

**STRATEGY**

**MONITORING & EVALUATION FRAMEWORK**

***BUDDHIST LEADERSHIP INITIATIVE***



East Asia and the Pacific Regional Office January 2003



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# **1. Buddhist Leadership Initiative Strategy**

## **1.1 Introduction**

The strategy presented here in this document is a broad, regional strategy for Buddhist involvement in the response to HIV. UNICEF developed the strategy following a review of the Buddhist Leadership Initiative activities undertaken so far in Laos, Cambodia, Yunnan Prefecture in China and Thailand. There were enough common findings from all the countries to draw conclusions which provided the basis for a regional strategy. This is not intended to be a prescriptive document, but should be viewed as another step in the ongoing process of developing the Buddhist response to the threat of HIV in each of these countries. The strategy needs adaptation to individual countries. A broad range of options is presented here, all of which comprise a very comprehensive response. None of the countries involved are in a position to implement the whole strategy at this time. The resources and capacity requirements are not yet available.

The purpose of developing a strategy like this is to enable local Buddhist monks and nuns in collaboration with key national Buddhist institutions, and government agencies, to implement a Buddhist response specific to the needs of their national, provincial, district and local situations. The strategy presents a range of options which can be prioritised based on the specific qualities and features of the HIV situation in each country. This approach developed in response to a request from senior Buddhist figures in Laos, who acknowledged their lack of experience in responding to this regional crisis and felt they were not aware of all possible options, or why they should be considered. Sangha members in most other countries intending to implement the strategy are in a similar position of having limited experience in implementing a response to HIV. Accordingly, this document presents many options, most of which may be appropriate to specific national situations, some of which may not. It does not claim to present every option. Individual country project managers can consider the options presented here and determine those they think are the most urgently required, the most achievable, the most appropriate or the most sustainable.

The strategy is based on five basic objectives, which in turn are based on the findings common to each of the countries where the review was undertaken in November and December 2002. Each objective is then divided into four or five outputs. These outputs comprise the necessary components to achieve the objectives of the program. In order to help the country program managers determine how to achieve the outputs, several activities are listed under each output. Again it must be stressed that these are not meant to be prescriptive. They are suggestions for action to achieve certain ends, based on the perception of need. Country project managers will need to determine their own priorities based on sound planning techniques, using the strategy as a planning tool.

The logic of the strategy is simple: if a series of interlinked activities under the one output are successfully undertaken, then that output will be achieved. If all the outputs grouped under one objective are achieved then that objective will be met. If all, or even some of the objectives are met then the goal will have been largely achieved. The strategy is aimed at the long term development of Sangha capacity to address HIV. Despite this, the monitoring and evaluation framework is based on a two year project cycle. This is minimal in terms of some

outputs, and impact for most outputs will barely have registered in such short a time. But the intention is that ongoing planning will take place and the strategy will be amended as national and regional epidemics progress and change. Ongoing planning at all levels is an essential part of the strategy. UNICEF will function as a resource for the implementation of this strategy.

## **1.2 Problem analysis**

The review of the Buddhist Leadership Initiative activities in Laos, Sipsong Banna and Cambodia identified a series of social problems relevant to HIV common to each country. Some problems are more severe in certain countries and places than in others. As one would expect, the nature and severity of the identified problems varies from place to place but there is a degree of commonality between them. Of course, not all social problems are of a type that the Sangha can have an impact on, but several are, and they are discussed here. In this section the problems common to each location evaluated will be examined together with a discussion of their causes.

There were many problems mentioned and discussed by either members of the Sangha<sup>1</sup> or by people with HIV. They have been grouped under five major problem headings.

### **1.2.1 Fear and discrimination in the community keep HIV positive people hidden and scared to publicly disclose their HIV status.**

There is fear in the community about HIV and it is primarily the result of ignorance about the disease. People have irrational fears about contracting HIV which gives rise to discriminatory behaviours. HIV-positive people also experience fear, a fear of the discrimination that often accompanies disclosure of their HIV status. They have good reason to fear discrimination as it is evident in nearly every community visited on the evaluation, with the exception of northern Thailand where it appears to be markedly reduced<sup>2</sup>. The experience of discrimination is a major cause of suffering among people with HIV. Discrimination not only increases the various traumas, both mental and physical, experienced by people with HIV, but it also prevents them from having ready access to care and support services in the community.

HIV positive people are diagnosed but remain hidden and not in contact with support services. This leaves them dealing with their diagnosis alone and in fear of their future. If they are responsible for children then they experience even greater mental trauma worrying about who will care for them after they die. Not having contact with various support services exacerbates their suffering needlessly. Counselling, health care, and support groups are all important to the wellbeing of people with HIV. Where people with HIV are forced to keep their status secret they do not make contact with monks, and thus are deprived of at least receiving some counselling to ease their stress and mental traumas. The longer people remain isolated with their illness the greater the potential for stigma, shame and reduced self esteem, and hence increased mental suffering.

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<sup>1</sup> The term Sangha is used in this strategy paper to refer to the ordained temple community, i.e. monks, nuns, and novices. This is a pragmatic use of the term to avoid constant repetition.

<sup>2</sup> There was little opportunity to gauge the presence of discrimination in Sipsong Banna because we had no contact with HIV-positive people there

Monks have not taken the opportunity in most places to advocate on behalf of people with HIV to reduce discrimination. Monks are highly respected in the community and people listen to their views. Many monks have incorporated HIV into their preaching in the form of prevention education based on the Five Precepts. Unfortunately very few monks in the region have incorporated messages about how, from a Buddhist point of view, discriminatory actions, thoughts and words create considerable negative karma. Few have espoused the merit to be gained from being tolerant and compassionate towards people with HIV. There is considerable scope for the application of Buddhist lore to the reduction of discrimination. Monks can lead by example when it comes to overcoming discrimination, and this can involve engaging in a lot more advocacy on behalf of people with HIV.

- Discrimination is most keenly felt by people with HIV when it comes from their immediate family or community. There was evidence of rejection and even ostracism in some places, including Laos and Cambodia, which creates immense mental trauma for those who experience it. It may also lead to a faster deterioration in their physical health, particularly when rejection by family and community results in homelessness.
- Peer support groups for people living with HIV are not established in many places, even where there are significant numbers of HIV-positive people. This leaves people with HIV without the enormous sense of relief and support they often experience when they meet with other people who are undergoing the same or similar difficulties as them. Where discrimination is particularly strong it is very difficult for these groups to become established, but they are all the more important.
- Discrimination from health workers or other government service providers was reported in a number of places, although equally there were reports of very caring and concerned health workers. Discrimination from health workers is particularly damaging to the health of the individual, and to public health. At the individual level it leaves a HIV-positive person reluctant to return to seek treatment of care. Public health is threatened because discriminatory behaviour by government or health officials jeopardises chances of that person being educated about positive living and about how they can prevent further infections. Such behaviour also effectively marginalises people with HIV.
- Discrimination towards the children of a HIV-positive person is common. This can affect the child's education, due to taunting from other children or denial of access to school by authorities. It can also affect their willingness to care for their sick parent, in addition to causing considerable mental trauma for the child.
- Loss of livelihood because of discrimination is another common experience for people with HIV. Men spoke of losing their jobs when their HIV status became known, and it is very common amongst women who sell food for a living to have their customers desert them when it becomes known they are HIV positive. If they have children then the impact of loss of livelihood for the bread winner is a major source of stress for them as they worry about their children's wellbeing.
- In some places the community seems either unwilling to accept verbal messages about living with HIV positive people. In Sipsong Banna there were community members who had heard about the routes for transmission of HIV and yet still expressed concern about going near a positive person. Perhaps this is because they have rarely met anyone who is HIV positive, and they expect them to be emaciated and covered with festering sores due to their illness. There are serious implications here regarding

the impact of fear-based messages that had been circulated. Even where there is a little knowledge, fear of HIV is still evident.

- Some HIV prevention messages in circulation may unintentionally create more fear in the community. Poorly designed HIV awareness messages often resort to using graphic images of the symptoms of people in end stage AIDS. These are designed to shock people into avoiding becoming infected, but instead they usually create a fear in people about having anything to do with HIV-positive people. They do nothing to promote a compassionate, caring and tolerant community. People who have HIV but are asymptomatic are then traumatised by the irrational fears in the community towards them.

### **1.2.2 Lack of support services for HIV positive people in the community**

It was evident in many places that services to meet the needs of people living with HIV were clearly lacking. While on the one hand HIV can be viewed as just another disease, HIV-positive people clearly have particular needs that, if met, will enhance their own wellbeing as well as contribute to ongoing good public health. Where these needs are not met, their own health can deteriorate quickly, causing a greater drain on community resources that could be easily avoided. Again it should be stipulated that the Sangha cannot address every need, every problem encountered by HIV positive people, but they can, using a multi sectoral approach, link with other services such as those offered by the health sector. Problems surrounding services are discussed here.

- The most obvious support service lacking in many places is a support group for people with HIV. Those who are involved in a support group speak very highly of the effect it has on their mental and physical wellbeing. Where they are not established, people experience more loneliness, more desperation, more worry, and arguably more illness as they have little to take their mind off their plight.
- While it may not be seen as a problem, the fact that where monks have been engaged in HIV response activities they have tended to focus exclusively on HIV prevention, may be seen as a wasted opportunity. There are a few notable exceptions, but mostly Sangha members have used their new found knowledge about HIV for just one purpose: preaching about the Five Precepts as a way of encouraging people to avoid HIV. They have not engaged in care and support activities for people with HIV. They have not cultivated a compassionate response in their community. This means people who already have HIV get no benefit from monks' involvement in HIV education.
- People with HIV often have financial difficulties obtaining medicines due to poverty. Antiretroviral medicines are not available in most of the places visited, and where they are available, they are only accessible to wealthier people. Many HIV positive people worried about their inability to get medicines and sought assistance with this.
- Advice on how to live with HIV is often not available, particularly in small rural communities. One exception was in Savannakhet where health workers provide positive people with advice on a regular basis about how to maintain their health.
- Advice on how to manage opportunistic infections is not readily available in many communities.

- Those positive people who have progressed into AIDS related-illnesses spoke of the pain and suffering associated with the variety of illnesses that trouble them. Having one illness is bad enough but people who develop AIDS can experience several debilitating illnesses at the one time, leaving them very frail. Care and support during these periods is exceedingly beneficial to them, and does not only involve the management of opportunistic infections. It can be as simple as providing them with some basic food so they do not have to find their own food when they are so ill, or assistance with getting water for washing or other basic activities of daily living.
- Mental trauma is a constant experience for many people with HIV. Those who experienced it the most were those who had no one to talk to or who had been rejected by their family and community. Friendship and a sense that someone cares about them is a huge need for people with HIV, but often these are lacking at the community level.
- Many HIV positive people experience profound loneliness as a result of their illness. Several expressed their sadness and frustration of never having anyone willing in their community to talk to them about their situation.
- It was evident that in many communities, monks have not established contact with HIV positive individuals yet. Many people with HIV rarely have contact with monks, and in some places none had spoken privately with a monk about their HIV status. In a few cases people were unaware that monks could offer them support services like counselling, while others were aware of them but remained doubtful that monks could offer them any useful assistance. There is enormous potential for monks to provide a basic level of care and support for people with HIV but too often people in the community remain unaware of this potential.

### **1.2.3 Communities vulnerable to HIV due to changing social circumstances**

Generally speaking there is a poor understanding of HIV at the community level. People tend to see HIV as a health problem (i.e. a disease) resulting from immoral behaviour, a view inadvertently encouraged by some Buddhist preaching. Many older people hold the view that young people today lack morality. But they rarely understand the increasing social pressures on people, particularly young people, that make them vulnerable to HIV. These include:

- problems related to difficult regional economic situations that have reduced employment options for many people and resulted in increasing personal debt;
- increasing urbanisation as young people in particular travel away from the security and familiarity of their own rural communities to find work;
- changing social patterns at the community level as traditional methods of income generation fail, eg farming on ever reducing land holdings, forcing people to adopt new methods of income generation;
- increasing population mobility due to improved transport networks, increased transport options, and more reasons to travel, including for employment, study and business ventures;
- increasing demand for cash as people are lured by the ever increasing array of consumer products available in markets;

- difficulties associated with increasing alcohol use in rural communities;
- the growing use of injectable drugs, amphetamines and other drugs as their availability grows;
- the difficulties older people have understanding and controlling the behaviour of young people;
- the increasing pressures on young people to engage in behaviours that put them at odds with their traditional value system;
- a lack of youth-oriented activities for young people to keep them in their village;
- and the growing inability of traditional mechanisms in communities to adequately address the new social problems confronting them.

These issues are prevalent in every society in Asia, and the rest of the world. When combined they make young people particularly vulnerable to HIV regardless of their upbringing, although certainly young people from poor families are the most vulnerable. The low level of community awareness about HIV in many areas adds to this vulnerability.

The difficulties many people have understanding that HIV results from a complex combination of social issues often relates to their belief that HIV basically occurs when people engage in sexual misconduct. This in turn gives rise to a concern in the community that because HIV is related to sex, monks should not be discussing it or engaging in HIV work at all. Many people think it is inappropriate for people of such a high and respected position in the community to engage in such base activities as discussions about condoms.

This raises the problem about the Sangha's role in a modern world. The Sangha in Thailand undertook a process of introspection about its role in an attempt to modernise and make itself more relevant to the modern Thai community. It is reasonable to assume that this has contributed to the success of temple-based responses to HIV in northern Thailand. Sangha in other countries in the region have not undergone this process and people have some conservative ideas about their role in the community. This is one reason why some people respond so negatively to the idea of monks getting involved in HIV activities. For the Sangha to take a lead in responding to HIV it may be necessary to consider exactly what monks and nuns can achieve in community welfare, and convince the community that this is in everyone's interests. The modern world has a whole new range of challenges confronting the community, and the Sangha needs to adopt measures that it would never have been necessary in the past.

The approach taken by members of the Sangha in several places in Cambodia, Laos and Sipsong Banna focused almost exclusively on HIV prevention education for their community based on the Five Precepts. This is effectively an abstinence message. Abstinence messages have been comprehensively shown around the world to be ineffective, especially for young people, in changing behaviour. They need to be accompanied by other messages and strategies to be effective.

Another problem that arises when examining current Buddhist responses is that many monks rely on preaching to deliver HIV messages, which they do almost exclusively from the temple. However the group that is most vulnerable to HIV is young people, the very age group that is least likely to attend the temple. In several places it was suggested that young people are not attending their local temples much. As a result, Buddhist messages about HIV prevention may not be reaching those who most need to hear them. Indeed several people expressed the view, including some monks, that Buddhist preaching tends to be of more interest to older people, not young people, so they don't feel any desire to listen to what monks might have to say. The Sangha may need to consider other strategies for reaching youth.

It was evident in most places that few communities exhibit a sense of responsibility for the welfare of children whose parents have died as a result of HIV infection. In some cases where this has occurred temples have taken in boys as either novices or temple boys. Orphaned girls are at the mercy of the community. Several monks confidently indicated that girls would be cared for by their relatives, although there was no evidence that this solution was always upheld. In one case a temple has established an orphanage. UNICEF however does not support the establishment of orphanages due to the sustainability issues that arise, and the tendency for some people to abuse the service by 'dumping' their HIV positive relative there. UNICEF wants to promote community responsibility for children and families affected by HIV.

In several areas where the HIV epidemic is more advanced, monks have been experiencing a moral pressure to provide shelter to sick and homeless people who have been rejected by their families or communities. This creates a significant dilemma about whether monks should take such people into the temple, thereby creating a potentially unsustainable situation, or focus their energies on convincing their communities to recognise their responsibility towards such people.

#### **1.2.4 The Sangha lack resources to address HIV problems**

The fourth category of problems relates to the difficulties encountered by Sangha members themselves as they attempted to implement responses to the HIV epidemic. The first of these relates to the financial constraints that limit their capacity to undertake activities. Many felt they could do more if they had more funds with which to work.

In some cases they also felt they had a lack of skills to undertake activities as effectively as they would like, a frank admission but one that was clearly correct. Monks are often seen as having considerable abilities when it comes to preaching, but when this is applied to the HIV context not everyone found their messages helpful. Several younger people spoke of a tendency for temple based preaching to be too long and boring. This indicated a tendency for monks to engage in 'one-way' communication, rather than engaging the community in discussion and debate. In a surprising discussion, one group of HIV positive people suggested they found the counselling they received from monks too morbid to be of any real help in improving their state of mind. They complained that the monks only ever spoke about suffering and death, and seemed unable to convey their messages in more comforting ways. More training may be necessary to provide monks with skills of being more interactive in their community education and more sensitive in their counselling.

Sangha members who are already involved in community-based HIV activities described a lack of human resources (Sangha members) to do the HIV work in the community. There will never be enough perhaps, but it is certainly true that at this time there are too few monks and

nuns engaged in HIV activities to meet the needs of HIV-positive people in some communities.

Monks expressed concerns about their lack of educational materials to undertake community education or other community work. In some cases this is certainly a problem that restricts their ability to effectively deliver messages or to broaden the messages they deliver. Monks, like anyone, require materials to make their messages more interesting.

One respondent alluded to time constraints as a major limitation on the capacity of the Sangha to undertake HIV-related activities in their communities. There was evidence of this in several temples where monks were juggling their study program and several other commitments required of them.

Often, but not exclusively, it is the younger members of the Sangha who are the most enthusiastic about becoming involved in HIV responses in their communities. Problems arise for many of them when, after completing a basic HIV training they return to their temples only to find a complete lack of support from their abbot or other temple monks. This can be very discouraging for them and has resulted in some abandoning their interest in community welfare work.

In a few cases there has been confusion over who has what responsibilities regarding temple-based responses. This is not surprising when temple monks become involved in a new range of activities that are outside their normal patterns of engagement with the community.

### **1.2.5 Project management capacity**

In most of the places reviewed there were issues related to project implementation or management that had a negative impact on the outcomes. Addressing these could markedly improve the impact of project activities. Some of the problems identified at project level included the following:

- In a finding that was common to all countries, there was little in the way of clear articulation of the project goals and objectives. Equally there was a dearth of monitoring and evaluation that provided objective information about what has been done. This makes it very difficult to get an accurate picture of what is occurring as a part of the project, and whether funds are being used appropriately.
- Again common to each country, monks often only received one training but nothing afterwards, resulting in them losing enthusiasm for continuing in community-based HIV activities. In some cases the monks felt they required more specific training to help them develop their community role in responding to HIV. An initial training is good to get them motivated, but it does not provide them with all the skills they need to be effective in mounting HIV-response activities. In some cases they expressed a desire to achieve certain outcomes in relation to community responses to HIV but remained unsure of how to go about it.
- The lack of post-training monitoring resulted in activities just fading away, or monks getting involved in inappropriate response activities. The development of some poorly designed community awareness materials is one example of this outcome.

- In many cases monks lack skills and confidence to write activity proposals to obtain additional funding, so despite having some good ideas and an enthusiastic team, they have no means by which they can garner funds to turn their ideas into action.
- Monks cited problems communicating between different levels of their structure, from provincial level to district and village temples to organise activities.

This is a brief analysis of the problems either in the community related to HIV, or in the current attempts by Sangha members to respond to the epidemic. It is not an exhaustive coverage of the problems associated with HIV in each of the countries involved, but is restricted to the problems that the Buddhist Leadership Initiative has some power or capacity to address. Having identified these problem groupings, they can now be used as the basis for determining the priority activities for the Sangha. By rephrasing the problems they can become objectives, a means of identifying exactly what the Buddhist Leadership Initiative is aiming to achieve. The next section deals specifically with the activities that can be undertaken to address these problems.

## **2. Buddhist Leadership Initiative strategy for action**

### **2.1 Introduction**

This Regional Strategy is the result of a process of consultation and review in four countries. A considerable amount of experience has been developed by monks engaged in the response to HIV in Thailand, Laos, China and Cambodia. Lessons have been learned about what makes a program effective and what can lead to potential pitfalls. Accordingly this strategy is incorporating those lessons, and building on the hard work that has already been done. It is also an attempt to organise a hitherto largely rhizomic structure in the hope that the most effective interventions can be replicated, and ineffective or deleterious activities can be avoided.

This Strategy is not prescriptive. Each country will need to consider the elements and components of the strategy in the context of its own situation. The factors that need to be considered include:

- The extent of the Sangha presence at community level
- The current role of the Sangha in the community
- The nature of the relationship between the Sangha and government
- The presence and role of nuns in the Sangha
- The extent and maturity of the HIV epidemic in the country
- The National Strategic Plan for HIV

Thorough consideration of these issues in a national context will enable each country to adapt the strategy to its own requirements based on these deliberations. UNICEF will provide assistance as required, and will also work to ensure that previous lessons are heeded.

### **2.2 Key Principles of the Strategy**

There are several key principles upon which the strategy is based. These include the following:

#### **2.2.1 Government collaboration**

The Buddhist Leadership Initiative will involve representatives from the Department of Religion or whichever government department is responsible for the coordination of religious institutions in the country. Sangha will collaborate with these departmental representatives and work with them to engage both government and community support for the program activities.

#### **2.2.2 Community engagement**

Sangha members involved in the Buddhist Response will engage directly with the community, especially with those HIV positive members of the community. The Sangha will be encouraged not to give disproportionate attention to the development of technical skills that might monopolise their time and energy at the expense of community engagement.

### **2.2.3 Prevention, Advocacy, Care and Support**

The Buddhist Response will encourage the Sangha to adopt a broad spread of activity that involves input into prevention, advocacy and care and support activities. Given the proven effectiveness of Sangha involvement in reducing discrimination through advocacy, and in care and support activities, the emphasis should be given to monks developing these skills.

### **2.2.4 Sangha as focal point**

While other agencies and government departments will collaborate on this program, the principal players will be Sangha members. The Sangha will be the primary group of people involved in the program, and will be engaged in every step of the planning and implementation. In this document the term Sangha, refers to the ordained temple community, meaning primarily monks and nuns, but also including novices.

### **2.2.5 Capacity building**

This program will build capacity at each step of the process of planning and implementation. UNICEF supports the principle of building local capacity and will focus on doing so amongst Sangha members and relevant government staff.

### **2.2.6 Planning for effective action**

Inherent in the strategy is the need for ongoing planning, monitoring and evaluation to maximise the effectiveness of project inputs. Planning appropriate responses is an integral part of Sangha capacity building, without which the sustainability of the Initiative will be limited. Planning on an annual basis also allows a degree of flexibility, allowing project managers to alter their approach if something is seen to be not working.

### **2.2.7 Engagement of nuns in the Buddhist response**

It is in the interest of all stakeholders in this program that initiatives to develop Sangha effectiveness in responding to HIV should include nuns. Although in some places there are relatively few nuns, they still have a great potential to enhance the scope and effectiveness of Buddhist interventions. Monks should recognise this potential and be prepared to collaborate and share with nuns some of the resources that will be directed towards the Sangha for this initiative.

### **2.2.8 Involvement of people living with HIV**

While Sangha members will be the primary implementation body of the Buddhist Leadership Initiative, the project managers will consult with people living with HIV throughout the program. Representatives from the HIV-positive community will be encouraged to join the program management committee.

### **2.2.9 Promote community-based care activities**

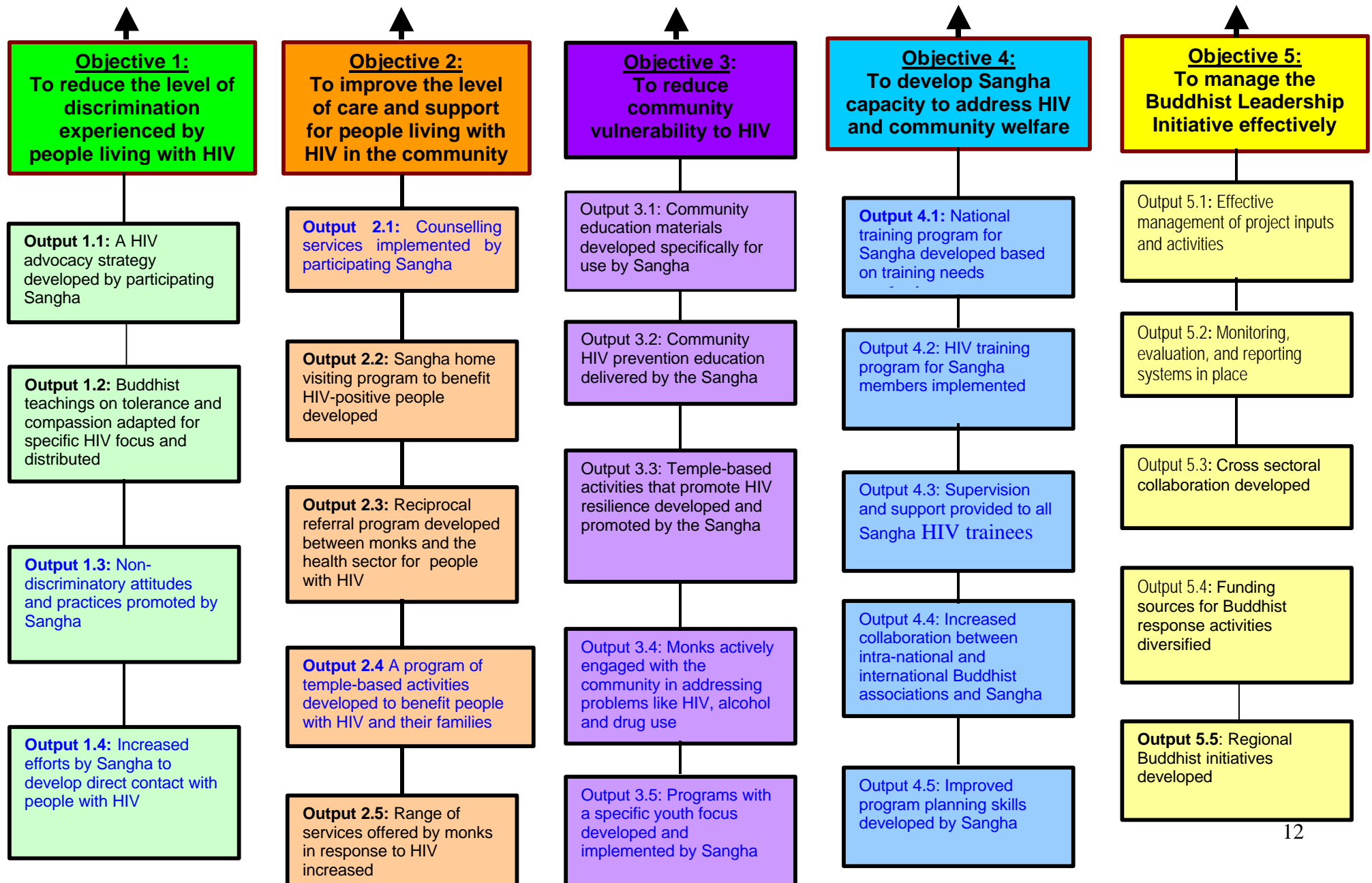
UNICEF is opposed to the development and maintenance of new hospice-type facilities on the basis that they become unsustainable and reduce community willingness to care for HIV-infected people in the community. Instead UNICEF seeks to promote the care of HIV infected and affected people by members of their own community through its support of the Buddhist Leadership Initiative.

# Project Goal

To maximise the effectiveness of the Buddhist Sangha in reducing the impact of the HIV epidemic in the region

Figure 1

## Buddhist HIV Response Strategy Summary



## **2.3 Project goal: To maximise the effectiveness of Buddhist Sangha in reducing the impact of the HIV epidemic in the region**

### **Objective 1: To reduce the level of discrimination experienced by people living with HIV**

Monks and nuns are in a very strategic position to contribute significantly to the reduction of discrimination towards people with HIV. They play a very important role in the lives of people in the country and have a considerable capacity to change public attitudes and opinions, especially at the local level. The extent of suffering caused by discrimination should not be underestimated. Harnessing their position in the community to reduce the stigma and discrimination associated with HIV should be a major component of their strategy to respond to HIV.

#### **Output 1.1**

*A HIV advocacy strategy developed by participating Sangha members to promote community responsibility, care and compassion towards people with HIV.*

By developing a strategy to promote community responsibility, a national approach can be adopted that can address the problem of discriminatory attitudes and behaviours at the national, provincial, district and local community levels.

#### Indicative activities for Output 1.1

- Sangha representatives meet with HIV-positive people to identify common forms of discrimination. Include health sector staff and National AIDS Committee personnel in these discussions
- Review the strategies adopted by monks in Thailand to overcome discrimination and incorporate any of their methods that appear effective
- Design a strategy to provide Sangha members with effective means of changing the attitudes that give rise to discrimination, that incorporates preaching, community activity, and advocacy at local, district, provincial and national levels
- Stress the importance of tolerance, understanding and compassion as key teachings of the Buddha in the strategy
- Disseminate the anti-discrimination strategy to all temples and Sangha with guidelines on how to implement it

#### **Output 1.2: Buddhist teachings on tolerance and compassion adapted for specific HIV focus and distributed**

By having a common approach and objectives that are provided by a national strategy, the Sangha can make the most efficient use of resources to develop materials for use nationwide. There may also be a regional approach to developing materials that could enable rapid and cost-effective materials development, without sacrificing the need to make materials locally relevant.

### *Indicative activities for Output 1.2*

- Undertake a national/regional review of the key Buddhist teachings on compassion, tolerance, loving kindness and equanimity.
- Adapt the teachings to address how these qualities should be directed towards people with HIV and their families
- Print and distribute these teachings to all temples and Sangha with commentary on their use
- Explore possibilities for Master of Arts students undertaking theses to research this area.
- Coordinate these activities with any regional approach to the adaptation of Buddhist teachings that develops concurrently.

### **Output 1.3: Non-discriminatory attitudes and practices promoted by Sangha**

By showing tolerance and compassion towards people with HIV and their families, monks and nuns can lead by example. The respect with which the Sangha is held the community will be a major force in changing their behaviours. If compassionate action by the Sangha is further supported by teachings encouraging people to be tolerant and compassionate then there is a very real potential to reduce discrimination in the community.

### *Indicative activities for Output 1.3*

- Encourage community to treat HIV-positive people as they would treat anyone with a different type of serious illness: with care and compassion
- Use temple teachings and loudspeaker announcements to encourage the community to acknowledge their responsibilities towards family and community members who may be HIV positive
- Use festival and significant Buddhist days to promote messages about tolerance, compassion and HIV using a range of communication methods at the temple
- Encourage the community to take responsibility for sick people in their community, including people with HIV
- Advocate for the community to accept its responsibilities for the care and support of young children orphaned by HIV
- Accept a few children orphaned by HIV to enter the temple as temple boys or novice monks (and girls as nuns if possible), as a way of setting an example to the community that they deserve community support

### **Output 1.4: Increased efforts by Sangha to develop direct contact with people with HIV in the community**

The Sangha should be seen to by their community to be quite ready to communicate with and show friendship towards people with HIV. Their needs are immediate and real. Through positive action the Sangha can demonstrate to the community that there is nothing to fear from associating with people with HIV and their families.

### *Indicative activities for Output 1.4*

- Make regular visits to people with HIV and their families as a means of showing leadership on the issue of non discrimination

- Specifically invite people with HIV and their families to the temple on special occasions
- Invite people with HIV to engage in minor practical activities at the temple, such as assisting with the cultivation of medicinal plants, or other minor activities
- Offer local HIV-positive support groups members space at the temple to have their regular meetings
- Visit people being treated for AIDS-related illnesses in hospital
- Promote the concept of ‘HIV-friendly temples’ in the community through the use of strategically located banners, signs, stickers and badges.

## **Objective 2: To improve the level of care and support for people living with HIV in the community**

Although there are services available to help people with HIV in many places, there are many areas where these services are not available. In some cases people are simply not aware of what having HIV means, and do not know what the needs of people with HIV are. In other cases, community discrimination keeps people with HIV hidden in the community, too fearful of the repercussions that might accompany disclosure to come forward and seek help. Sangha has a role to provide services that can help people with HIV and their families. In many cases these involve little in the way of resources, but they can mean a great deal to those people who benefit from them.

### **Output 2.1: Counselling services implemented by participating Sangha**

One of the foremost needs people with HIV often have is the need to talk with someone about their situation. Too often there is no one to talk to, no one to gain advice from, and no one to help them face a fearful future. Monks already perform a community role in counselling. To extend this to people with HIV will be relatively straightforward.

#### *Indicative activities for Output 2.1*

- Ensure at least one monk (and nun) from every temple receives formal training in counselling, where feasible
- Develop ways to inform the community that the Sangha provides counselling services to anyone who requires them, regardless of financial status, health status, or HIV status
- Encourage monks to visit people with HIV in their homes to offer counselling
- Provide pre-death counselling to people with AIDS
- Encourage people with HIV to visit their temple to either listen to teachings or seek individual advice and counselling from a member of the Sangha
- Ensure notices are placed in the district and provincial hospitals to inform people of which temples have Sangha specifically trained in counselling
- Provide follow-up support to the families of people who die from AIDS-related illnesses

## **Output 2.2: Sangha home visiting program to benefit HIV-positive people developed**

Sangha members should not always wait for people with HIV to come to see them at the temple. People with HIV, particularly those who have developed AIDS, may be sick, or too weak to walk far. By visiting them at home Sangha members can provide a range of simple benefits to the person with HIV and provide an example to the rest of the community.

### *Indicative activities for Output 2.2*

- Visit HIV-positive people in their home to offer spiritual counselling, meditation instruction, protection cords, or simply friendship
- Make informal visits to HIV-positive people in their home to bring food and eat with them
- Visit HIV-positive people in their home to offer treatment of physical ailments or assist with referral to health workers
- Visit HIV-positive people in their home to talk with the family about living with a positive person
- Provide advice to people living with HIV about how to look after themselves and remain healthy
- Offer meditation instruction and spiritual comfort to people too sick to come to the temple
- Reassure dying people that they will receive a full Buddhist funeral presided over by local monks

## **Output 2.3: Reciprocal referral program developed between monks and the health sector for people with HIV**

One of the sectors monks and nuns should work most closely with is the health sector. Through a negotiated arrangement, health workers and Sangha members can refer people to each other who will benefit from the services offered by the other sector. It can be a mutually beneficial arrangement, and reinforces the skills and services on offer in each sector.

### *Indicative activities for Output 2.3*

- Sangha members liaise with health workers to visit seriously ill people in hospitals
- Monks refer people who seek counselling from them to health workers for management of opportunistic infections where appropriate
- Health workers refer HIV positive people to monks for spiritual and psychological counselling, and meditation instruction
- Monks collaborate with hospital outreach services or home visit teams

## **Output 2.4: A program of temple-based activities developed to benefit people with HIV and their families**

Where communities are willing to support people with HIV, monks and nuns can provide some guidance. There are numerous simple activities that community members can do to reduce the difficulties faced by people with HIV.

### *Indicative activities for Output 2.4*

- Encourage communities to accept responsibility for the care and support of children

- Encourage temples to support children whose parents die from AIDS-related illnesses through ordination in their own community temple as novices or nuns, as temple boys or girls, and by providing them with scholarships
- Establish community support groups at village level to oversee the wellbeing of HIV-positive people and their families
- Organise a roster of community members to visit and provide basic support to those people who are seriously ill or struggling to manage their activities of daily living
- Organise a support system to enable HIV-positive people to get to hospital for medical checks
- Encourage community to treat HIV-positive people as they would treat anyone with a different type of serious illness: with care and compassion

### **Output 2.5: Range of services offered by monks in response to HIV increased**

The temple plays a significant role in the life and health of the community. Monks and nuns can consider extending this role to one that offers people with HIV a place for friendship and activity. Enabling people with HIV to feel like they are still a part of the community is very important. Too often, due to a range of circumstances, people with HIV are left to deal with their illness alone at home, feeling completely useless. Temple-based activities can overcome this.

#### *Indicative activities for Output 2.5*

- Invite HIV-positive people to the temple once or twice a month to eat with monks
- Invite HIV-positive people to the temple once or twice a month to meet with other HIV-positive people as a support group
- Build or allocate a room or facility within the temple compound that can be used by HIV-positive people to meet and do activities together
- Establish a small garden with vegetables and medicinal plants in temple grounds and invite the self help group to contribute to its maintenance
- Encourage HIV-positive people to visit their local temple and engage in activities to maintain the temple as a way of giving them something purposeful
- Offer HIV-positive people surplus offerings of food or other goods given to the temple monks
- Develop and deliver instruction in meditation for the community on a weekly basis, and provide a special invitation to HIV-positive people to join the classes

### **Objective 3: To reduce community vulnerability to HIV**

All communities face challenges to remain strong and healthy in the modern world. There are many new types of social problems that previous generations never had to deal with. HIV is just one of them but it shares the same basic causes as many of the other social problems confronting communities, especially young people. Monks and nuns can help local communities to be strong in the face of the HIV epidemic, and to be resilient. By promoting the basic Buddhist principles of caring, compassion, and tolerance, the community can develop the sort of qualities that provide it with the resilience needed to overcome some of these modern setbacks. Monks can play a role in getting community members to discuss the

issues that confront them, and to develop strategies to with them effectively that are specific to their own needs.

### **Output 3.1: Community education materials developed specifically for use by Sangha**

The Sangha can play a significant role in educating the community about social issues like HIV, but they need materials to help them do it effectively. Specific materials with suitable messages couched in Buddhist lore need to be developed for use by the Sangha in the community.

#### *Indicative activities for Output 3.1*

- Determine the priority community-oriented HIV messages required for use in different situations, e.g. counselling HIV-positive people, educating the community, etc
- Adapt priority messages to make them appropriate for delivery by Sangha
- Develop priority Buddhist HIV behaviour change materials based on the key messages
- Pilot test and modify messages and materials as required
- Distribute finalised materials to participating Sangha for use in community education and other activities

### **Output 3.2: Community HIV prevention education delivered by the Sangha.**

Monks already play a role in many areas educating people in their communities about HIV. Their role in this task can be further enhanced.

#### *Indicative activities for Output 3.2*

- Monks incorporate HIV education messages in temple teachings
- Monks incorporate HIV messages in village / community loudspeaker broadcasts
- Sangha liaise with UNICEF and local HIV officials to gather appropriate educational materials that are suitable for monks to use in community education
- Sangha liaise with local education officials to visit the local school and give simple messages about social issues including HIV and drugs
- Develop a reference library at the temple of HIV-related literature and other educational materials that community members can use
- Reiterate the importance of the 5 precepts whenever possible
- Remind people about the underlying causes of HIV, and of the importance of community tolerance and understanding towards people who are HIV-positive

### **Output 3.3: Temple-based activities that promote HIV resilience developed and promoted by the Sangha.**

The local temple is a central resource for many communities. As such it is well placed to provide the mechanisms for specific community groups that can share common issues, both enjoyable and challenging. It is a resource that can assist in bringing the older and younger members of the community together, in building a cohesive community.

### *Indicative activities for Output 3.3*

- Liaise with local community elders to establish a youth group, and offer a space in the temple facility for it as a base
- Liaise with local community elders to establish an elderly citizens group and offer a space in the temple facility for it as a base
- Establish a parents support group in the local community and enable them to use the temple as a base
- Develop a local handicraft industry at the temple where older community members teach younger people simple handicraft skills
- Establish a community traditional music ensemble and encourage practice sessions at the temple
- Support the development and staging dramatic performances at the temple, including ones with HIV messages

### **Output 3.4: Monks actively engaged with the community in addressing social issues like HIV, alcohol and drug use**

Amongst the challenges posed by modern social forces, HIV, drugs, and alcohol use are perhaps the most pressing, although each community has its own local issues that may outweigh any of these. Monks and nuns have a role to play in helping their community and the government to address these issues.

### *Indicative activities for Output 3.4*

- Hold meetings with the national, provincial and local community representatives to seek collaboration regarding community-based initiatives to be taken by Sangha
- Arrange meetings of youth groups and parents groups together so that contentious issues can be discussed in a manner that enables each group to see the others' points of view
- Liaise with local government officials and village elders to ensure Sangha is represented on local committees and can contribute to discussions about how to deal with local issues
- Ensure local government officials and village elders are represented on the temple committee
- Arrange visits from communities that do not have village committees or temple-based support groups so they learn from your working model
- Develop a network among district temples to share ideas and resources regarding community welfare work and interventions

### **Output 3.5: Programs with a specific youth focus developed and implemented by Sangha**

Young people are the age group that are most at risk from many of the social problems confronting communities today. Monks can assist young people to stay healthy and happy in the face of such challenges.

### *Indicative activities for Output 3.5*

- Organise twice yearly holiday Buddhist teaching programs at the temple for local students. Or if facilities are not available at every temple, liaise with other district temples to collaborate on this
- Consider ways to adapt key Buddhist messages to make them more interesting and relevant to young people
- Liaise with UNICEF and other youth focused agencies, including government, to develop a range of youth-friendly Buddhist teachings that address the issues important to young people
- Liaise with other agencies to deliver life skills training to young people before the age at which they might go to major cities or other countries and become more vulnerable to HIV infection
- Develop opportunities to discuss with young people the illusory nature of life and the importance of avoiding uncontrolled immersion in sensual pleasure
- Develop district based annual meditation and training courses for youth
- Try to identify monks with specific skills in youth work or other specialist work and encourage them to engage in activities appropriate to their strengths

## **Objective 4: To develop the capacity of the Sangha to address HIV and community welfare**

The Sangha is already engaged in community welfare and in addressing HIV in many places. However with more training in specific skills and additional resources to work with they could be considerably more effective. The ‘religious response’ is a significant component of every national HIV strategy in the region. Efforts to provide the Sangha with the necessary skills to assist the government in reducing the impact of HIV will yield considerable results.

### **Output 4.1: National training program for Sangha developed based on training needs assessment**

Before any training can be undertaken there must be an analysis of exactly what the Sangha need to be trained to achieve. There are many activities that monks and nuns can engage in but these need to be identified and prioritise in light of the national and local situation.

### *Indicative activities for Output 4.1*

- Undertake a national training needs assessment, based on the Buddhist Leadership Initiative program interventions, that examines the training needs of Sangha and relevant government agencies responsible for Buddhist HIV activities
- Incorporate government sector staff and Sangha in the training needs assessment to build capacity and engage their interest in the program
- Prioritise training needs
- Undertake study tour to Thailand and within your own country to examine training activities
- Use recommendations from the training needs assessment to develop a training program for Sangha members, and relevant government staff as well if required

- Develop training materials to support the training program
- Identify suitable venues for the training program
- Determine the most appropriate but effective duration of training that Sangha can undertake
- Identify, train and equip suitable trainers
- Develop a social work training program for monks that involves a three month-six month intensive training at the Buddhist University and seek funding from donors for this
- Develop a range of HIV-specific counselling or educational messages that can be used for different situations
- Explore funding options from donor agencies, or collaborative arrangements with NGOs, for training Sangha in specific areas like:
  - How to run a good training workshop
  - How to integrate HIV and Buddhist messages
  - How to develop locally appropriate training materials
  - How to write successful project proposals that get funded
  - How to undertake community education
  - Propagation and use of medicinal plants for treating opportunistic infections and as health supplements
  - Counselling skills
  - Life education skills
  - Community development strategies
  - Home and community-based care for people with HIV and AIDS

#### **Output 4.2: National (and/or provincial) HIV training program for Sangha members implemented**

Once a training strategy has been developed it should be implemented immediately. With specific training the Sangha can begin to address HIV at the local level, where a response is urgently required.

##### *Indicative activities for Output 4.2*

- Develop a reliable and effective system for identifying trainees from all participating temples and Buddhist organisations
- Consider older monks as trainees in counselling and care due to their age, venerability and wisdom
- Select younger monks for work with youth in education and vocational skills training.
- Implement the training program that has been developed for Sangha
- Ensure trainees are aware that attendance at a training activity commits them to undertake relevant action back in their own temple and community

#### **Output 4.3: A program of post training supervision and support for all Sangha working in HIV response activities**

It is important that all Sangha members who receive training to respond to HIV in their communities are not then left without support and supervision. They will require encouragement from their superiors and their trainers on a regular basis, and from time to time additional training, to maximise their effectiveness.

### *Indicative activities for 4.3*

- Establish a national Sangha training monitoring team to visit trainees regularly after their initial training for purposes of provision of support and monitoring of activities
- Provide regular visits to all temples engaged in the Buddhist response to assist and guide their work and monitor their progress
- Develop and implement a reporting system for monitoring visits
- Ensure consistency/continuity in trainee selection if delivering sequential training courses that require attendance at preceding training
- Provide subsequent training to monks and nuns who require it

### **Output 4.4: Increased intra-national and international collaboration between National Buddhist Associations, Sangha, government agencies and non government organisations**

#### *Indicative activities for Output 4.4*

- An annual national conference of Buddhist Sangha and government officials held to review the role of the Sangha in addressing the contemporary social dilemmas.
- Develop a system of visiting monk experts from northern Thailand who can be a resource for developing temple-based community activities. Such monks could reside in a temple for periods of one month to oversee the instigation of community welfare programs
- Provide professional placements for monks from other countries in Thai temples to learn from their experience
- Negotiate study tours to Thailand for abbots, senior monks and appropriate government staff to view community-based HIV and welfare activities undertaken by monks there
- Ensure all abbots and senior monks receive instructions about the importance of social work
- Ensure any monk who attends a training program of any sort delivers a briefing on the training to his colleagues when he returns to his temple
- Attend international and regional Buddhist conferences, meetings and initiatives as they occur
- Hold a conference of Buddhist Associations to discuss the role of monks in contemporary society and develop a policy document based on the outcomes of this
- Encourage NGOs to invite monks to any relevant training activities they are running, and to include monks on mailing lists
- Advocate to ensure HIV makes the agenda of international Buddhist conferences

### **Output 4.5: Improved program planning skills developed by Sangha**

The Sangha needs to develop improved planning skills so it can identify its own priority issues and address them appropriately.

#### *Indicative activities for Output 4.5*

- Provide training to Sangha members in planning
- Second Sangha members to NGOs and government departments to learn about modern project management
- Ensure senior monks engage in project planning training

### **Objective 5: To manage the Buddhist Leadership Initiative effectively**

For the Buddhist Leadership Initiative to achieve a sustainable impact on the capacity of monks to address the HIV epidemic, specific effort will need to be directed towards the management of the project. Accordingly, project management needs to be viewed as a project activity in itself.

#### **Output 5.1: Effective management of project inputs and activities**

Project management will need to be a shared task, with involvement from all stakeholders in the project, although the primary responsibility for managing activities will fall to the national project coordinating committee.

#### *Indicative activities for Output 5.1*

- Establish a national Project Coordinating Committee consisting of national and provincial level Sangha, appropriate government representatives, UNICEF and people living with HIV
- Identify and allocate responsibilities
- Draft a schedule of advisor inputs, ensuring that they occur in the appropriate sequence to maximise their impact
- Ensure relevant government staff in the department that oversees the Buddhist Initiative activities are included in training activities so they understand the reasoning behind the Initiative and the processes being utilised
- Ensure representatives from the National Buddhist Association are included in training initiatives
- Ensure planning and management skills are included in the training program for Sangha members
- Ensure a supervision system that enables monks undertaking training to be monitored by staff from the Buddhist Leadership Initiative.
- Ensure the national project is congruent with the ‘broad intention’ of the UNICEF Buddhist Leadership Initiative, without becoming too focused on just one component of the program
- Hold three monthly planning and review meetings are held between the monks, government and other sectoral personnel and UNICEF

#### **Output 5.2: Monitoring, evaluation and reporting systems in place**

The project will require regular and accurate reporting of what activities are occurring as part of the project, and what effect they are having. This requires considerable effort and good

organisation. Accurate financial reporting and accountability is critical and must be reflected in all project activities.

*Indicative activities for Output 5.2*

- Draft and implement a feasible, realistic and effective national monitoring and evaluation framework that is agreed to by all stakeholders
- Ensure that Sangha, National Buddhist Association and government personnel engaged in the program agree to their monitoring and reporting commitments
- Provide training in evaluation skills to Sangha members and government personnel who are involved in this activity.
- Ensure that all relevant agencies use only the agreed financial accounting systems
- Draft and use a project reporting schedule that enables reports to be circulated in a timely fashion to all project bodies, including UNICEF
- Ensure that there is UNICEF input into the monitoring and evaluation process
- Ensure finding from monitoring and evaluation activities are used as the basis for annual planning

**Output 5.3: Cross sectoral collaboration developed**

Like any HIV-related initiative, a key ingredient to success is cross-sectoral collaboration. HIV is too complex an issue for any one sector to respond to effectively. The Sangha is no exception to this golden rule, so initiatives that enhance collaboration must be encouraged.

*Indicative activities for Output 5.3*

- If it not already represented, advocate to ensure that the National Buddhist Association has a representative on the National HIV Advisory Committee
- Relationships developed with a range of government departments to facilitate broad Buddhist involvement in the response to HIV
- Negotiate with Department of Education to facilitate Sangha engagement with school students
- Negotiate with Department of Health to maximise referral arrangements for people with HIV regarding their physical and spiritual care

**Output 5.4: Funding sources for Buddhist response diversified**

Although the strategy for this Initiative is funded by UNICEF, the scope of the strategy is very broad and entails more than the funding available will pay for. UNICEF encourages Sangha members and National Buddhist Associations to seek additional funding for specific components of this strategy from other sources.

*Indicative activities for Output 5.4*

- Liaise with UNICEF and other donor agencies regarding potential sources of additional funding
- Seek assistance with proposals for funded activities
- Seek funding from donor agencies for training Sangha in specific areas like:
  - How to run an effective training workshop
  - How to integrate HIV and Buddhist messages

- How to develop locally appropriate training materials and adapt existing materials to suit the local context
- How to write successful project funding proposals
- How to undertake community education
- Propagation and use of medicinal plants for treating opportunistic infections
- Counselling and care skills
- Life education skills
- IEC materials development
- Ensure reports drafted of current activities that can be provided to prospective donors
- Negotiate with UNICEF and other agencies for a small grants scheme to be established to support Buddhist HIV activities

### **Output 5.5: Regional Buddhist initiatives developed**

There are several components of the Buddhist leadership Initiative that lend themselves to a regional approach. A regional approach will enable maximise efficiencies and overcome wasteful duplication at the national level. Each country in the region does not need to use precious resources on exactly the same activity that is being undertaken by several neighbouring countries. A collaborative approach will be very beneficial.

#### *Indicative activities for Output 5.5*

- Regional Buddhist HIV Network developed that incorporates all participating countries based on newsletter and internet communications
- Regional training program based on a centralised training facility to avoid duplication
- Establish a regional approach to the development of Buddhist training and educational materials for HIV
- Establish a regular biennial regional Buddhist HIV Response Conference for monks, nuns and novices, and interested NGO and government personnel

### **3. Cambodia Buddhist Leadership Initiative Strategy**

The Buddhist response to HIV is arguably further developed in Cambodia than in any neighbouring country other than Thailand. It underpinned by the national *Policy on Religious Response to the HIV/AIDS Epidemic in Cambodia*, currently the only country to have policy support for the religious response. Current activities undertaken by the Ministry of Cults and Religions are primarily based on training monks in morality education. While this is important, the state of the HIV epidemic in Cambodia calls for an expanded role for monks in the care and support of people with HIV and the reduction of discrimination towards HIV-positive people and their families.

The following recommendations for the national strategy in Cambodia are based on the findings of the review undertaken by UNICEF of the religious response there.

- 1) Undertake a training needs analysis for monks and nuns in Cambodia
- 2) Review the current training strategy and HIV training curriculum
- 3) Realign the focus of Sangha training to include more emphasis on advocacy and care and support of people with HIV
- 4) Design a skills-based training program in which monks and nuns develop skills for addressing HIV in their communities
- 5) Commit every monk or nun completing the training in HIV responses to action in their own community temple
- 6) Develop a clear project goal and objectives so that all Buddhist response activities can be directed towards the achievement of these
- 7) Enhance the role of the NGO sector in the development of the Buddhist response, in collaboration with the Ministry of Cults and religions and other national Buddhist institutes
- 8) Develop effective collaboration with the health sector to provide support for those people undergoing treatment of AIDS-related illnesses in hospitals.

Cambodia should maintain the emphasis on a decentralised approach to training, but should seek to develop a group of monks skilled as HIV trainers in each province. This will assist in enabling monitoring and support for monks and nuns as they engage in local activities after completion of their training.

It should be emphasised that the monks and government personnel in charge of the Buddhist response are in the best position to determine the strategic priorities for the national Buddhist response. A two or three day seminar to workshop the Buddhist Leadership Initiative strategy document and to determine national Buddhist Strategy priorities should be held as soon as possible to capitalise on the current enthusiasm for engaging in the HIV response.

## 4. Sipsong Banna HIV Strategy

The further development of the Buddhist response to HIV in Sipsong Banna will rely on the already strong association between the monks of the prefecture and the Prefectural Health Bureau. The following recommendations are based on the findings from the review undertaken by UNICEF of the Buddhist response in Sipsong Banna.

The most important thing for the monks of Sipsong Banna is to develop contact with HIV positive people in the community. This is necessary to help them develop an understanding of the realities confronting people with HIV, and so they can turn their focus to assisting these people more directly. Senior monks should also undertake a study tour to other parts of Yunnan Province where there are significant numbers of people with HIV, so they can learn about the initiatives there to assist HIV-positive people. They need this experience to help them better understand what they can achieve in addition to the community education they have focused on to date.

In addition to this, the following activities could be seen as priorities:

- 1) Undertake a training needs analysis, with assistance from UNICEF
- 2) Develop a training program specifically for monks to respond to the most acute needs in their communities, again with assistance from UNICEF, with specific training for trainers in:
  - Project planning and management
  - Counselling
  - Community-based care and support activities
- 3) Develop a strategy for reducing discrimination towards people with HIV
- 4) Liaise with the health sector to promote the temples as HIV-friendly places
- 5) Develop collaborative links with monks in northern Thailand, Cambodia and Laos to share resources and lessons learned

Financial and personnel resources are limited so it will be important to identify achievable objectives for the Buddhist response in Sipsong Banna. Project goals should be realistic. It should be emphasised that the monks and health sector personnel in charge of the Buddhist response are in the best position to determine the strategic priorities for the prefectural Buddhist response. A two or three day seminar to workshop the strategy document and determine local Buddhist Strategy priorities is appropriate in the near future.

## **5. Lao PDR Buddhist Leadership Initiative HIV Strategy**

The Buddhist Response in Laos, functioning through the Metta Dhamma Project, has already commenced training monks in specific skills to respond to HIV. However training has only been delivered to a small proportion of the monks in Laos and only in a limited range of skills. To make the response more effective the range and coverage of Buddhist activities will need to increase. After a successful start to the Buddhist response to HIV, relevant authorities in Laos can focus on determining their priority activities and act accordingly.

The Metta Dhamma Project, ably supported by the Lao Front for National Construction and the National Buddhist Association, has a solid foundation from which to build a more comprehensive HIV response. The following recommendations are based on the findings from the review of the Buddhist response to HIV in Laos undertaken by UNICEF in November 2002.

- 1) Determine specific project goals and objectives so that all Buddhist Response activities can be directed towards achieving these
- 2) Develop a training program at the Lao Buddhist College to achieve the designated project objectives.
- 3) Ensure senior monks receive training in project planning and management
- 4) Broaden the response activities to focus more on
  - reducing stigma towards people with HIV in the community
  - provision of community-based care and support
- 5) Broaden the scope of the Buddhist response in Laos to include more temples
- 6) Continue to develop the youth-focused activities that have been established, such as the training in meditation, and the annual holiday retreats
- 7) Continue to develop the strong cross-sectoral links in other provinces like those that have been established with the health sector and the Lao Youth Union in Savannakhet.
- 8) Encourage monks to become more actively engaged as counsellors for people with terminal illnesses and their families
- 9) Promote the wider community awareness of the 'social' role of monks and their importance in the response to HIV
- 10) Actively seek contact with people with HIV in the community

It should be emphasised that the monks and government personnel in charge of the Buddhist response are in the best position to determine the strategic priorities for the national Buddhist response. A two or three day seminar to workshop the Buddhist Leadership Initiative strategy document and to determine national Buddhist Strategy priorities should be held as soon as possible to capitalise on the current enthusiasm for engaging in the HIV response.

## **6. Buddhist Leadership Initiative Strategy Seminar**

### ***Objectives for seminar***

- 1) To review the Buddhist Leadership Strategy document
- 2) To determine the relevance of each objective
- 3) To determine **priority** activities
- 4) To determine responsibilities
- 5) To determine timelines, schedules for activity
- 6) To determine broad budget items

### ***Rough schedule for seminar***

#### **Day 1**

##### Morning

- Introduction
- Presentation of overall review findings
- Presentation of overall strategy
- Review and discussion: Strategy Objective 1

##### Afternoon

- Review and discussion: Strategy Objective 2
- Review and discussion: Strategy Objective 3
- Review and discussion: Strategy Objective 4

#### **Day 2**

##### Morning

- Review and discussion: Strategy Objective 5
- Review and discussion: Overall Strategy

##### Afternoon

- Determine priorities
  - Whole project
  - Each objective

#### **Day 3**

##### Morning

- Determine responsibilities
- Draft schedules

##### Afternoon

- Developing budgets
- Closure

## **7. Buddhist Leadership Initiative Monitoring and Evaluation framework**

### **7.1 Introduction**

The Buddhist Leadership Initiative Program Monitoring and Evaluation (M&E) Framework provides the guidelines for the process of monitoring project activities and outcomes at the national, provincial and district level, of those participating countries. It also provides the guidelines for evaluating project impact. The Program M&E framework will contain the indicators, tools and processes to be used by national project personnel to monitor the implementation and quality of Sangha-based HIV advocacy, care and support, training and project management activities. Specifically, it will:

- Incorporate project planning, monitoring and evaluation policy and guiding principles

- Outline project monitoring and evaluation objectives and strategies, including the processes for the involvement of Sangha and government planners, and the participatory methods to be used for planning and review activities

- Define quantitative and qualitative performance indicators and data sources

- Outline the frequency and schedule for monitoring activities, and data collection, analysis and reporting

- Describe who will be responsible for the collection, analysis, reporting and use of information

- Outline the resources required to undertake monitoring activities

The M&E Framework is an operational document that should be read and used by all members of the national Project Coordinating Committees, including Sangha, government personnel and UNICEF staff.

## 7.2 Definitions of key terms

**Monitoring** *On-going process of information and data collection, analysis and reporting, concerned with activities conducted by the Buddhist Leadership Initiative, and inputs. Outputs are also the subject of monitoring, and where feasible, outcomes.*

**Evaluation** *Periodic review of the outcomes of Buddhist Leadership Initiative interventions, concerned with the immediate short term and, where possible, the longer term impact of the Program on the target groups. The target groups include the Sangha, people living with HIV, health sector personnel, as well as the communities in which the Program is operating.*

**Indicator** *The information we need to help us determine progress towards meeting project objectives. Indicators provide, where possible, a clearly defined unit of measurement and a target detailing the quantity, quality and timing of expected results.*

**Impact** *The anticipated result of Program interventions.*

**Outcome** *Short and medium term results of Program activities.*

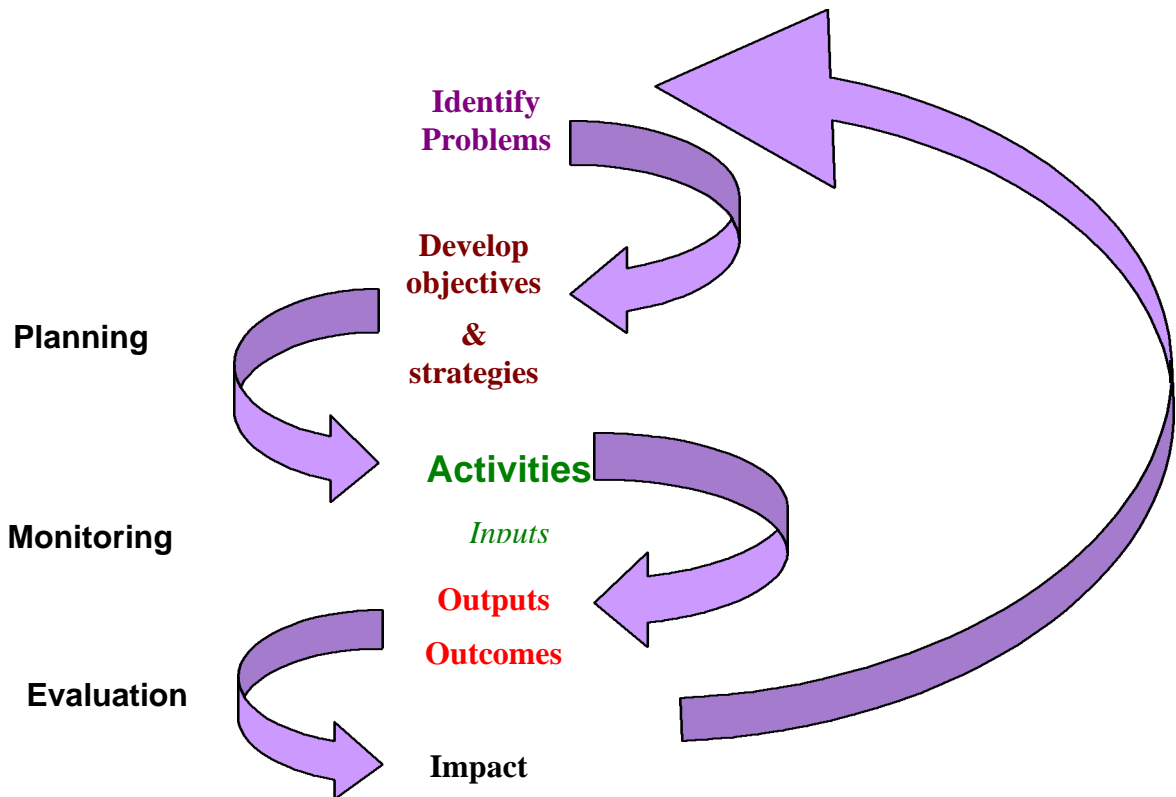
**Output** *The specific results and tangible products (goods and services) produced by undertaking a series of tasks or activities.*

**Activity** *An intervention that the Program is directly responsible for conducting, implementing or achieving.*

**Input** *The resources required to undertake the activities and produce the outputs, eg personnel, equipment, and materials.*

**Means of Verification** *Means of verification should clearly specify the expected source of the information we need to collect. We need to consider how the information will be collected (method), who will be responsible, and the frequency with which the information should be provided.*

**Figure 2 Relationship between planning, monitoring and evaluation**



Activity and input monitoring is a rather straightforward process of documenting that activities and inputs are executed according to the quantity budgeted or planned and according to the timing proposed in annual work plans. Monitoring of outputs and outcomes is more concerned with an assessment of the *quality* of the processes undertaken and completed.

Evaluation of outputs and outcomes is a more intensive assessment of achievements using methods that are not as easily done frequently. Monitoring and evaluation indicators may not be the same for a given output, as monitoring must rely on methods and data that are more readily accessible on a frequent basis, whereas evaluation can use methods which require more resources and are more in-depth, such as special studies or more intensive data reviews.

### **7.3 Guiding Principles**

In developing the Framework, the following guiding principles underpin the approach to monitoring and evaluation:

#### **7.3.1 Simplicity and Ease of Management**

Simple, clear tools will be designed that should be appropriate for multiple audiences, and additional information collection and reporting is minimised. Existing data sources are utilised where possible, and even translation of existing content to new formats should be minimised.

### **7.3.2 Local Participation and Feedback to Stakeholders**

The long-term sustainability of the Buddhist Leadership Initiative program depends on local planning and participation by Sangha members, government sector personnel, and communities, especially people living with HIV. Sangha representatives and government counterparts need to be involved in both health program monitoring activities and in the more formal periodic evaluations. Establishing monitoring and evaluation as an activity internal and integral to program implementation will establish sustainability of local-level analysis and use of the information generated for developing implementation plans.

Strengthening the capacity of local Sangha, to monitor and evaluate their own activities has been included as a Project component. The current M&E Framework is intended to provide a basis for monitoring activities, a format for recording progress in key Program areas, an outline for periodic reporting of Program achievements, and a guide to issues for Program evaluation. In addition, periodic reviews of the indicators specified in the framework should guide annual work plan development and adjustment of activities under each output to achieve Program objectives.

### **7.3.3 Emphasis on Validity, Timeliness, and Feasibility of Indicators**

Indicators should be timely, that is, time and effort should only be spent on measuring them at intervals when some measurable change may be expected to have occurred. This two year Program aims to strengthen the effectiveness of the Sangha in responding to HIV, and to build a solid foundation for future enhancement of the role of Sangha in the government's National AIDS Plan. Thus, the framework places an emphasis on monitoring *process indicators*, including key points to evaluate the strategies and approaches being adopted and their efficacy. Community attitudes to people with HIV, availability and quality of HIV services provided by the Sangha, and community vulnerability to HIV comprise the main targets of monitoring.

## **7.4 Outcome and Impact indicators**

The four key elements of the Outcome and Impact Evaluation matrix are as follows:

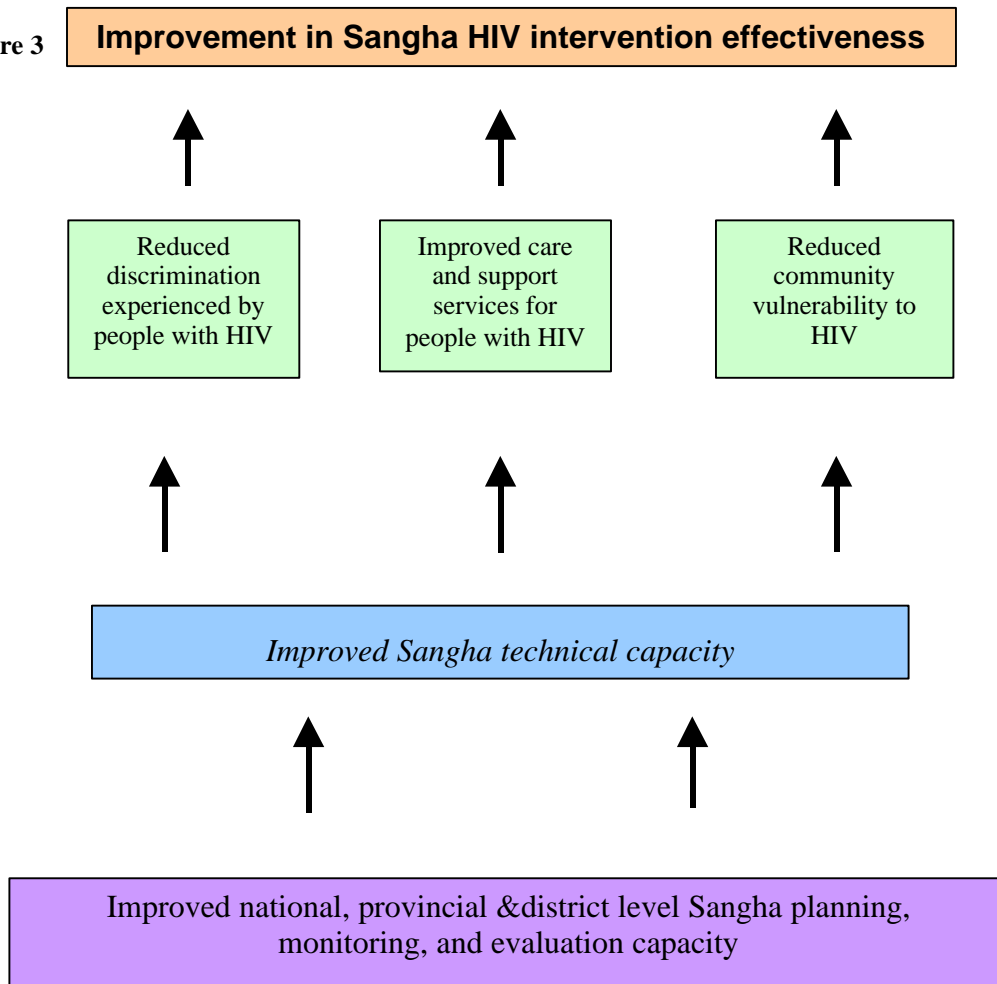
- Trends in the effectiveness of the Buddhist response

- Trends in discrimination, health services, and community vulnerability to HIV

- Trends in the capacity of the Sangha to respond to HIV

- Trends in Sangha HIV program management capacity

Figure 3



#### 7.4.1 The role of the Sangha in addressing HIV

A review of the Buddhist response in four countries indicated several areas of HIV response in which Sangha members could play a role in their communities but that often their activities were very limited, in both focus and coverage. The extent of their contribution to the National AIDS Plan can extend from its current focus on prevention education to include care and support, and advocacy for people living with HIV. This Program M&E Framework will outline a number of feasible and measurable indicators relevant to all of these focal areas.

Measurement of their effectiveness will involve examining:

- Community recognition of the monks' expanded role in responding to HIV
- Utilisation of services for HIV-positive people provided by Sangha
- The presence of Sangha members on national HIV planning bodies
- Discrimination towards people with HIV and their families
- The willingness of people to be tested for HIV and declare their status

Community willingness to discuss and accept responsibility for responding to the HIV epidemic

Community attitudes and behaviour towards people who are HIV-positive

The extent of monks' engagement with the community to address its general welfare

Government recognition of, and support for, the Sangha's expanded role in responding to HIV

The M&E Framework will also describe the processes to be used in measuring these issues. Given that the current program duration is limited to two years, change in some areas may be minimal in such a short time frame. However the likelihood of an extension to the program is reasonable and the framework will provide the basis for more meaningful change measured in Sangha HIV response effectiveness over a longer time frame.

The main problems at community level that Sangha can potential play a significant role in addressing within the National AIDS Plan include:

#### **7.4.2 Discrimination towards people living with HIV and their families**

Important outcome indicators include:

The proportion of Sangha members acknowledging their role in reducing discrimination

The proportion of Sangha members actively and publicly engaged in reducing discrimination towards people with HIV

The degree of support given by senior National Buddhist Association figures for the Sangha to actively advocate against discrimination towards people with HIV

The range of Buddhist teachings employed to convince people about being more tolerant and compassionate towards people with HIV

The coverage of Buddhist teachings employed to convince people about being more tolerant and compassionate towards people with HIV

The degree of community acceptance of people with HIV and their families

The experiences of people with HIV in their communities

The range of methods used by Sangha to reduce discrimination

The degree of community care for children of people with HIV

The willingness of people with HIV to declare their status

#### **7.4.3 The extent and quality of services for people with HIV**

The M&E framework will outline mechanisms to monitor

The extent of temple-based counselling services for people with HIV

The quality of counselling provided by monks

The proportion of communities where HIV positive people have a support group established

The proportion of people with HIV in the community in regular contact with monks

The role of monks in the HIV-positive support group

The nature and coverage of provision of care for the dying by monks

The proportion of temples providing services and support specifically for HIV-positive community members

The range of services and support offered by Sangha in specific communities

Attitudes of HIV-positive people to the services provided by monks

The attitudes of Sangha members to engaging in community work outside the temple

The proportion of Sangha who visit people with HIV or other life-threatening illness on a regular basis

The nature of collaboration between Sangha and the health sector

The extent of Sangha and health sector collaboration

The attitudes to, and experiences HIV-positive people have, of cross sectoral collaboration

Community attitudes to Sangha providing care and support to people with HIV and their families

The extent of Sangha encouragement for communities to provide care for the sick, including HIV-positive people

#### **7.4.4 Community vulnerability to HIV**

Outcomes of Sangha inputs into enhancing community understanding of HIV and reducing their vulnerability include:

The proportion of Sangha engaged in community education on HIV

The extent of community knowledge about HIV

The content of the HIV messages delivered by Sangha

The quality of Buddhist-based messages in HIV education

The range of methods used to deliver HIV education by Sangha

The target groups in the community for HIV education by Sangha

The degree of use of participatory methods by monks in discussions regarding HIV

Community attitudes to monks engaging in HIV-response activities

Community willingness to participate in discussions organised by Sangha

The extent of youth-specific HIV initiatives established by monks and nuns

The range of HIV educational materials generated by Sangha

The extent of Sangha collaboration with the education sector

The proportion of temples with community groups (eg. youth groups, parents groups, elderly citizens groups) established

The extent and coverage of district Buddhist networks that collaborate on provision of community services and activities

#### **7.4.5 Sangha technical skills and resources to address HIV**

The M&E Framework will monitor changes in the technical capacity of monks and nuns to address HIV-related problems. This will involve close scrutiny of the training program for Sangha, in particular:

- The knowledge of Sangha members about HIV-related issues
- The proportion of monks and nuns trained in HIV response activities, especially
  - Counselling skills
  - Home visiting skills
  - Advocacy
  - Community development
  - Prevention education
- The content/quality of the training program delivered to Sangha
- The methods used in training activities
- The extent and quality of training follow-up and supervision
- The location, duration and timing of training activities
- The relevance and appropriateness of training based on the roles of monks from national, provincial, district and community levels
- The range of skills provided to Sangha members undertaking HIV training programs
- The appropriateness of the Sangha HIV training program to the country's needs in relation to HIV
- The appropriateness of the HIV training program in relation to monks' training requirements
- The ability of the Sangha to meet its own training requirements
- The extent to which a regional training program contributes to adequately trained Sangha in different countries without duplication of resources
- The extent of regional collaboration on training
- The extent of regional collaboration on development of appropriate Buddhist HIV educational and training materials
- The quality of educational materials developed to support Sangha responses to HIV
- The process of trainee selection from participating temples
- The appropriate use of study tours as a teaching tool

#### **7.4.6 Institutional capacity in program management**

The M&E Framework will include monitoring of the capacity of national, provincial and district Sangha to undertake a regular process of evidence-based planning, summarised as follows:

- An effective national Project Coordinating Committee
- Analysis of information and assessment of needs within the community

Definition of major local community problems

Establishment of priorities for Sangha

Definition of objectives

Based on outputs (activities achieved)

Based on medium term outcomes, such as improved program coverage, positive changes in community attitudes and behaviours

Based on impact (positive changes in disease and mortality rates)

Review of resource needs and constraints

Development of activity schedules and budgets

Identification of information needs for monitoring and evaluation.

Participation in regular planning meetings and the presentation of data analysis at those meetings

#### **7.4.7 Information Collection Methods**

The methods of information collection that will be employed to monitor and evaluate the project may be summarised as follows:

Project management information system (records, reports, protocols, manuals, etc)

Temple surveys

Community surveys

Supervision visits to temples

Consultations with people with HIV: individuals and groups

Consultations with Sangha

Training needs analysis

Training reviews

Community / training education materials analysis

Focus groups and other behavioural studies

Institutional reviews

Informal, unstructured, participatory techniques.

## 8. Buddhist Leadership Initiative Output Monitoring Framework

Project Description	Output Indicators	Means of verification	Responsibility	Frequency of measurement
<b>Project Goal</b>				
<i>To maximise the effectiveness of the Buddhist Sangha in reducing the impact of the HIV epidemic in the region</i>				
<b>Objective 1</b>				
<b>To reduce the level of discrimination experienced by people living with HIV</b>				
<b>Output 1.1: A HIV advocacy strategy developed by participating Sangha members</b>	Advocacy 'advisory group' meetings <b>Meetings with HIV positive groups</b> Advocacy strategy objectives, activities, resources required all identified Draft strategy and final strategy papers Strategy disseminated	PCC meeting minutes and reports Meeting minutes/ records Draft strategy Strategy document Strategy available in all participating temples	PCC, PLWHA Buddhist Assoc.	Month 6
<b>Output 1.2: Buddhist teachings on tolerance and compassion adapted for specific HIV focus and distributed to the temples</b>	Meetings/conference and discussions on use of teachings Draft and final versions of adapted teachings	Quarterly project progress reports Record of attendance at meetings Visual confirmation of texts, teachings and guidelines for use in all participating temples	PCC Buddhist Assoc	3 monthly
<b>Output 1.3: Non-discriminatory attitudes and practices promoted by Sangha</b>	Community encouraged to take care of people with HIV Methods used to deliver teachings	Post-training monitoring reports	PCC monitoring team	Quarterly

<b>Project Description</b>	<b>Output Indicators</b>	<b>Means of verification</b>	<b>Responsibility</b>	<b>Frequency of measurement</b>
	<p>Range of opportunities taken by Sangha to promote HIV tolerance &amp; compassion</p> <p>Number of orphans being cared for by their community or in temples</p>	<p>Community consultation</p> <p>Quarterly progress reports</p> <p>Community studies</p>	<p>Community consultation</p>	
<b>Output 1.4: Increased efforts by Sangha to develop direct contact with people with HIV</b>	<p>Sangha actively seeking contact with people with HIV</p> <p>People with HIV encouraged to attend temple</p> <p>Local HIV support group using temple</p> <p>People with HIV invited to temple on special occasions</p> <p>Monks visit people with AIDS-related illnesses in hospital</p>	<p>Post-training monitoring reports</p> <p>Community studies</p> <p>Community studies</p> <p>Quarterly progress reports</p>	<p>PCC monitoring team</p> <p>District Sangha</p> <p>PCC</p>	<p>Quarterly</p> <p>Six monthly</p>
<b>Objective 2</b>				
<b>To improve the level of care and support for people living with HIV in the community</b>				
<b>Output 2.1: Counselling services implemented by participating Sangha</b>	<p>Number of monks and nuns trained</p> <p>Number of temples engaged in provision of counselling</p> <p>Number of people receiving counselling from Sangha</p> <p>Number of locations in which counselling activities are established</p> <p>Community awareness of counselling services in temples</p>	<p>Quarterly progress reports</p> <p>Temple surveys</p> <p>Post-training monitoring reports</p> <p>Community studies</p>	<p>PCC</p> <p>District Sangha</p> <p>PCC monitoring team</p>	<p>Quarterly</p>
<b>Output 2.2: Sangha home visiting program to benefit HIV-positive</b>	<p>Number of Sangha members engaging in regular</p>	<p>Project baseline studies</p>	<p>PCC</p>	

<b>Project Description</b>	<b>Output Indicators</b>	<b>Means of verification</b>	<b>Responsibility</b>	<b>Frequency of measurement</b>
<b>people developed</b>	and frequent home visits Number of families benefiting from home visits Extent of Sangha home visiting program across the country	Post-training monitoring reports  Community studies Temple surveys	PCC monitoring team  District Sangha network	
<b>Output 2.3: Reciprocal referral program developed between monks and the health sector for people with HIV</b>	Number and outcomes of meetings between Sangha and health sector staff  Number of districts, prefectures and provinces in which functional collaborative arrangements develop	Meeting minutes, documents and reports of agreements  Project progress reports,	District Sangha network  Health Bureau PCC Nat Buddhist Assoc	6 monthly
<b>Output 2.5: Range of services offered by monks in response to HIV increased</b>	Number of temples offering HIV-related services  Range of HIV-focused activities on offer in temples	Project progress reports,  Post-training monitoring reports and temple studies	District Sangha network  PCC	Quarterly
<b>Objective 3</b>				
<b>To reduce community vulnerability to HIV</b>				
<b>Output 3.1: Community education materials developed specifically for use by Sangha</b>	Priority messages determined Messages adapted to be suitable for delivery by Sangha Key messages piloted and modified as required Final education materials distributed to Sangha for use	Meeting minutes  Meeting minutes and quarterly progress reports  Quarterly progress reports  Temple surveys	PCC  Buddhist Assoc District Sangha networks	6 monthly
<b>Output 3.2: Community HIV prevention education delivered by the Sangha</b>	Range of HIV messages incorporated in teachings  Number of temples incorporating HIV messages in teachings	Community consultations, post-training monitoring reports  Temple surveys	PCC  PCC monitoring team	Quarterly

<b>Project Description</b>	<b>Output Indicators</b>	<b>Means of verification</b>	<b>Responsibility</b>	<b>Frequency of measurement</b>
	<p>Usual audience for messages</p> <p>Methods and frequency of message delivery</p> <p>Monks deliver messages in schools</p> <p>HIV Resource library developed at temple</p>	<p>Community consultations</p> <p>Community consultations</p> <p>Post training monitoring reports, quarterly reports</p>		
<b>Output 3.3: Temple-based activities that promote HIV resilience developed and promoted by the Sangha</b>	<p>Number of temples supporting establishment of community groups</p> <p>Types of community groups established</p> <p>Nature of support offered by Sangha</p> <p>Proportion of temples developing or supporting handicrafts groups</p> <p>Number of temples supporting community groups activities at the temple</p>	<p>Temple surveys, post-training monitoring, quarterly reports</p> <p>Temple surveys</p> <p>Community consultations</p> <p>Temple surveys, post-training monitoring</p> <p>Temple surveys, quarterly reports</p>	<p>PCC</p> <p>PCC monitoring team</p> <p>Govt depts</p>	Quarterly
<b>Output 3.4: Monks actively engaged with the community in addressing problems like HIV, alcohol and drug use</b>	<p>Collaborative arrangements developed with local authorities for community-based initiatives</p> <p>Number of Sangha represented on local committees</p> <p>Proportion of temple committees with Village elders and government officials representation</p> <p>Number of district-based Sangha networks established</p> <p>Proportion of Sangha involvement in addressing troublesome local issues</p>	<p>Quarterly reports, temple surveys</p> <p>Temple surveys</p> <p>Temple surveys</p> <p>Quarterly reports,</p> <p>Post training monitoring, temple surveys, quarterly reports</p>	<p>PCC</p> <p>PCC monitoring team</p> <p>Dist Sangha networks</p>	Quarterly
<b>Output 3.5: Programs with a specific youth focus developed and implemented by Sangha</b>	<p>Student holiday training programs operating in temples</p> <p>Key Buddhist messages adapted for youth focus</p> <p>Number of temples offering or supporting life skills training</p>	<p>Post-training monitoring, quarterly reports, temple surveys</p> <p>Quarterly reports, IEC &amp; training materials</p> <p>Quarterly reports, temple surveys</p>	<p>Dist Sangha networks</p> <p>PCC</p> <p>Nat Buddhist Assoc</p>	Quarterly

Project Description	Output Indicators	Means of verification	Responsibility	Frequency of measurement
	Proportion of temples with regular meditation courses for youth  Temples with specialist youth worker monks	Quarterly reports, temple surveys  Temple surveys, post-training monitoring reports		
<b>Objective 4</b>				
<b>To develop Sangha capacity to address HIV and community welfare</b>				
<b>Output 4.1: National HIV training program for Sangha developed based on training needs analysis</b>	National and provincial level training needs assessment (TNA) completed by Sangha and government staff  Sangha training needs prioritised  Study tours undertaken  Training program developed based on TNA findings  Training materials developed to support the training program  Venue and training duration/schedule determined  Trainers identified, trained and equipped  Sources of funding explored for specialist training activities	TNA report  Study tour reports,  Training strategy  Training materials    Training strategy document  Training strategy  Quarterly reports	PCC  Nat Buddhist Assoc  Govt dept	6 months  12 months
<b>Output 4.2: HIV training program for Sangha members implemented</b>	System for trainee selection devised and circulated to all temples  Training program implemented  Training schedules sympathetic to monks' own monastic schedule  Number of monks trained	Training strategy document  Quarterly reports, training reports  Sangha consultations  Temple surveys, training and quarterly reports	PCC  Nat Buddhist Assoc  Govt dept	Quarterly

<b>Project Description</b>	<b>Output Indicators</b>	<b>Means of verification</b>	<b>Responsibility</b>	<b>Frequency of measurement</b>
	Number of training courses delivered			
<b>Output 4.3: Supervision and support provided to all Sangha HIV trainees</b>	<p>Training monitoring team(s) established</p> <p>Post training monitoring visits undertaken</p> <p>Proportion of trainees receiving follow up within three months of training</p> <p>Number of monks trained</p> <p>Number of trainees receiving subsequent training</p> <p>Proportion of temples in country with at least one monk trained in HIV</p>	<p>Quarterly reports, training reviews</p> <p>Post-training monitoring reports</p> <p>Temple surveys</p> <p>Temple surveys, training reports</p> <p>Temple surveys, training reports</p> <p>Temple surveys</p>	PCC monitoring team	Quarterly
<b>Output 4.4: Increased collaboration between intra-national and international Buddhist associations and Sangha</b>	<p>Attendance at National and international Buddhist Conferences</p> <p>Study tours undertaken</p> <p>Proportion of abbots and senior monks receiving basic community welfare instruction</p> <p>Number of monks attending NGO training seminars</p> <p>Proportion of trainees passing on their knowledge to their fellow Sangha</p> <p>National review of contemporary Buddhism held</p>	<p>Quarterly reports, conference reports</p> <p>Quarterly reports</p> <p>Temple surveys, quarterly reports, training reports</p> <p>Sangha consultations</p> <p>Conference reports, quarterly reports</p>	<p>PCC</p> <p>Nat Buddhist Assoc</p> <p>Govt depts</p>	Quarterly
<b>Output 4.5: Improved program planning skills developed by Sangha</b>	<p>Number of planning training seminars conducted</p> <p>Sangha attending NGO planning and project management seminars</p> <p>Number of Sangha trained in planning</p>	<p>Training reports, quarterly reports</p> <p>Seminar proceedings, quarterly reports</p> <p>Temple surveys, quarterly reports</p>	PCC	Quarterly
<b>Objective 5</b>				
<b>To manage the Buddhist Leadership Initiative effectively</b>				

<b>Project Description</b>	<b>Output Indicators</b>	<b>Means of verification</b>	<b>Responsibility</b>	<b>Frequency of measurement</b>
<b>Output 5.1: Effective management of project inputs and activities</b>	<p>National Project Coordinating Committee (PCC) established</p> <p>HIV+ve representative on PCC</p> <p>Responsibilities identified and allocated appropriately</p> <p>Schedule of project activities devised</p> <p>Appropriate scheduling of advisor inputs</p> <p>Quarterly planning and review meetings held</p> <p>Good cross sectoral representation on PCC</p> <p>Project coordination functioning at national, provincial and district levels</p>	<p>PCC meeting minutes, quarterly report</p> <p>PCC meeting minutes</p> <p>PCC meeting minutes</p> <p>Implementation schedule</p> <p>Implementation schedule</p> <p>Quarterly reports</p> <p>PCC meeting minutes</p> <p>Quarterly reports, annual reports</p>	PCC	Quarterly
<b>Output 5.2: Monitoring, evaluation, and reporting systems in place</b>	<p>National monitoring and evaluation framework devised</p> <p>All Sangha and government stakeholders respond appropriately to their monitoring and reporting commitments</p> <p>Financial reporting systems agreed on and adhered to</p> <p>Project reporting timely and adequate</p>	<p>M&amp;E Framework document</p> <p>M&amp;E reports, quarterly reports</p> <p>PCC meeting minutes</p> <p>Quarterly reports</p>	<p>PCC</p> <p>Govt departments</p> <p>Nat Buddhist Assoc</p> <p>UNICEF</p>	Quarterly
<b>Output 5.3: Cross sectoral collaboration developed</b>	<p>Buddhist representation on national HIV Advisory Committee</p> <p>Proportion of temples with activities in local hospitals</p> <p>Proportion of temples with activities in local schools</p>	<p>Quarterly reports</p> <p>Temple surveys</p> <p>Temple surveys</p>	<p>PCC</p> <p>Dist Sangha networks</p>	Quarterly
<b>Output 5.4: Funding sources for Buddhist response activities</b>	<p>Ideas for alternative funding sources circulated throughout the national Buddhist network</p>	<p>Network records, quarterly reports</p>	<p>PCC</p> <p>National Buddhist</p>	6 monthly

<b>Project Description</b>	<b>Output Indicators</b>	<b>Means of verification</b>	<b>Responsibility</b>	<b>Frequency of measurement</b>
<b>diversified</b>	Number of temples who succeed in garnering funding for additional activities  Number of proposals submitted by individual temples	Quarterly reports,  Temple surveys, quarterly reports	Association	
<b>Output 5.5: Regional Buddhist initiatives developed</b>	National attendance at Regional Buddhist HIV initiatives including:  Regional network  Regional training facility  Development of HIV materials  Biennial Buddhist HIV conference	Conference reports, quarterly reports	PCC  Nat Buddhist Assoc	Quarterly

## 9. Buddhist Leadership Initiative Impact Evaluation Framework

### 9.1 The role of the Sangha in addressing HIV

Indicator	Means of verification	Responsibility	Frequency of measurement
Community recognition of the monks' expanded role in responding to HIV	Community KAPB studies	PCC	Biennially (every 2 years)
Utilisation of services for HIV-positive people provided by Sangha	Community KAPB studies	PCC	Biennially
The presence of Sangha members on national HIV planning bodies	HIV Planning body Meeting minutes	Government Dept Nat Buddhist Assoc	6 monthly
Discrimination towards people with HIV and their families	Community consultations, KAPB studies	PCC, Govt departments	Biennially
The willingness of people to be tested for HIV and declare their status	KAPB studies	PCC	Biennially
Community willingness to discuss and accept responsibility for responding to the HIV epidemic	KAPB studies	PCC, government departments	Biennially
Community attitudes and behaviour towards people who are HIV-positive	KAPB studies	PCC, government departments	Biennially
The extent of monks' engagement with the community to address its general welfare	Community consultations, temple surveys, community surveys	PCC, government departments, Nat Buddhist Assoc	6 monthly

<b>Indicator</b>	<b>Means of verification</b>	<b>Responsibility</b>	<b>Frequency of measurement</b>
Government recognition of, and support for, the Sangha's expanded role in responding to HIV	Report review, policy review	PCC, Government Departments	Annually

## 9.2 Discrimination towards people living with HIV and their families

Indicator	Means of Verification	Responsibility	Frequency of measurement
The proportion of Sangha members acknowledging their role in reducing discrimination	Sangha consultations	PCC, Nat Buddhist Assoc	Annually
The proportion of Sangha members actively and publicly engaged in reducing discrimination towards people with HIV	Community consultations Temple surveys	PCC, Nat Buddhist Assoc	Annually Six monthly
The degree of support given by senior National Buddhist Association figures for the Sangha to actively advocate against discrimination towards people with HIV	Report review Policy review	PCC	Annually
The range of Buddhist teachings employed to convince people about being more tolerant and compassionate towards people with HIV	Temple surveys Sangha consultations	PCC Nat Buddhist Assoc	6 monthly
The degree of community acceptance of people with HIV and their families	Community KAPB studies	PCC government departments	Biennially
The experiences of people with HIV in their communities	Consultations with PLWHA	PCC Govt Dept	Annually
The range of methods used by Sangha to reduce discrimination	Temple surveys	PCC	Annually

<b>Indicator</b>	<b>Means of Verification</b>	<b>Responsibility</b>	<b>Frequency of measurement</b>
	Sangha consultations Community consultations	Govt Dept Nat Buddhist Assoc	
The degree of community care for children of people with HIV	Community consultations Sangha consultations Official HIV data	PCC Govt Dept	Annually
The willingness of people with HIV to declare their status	Consultations with PLWHA	PCC Govt Dept	Annually

### 9.3 The extent and quality of services for people with HIV

Indicator	Means of verification	Responsibility	Frequency of measurement
The extent of temple-based counselling services for people with HIV	Temple surveys Community consultations	PCC Post-training monitoring team	6 monthly
The quality of counselling provided by monks	Sangha consultations Consultations with PLWHA	PCC Post training monitoring team Govt dept	Annually
The proportion of communities where HIV positive people have a support group established	Temple surveys Community consultations Quarterly reports	PCC Govt Dept	6 monthly
The proportion of people with HIV in the community in regular contact with monks	Sangha consultations Consultations with PLWHA Quarterly reports	Govt Dept PCC	6 monthly
The role of monks in the HIV-positive support group	Consultations with PLWHA Consultations with Sangha	PCC	Annually
The nature and coverage of provision of care for the dying by monks	Temple surveys Community consultations	PCC Govt Dept	Annually

<b>Indicator</b>	<b>Means of verification</b>	<b>Responsibility</b>	<b>Frequency of measurement</b>
		Nat Buddhist Assoc	
The proportion of temples providing services and support specifically for HIV-positive community members	Temple surveys Community consultations Quarterly reports	PCC Nat Buddhist Assoc Govt Dept	6 monthly
The range of services and support offered by Sangha in specific communities	Temple surveys Community consultations PLWHS consultations	PCC Dist Buddhist Assoc	Quarterly
Attitudes of HIV-positive people to the services provided by monks	KAPB studies	PCC Govt Dept	Annually
The attitudes of Sangha members to engaging in community work outside the temple	Sangha consultations	PCC Nat Buddhist Assoc	Biennially
The proportion of Sangha who visit people with HIV or other life-threatening illness on a regular basis	Community consultations KAPB studies	PCC Nat Buddhist Assoc	Annually
The nature of collaboration between Sangha and the health sector	Community consultation Health sector consultations Consultation with PLWHA	PCC Govt Dept	Annually
The extent of Sangha and health sector collaboration	Temple surveys Sangha and health sector	PCC Govt Dept	Annually

<b>Indicator</b>	<b>Means of verification</b>	<b>Responsibility</b>	<b>Frequency of measurement</b>
	consultations Quarterly reports		
The attitudes to, and experiences HIV-positive people have, of cross sectoral collaboration	Consultations with PLWHA	PCC	Biennially
Community attitudes to Sangha providing care and support to people with HIV and their families	KAPB studies	PCC	Biennially
The extent of Sangha encouragement for communities to provide care for the sick, including HIV-positive people	Community consultations Sangha consultations	PCC Nat Buddhist Assoc	Annually

## 9.4 Community vulnerability to HIV

Indicator	Means of verification	Responsibility	Frequency of measurement
The proportion of Sangha engaged in community education on HIV	Temple surveys	PCC District Sangha network	Quarterly
The extent of community knowledge about HIV	KAPB studies	PCC Govt Dept	Biennially
The content of the HIV messages delivered by Sangha	Community education materials review Community consultations	PCC Nat Buddhist Assoc	Annually
The quality of Buddhist-based messages in HIV education	Community education materials review Sangha consultations	PCC Nat Buddhist Assoc	6 monthly
The range of methods used to deliver HIV education by Sangha	Community education materials review Community consultations Sangha consultations	PCC Nat Buddhist Assoc	6 monthly
The target groups in the community for HIV education by Sangha	Sangha consultations	PCC Nat Buddhist Assoc	6 monthly
The degree of use of participatory methods	Community consultations	PCC	6 monthly

<b>Indicator</b>	<b>Means of verification</b>	<b>Responsibility</b>	<b>Frequency of measurement</b>
by monks in discussions regarding HIV	Training review	Nat Buddhist Assoc	
Community attitudes to monks engaging in HIV-response activities	KAPB studies	PCC	Annually
Community willingness to participate in discussions organised by Sangha	KAPB studies	PCC	Annually
The extent of youth-specific HIV initiatives established by monks and nuns	Temple surveys Community consultations Sangha consultations	PCC Dist temple networks	Annually
The range of HIV educational materials generated by Sangha	Training materials review	PCC Nat Buddhist Assoc	Annually
The extent of Sangha collaboration with the education sector	Temple surveys Sangha consultations	Govt departments PCC Dist Sangha networks	Biennially
The proportion of temples with community groups (eg. youth groups, parents groups, elderly citizens groups) established	Sangha consultations Temple surveys	PCC Dist Sangha networks	Annually
The extent and coverage of district Buddhist networks that collaborate on provision of community services and activities	Temple surveys Sangha consultations Community consultations	PCC Dist Sangha networks	Annually

## 9.5 Sangha technical skills and resources to address HIV

Indicator	Means of Verification	Responsibility	Frequency of measurement
The knowledge of Sangha members about HIV-related issues	Sangha consultations Temple surveys	PCC Nat Buddhist Assoc	Pre intervention studies Biennially
The proportion of monks and nuns trained in HIV response activities, especially Counselling skills Home visiting skills Advocacy Community development Prevention education Home-based care of people with HIV	Temple surveys Training reports	PCC Nat Buddhist Assoc	Annually
The content/quality of the training program delivered to Sangha	Training needs analysis Training review Institutional reviews	PCC Nat Buddhist Assoc	Pre-intervention studies Biennially
The methods used in training activities	Training needs analysis Training review	PCC Nat Buddhist Assoc	Pre-intervention studies Biennially
The extent and quality of training follow-up and supervision	Training review Sangha consultations	PCC Nat Buddhist Assoc	Annually

<b>Indicator</b>	<b>Means of Verification</b>	<b>Responsibility</b>	<b>Frequency of measurement</b>
The location, duration and timing of training activities	Training needs analysis Training review Institutional reviews	PCC Nat Buddhist Assoc	Pre-intervention studies Biennially
The relevance and appropriateness of training based on the roles of monks from national, provincial, district and community levels	Training needs analysis Training review Sangha consultations	PCC Nat Buddhist Assoc	Pre-intervention studies Biennially
The range of skills provided to Sangha members undertaking HIV training programs	Training needs analysis Training review Sangha consultations	PCC Nat Buddhist Assoc	Annually
The appropriateness of the Sangha HIV training program to the country's needs in relation to HIV	Training needs analysis Situation analysis	PCC Nat Buddhist Assoc	Pre-intervention studies Biennially
The appropriateness of the HIV training program in relation to monks' training requirements	Training needs analysis	PCC Nat Buddhist Assoc	Pre-intervention studies Biennially
The ability of the Sangha to meet its own training requirements	Training needs analysis Training review	PCC Nat Buddhist Assoc	Three yearly
The extent to which a regional training program contributes to adequately trained Sangha in different countries without duplication of resources	Regional and National Training reviews	PCC UNICEF Nat Buddhist Associations	Three yearly

<b>Indicator</b>	<b>Means of Verification</b>	<b>Responsibility</b>	<b>Frequency of measurement</b>
The extent of regional collaboration on training	Training reviews	UNICEF PCC Nat Buddhist Assoc	Three yearly
The extent of regional collaboration on development of appropriate Buddhist HIV educational and training materials	Training materials review	PCC Nat Buddhist Assoc UNICEF	Three yearly
The quality of educational materials developed to support Sangha responses to HIV	Training materials review	PCC Nat Buddhist Assoc Sangha consultations	Annually
The process of trainee selection from participating temples	Training review Sangha consultations Temple survey	PCC Nat Buddhist Assoc	Annually
The appropriate use of study tours as a teaching tool	Training review Sangha consultations	PCC Nat Buddhist Assoc	Annually

## 9.6 Institutional capacity in program management

Indicator	Means of verification	Responsibility	Frequency of measurement
An effective national Project Coordinating Committee	PCC meeting minutes Project reports	PCC UNICEF	Annually
Analysis of information and assessment of needs within the community	Situation analysis KAPB studies Statistical data	PCC Nat Buddhist Assoc Govt Depts	Pre-intervention studies Annually
Definition of major local community problems	Situation analysis KAPB studies National Buddhist HIV strategy	PCC Nat Buddhist Assoc Govt Depts	Pre-intervention Annually
Establishment of priorities for Sangha	National Buddhist HIV strategy	PCC Nat Buddhist Association Govt Departments	Pre-intervention Annually
Definition of objectives for Sangha based on outputs (activities achieved) Based on medium term outcomes, such as improved program coverage, positive changes in community attitudes and behaviours Based on impact (positive changes in disease and mortality rates)	National Buddhist HIV Strategy	PCC Govt departments Nat Buddhist Assoc	Pre-intervention Annually

<b>Indicator</b>	<b>Means of verification</b>	<b>Responsibility</b>	<b>Frequency of measurement</b>
Review of resource needs and constraints	Nat Buddhist strategy	PCC Nat Buddhist Association Govt Depts	Pre-intervention Annually
Development of activity schedules and budgets	Nat Buddhist HIV strategy	PCC Nat Buddhist Assoc	Pre-intervention Annually
Identification of information needs for monitoring and evaluation.	Nat Buddhist Strategy M&E framework	PCC Nat Buddhist Assoc	Pre-intervention
Participation in regular planning meetings and the presentation of data analysis at those meetings	PCC meeting minutes Project reports	PCC Nat Buddhist Assoc	Quarterly

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