs owing to fear of disclosing their sexual orientation and possible rejection by healthcare workers.

"Unnatural or immoral" sex is considered against the religion and a sin in the Buddhist religion. Bhutan is predominantly Buddhist and Bhutanese culture, tradition and believes are shaped by Buddhist ethos and ethics.

In addition, there is also a myth and lack of understanding that sex is between a man and a woman, thus same sex behaviour is considered as an act of excessive desire and therefore a mental disease. Similarly, to TG population, homosexuality is perceived as a "choice". One of the MSM, said, "*even the psychiatrist in bhutan believes that MSM is a mental disease*s"

The MSM community in Bhutan reported that experiences of homophobic stigma, discrimination at the workplace and sexual violence by their intimate partners. As a result, many of the young MSM still fear disclosing their sexuality; and older MSMs still hide their identity and sexual orientation.

One respondent said, '*'they are often the subject of gossip and people talk behind their back about their sexual orientation, stares at them and calls them Chaka".* Furthermore, currently, there is no formal

platform for TG and MSM communities to share their problems and issues. The only NGO available platform is Lhaksam. However, Lhaksam is focussed more on HIV/AIDS. Hence there is reluctance on the part of many MSMs to become members of the organization for fear of being labelled as a person living with HIV.

Legal and policy:

Section 213 of the Penal Code refers to "*unnatural sex*", prescribed as "*A defendant shall be guilty of the offence of unnatural sex, if the defendant engages in sodomy or any other sexual conduct that is against the order of nature*". Transgender people and MSM by virtue of their sexual behaviours are criminals and are punishable under this law. Though never used till date, the provision is a hindrance to the rights of this marginalised population. However, this law is under discussion at the parliament and if passed by the upper house, the amendment to the current law will be submitted to the King for assent.

The aspect of the age of consent for HIV testing where current policy requires consent for HIV testing for children below 18 years is also a deterrence to HIV testing and provision of health services to young key populations.

Gender inequality and sexuality

The FGD revealed that there is increasing trends amongst younger MSM, who are engaging in transactional sex. During the interview, one of MSM participants said that most the MSM meet their clients online and they said that children as young as 13 years are engaging transactional sex. They are not reached by any health care services as they are mostly hidden. The FGD participants said, "*often, younger MSM are blackmailed by older MSM that their gender identity and sexual behavior will be reported to the police or posted on social media*".

MSM used social media applications to find partners and date; which means their profile photos are accessible to users of the application. There have been incidences where profile photos are being used to coerce MSM into sex. Most cases of sexual violence against MSM are not reported due to age of consent, i.e the police require parental or guardian's consent for reporting of complaints. Organisations such as Rainbow Bhutan cannot act as legal guardians as they are now an approved NGO.

Alcohol and substance abuse

Alcohol and drug use are also common amongst the MSM community for the same reasons as transgendered communities; i.e. as a coping mechanism tool and to gain self-confidence. Over time, many MSM have become drug/alcohol dependent. To compound the issue, existing treatment and rehabilitation centres do not accept MSM or TG patients. One of treatment centres said that they had to refuse admission of MSM to their centre as *"his presence was causing a lot of anxiety to other clients"*. These centres do not have facilities nor capacity to manage MSM and TG patients.

Access to Health Care Services

Most MSM do not go to healthcare services for sexual health services. They said that they are fearful that health workers may spread rumours about their sexual identity. There is a general feeling of lack of trust towards the health system and healthcare workers.

The healthcare providers also stated that MSM would only complain of abdominal pain even if they suffer from anal gonorrhoea. This leads to improper diagnosis and mismanagement. The MSM group stated that most of them go to Indian border if they get sick as no one would recognize them there. Rich MSM would go to Bangkok as the services are community friendly. The health information and service centre provide HIV testing services only and lacks other health care services which are essential if not crucial to the MSM community.

Recommendations:

- ✓ Institutionalise MSM and TG youth friendly services through focal persons at adolescent health service centres which is already in existence in most hospitals.
- ✓ Support and strengthen civil society organisations such as Lhaksam and Rainbow Bhutan to facilitate networking and provide support services to key populations.
- ✓ The HIV/AIDS program to develop guidelines for pre-exposure prophylaxis (PrEP) as an additional HIV prevention choice within a comprehensive HIV prevention package.
- ✓ Ensure adequate availability and provision of condoms and condom-compatible lubricants.

FEMALE SEX WORKERS

Buying and selling sex is illegal in Bhutan. Regardless, transactional sex is taking place in all major town areas. There seems to be two kinds of women who are involved in transactional sex, one that works in "*entertainment venues*" and the other who works informally from home. Some of the entertainment venues such as karaoke and "*Drayang*" (venues where girls usually dance or sing upon request of clients) act as pseudo-hot spots. Most employees of "*drayangs*" are female. The girl employees usually come to the client requesting money and clients, who are mostly men, will ask them to dance or sing.

Informal sex workers are often contacted by the pimp, who arranges clients for them. Some hotels can be rented out on hourly basis, which are often used as the meeting place. FGD respondents revealed that they often prefer foreigner or migrant worker clients to maintain their anonymity. Considering the small Bhutanese society, there is risk of meeting a relative or some known person if the clients are Bhutanese nationals.

In entertainment venues such as "*drayangs"*, the women's daily income is dependent on the amount they earn from the number of songs/dance requested and drink coupons she receives from the client. These often make the girls vulnerable for unprotected sex and sexual abuse by clients who are often older men with better financial and social status.

Some FGD respondents said that they do not have free access to condoms, and they are too shy to purchase condoms from pharmacy shop or from condom vending machines. Often, they are left at the whims of the client whether to use or not to use condoms. Considering the availability of the emergency contraceptive pills from the pharmacy retail shop, they are not scared as they are under that assumption that pregnancy is taken care of.

Most of the "*drayang*" and entertainment employees have to work at night and rest during the day. Health facilities are open from 9 AM to 3PM. This timing is not suitable for FSWs to access healthcare services unless they are very ill. There is no private clinic in Bhutan.

Recommendations

- ✓ Develop innovative outreach methods to FSW particularly those who operate from home.
- ✓ Train peer-led and outreach approaches to increase knowledge, develop skills and empower sex workers to use condoms and lubricants consistently and explore supply of female condoms to FSW.
- ✓ Currently, the VCT services are not friendly to FSW and there is need to develop innovative methods to providing VCT services.
- ✓ Explore alternative income-generating options for FSW and support small-scale business initiatives.

- ✓ Create socio-economic and educational support for vulnerable children such as children of female sex workers and children affected by HI/AIDS.

CONCLUSION

Since the first detection of HIV infection in 1993, Bhutan has made much stride in the containment of the spread of HIV infection, providing care and support for those infected and affected by the HIV/AIDS. However, to move further, the country needs to invest more particularly to address the issues related to the key population. The key population MSM, transgender and female sex worker are often hidden, discriminated and do not have access to quality HIV /AIDS prevention and care services that is friendly to the key population community. To address the needs of these key population are crucial in achieving the goal and targets set in the strategic guideline of the Royal Government of Bhutan.

ANNEXURES

ANNEX 1: NATIONAL CONSULTATION PROCESS

The one-day National Consultation was held on 18th November 2019, in City Hotel, Thimphu. Prior to the meeting, the Sub-recipient focal person, sent the invitation about one week ahead of the schedule. The participants were verbally requested to come for the meeting by the national consultant during in-depth interviews. The meeting started as per the agenda attached (Annexure 4).

The meeting started with an introduction of the participants and their affiliated organization. Following this, the organization present during the meeting also presented on the organizational objectives, any initiatives for gender and HIV/AIDS. This was followed by the presentation, by the SR on the project details, objectives of the meeting and expected outcome. During the discussion meeting, she also clarified on the questions and queries.

The national consultant presented on the review objectives, process, key findings and recommendations. The group work provided feedback on the key findings, recommendations, activities and budget. The groups presented their feedback which was discussed. The national consultant recorded outputs from discussions and feedback; and made changes to the findings.

Outputs

The meeting provided valuable feedback, comments and suggestions to the key findings, recommendations, activities and budgets. These were incorporated to form this final report.

Agenda of the National Consultation

National Consultation for the Gender Review

City Hotel, Thimphu Bhutan

Date: 18/11/2019

Time	Session	Presenter/Facilitator/PIC
8:30-9.00	Registration	
9.00 – 9.15	Welcome remarks	Ms Karma Dema Tshering, Save the Children
9.15 – 9.45	Facilitated Introductions	National Consultant
9.45 - 10.00	Introduction to AFAO SKPA Regional Programme	Country SR
10.00 – 10.30	Gender Review	National Consultant
10.30 – 10.45	Tea Break	
10.45 – 11.15	Group Work 1: Validation of Findings	
11.15 – 11.45	Plenary: Feedback from Group Work 1	National Consultant
11.45 – 12.30	Group Work 2: Review Recommendations	
12.30 – 13.30	Lunch Break	
13.30 – 14.00	Plenary: Feedback from Group Work 2	National Consultant
14.00 – 14.15	Summation of Recommendations	National Consultant
14.15 – 15.30	Group Work 3: Costing Proposed Activities	
15.30 – 15.45	Tea-break	
15.45 – 16.30	Plenary: Feedback from Group Work 3	
16.30 – 17.00	Summation of Costed Activities, Next Steps, Closing	National Consultant and Country SR

	END	

ANNEXURE 2: PROPOSED ACTIVITIES AND ESTIMATED BUDGET

Work plan for the Gender Review

S/No	Activity	Description	Year 1: 2019	Year-1 Budget	2020				Year-2 Budget	2021				Year-3 Budget	2022				Year-4 Budget	Implementers		Remarks
			Q 4		Q 1	Q 2	Q 3	Q 4		Q 1	Q 2	Q 3	Q 4		Q 1	Q 2	Q 3	Q 4		Lead	Partners	
A	**Reducing stima, myth and discrimination**																					
A.1	Advocacy/Sensitization on Sexual Orientation and Gender Identity (SOGI) to National referral hospital, KGUMSB staff, phuntsholing hospital staff	Meeting for about 100 participants from JDWNRH, 20 KGUMSB, 50 Phuntshoeling	x	2000		X			2000											NACP/ Safe the Children	Rainbow and Lhaksam.	Budgeted in SR
A.2	Advocacy/Sensitization meetings with Judiciary, Parliamentarians, Law enforcement agencies, Commission members, and High level policy	About 50 high level	x	2080																NACP/Safe the Children	Rainbow and Lhaksam.	Budged in SR

S/No	Activity	Description	Year 1: 2019	Year-1 Budget	2020				Year-2 Budget	2021				Year-3 Budget	2022				Year-4 Budget	Implementers		Remarks
			Q 4		Q 1	Q 2	Q 3	Q 4		Q 1	Q 2	Q 3	Q 4		Q 1	Q 2	Q 3	Q 4		Lead	Partners	
	decision makers to strengthen																					
A.3	Sensitization of media on the rights-based approaches to Media personnel on HIV & SOGIE (as per Reporting Guide for the Bhutanese Media developed by Lhaksam)	3 days Training 20 media personnel at Paro	x	3500	x				3500	x				3500	x				3500	Rainbow Bhutan	Lhaksam & NACP	Y1 budgeted in SR
A.4	Development of comprehensive (brochures, leaflets, TV spots and radio jingles) advocacy package on gender based violence, gender	Hiring local media house to develop the materials			x				1400											NACP/Safe the Children	Rainbow and Lhaksam.	

S/No	Activity	Description	Year 1: 2019	Year-1 Budget	2020				Year-2 Budget	2021				Year-3 Budget	2022				Year-4 Budget	Implementers		Remarks
			Q 4		Q 1	Q 2	Q 3	Q 4		Q 1	Q 2	Q 3	Q 4		Q 1	Q 2	Q 3	Q 4		Lead	Partners	
	inclusiveness and reducing stigma and discrimination																					
A.5	Design and Printing of Brochures	Printing cost				X			2100											NACP/Safe the Children		
A.6	Disseminating the TV spot through BBS TV and other medium.	Air and Radio time					X		3000	x	x	x	x	3000	x	x	x	x	3000	NACP/Safe the Children		
A.7	Sensitization of the health workers of the two regional referral hospital, Samdrupjonkhar, Wangdue, punakha, Bumthang hospitals on the	Advocacy meeting			x				25000											NACP/Safe the Children	Rainbow and Lhaksam.	

S/No	Activity	Description	Year 1: 2019	Year-1 Budget	2020				Year-2 Budget	2021				Year-3 Budget	2022				Year-4 Budget	Implementers		Remarks
			Q 4		Q 1	Q 2	Q 3	Q 4		Q 1	Q 2	Q 3	Q 4		Q 1	Q 2	Q 3	Q 4		Lead	Partners	
	SoGI in relation to HIV and AIDS.																					
A.8	Observing trans visibility through observing Global Gender Days (Transgender day and Sexuality day)	Event celebration (At least 2 events per year)			x	X			8500	x				8500	x				8500	Rainbow Bhutan & Lhaksam	NACP/Safe the Children	
A.9	Development of training package to reduce stigma and discrimination and address the needs of transgender (Wardens, counselors and Students)	Hiring local TA			x				17000											NACP/Safe the Children	Rainbow Bhutan & Lhaksam , DYS and YDF	
A.10	Training of Trainers of School	Training about central schools and college						x	6500				x	6500				x	6500	NACP & Save the Children, DYS , YDF	DYS & Lhaksam, Rainbow Bhutan	

S/No	Activity	Description	Year 1: 2019	Year-1 Budget	2020				Year-2 Budget	2021				Year-3 Budget	2022				Year-4 Budget	Implementers		Remarks
			Q 4		Q 1	Q 2	Q 3	Q 4		Q 1	Q 2	Q 3	Q 4		Q 1	Q 2	Q 3	Q 4		Lead	Partners	
	counselors and wardens	counselors/wardens																				
A.11	Advocacy and sensitization of Schools and institutions by trained wardens and counselors on the gender-based violence, sexuality and reproductive health rights & HIV/AIDS and STIs	Advocacy and sensitization meeting					X		5000			x		5000			x		5000	NACP & Save the Children, DYS , YDF	Lhaksam, Rainbow Bhutan	
A.12	Using youth as game changers in collaboration with YDS and IYFSC/Youth Centres for, SOGI in relation to HIV and STIs prevention.	Training of Youth leaders and youth centre presidents by school counselors						x	8500	x				8500	x				8500	NACP, Adolescent Health Program & Save the Children, DYS , YDF	Lhaksam, Rainbow Bhutan	

S/No	Activity	Description	Year 1: 2019	Year-1 Budget	2020				Year-2 Budget	2021				Year-3 Budget	2022				Year-4 Budget	Implementers		Remarks
			Q 4		Q 1	Q 2	Q 3	Q 4		Q 1	Q 2	Q 3	Q 4		Q 1	Q 2	Q 3	Q 4		Lead	Partners	
B	Improving access to HIV/STIs Testing, Counselling and treatment for key populations,																					
B.1	Developing innovative approaches to improve counseling and testing to reach to key population & developing protocols and SoPs for training	TA			x	X			17000											NACP & Save the Children	Lhaksam, Rainbow Bhutan	
B.2	Piloting the innovative approach in selected areas	Piloting the approach in Thimphu and Pling			x	x	X													NACP & Save the Children	Lhaksam, Rainbow Bhutan	
B.3	Evaluation and report dissemination of finding	TA						x	6000											NACP & Save the Children	Lhaksam, Rainbow Bhutan	

S/No	Activity	Description	Year 1: 2019	Year-1 Budget	2020				Year-2 Budget	2021				Year-3 Budget	2022				Year-4 Budget	Implementers		Remarks
			Q 4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Lead	Partners	
B.4	Expansion to other HISC centers (additional 4 centers)									x	x	x	x	13000	x	x	x	x	10000	NACP & Save the Children	Lhaksam, Rainbow Bhutan	
B.5	Extending VCT services in prison setting and Dawakha open women prison	VCT camps for prisoners			x			x	200	x			x	200	x			x	200	NACP & Save the Children	Lhaksam, Rainbow Bhutan	
B.6	Support to carry outreach activities for NACP through HISCs by carrying out venue based HIV testing and counseling.	Monitoring and Supervision/ data collection.			x	X	X	x	700	x	x	x	x	700	x	x	x	x	700	NACP	Rainbow and Lhaksam	
B.7	Ex-training of identified medical doctors and HIV counselors on male sexual health in	Travel related cost (TRC)						x	12000											NACP & Save the Children	Lhaksam, Rainbow Bhutan	

S/No	Activity	Description	Year 1: 2019	Year-1 Budget	2020				Year-2 Budget	2021				Year-3 Budget	2022				Year-4 Budget	Implementers		Remarks
			Q 4		Q 1	Q 2	Q 3	Q 4		Q 1	Q 2	Q 3	Q 4		Q 1	Q 2	Q 3	Q 4		Lead	Partners	
	relation to HIV, STIs, PreP .																					
B.8	Collaborating with NGOs to reach HIV/AIDS and SRH services including the substance abuse among the prisoners including the open prison for women.	Advocacy in prisoners			x	X	X	x	1000	x	x	x	x	1000	x	x	x	x	1000	NACP & Save the Children	Lhaksam, Rainbow Bhutan , Nazhoen Lamten, RBP	
B.9	Strengthen the current networking of MSM and TG population through self-help group meetings to discuss their health and social problems for referral and linkages to services.	Meeting and networking session			x	X	X	x	2000	x	x	x	x	2000	x	x	x	x	2000	Rainbow Bhutan & Lhaksam	MoH and SavetheChildren	

S/No	Activity	Description																Implementers		Remarks
			Year 1: 2019	Year-1 Budget	2020				Year-2 Budget	2021				Year-3 Budget	2022				Year-4 Budget	Lead	Partners	
			Q 4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4				
B.10	Increasing network for FSW and reaching advocacy and services to FSW	Meeting and networking session			x	X	x	x	2000	x	x	x	x	2000	x	x	x	x	2000	Rainbow Bhutan & Lhaksam	MoH and SavetheChildren	
B.11	Initiate distribution of condoms and lubricants for the key populations (MSM & TG).	Supplies from MOH and budget from networking session			x	x	X	x	0	x	x	x	x	0	x	x	x		0	Rainbow Bhutan & Lhaksam	HISCs	
B.12	Inclusion of "Stigma reduction package-SOGIE" and addressing treatment needs of LGBT in the national health worker training curriculum of the KGUMSB and training faculty members.	Curriculum mapping, module development and Training of Faculty			x				3000											NACP & Save the Children	Rainbow Bhutan	

S/No	Activity	Description	Year 1: 2019	Year-1 Budget	2020				Year-2 Budget	2021				Year-3 Budget	2022				Year-4 Budget	Implementers		Remarks
			Q 4		Q 1	Q 2	Q 3	Q 4		Q 1	Q 2	Q 3	Q 4		Q 1	Q 2	Q 3	Q 4		Lead	Partners	
C	**Promoting dignity and human rights of key population through providing care and support (Networking platform, networking, care for the vulnerable)**																					
C.1	Rainbow Bhutan office establishment (Procurement of computers and furniture	Procurement of Computer and furniture	x	5000					2500					2500					2500	NACP & Save the Children	Rainbow Bhutan	Budgeted in SR
C.2	Development of training and advocacy manual for health workers on gender identity and addressing health issues of LGBT	Development of manual by local consultants and stakeholder's consultation				X			1200											NACP & Save the Children		
C.3	Printing and design of training manual	Publication of documents					X		1500											NACP & Save the Children		
C.4	Training adolescent focal person on	Training of focal person AFHS					X	x	6500											NACP & Save the Children	Lhaksam, Rainbow Bhutan , Nazhoen Lamten, RBP	

S/No	Activity	Description	Year 1: 2019	Year-1 Budget	2020				Year-2 Budget	2021				Year-3 Budget	2022				Year-4 Budget	Implementers		Remarks
			Q 4		Q 1	Q 2	Q 3	Q 4		Q 1	Q 2	Q 3	Q 4		Q 1	Q 2	Q 3	Q 4		Lead	Partners	
	addressing the health needs of LGBT																					
C.5	Training workshop for key population on life skill management and resilience development for key population.	Training of key population at Bhutan Institute of wellbeing, YDF				x			3000		x			3000		x			3000	Institute of wellbeing/savethechildren	Rainbow and Lhaksam	
C.6	Training and supporting key affected population on alternative employment and entrepreneurships and access to finance	Training with Loden Foundation and Trade/Nazhoen Lamten and Bhutan Institute of wellbeing					X		3000			x		3000			x		3000	NACP & Save the Children	Rainbow bhutan and MoLHR	
C.7	In country training on result project planning and monitoring	Training of Lhaksam and Rain bow Bhutan staff at IMS						x	3000									x	3000	NACP & Save the Children	Lhaksam, Rainbow Bhutan , Nazhoen Lamten, RBP	

S/No	Activity	Description	Year 1: 2019	Year-1 Budget	2020				Year-2 Budget	2021				Year-3 Budget	2022				Year-4 Budget	Implementers		Remarks
			Q 4		Q 1	Q 2	Q 3	Q 4		Q 1	Q 2	Q 3	Q 4		Q 1	Q 2	Q 3	Q 4		Lead	Partners	
	Rainbow Bhutan and Lhaksam.																					
C.8	Study tour for key affected population and health workers on regional good practices	Ex- country regional travel					X		5000				x	5000		x			5000	NACP & Save the Children	Lhaksam, Rainbow Bhutan , Nazhoen Lamten, RBP	
C.9	Ex country training for medical team for hormone therapy	Training of medical doctors and team											x	12000						NACP & Save the Children		
C.10	Reaching VCT and SRH services and training to children in conflict with law	training as per DYS manual by Nazhoen Lamten						x	3000			x		3000			x		3000	NACP & Save the Children	Nazhoen Lamten	
C.11	Supporting YDF and NGOS in strengthening and expanding Transgender,	Advocacy and fund support for rehabilitation centre for Chithuen						x	2000				x	2000				x	2000	YDF & CPA	Rain bow bhutan & Lhaksam	

S/No	Activity	Description	Year 1: 2019	Year-1 Budget	2020				Year-2 Budget	2021				Year-3 Budget	2022				Year-4 Budget	Implementers		Remarks
			Q 4		Q 1	Q 2	Q 3	Q 4		Q 1	Q 2	Q 3	Q 4		Q 1	Q 2	Q 3	Q 4		Lead	Partners	
	female and MSM friendly rehabilitation centres.	Phenday Association and YDF																				
C.12	Study tour for HCWs/ KAPs on regional good practices (PReP and community-based interventions, HRT)	Ex country regional tour					X		5000			x		5000			x		5000	NACP & Save the Children	Rain bow bhutan & Lhaksam	
C.13	Study tour for policy and law makers including key population to witness international best practices and gender rights	ex country regional tour					X		5000			x		5000			x		5000	NACP & Save the Children	Rain bow bhutan & Lhaksam	

S/No	Activity	Description	Year 1: 2019	Year-1 Budget	2020				Year-2 Budget	2021				Year-3 Budget	2022				Year-4 Budget	Implementers		Remarks
			Q 4		Q 1	Q 2	Q 3	Q 4		Q 1	Q 2	Q 3	Q 4		Q 1	Q 2	Q 3	Q 4		Lead	Partners	
C.14	National stakeholder consultation on Hormone therapy	Meeting of key stake holders											x	1000	x				1000	NACP & Save the Children	Rain bow bhutan & Lhaksam	
C.15	Meeting with the key stakeholders (MoH, MoHCA-Census and Civil Registration, relevant CSOs) on dress code, hair and other attires as per gender identity	Advocacy meeting of key officials											x	1000	x				1000	NACP & Safe the Children	Rain bow bhutan	
C.16	Building policy and leadership advocacy to law makers	Advocacy meeting											x	1000	x				1000	NACP & Safe the Children	Rain bow bhutan	
D	Improving strategic information for planning and advocacy																					

S/No	Activity	Description	Year 1: 2019	Year-1 Budget	2020				Year-2 Budget	2021				Year-3 Budget	2022				Year-4 Budget	Implementers		Remarks
			Q 4		Q 1	Q 2	Q 3	Q 4		Q 1	Q 2	Q 3	Q 4		Q 1	Q 2	Q 3	Q 4		Lead	Partners	
D.1	Situational assessment of children infected with HIV and affected by HIV/AIDS followed by development of strategic document	National Consultant	x	10000	x				10000											NACP & Safe the Children	Lhaksam	
D.2	Advocacy and obtaining budgetary support for implementation of activities to support children with HIV infection and affected by HIV/AIDS	Stake holders meeting by NACP				X			1000											NACP & Safe the Children	Lhaksam	
D.3	Undertake size estimation of IDU and situational analysis review	Consultant and enumerators					X	x	50000											NACP & Save the Children	Rain bow bhutan & Lhaksam	

S/No	Activity	Description	Year 1: 2019	Year-1 Budget	2020				Year-2 Budget	2021				Year-3 Budget	2022				Year-4 Budget	Implementers		Remarks
			Q 4		Q 1	Q 2	Q 3	Q 4		Q 1	Q 2	Q 3	Q 4		Q 1	Q 2	Q 3	Q 4		Lead	Partners	
D.4	Social Network mapping of IDU, MSM and FSW	Consultant and enumerator				X	X	x														
Total (USD)				22580					318500					97400					85400			
GRAND Total USD		523880																				

Cost Assumptions

	Cost Item	Cost Assumption	Unit cost	Quantity	Total in Nu	Total USD
A.1	Working lunch and refreshment	Lunch and tea with snacks @Nu 500	500	170	85000	
	Travel cost for Phuentsholing (Key population and resource)	DA 1500, , Room 1000	7500	10	75000	2888.889
		Mileage @16/km	4800	10	48000	
A2	High level meeting in LM	Lunch and hall @Nu 3000	3000	50	150000	2083.333
A3	3 days Training 20 media personnel at Paro	Lunch and tea with snacks @Nu 500	500	60	30000	3450
		DA 1500, Room 1000	3000	60	180000	
		Mileage @16/km	16	2400	38400	
A.4	Hiring local institutions	Lump-sum budget, will tender and award to lowest evaluated bid, Nu 10,00,000	1000000	1	1000000	13888.89
A5	Design and printing	Brochure 300/ copy and leaflet 200 per copy	500	300	150000	2083.333
A6	Airtime	Lum-psum to BBS at negotiated public health rate, Nu 200,000/ year	200000	1	200000	2777.778
A7	Travel cost (Key population and resource) , lunch and tea for local participants	Lunch and tea with snacks @Nu 500	500	150	75000	
		DA 1500, , Room 1000 (approx 10 days for 3 hospitals including travel time)	25000	10	250000	25347.22
		Mileage @16/km approx 500 kms	150000	10	1500000	
A8	Events cost	at 300000 per event at clock tower	300000	2	600000	8571.429
A9	Hiring consultant	hiring local TA @ 300 usd for 50 days	21600	50	1080000	17000

	Cost Item	Cost Assumption	Unit cost	Quantity	Total in Nu	Total USD
		Stakeholder meeting and local travel			144000	
A10	ToT for wardens and counselors (20 participants 3 days in phuentsholing)	Lunch and tea with snacks @Nu 500	500	60	30000	6361.111
		DA 1500, , Room 1000 (approx 10 days for 3 hospitals including travel time)	3000	100	300000	
		Mileage @16/km approx 200 kms	16	8000	128000	
A11	Training and sessions in respective schools	Tea and Snacks @Nu 150 , 100 participants per schools for 20 schools	150	2000	300000	4166.667
A12	Training of Youth Centre managers and youth leaders (20 youth centres and 15 participants)	Tea and Snacks @Nu 150 , 100 participants per schools for 20 schools	150	200	30000	8361.111
		DA 1500, , Room 1000 for 2 resources person	3000	20	60000	
		Mileage @16/km for 2 resources person about 500 kms	16	32000	512000	
B1	Local TA	hiring local TA @ 300 usd for 50 days	21600	50	1080000	17000
		Stakeholder meeting and local travel			144000	
B2	Training of outreach workers and HISC staff 5 days in paro for 20 participants	Lunch and tea with snacks @Nu 500	500	60	30000	16783.33
		DA 1500, , Room 1000	3000	60	180000	
		Mileage @16/km	16	2400	38400	
		In reach and out reach expenditure @ 10000/month /site	10000	24	240000	

	Cost Item	Cost Assumption	Unit cost	Quantity	Total in Nu	Total USD
		Payment for out reach workers 3 per venue @ 10000/month	10000	72	720000	
B3	Local TA	hiring local TA @ 300 usd for 20 days	21600	20	432000	6000
B4	Training of outreach workers and HISC staff 5 days in paro for 20 participants	Lunch and tea with snacks @Nu 500	500	60	30000	13450
		DA 1500, , Room 1000	3000	60	180000	13033.33
		Mileage @16/km	16	2400	38400	
		In reach and out reach expenditure @ 5000/month /site	5000	48	240000	
		Payment for outreach workers 1 per venue @ 10000/month	10000	48	480000	
B5	Travel expenses for field staff	one day TA and DSA for 2 staff every 6 months	1500	2	3000	95
			16	240	3840	
B6	Travel expenses for field staff	one day TA and DSA for 2 staff monthly	1500	24	36000	666.6667
		Fuel for mobile van	1000	12	12000	
B7	Ex country travel in Thailand 5 people	DSA 130 USD /DAY ,	9360	25	234000	11930.56
		air ticket 400 /person	25000	5	125000	
		Tuition fee	100000	5	500000	
B8	Travel expenses for field staff	one day TA and DSA for 2 staff every 6 months	1500	48	72000	2666.667
B9	Meeting and networking session	Lump sum Nu 5000/month for lkhasam and rainbow Bhutan	5000	24	120000	3333.333

	Cost Item	Cost Assumption	Unit cost	Quantity	Total in Nu	Total USD
B10	Meeting and networking session	Lump sum Nu 5000/month for lkhasam and rainbow Bhutan	5000	24	120000	1666.667
B11	No budget					0
B12	Training and meeting (Curriculum mapping 1 day, module development 3 days) staff training 2 days)	Lunch and tea with snacks @Nu 500	500	50	25000	2697.222
		DA 1500, , Room 1000	3000	50	150000	
		Mileage @16/km	16	1200	19200	
C1	Procurement	Computers & Printers & Furniture	130000	2	260000	4305.556
		Furniture	50000	1	50000	
		Rental support	15000	12	180000	2500
C2	Local consultant	hiring local TA @ 300 usd for 30 days	21600	30	648000	11000
		Stakeholder meeting and local travel			144000	
C3	Publication	Design and printing	1500	50	75000	1041.667
C4	Training of Adolescent Health Focal Person	Lunch and tea with snacks @Nu 500	500	60	30000	6361.111
		DA 1500, , Room 1000 (approx 10 days for 3 hospitals including travel time)	3000	100	300000	
		Mileage @16/km approx 200 kms	16	8000	128000	
C5	Institutional fee	Training at Institute of wellbeing 5 participants per year	5	30000	150000	2083.333
C6	Institutional fee	Training at Institute of wellbeing 5 participants per year	5	30000	150000	2083.333

	Cost Item	Cost Assumption	Unit cost	Quantity	Total in Nu	Total USD
C7	Training	35days Training 10 participants at Paro	Lunch and tea with snacks @Nu 500	500	50	25000
			DA 1500, , Room 1000	3000	50	150000
			Mileage @16/km	16	1200	19200
C8	Ex country travel in Thailand 5 people	DSA 130 USD /DAY ,	9360	25	234000	4986.111
		air ticket 400 /person	25000	5	125000	
C9	Ex country travel in Thailand 5 people	DSA 130 USD /DAY ,	9360	25	234000	11930.56
		air ticket 400 /person	25000	5	125000	
		Tuition fee	100000	5	500000	
C10	Training	Lunch and tea with snacks @Nu 500	500	50	25000	2697.222
		DA 1500, , Room 1000	3000	50	150000	
		Mileage @16/km	16	1200	19200	
C11	Support for CPA and YDF	Discussion and meeting for inclusive rehabilitation	500	10	5000	2013.889
		Centre support for accommodating LGBT community	50000	2	100000	
		Training of counselors on LGBT needs	500	20	10000	

	Cost Item	Cost Assumption	Unit cost	Quantity	Total in Nu	Total USD
		Fee for LGBT enrolment	15000	2	30000	
					0	
C12	Study tour ex country	DSA 130 USD /DAY ,	9360	25	234000	4986.111
		air ticket 400 /person	25000	5	125000	
C13	Study tour ex country	DSA 130 USD /DAY ,	9360	25	234000	5819.444
		air ticket 400 /person	25000	5	125000	
C14	Consultative meeting	Lunch and tea with snacks @Nu 3000	3000	20	60000	833.3333
C15	Consultative meeting	Lunch and tea with snacks @Nu 3000	3000	20	60000	1666.667
C16	Consultative meeting	Lunch and tea with snacks @Nu 3000	3000	20	60000	833.3333
D1	National Consultant	hiring local TA @ 300 usd for 50 days	21600	50	1080000	15069.44
		Stakeholder meeting and local travel	500	10	5000	
D2	Consultative meeting	Lunch and tea with snacks @Nu 3000	3000	20	60000	833.3333
D3	Consultant and Enumerators	hiring local TA @ 300 usd for 30 days (10 days protocol development and training, 10 days data collection supervision, 10 days data analysis and report writing)	21600	20	432000	50254.17
	Training of enumerators	Lunch and tea with snacks @Nu 500	500	30	15000	
		DA 1500, , Room 1000	3000	30	90000	
		Mileage @16/km	16	1200	19200	

	Cost Item	Cost Assumption	Unit cost	Quantity	Total in Nu	Total USD
	Data collection	DA 1500, , Room 1000	3000	200	600000	
		Mileage @16/km	16	150000	2400000	
	Data entry and analysis	Lunch and tea with snacks @Nu 500	500	15	7500	
		DA 1500, , Room 1000	3000	15	45000	
		Mileage @16/km	16	600	9600	
D4	Consultant and Enumerators	hiring local TA @ 300 usd for 30 days (10 days protocol development and training, 10 days data collection supervision, 10 days data analysis and report writing)	21600	20	432000	50254.17
	Training of enumerators	Lunch and tea with snacks @Nu 500	500	30	15000	
		DA 1500, , Room 1000	3000	30	90000	
		Mileage @16/km	16	1200	19200	
	Data collection	DA 1500, , Room 1000	3000	200	600000	
		Mileage @16/km	16	150000	2400000	
	Data entry and analysis	Lunch and tea with snacks @Nu 500	500	15	7500	
		DA 1500, , Room 1000	3000	15	45000	
		Mileage @16/km	16	600	9600	

ANNEX 3: REFERENCE LIST

Key Reference List

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