

STRATEGIC PLAN 2019 - 2023

**Mukto
Akash
Bangladesh**

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Acronyms

AIDS	Acquired Immune Defficiency Syndromme
DFID	Department For International Development
FHI	Family Health International
FSW	Female Sex Workers
GFATM	Global Fund to Fight against AIDS, Tuberculosis and Malaria
GTZ	German Development Agency
HAPP	HIV and AIDS Prevention Programme
HIV	Human Immuno-defficiency Virus
ICDDR'B	International Centre for Diarrhoea Disease Research, Bangladesh
IDU	Injecting Drug User
IEC	Information Education and Communication
IGA	Income Generating Activities
IPGMR	Institute of Post graduate Medicine and Research
MAB	Mukto Akash Bangladesh
MSM	Males who have Sex with Males
MSW	Male Sex Workers
NAC	National AIDS Committee
NASP	National AIDS/STD Strategic Plan
NGO	Non-Government Organization
PLHWA	People Living with HIV and/or AIDS
PPAP	Participatory Placement Assessment Process
PDR	Performance Development Review
SIDA	Swedish International Development Agency
STD	Sexually
SWOT	Strength Weaknesses Opportunities Threats
UN	United Nations
UNAIDS	United Nations
UNICEF	United Nations International Children's Emergency Fund
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
VSO	Voluntary Services Overseas
WHO	World Health Organization

Preface

In 1995 CARE Bangladesh started HIV & AIDS prevention Intervention through the 'SHAKTI' project in 1995 and also with HIV positive people in 1998 to reduce stigma and discrimination. After that CARE started a Care & Support program for PLWHAs with emphasis on organize & establish a self-help group to enable them face their problem and advocate for their rights. Through this initiative 'Mukto Akash Bangladesh (MAB)' was established in the 2003.

MAB believes that only prevention program cannot be effective without involvement of people infected by HIV & AIDS. Thus since its inception, MAB has been working with people infected and affected by HIV & AIDS by providing treatment, care & support; effort to reduce stigma & discrimination and promoting rights of people in the society, PWIDs for harm reduction and HIV prevention, SRHR, safe migration, child protection, . Since beginning, MAB is contributing towards the government's effort of fighting against HIV & AIDS in Bangladesh. In recent years, MAB has gradually trying to expand its scope of work to emergency response intervention including hard core poor development welling issues, addressing human rights issues, community development and participations, community legal services along with other issues to support the socially excluded and marginalized communities.

Every organization has its own vision and mission to set goal & focus of organization, to identify process & target for reaching that goal. However without proper planning an organization can't keep itself on course, which makes it difficult for it to reach its target. Therefore, 'Strategic planning' is a very important for the achievement of an organisation's vision and mission if properly planned, implemented & monitored. I thus believe this strategic plan; will help MAB to reach its goal. It will also go a long way in helping us to raise funds from different donors for new and creative interventions.

I want to thank all the staff of Mukto Akash Bangladesh, the Executive Committee members and our respectable beneficiaries who have enriched the whole process of planning.

M. S. Mukti

Executive Director

Mukto Akash Bangladesh

SECTION-1: INTRODUCTION

1.1 Bangladesh Context of HIV/AIDS

The prevalence of HIV in Bangladesh is less than 0.1% in the general population and has remained less than 1% over the year¹. HIV prevalence among People who use drug (PWUD), Female Sex Workers (FSW), MSW, MSM and Hijras was 0.7%, whether the total population is considered as the most at risk and bridge populations groups². Overall HIV prevalence was 1.2% among PWID and heroin smokers, but prevalence 5.3% was reported in Dhaka among male PWID. Although HIV prevalence was below 1% in most groups of female sex workers, in casual sex workers from a small bordering town Hilli, HIV prevalence was 1.6%. Among the transgendered community (*hijra*) the HIV prevalence was 1% in two sites and one person was detected as being HIV positive among a small sample from Hilli.²

Active syphilis rates among PWUD & street-based sex workers declined and no change was observed among hotel, residence based & casual sex workers. Though there were no changes in the rates of active syphilis in MSM, MSW and *hijra*, large proportions of MSM and MSW report STI symptoms, as well as multiple sex partners, group sex and very low condom use with all types of partners. HCV, another potential risk factor for PWUD, is present in over 50% in six of the cities and the highest prevalence of HCV among (People who inject Drug) PWID is found 95.7% in Capai Nawabgonj, a north-western city.¹

In Bangladesh, HIV risk arises mainly from formal and informal commercial sex trade, low levels of condom use, sharing of used needles and syringes by injecting drug users, and unprotected sex between MSM. The main overlapping area across MARPs is amongst female drug users. Two thirds of female drug users reported to sell sex and very low condom use. Migration may be a factor in HIV transmission in Bangladesh. People whose work separated them from their spouse were much more likely to report non-marital sex, with very low condom use³.

In Bangladesh Prevention efforts had been initiated in 1989 much before the first HIV case was detected. Early and continued response to HIV prevention among most at risk populations, guided by data from regular surveillance and behavioral surveys has helped Bangladesh largely keep HIV at bay. The estimated number of HIV/AIDS remains at 14,000. In 2019, newly reported cases of HIV were 919, while 170 people had died. Thus, the cumulative number of reported HIV cases till date in Bangladesh stands at 7374 and deaths at 1242³.

In Bangladesh, the National AIDS Committee (NAC) was formed in 1985, while the first case of HIV was detected in 1989. The national AIDS/STD Programme (NASP),

¹ National Serological Surveillance, 9th round, 2011

² 20 years of HIV in Bangladesh: World Bank and UNAIDS, 2009

³ Key note presentation on World AIDS Day 2013

within the Directorate General of Health Services of the Ministry of Health and Family Welfare (MOHFW), is the main government body responsible for overseeing and coordinating HIV prevention efforts in the country. NASP has developed and supported the development of several national guidelines, manuals and policies/strategies on specific intervention areas. A series of national plans (beginning in 1988) has guided the response in Bangladesh. Strong partnerships among Government, NGOs, and civil society, donors and several bilateral donor funding (DFID, USAID, World Bank, The Global Fund and others) was evolved in response to HIV/AIDS Prevention. Government has incorporated HIV/AIDS intervention into its Health sector program 'Health, Population & Nutrition Sector Development Program (HPNSDP) 2011-16'. The Global Fund has been providing grants to Bangladesh in several Rounds to prevent HIV among the young people, target group and general people since 2004.

1.2 Bangladesh: Socio-economics Context

Bangladesh has a population at close to 164 million as per UN estimates. It ranks at 146 out of 187 countries according to the Human Development Index report 2013. Planning and policy are currently focused on Bangladesh outgrowing its 'low-income status', and becoming a middle-income country by 2021. Since its independence in 1971, Bangladesh has undergone rapid socio-economic & demographic changes and shows strong national commitment to better public health & education services, innovative poverty eradication programmes & strategic engagement with the world economy. Economic growth, coupled with investments in education, health, food security and disaster mitigation, has led to a rapid reduction in poverty. Bangladesh has made progress in the improvement of health, education, poverty reduction, and gender equality—by targeting population growth; maternal & Child health, nutrition, Tuberculosis & social support programs spurred by the adoption of the Millennium Development Goals (MDGs). Among the 8 MDG goals Bangladesh is almost on track to reach all targets.

The United Nations has listed Bangladesh as one of the 18 countries in the world that have made rapid progress in human development in the last three decades, though occupying a rather low position. With Bangladesh's 69.2 years of life expectancy at birth, 8.1 expected years of schooling, 4.8 average years of schooling and \$1,785 per capita income, the country has been ranked 146th, carrying 0.515 weightage in the index, among the 187 countries⁴. Sustained economic growth of Bangladesh driven by textiles while Bangladesh's share of world apparel exports increased to about 4.8 percent in 2010, from about 0.8 % in 1990. Bangladesh's per capita income had also increased by about 175 percent between 1980 and 2013. Between 1980 and 2013, Bangladesh's life expectancy at birth increased 14 years, mean years of schooling increased by 2.8 years and expected years of schooling by 3.7 years⁵.

⁴ Human Development Index report 2013

⁵ Bangladesh Demographic and Health Survey, 2011

68 percent of women receive antenatal care at least once from any provider in 2011 that increases by 17% over the past few years (from 58 percent in 2004). Neonatal mortality rate in 2011 is 32 deaths per 1,000 live births that declines than 2007, 32 deaths per 1,000 live births. Children mortality rate at different age also shows improvement in 2011 than that of 2007⁵. There is also significant improvement in maternal mortality rate, health care seeking behavior during & after deliver and also nutritional status of children.

SECTION-2: BRIEF of MAB

2.1 Background of MAB

Mukto Akash Bangladesh (MAB) is a community based non-government organization established in 2003 supporting the marginalized people to protect and claim their rights from the duty bearers as per constitution and legal frame-work in the country. The mission, vision, goal and objectives of the organization are focused on accessing rights of vulnerable and disadvantaged population like PLHIV, PWIDs, TG, MSM, children, women and others. Right-based approaches are main focus for organization's interventions and activities. The organization is gender sensitive and is led by female chief executive, and 70% of executive members (EC) are also female. MAB is established in the view of claimed and protect rights, prevent the stigma and discrimination, explore the dignity and ensure the participation of vulnerable population including people living with HIV. MAB operated 23 projects focus on HIV/AIDS, PLHIV, PWID, rights, Women empowerment, migration, SRHR, health, advocacy, Gender, protection etc funded by DFAT, SCI, FHI360/USAID, UNICEF, CARE BD, the Global Fund, Action aid, Tide Foundation, International HIV/AIDS Alliance, BRAC, INGOs, National NGOs, GoB and other relevant donors. From the beginning, MAB is women led organization and raising voice for most disadvantage population and contributing in development of Bangladesh. MAB is currently operating 03 project funded by The Global Fund through SCI and CARE Bangladesh, SCI and DFAT and also has been operating multi-dimensional projects funded by national, international donors and government such as The Global Fund, SCI, DFAT, DFID, MJF, USAID, FHI360, CARE Bangladesh, CIDA, SIDA, International HIV/AIDS Alliance, BRAC, Action Aids Bangladesh, Big Lottery Fund, Tide Collaboration, UNICEF, Marie Stops Bangladesh, the World Bank and the government of Bangladesh (GoB) etc.

MAB also offers referral services for clients for services such as testing at icddr, b & BSSMMU but also provides clinical services through a doctor once a week at MAB premises & provides any prescribed drugs for opportunistic infections for free. However this is on the assumption that funds are available and when funds are not available, clients are sent to icddr, b for further help

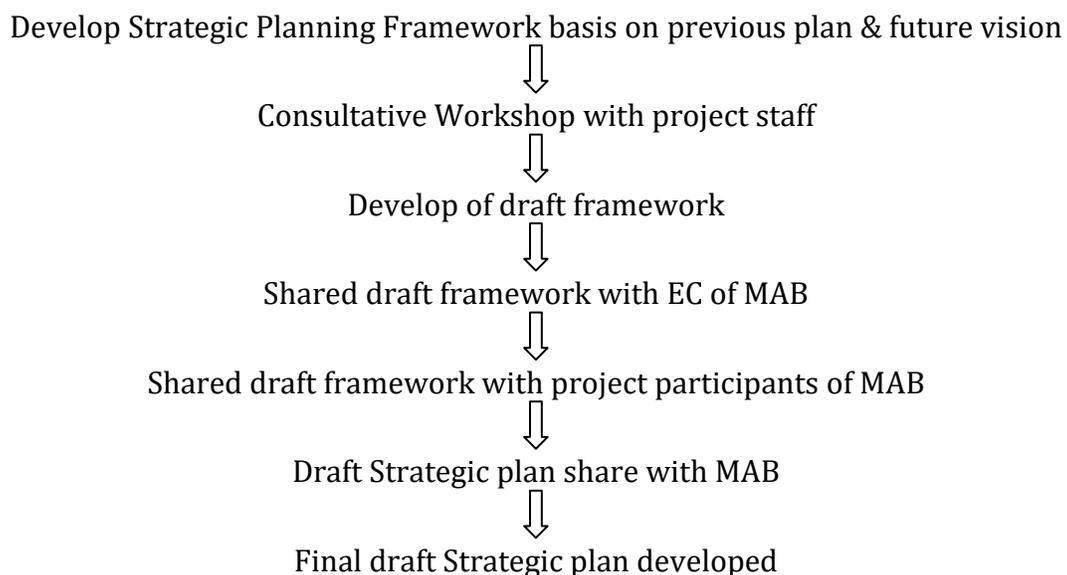
Like as the name “Mukto Akash” (open sky) suggests MAB is open to all clients who seek their assistance. The PLHWAs also have an opportunity every once a month where they converge at Mukto Akash and they share experiences as a means of supporting each other and through which they can be given more information regarding positive living.

2.2 Contribution of Strategic Plan to National Responses/Plan

MAB started as SHG, intends to widen its scope of work through responding other health & social inequalities, different development agendas as well. It tried to shift from stand-alone HIV/AIDS intervention to a comprehensive health and social intervention through integrating HIV/AIDS into all other program. Government of Bangladesh has started ‘Sector Wide Approach’ since 1998 through consolidating all health aspects in one umbrella and is currently implementing HPNSDP from 2011. In response to that MAB is also undergoing transformation through shifting its focus from HIV & AIDS to other health issues. MAB also took initiative to respond to others development issues of Bangladesh considering current priorities, future demand.

2.3 Strategic Plan development process:

After the end of previous strategic plan, MAB took initiative to develop another Strategic Plan to start in 2013 with a view to address its vision up to 2018. Series of events, discussion were organized with staff, executive committee members and also project participants to develop this strategic plan. Following steps were taken to develop strategic plan for 2013- 2018:



Participants list of all meeting are in Annex-1.

2.4 SWOT analysis of MAB:

MAB figures out SWOT analysis through a brainstorming session with staffs of different level. MAB is one of the pioneers SHG of people infected & affected by HIV/AIDS in Bangladesh in implementing HIV/AIDS intervention. MAB is well accepted among donor, project participants and community through its programmatic excellence, having relevant policies, transparency. Major weaknesses of MAB are lack of resource mobilization & sustainability plan, lack of knowledge management effort and frequent turnover in leadership. MAB is known as PLHIV focus organization among donor and community that may put MAB threat while planning to focus on other health, social issues. Detail SWOT Analysis is mentioned in Annex - 2.

2.5 Vision & Mission of MAB

MAB vision:

MAB looks for a socio-economically improved environment for people living with and affected by HIV & AIDS where their rights are recognized and upheld.

MAB Mission:

MAB works toward empowering people infected & affected by HIV & AIDS in Bangladesh to take better control of their social & economic lives through supporting group formation as a source of moral support and ensuring their participation in development activities.

MAB Goal:

To promote the overall wellbeing of people living with and affected by HIV and AIDS through provision of treatment, care and support services while challenging stigma and discrimination.

MAB Objectives:

MAB identified following five major objectives to achieve during next five years:

- To ensure quality service provision by strengthening management & technical capacity of Mukto Akash Bangladesh
- To agitate for recognition of rights of people infected and affected by HIV & AIDS through advocacy
- To promote the psychosocial well being of PLHAs through ensuring their access in to the general health service sector
- To mitigate the socio economic effects of HIV & AIDS on PLHAs and their dependants by equipping them with vocational skills for income generation
- To promote positive behavior change among the masses through creating awareness as a means of preventing HIV & AIDS

2.5 Core Values

MAB has defined its values that would guide the organization in pursuing its mission. These are the underlying principles and beliefs that would direct staff in carrying out MAB's activities.

- Integrity and Diversity
- Non stigmatization and non-discrimination
- Transparency and accountability
- Learning agility
- Equality and equity

2.6 Strategic Direction:

- **Rights based approach**

MAB follow the human rights framework as it deems that every human being has inalienable rights and a deprivation of needs can be addressed as a denial of rights. MAB consider all of its approaches as marginalized community can enjoy all of their rights and also integrates the norms and principles of the international human rights into development work.

- **Community lead approach/ engagement**

MAB will empower socially & economically marginalized communities through enhancing capacity, creating solidarity & and engaging them in program design, implementation, advocacy and policy development.

- **Networking**

Establish and strengthen functional and learning allies with Government, NGOs/CBOs, private sectors, & other institutions to create a sustainable, affordable and accessible approach to people at need.

- **Learning and reflection**

MAB ensure & encourage accumulate knowledge & program excellence through monitoring & operational research, reflect this knowledge within organization and externally for replication and guide to transform this knowledge into action.

- **Sustainability**

MAB believes in long term vow to marginalized and vulnerable groups to achieve lasting impact at broad scale on health and social equality. MAB will also consider sustainability issues for creating long lasting impact as well as its own sustainability for providing better services with accountability.

- **Capacity development**

MAB has taken capacity development as strategic pathway and will emphasize on it for effective & quick communication with various stakeholders including the program and project participants, monitoring, reporting and other aspects of program implementation, and management.

- **Programme Expansion**

MAB envisages a future where it will extend its physical operation boundaries from the current two i.e. Dhaka and Khulna. Not only that but enlarging their target group from People Living with HIV and AIDS to at least one more of the vulnerable groups in Dhaka that has a more direct link to the former such as the Injecting Drug Users.

SECTION-3: PROGRAMMATIC GOALS & STRATEGIES:

Program Goal-1: Demonstrate effective, comprehensive and sustainable model of intervention for PLHIV integrating HIV/AIDS Prevention, care & support services.

- Scale up comprehensive & sustainable Health services model integrating HIV & AIDS Prevention, care & support services to other health component (Drug users' intervention, Reproductive health services, maternal and child health, nutrition, TB, malaria, water & sanitation etc.).
- Functional and learning allies with Government, NGOs/CBOs, private sectors, & other institutions.
- Inclusion of infected and affected children with HIV & AIDS; VCT services, Injecting drug users living with HIV/AIDS into services.
- Strengthen civil society influence in national programming, advocacy, and policy development.

Program Goal-2: Scale up comprehensive & integrated health & social intervention for the deprived, marginalized community including PLHIV

- Grounding holistic, responsive, sustainable, and pro-poor programs with special focus to young, men reproductive health that bridge HIV & AIDS, health and social issue at the community level.
- Increase coverage and access to comprehensive health and social services for priority groups
- Socially and economically marginalized people specially women empower enough to participate in decision making process and contribute to reduce gender based violence at all level, stigma & discrimination.
- Community movements through ensuring women solidarity, men participation, enhance capacity and income generation.
- Upholding rights & social coherence of socially marginalized people and reduce legal barrier, human rights violation, stigma & discrimination.

Program Goal-3: Ensure more secure and viable livelihood for marginalized community as they can be treated as equal citizen by society

- Empower 'socially and economically excluded, marginalized people to raise voice on reducing stigma & discrimination, overcome barrier that prevent enjoying their rights.
- Creating space for marginalized people to ensure meaningful & rightful representation & participation on local governance and development process.

- Networking and alliance with different Government including Department of Youth Development (DYD), non-government and private organization working with Livelihood including IGA, providing microcredit and life skill training.

Program Goal-4: Secure the long term viability and sustainability of MAB

- Establish a ‘resource unit’, and ‘Training unit’ within MAB
- Capacity building effort for MAB staff on organizational development, good governance, leadership, financial management.
- Establishment of Primary health care center including VCT, medicine shop, child care center, crisis care center; Display and sell outlet product produced by MAB members.

SECTION-4: MONITORING AND EVALUATION PLAN

MAB has developed a monitoring and Evaluation plan guided by vision, mission and program goal. This M&E Plan is in Annex – 3.

SECTION-5: IMPLEMENTATION PLAN

MAB has brought up a implementation plan according to the programmatic goal with time line and cost, that is mentioned in Attachment – 1.

Annex-1: Participants list of different meeting for developing Strategic Plan

Annex 2: SWOT Analysis of MAB

Strength	Weakness
<ul style="list-style-type: none"> - Have Legal registration - Have Constitution and other related policies (Personal manual, Finance policy, gender policy, IDP policy etc.) - Human resources - Good relation with community, and peer organization - Trust of donor and member to organization - Member of different national and international forum/ network - System that ensure transparency - Innovative approach and ideas - gender sensitivity - have own IEC/BCC and training materials/guideline (community 	<ul style="list-style-type: none"> - Dose not have own income source - Does not have workplace policies - Does not have regional establishment to cover people - Have to depends on donor for amount of fund, term & condition - Personal manual, financial management and constitution need to be updated - Insufficient staff within organization - Does not have dedicated unit (HR unit, M&E unit, gender unit, documentation unit) - Does not have dedicated and skilled ‘resource mobilization team’

<ul style="list-style-type: none"> - involvement, Nutrition guideline) - Have some dedicated volunteers - A comprehensive member database - IDU specialize organization 	<ul style="list-style-type: none"> - Insufficient staff capacity development initiative - Insufficient logistical support - Decision making process need to be prompt - Lack of authority
Opportunity	Threat
<ul style="list-style-type: none"> - Can move to project beyond HIV - Growing expertise on HIV/AIDS - Through sufficient member network, MAB can spread its sub-office - Can have an income generating wing through member - Can work in collaboration with international forum - Collaborate with corporate sectors 	<ul style="list-style-type: none"> - Solely donor dependent - Political unrest and political influence - Recent global economic crisis - Community people and policy makers are not still sensitize enough

Annex-3: MAB Monitoring and Evaluation System

MAB has planned to establish a central monitoring and evaluation system for managing all of its programmes & projects and track progress. The M&E system adopts the logical approach of input, process, output, outcome and impact indicators, to ensure ongoing monitoring & evaluation of the goal, objectives of the plan.

Levels, Responsibilities of Monitoring

There are many stakeholders involve in the program implementation. Members of community populations, MAB staff members are all play an important role in monitoring and evaluating program interventions as well as organizational monitoring.

Community- The members of the community will be part of the MAB monitoring evaluation system and support monitoring continues program initiatives implementing in community level. Central team will develop unique and very simple participatory M&E systems considering context of each program location.

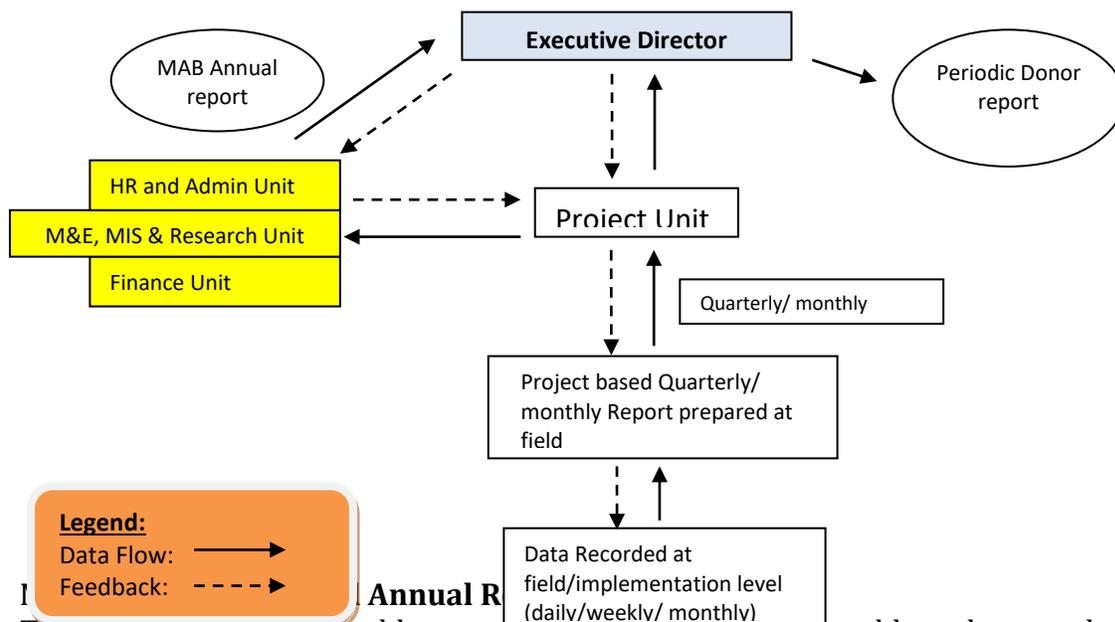
Project Team – Each project play an important role in program monitoring. Collecting basic data and information will be one of their primary responsibilities.

The project team mainly responsible for monitoring process and project output against operational plans. Project team will provide necessary guidance to the implementing partners through their monitoring process and make sure data and information update.

Central Team – Core M&E team is mainly responsible for monitor MAB program milestone and program outcomes during implementation. Central staff will provide necessary technical support and strategic guidance in achieving program milestone and outcomes to project staff.

MAB Information Flow

This diagram explains the information collection and sharing flow of the MAB.



The system captures monthly, quarterly data through the monthly and quarterly progress report, based on planned activities up to field level. Every year all projects produced an annual report and all report send to donor regularly. In addition, MAB produced an Annual Report of the organization provides quantitative & qualitative detailed analysis of programme progress covering the year Jan-December.

Quality Control Mechanism

Quality control mechanism means a system to support performance according to standards. Quality control mechanism helps to improve quality of service delivery, client satisfaction, and effective utilization of resource. The quality control mechanism of MAB focuses various aspects of M&E system. Start from field level data collection to the outcome and program monitoring, it will ensure specific standards to be met. Following steps are suggested to ensure the quality of M&E system.

- MAB develop a Quality Assurance Team pulling the M&E staff from different project. This team will be responsible to monitor the quality issues of MAB

- from central to field level by conducting regular field visit and sharing meeting among the team and senior management.
- MAB will develop quality Standard for its M&E system to measure the program
 - MAB will develop relevant data collection tools according to its program & strategic aspect for all projects considering their respective goal. This data collection tools also clearly define the time plan and project data requirements to guide partner's data and information collection.
 - MAB will develop user friendly M&E manual to guide data collection process of each stakeholders. This manual explains purpose of the data and information collection.
 - All the staff will receive comprehensive orientation training for undertaking M&E functions.
 - The project M&E staff will primarily responsible for ensuring consistence and accuracy of data and information. They will filter data and information continuously and undertake field visits to evaluate the data collection process.
 - MAB staff will attend to various exposure visits to evaluate program quality during its project cycle and provide certain recommendation for quality improvement of the M&E system as well as implementation.
 - MAB will develop system on periodic program audit, on-sight data verification with on the job training for ensuring data quality control.

Field monitoring by programme and Finance staff

- MAB has planned to place central M& E staff, though it has M&E personnel for each project. They and other relevant programme and finance staff and senior management regularly undertake field monitoring visit.
- Assigned M&E person for respective project coordinates with focal person and oversee the targets and achievements by quarter.
- Monitoring visits provide opportunities for programme staff to analyse the context for continuous checking of programme relevance, provide evidence of programme achievements, and ensure quality of programme activities. During these visits the MAB staff use check-list to see the progress, discuss with the staff and beneficiaries to know their views and get the qualitative information as well. It is the way for obtaining qualitative feedback regarding trends, stories, new issues in the programme.

Review and Preplanning Process

The MAB has an internal review and re-planning process which takes place in mid of the project period. This process facilitates participatory discussions with involvement of MAB staff, project staff, partners and representative from donor.

These discussions focus on the programme's achievements, challenges and emerging issues, based on information obtained through the M&E processes, needs from beneficiaries. Through this process, work plans are reviewed.