Localizing the HIV and AIDS Response:

Local Government Guide for Practical Action
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Local Government Academy
Department of the Interior and Local Government
FOREWORD

With barely five years left in the country’s commitment to achieving its Millennium Development Goals (MDGs), the Philippines is at a critical stage in its response to HIV and AIDS. MDG 6, which aims to halt and reverse the spread of HIV and AIDS by 2015, is gravely challenged by the rapidly accelerating rate of HIV infection in the country. According to the 2010 UNAIDS Report on the Global AIDS Epidemic, the Philippines is one of only seven countries globally with more than 25 percent increase in HIV incidence in the last ten years. Now, more than ever, the country needs to step up its AIDS response to promote universal access to HIV prevention, treatment, care and support, and achieve its MDG commitment.

However, the attainment of this goal is severely challenged by low coverage of HIV services and the continuing stigma and discrimination associated with AIDS. This is further challenged by the decentralized system of government in the country, which relegates the responsibility and commitment to implement and sustain the response to local governments. On the other hand, local governments are restricted with limited capacities to institute and implement local AIDS responses.

To mitigate this problem, the United Nations Development Programme (UNDP) and the Local Government Academy (LGA) launched in 2009 the three-year project, **Leadership for Effective and Sustained Responses to HIV and AIDS**. Harmonizing efforts with the Philippine National AIDS Council and the UN Joint Team on AIDS, the project seeks to strengthen sustainable local AIDS responses through the development of leadership capacities of local governments and the formation of Regional AIDS Assistance Teams (RAATs). Composed of representatives from three critical agencies—Department of Interior and Local Government, Department of Health, and Department of Social Welfare and Development, the RAATs provide the needed technical assistance in establishing and strengthening local AIDS response at the local government units (LGUs).

These two publications: (a) **Localizing the AIDS Response: Local Government Guide for Practical Action**; and (b) **Policy Review: The AIDS Prevention and Control Ordinances of Quezon City and Pasay City**, aim to assist the RAATs in their provision of technical assistance to LGUs.
The former provides a step-by-step guide in establishing a local AIDS response for local government officials, including tools to assess the local AIDS situation and monitor response. It is targeted at those who are interested to in launching initiatives on HIV and AIDS or those seeking further guidance to enhance existing activities.

The latter, on the other hand, sought to assess the local HIV and AIDS ordinances in selected cities (i.e., Quezon City and Pasay City) in terms of its relevance to or alignment with national laws or policies, responsiveness to the current epidemiology and emerging risks, and implementation. It seeks to generate recommendations that would help enhance the current policy environment and programme implementation among LGUs.

I am delighted that these tools are now available. In a way, this will help the local governments in establishing and strengthening their local AIDS responses. I hope that this will facilitate the successful implementation of the country’s Fifth AIDS Medium-Term Plan (AMTP V). Moreover, I hope that this would, ultimately, assist the country in attaining its MDG 6 commitment of halting the spread of HIV and AIDS by 2015.

I wish to extend my sincerest appreciation to LGA for the partnership, dedication, and commitment to develop these important tools. I look forward to the effective use of these tools towards enhanced and sustainable local AIDS response in the Philippines.

Renaud Meyer
UNDP Country Director
Commitment towards addressing the HIV and AIDS concern in the Philippines has always been associated with the national mandate. Local governments have since viewed it as a matter out of their league. This is primarily because of the scope of the interventions that have to be initiated and the magnitude of resources that need to be pooled together. Attempts have been made to localize the HIV and AIDS discourse to impress upon local government units and local institutions the significance of acting now. The guidebook and the capacity assessment tool is part of this continuing effort.

The guidebook and the tool would not have been possible without the invaluable assistance and contribution of a multitude of individuals and organizations. First among them are the local government units that accommodated the requests of the research team to pretest the tool and provide insights and lessons on initiating local HIV and AIDS responses. Special thanks are due to the health officials of Quezon City and Pasay City for finding time to accommodate the research. It is also but proper to be grateful to the key officials of Davao City, Cebu City, Island Garden City of Samal, and the Municipality of Liloan. Their local chief executives and local aids council secretariat and members have been very generous in sharing their experiences, even up to the barangay level.

The inputs from these four LGUs have been very critical to the functionality and practicality of the guidebook and the tool. The Regional AIDS Assistance Teams (RAATs) of Cebu and Davao need to be especially recognized as well, particularly their DILG and DOH members. The untiring support and assistance of the RAATs members helped in securing the commitment of the LGUs in providing the necessary information and resources in aid of the research.
For critically reviewing the initial drafts and beefing up their contents, the readers and users of the guidebook and the tool are indebted to the Philippine National AIDS Council, UNAIDS, ACHIEVE, AIDS Society of the Philippines, RAATs (IV-A, IV-B, NCR), and Pinoy Plus Association. Their comments and insights have been crucial in the development of the final versions of the outputs.

Purposely mentioned among the last are the UNDP and CLRG. The dedication of the United Nations Development Programme in promoting HIV and AIDS interventions is exemplary. Their engagement with the Local Government Academy-Leadership for Effective and Sustained Response to HIV and AIDS—is what gave life to the guidebook and the corresponding tools that go with it. Credit is also due to the Center for Local and Regional Governance for taking on the challenge to dig deeper on the whats and hows of HIV and AIDS local responses.

To those who have written materials before the guidebook and tools; those who took the lonely but rewarding road less traveled, and those who try to make a difference in the lives of unidentified Persons Living with HIV and AIDS all over the world, a salute is but fitting.

And to God Almighty for guiding all organizations, institutions, and individuals from the start to the completion of this endeavor, thank you.
Localizing the HIV and AIDS Response

In the advent of decentralization, the Department of the Interior and Local Government spearheads the primary role of improving social, economic, and environmental programs through strategic plans and policies mainstreamed in local governments. Moreover, the Local Government Code mandates our local government units to exercise their powers to promote the health and safety of the inhabitants.

However, for a long time, health governance has been too focused on primary health care that many LGUs had forgotten, if not neglected, in their program agenda other health concerns, such as HIV and AIDS.

With the explosion of the epidemic in recent years, the current national response has been inadequate in programmatic scope and coverage. Furthermore, local AIDS responses in the country are still generally weak, characterized by competing priorities and the lack of capacity due to the death of policy and resources support at the local level.

It would be recalled that the decentralized system of government in the Philippines has designated the responsibility of HIV prevention and control efforts to local governments, thus, the development, acceleration, and sustainability of local responses as the pillars of the national AIDS programme in the Philippines now lies in the local governments’ hands.

The development and formulation of this guidebook serve as guide to all Philippine local governments in initiating local responses to HIV and AIDS while the capacity assessment and policy reviews aim to help our local officials in formulating policy support and providing the proper environment for the responses.

This undertaking acts as one of the pioneering initiatives amidst effective local administration which ensures the full-blown implementation of various local reform agenda, not only for local dynamism, but also in the fortitude of health governance.

HON. JESSE ROBREDO
Secretary, DILG
MESSAGE

The Philippine government has already established a strong national response to HIV and AIDS since the passing of the Philippine AIDS Prevention and Control Act in 1998. It is quick in advocating for leadership actions amidst sociocultural risks and vulnerabilities. However, despite the country’s low prevalence rate in HIV and AIDS, it is extremely necessary that the national response be effectively carried out at the local government unit level.

Thus, with the implementation of the 5th AIDS Medium-Term Plan (AMTP 5), the Philippine government seeks for a more sector-wide approach in reaching vulnerable and most-at-risk populations as well as in reversing the trend of the epidemic. Likewise, it recognizes the capacities of local government units (LGUs) and other local organizations in providing a policy-enabling environment that is not only effective but also sustainable.

This challenge lies on the vigor and enthusiasm of our political leaders to seize every meaningful opportunity and breakthrough for the good of our constituents. Hence, it is highly recommended that local officials adopt these two tools, *Localizing the HIV and AIDS Response: Local Government Guide for Practical Action* and *Policy Review: The AIDS Prevention and Control Ordinances of Quezon City and Pasay City*. Both call for excellent application at the local level with the end views of learning and acting more proactively in the present time.

On behalf of the Local Government Academy, I urge local leaders and functionaries to advocate the localization of HIV and AIDS responses through the utilization of these tools.

Autographed

AUSTERE A. PANADERO, CESO I
Undersecretary for Local Government, DILG
Between 2001 and 2009, there were only seven countries in the world where HIV incidence increased by more than 25 percent - this includes the Philippines. And as the number of HIV cases increases rapidly every year, it is highly essential to compliment the national response against the epidemic through local administration and governance.

As this approach provides strategic measures in responding to HIV and AIDS impacts, the Local Government Academy, through its Leadership for Effective and Sustained Responses to HIV and AIDS program has developed a guidebook for leveling off the capacities of local governments in initiating effective and sustainable responses to the epidemic.

Moreover, policies related to HIV and AIDS in selected cities have been reviewed to assess their implementation gains and management outcomes in terms of relevance, responsiveness, and compliance with national laws as well as internationally recognized guidelines and principles. These are commencement steps for local officials and functionaries in setting off the imperatives of local government needs in the height of local legislation.

The primary task of mitigating the negative impacts of HIV and AIDS on human development lies on local governments. Hence, we hope that through application and learning, we can work together in upholding the overall interest of the common good, particularly of those communities severely affected by the epidemic.

Let this undertaking be a jumpstart to other forthcoming initiatives and may this bring outstanding results on a higher end.

MARIVEL C. SACENDONCILLO, CESO III
Executive Director, LGA
MESSAGE

This year the world commemorates thirty years of AIDS and AIDS response. It is a time to remember the friends, family, and colleagues we have lost to AIDS. It is also a time to share our successes and reflect on our failures.

The world was slow to react to the AIDS epidemic thirty years ago, with devastating results. But persistent voices rose up and today AIDS response has grown into a truly joint partnership—of governments, of people living with HIV, of civil society, of communities, and of organizations committed to the response.

UNAID’s vision is a world where there are:

- zero new HIV infections;
- zero discrimination; and
- zero AIDS-related deaths.

A few years ago we could only dream of such a day—but today we know we can make it happen.

Indeed, through collective action, the world has begun to reverse the AIDS epidemic—where at least fifty-six countries have either stabilized or reduced new HIV infections by more than 25 percent in the past ten years.

However, in the Philippines, while national HIV prevalence remains on the average under 0.1 percent, it is one of the seven countries in the world whose HIV incidence grew by more than 25 percent in the past ten years. More than ever, the country has to accelerate a strategic response to halt and reverse the trajectory of the epidemic. The response is not limited to building national level efforts. As important is the support for establishing localized actions based on the nature of the local epidemic and recognizing the important role that local government units and local communities play.
These two tools, *Localizing the HIV and AIDS Response: Local Government Guide for Practical Action* and *Policy Review: The AIDS Prevention and Control Ordinances of Quezon City and Pasay City*, provide local policy makers, program planners, and implementers step-by-step guides in developing effective local responses to address HIV- and AIDS-related prevention, treatment, care and support issues relevant to their local contexts. We encourage our partners to utilize the tools in fulfilling their interests and commitment to contribute to the country’s efforts to meet the Millennium Development Goals, including Goal 6, pertaining to AIDS.

TERESITA MARIE P. BAGASAO
UNAIDS Country Coordinator
MESSAGE

In the 2010 United Nations Global Report, the Philippines is one of only seven countries globally to have recorded more than 25% increase in HIV cases. Despite government efforts implemented through the 4th AIDS Medium Term Plan (2005-2010), the effectiveness and sustainability of local responses remain a challenge. Hence, to ignite different HIV comprehensive interventions in the country, local leaders and stakeholders must work together in enhancing the scope and coverage of these responses.

In the light of this undertaking, various government agencies, non-government organizations and international partners have worked together in contributing to the 5th AIDS Medium Term (Plan 2011-2016), through the Philippine National AIDS Council. It aims to expand government services to the general population specifically the vulnerable, most-at-risk and other affected sectors. In addition, it aims to curb the impact of the epidemic by means of infection control, harm reduction and improved prevention mechanisms towards HIV and AIDS. More importantly, the AMPT V seeks to establish a decentralized structure of implementing Country Response through local government units (LGUs) and reinforcement of Local AIDS Council (LACs) and Regional AIDS Assistance Teams (RAATs). By scaling up HIV-related policies and services at the local level, government’s commitment to battle the spread of the epidemic can be fully strengthened and operationalized. Thus, local adoption of these two tools, “Localizing the HIV and AIDS Response: Local Government Guide for Practical Action” and “Policy Review: The AIDS Prevention and Control Ordinances of Quezon City and Pasay City” will pave the way for a more resilient and enabling policy environment among local government units and stakeholders. The Philippine National AIDS Council, together with its member organizations, appreciates the joint initiative of the Local Government Academy and the United Nations Development Programme in challenging ourlocalleaderstorenewtheircommitmentanddeveloptheirconsciousness through the localization of HIV and AIDS responses in the country.

HON. ENRIQUE T. ONA
Secretary of DOH and Chairperson of PNAC
What is This Guidebook and How is It Used?

This guidebook is for local government key decision makers who are interested in launching initiatives on HIV and AIDS or those who are already undertaking activities that respond to this concern but would like to know more. It is written for local chief executives, Sanggunian members, department heads, and local champions who would like to further the local discourse and interventions on HIV and AIDS.

The guidebook is divided into eight (8) parts. Available tools, templates, and other reminders are provided at the end of some sections.

The guidebook starts by setting a common understanding on HIV & AIDS then presents some figures and statistics that depict a possible epidemic in the Philippines. The third section deals with the question: What makes HIV & AIDS a local problem? The fourth moves on to discuss some of the LGU requirements vis-à-vis existing policy directions. The next offers a quick assessment of LGU vulnerability to the infection while the sixth outlines the core steps, serving as the meat of this guidebook. The last two sections offer a short call to action and additional resources and information the reader may also look into.

The sixth section or the “step-by-step” guide is further divided into three parts, presenting three phases in starting and managing HIV and AIDS initiatives. The first phase lays the groundwork and is composed of six basic steps. The second phase is concerned with planning and design and is defined by just two steps. The third phase deals with implementation, monitoring and feedback outlined in five more steps. There are, thus, a total of twelve Steps.

With these twelve steps, the reader is given insights on the whats, hows, whos, whens and whys of HIV and AIDS response.
The Twelve Steps to Localizing HIV and AIDS Response

There are twelve basic steps you need to take to effectively initiate local responses to HIV and AIDS. This guidebook helps you by giving you pointers, reminders, tools, and insights from others’ experiences for each step, as maybe available.

Step 1: ORGANIZE YOUR FOCAL TEAM. This maybe in the form of a Local AIDS Council (LAC) or an ad hoc HIV and AIDS team. Of course the Health, Social Welfare, Planning, and/or Population Officers should be made members. Naturally the team, especially if it’s an LAC, should be as multisectoral as possible.

Step 2: ASSESS THE SITUATION. You can establish your local vulnerabilities and risk patterns by gathering the figures from DOH and NEC, carrying out your own data generation through Rapid Assessment of Vulnerability (RAV), doing a self-assessment or capacity assessment, or evaluating your situation using PNAC’s quick needs assessment matrix. Take your pick.

Step 3: ADVOCATE. Convince. Persuade. You now have the numbers and the core people. The goal is to get political support. Do a simultaneous track of advocacy, both towards the public and towards the local leadership. Maximize print and broadcast media, educational discussions, and celebrations. Involve the people living with HIV.

Step 4: FORGE PARTNERSHIPS. Alliance building is necessary. Map all potential partners. Make it as multisectoral as possible. Tap the NGOs/POs, CSOs, business sector, academe, faith-based organizations, media, RAATs, other national government agencies, donors, and key population-at-risk groups, such as MSMs,TGs, sex workers, and the like.

Step 5: FORMALIZE SUPPORT. Enact an ordinance. A proforma HIV and AIDS legislation can be requested from the RAATs but review this to suit the local needs and situation. Think in terms of appropriate policy targeting, intervention and service coverage, and budget and structural needs.
Step 6: PLAN. Identify the key components of your initiatives. LGUs are good in planning. Remember though that proper targeting is key. Strategize. Think of capacity needs. Take a look at the programs of other LGUs or the intervention packages from AMTP 5. Don’t forget your indicators.

Step 7: LEARN FROM OTHERS. Short discussions are provided on the experiences of five cities as well as snapshots of other good local practices.

Step 8: MAKE NOISE. Be visible. Be heard. Launch your program with fanfare. Implement well and tell everyone about it at the same time to break the silence on HIV and AIDS.

Step 9: NETWORK. Contact PNAC and its council members. Their contact information are provided in the section.

Step 10: MONITOR. Undertake this in two tracks: epidemiological and programmatic. Use matrices and indicators for both. Designate a team to conduct this.

Step 11: LISTEN. Generate feedback from stakeholders, beneficiaries and implementers. You might miss important feedback in your monitoring so listening is included as a step. Document the concerns and insights raised from your feedback generation activities. Include this in your monitoring and evaluation steps.

Step 12: EVALUATE. Set an appointment with your multisectoral council/team and other stakeholders. Perhaps conduct a focus group discussion or go over the monitoring and program reports. Agree on evaluation indicators and questions you would look into. You may use the NASA tool if you would like to look into the financial side of HIV and AIDS. You will arrive at several realizations which you can now incorporate in the new plans and programs that you need to propose. Go back to step 6 and do the subsequent steps.

May these twelve steps not tire you, for these twelve steps could help and save lives.
The Steps

Phase 1
1. Organize a focal team
2. Assess the situation
3. Advocate aggressively
4. Forge multisectoral partnerships
5. Formalize LGU support
6. Plan the details
7. Learn from others
8. Make noise
9. Network
10. Monitor
11. Listen
12. Evaluate and modify
# Acronyms and Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>ARV</td>
<td>Antiretroviral</td>
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<td>CSO</td>
<td>Civil Society Organization</td>
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<tr>
<td>DOH</td>
<td>Department of Health</td>
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<td>DILG</td>
<td>Department of the Interior and Local Government</td>
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<td>DSWD</td>
<td>Department of Social Welfare and Development</td>
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<td>GFATM</td>
<td>Global Fund to Fight AIDS Tuberculosis and Malaria</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>IDU</td>
<td>Injecting Drug User</td>
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<tr>
<td>IEC</td>
<td>Information Education Campaign</td>
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<td>LAC</td>
<td>Local AIDS Council</td>
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<td>LGA</td>
<td>Local Government Academy</td>
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<td>LGU</td>
<td>Local Government Unit</td>
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<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>MSM</td>
<td>Men Having Sex with Men</td>
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<td>NEC</td>
<td>National Epidemiology Center</td>
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<td>NGA</td>
<td>National Government Agency</td>
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<td>NGO</td>
<td>NonGovernmental Organization</td>
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<td>NHSS</td>
<td>National HIV Sentinel Surveillance System</td>
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<tr>
<td>OFW</td>
<td>Overseas Filipino Worker</td>
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<tr>
<td>PLWHA</td>
<td>Person Living with HIV &amp; AIDS</td>
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<tr>
<td>PNAC</td>
<td>Philippine National AIDS Council</td>
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<tr>
<td>PO</td>
<td>People’s Organization</td>
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<td>RAATs</td>
<td>Regional AIDS Assistance Teams</td>
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<tr>
<td>RAV</td>
<td>Rapid Assessment of HIV Vulnerability</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infections</td>
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<tr>
<td>UNGASS</td>
<td>United Nations General Assembly Special Session</td>
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I. HIV and AIDS: A Common Understanding of the Epidemic
I. HIV and AIDS: A Common Understanding of the Epidemic

“AIDS makes everyone uncomfortable.”¹ It is more commonly associated with experiences of shame and humiliation. Some view it as “a price paid for bad behavior.”² Instead of evoking compassion, infection draws “condemnation and rejection”.³ In the Philippines, there is a pervasive misconception about this disease.⁴ Stigmatized, infected individuals are easily discriminated upon—six out of ten lose their jobs, one out of ten denied job promotions, and one out of ten is forced to leave their abodes or denied of places to stay.⁵

Somehow there is a silent consensus that the infected population will be contained and limited only to the groups most vulnerable to it, such as those engaged in prostitution. This is sadly not the reality since we have a “fluid society” which makes it possible for HIV to make its way into the general populace.⁶

Amidst the fear and controversy surrounding the problem, have you asked yourself what HIV & AIDS basically are? What do you know of them? Have you any notions which maybe misleading, if not erroneous?

As a quick exercise,⁷ you can check whether you have any misconceptions about HIV and AIDS by agreeing or disagreeing with these six statements. See endnote for the answers.

- HIV and/or AIDS is a disease limited to homosexuals.
- Only prostitutes can infect their partners.
- AIDS is a curable disease.
- AIDS is a punishment from God.
- Condoms provide 100 percent protection from HIV.
- Women are more likely to get infected than men.

The Philippine National AIDS Council (PNAC)⁸ has prepared a briefer that gives an initial understanding on HIV & AIDS and is concisely presented in the following boxed discussions.
**HIV** (Human Immunodeficiency Virus) is a retrovirus that lowers the immunity (body defense system) or the ability to fight off disease by attacking the body’s white blood cells.

**AIDS** (Acquired Immune Deficiency Syndrome) is a condition caused by HIV which makes the afflicted individual susceptible to other life-threatening infection.

Mode of Transmission: Yes and Nos of the Spread of HIV.

- ✔️ Unprotected sexual intercourse with an HIV+ individual, transfusion with infected blood, sharing syringes/needles/piercing tools with HIV+ individuals, mothers to their unborn babies, and breastfeeding
- ✗ kissing, handshake, casual contact, sharing living quarters, eating or drinking with an infected person, mosquitoes and bed bugs

There should therefore be transmission of body fluids, such as blood, semen, vaginal or cervical fluids, or breastmilk for infection to take place.

There is NO vaccine and NO cure for HIV. The medication (antiretroviral or ARVs) may only slow down the replication of the virus.

**ABCDE on HIV & AIDS Prevention**, Tagalog version

A – Ayoko muna
B – Basta ikaw lang
C – Condom
D – Droga dapat iwasan
E – Edukasyon
II. Unlocking the Numbers to an Epidemic
II. Unlocking the Numbers to an Epidemic

Most discussions on the HIV epidemic launch into figures and statistics and this is perfectly understandable. It is hard to put a face to the problem because most of the affected become part of a “shadow population” that are either hard to reach or choose not to be identified. Though faces make the problem personal, numbers on the other hand do not lie. What is critical is to see beyond the numbers and understand why such numbers are arising.

There are now an estimated 33.3 million people around the world who are living with HIV, including millions who have developed AIDS. Although levels of new infections overall are still high, the HIV incidence has fallen by more than 25 percent between 2001 and 2009 in thirty-three countries. However, there are still seven countries where HIV incidence increased by more than 25 percent. This includes the Philippines.

Who are these PLWHAs that we are talking about? The profile of reported cases from 1984 to 2009 show that the median age of PLWHAs is thirty-two, 73 percent are males, and 90 percent acquired the condition through sexual contact. Of the total, 55 percent are acquired through heterosexual contact though there’s an increase in reported transmission from homosexuals beginning 2007.10

The number of PLWHAs for the Philippines as of February 2011 is 5,729. For a country of more than 90 million, this seems small. But the rise in figures from the first reported case in 1984 is disturbing. There is a threefold increase for the past ten years. Speaking in terms of averages, there are twenty to thirty reported cases per month in 2006 to 2007, forty-four in 2008, seventy in 2009, and 137 for the first four months of 2010.

What this basically means is that there are about “five to ten Filipinos who get infected with HIV everyday”.11 The rate of spread is quite fast. While the incidence rates of the rest of the high risk Asian countries are slowing down, the Philippines’s pace is increasing even more. At the rate it’s going, it will come as no surprise if a crisis overtakes the country one day. Indeed, the national prevalence is less than 1 percent but it is not declining, neither is it slowing down.
Before, the Philippine scenario is that of a “low and slow” HIV increase but now it is considered “expanding and growing”. In 2001, this low and slow character somehow impressed the United Nations, but ten years after, national authorities are sounding the alarm of an epidemic because of the big possibility of an epidemic that may hard to control.

It is important to remember that “all countries now severely affected by HIV have, at some point, been a low-HIV prevalent country”. This has been the case in many of the African countries in the 1990s.

In 2010, the Department of Health (DOH) stated that the country is “now on the brink of a concentrated epidemic”. Validating this, Dr. Edsel Salvana was resolute in stating that the country was already experiencing an epidemic. She added that the “spike in the usual number of cases” spells that out very clearly and that “there is no other way to describe” the situation. She compared the current HIV scenario in the country to that of San Francisco in the 1980s.

A recent study found that HIV infections in the country tripled between 2003 and 2008. The study concluded that “there is no guarantee that a large HIV epidemic will be avoided in the near future. Indeed, an expanding HIV epidemic is likely to be only a matter of time as the components for such an epidemic is already present.”

As the UNGASS 2001 primer appropriately noted, “The Philippines has been given a gift that has already been taken away from a number of countries—the gift of time.” But how much time is left?
III. What Makes HIV & AIDS a Local Problem?
III. What makes HIV & AIDS a local problem?

The sixth Millennium Development Goal (MDG) calls for halting and beginning to reverse the spread of HIV & AIDS by 2015. Ten years after signing this MDG commitment, the incidence of HIV in the Philippines has increased threefold. It is no longer a looming possibility but a real threat.\(^\text{17}\)

So what, right? There is a threat but, not-in-my-backyard (NIMBY). This is a typical reaction. The common mentality is that it happens to others but not to you or your local government unit. The denial, fear, or silence “borne of deep-seated beliefs, attitudes, and prejudices”\(^\text{18}\) do not help.

A 2008 study in Asia explained that this initial reaction is a result of two things: (1) a belief that the epidemic would be confined to a select few, and (2) complacence out of the belief that the stereotyped “conservative” Asian values would be protection enough.\(^\text{19}\)

Obviously, there is a “need to instill in everyone the realization that HIV & AIDS is one of the most catastrophic diseases that could destroy economic gains and social stability of developing countries.”\(^\text{20}\) There is a need to make local populations realize that HIV & AIDS is a local problem.

Invisibility doesn’t mean that it’s not there. There is a “hidden, growing and seemingly invincible trend of the HIV epidemic in the Philippines.”\(^\text{21}\) Local governments, being the unit that directly transacts and provide services to the populace, also suffer directly from distress brought about by the HIV problem. Oftentimes, the problem is unfelt because it is silent, but the threat lurks in the most unexpected places and situations.

Ask yourself.

- Do you know if you live in one of the HIV & AIDS hotspots in the country?
- How many of your local citizens are infected? Have you ever tried to ask the PNAC or the NEC for the statistics for your locality?
If you have already initiated an HIV and AIDS responses, what guided you in the conceptualization and design of your programs?

Do you consider HIV & AIDS response and prevention as one of your top priorities?

Why should LGUs be concerned that the HIV and AIDS epidemic may also be local? Why should there be a need to be alarmed, at least a bit? HIV and AIDS is undoubtedly costly. Unless you can assure that your LGU is free from possible HIV and AIDS vulnerabilities, then the safest assumption is that there is a threat, since thinking otherwise would have grave consequences.

If your community has a high rate of condom use, especially among sex workers,

If casual sex among your youth is not the norm,

If you don’t have a community member who is an injecting drug user and maybe using unsecure needles,

If you don’t have a returning OFW from a high-risk country,

If the population does not have misconceptions on HIV and AIDS, and

If you are sure that there is not even one homo-or bisexual PLWHA among you,

then feel free to ignore this guidebook.

If these statements do not ring true for you, then maybe you would be more convinced to start your HIV and AIDS actions knowing that the ARV treatment for each PLHIV costs around ₱30,000 to 70,000 per annum. This amount would, of course, strain the city or municipal government budget and, more so, household finances. Figures for Asia show that at the current pace of response, by 2015, AIDS would bring six million households below the poverty line.²²

It takes courage to ask questions and to assume the possibility that you may have an HIV and AIDS problem already. It is also possible that you may not have this problem yet but are you willing to risk suffering from it?
It also takes courage to take stock of the reality in an LGU. Because of its hidden nature, response to HIV and AIDS is oftentimes not prioritized. As with the case of other countries, most LGUs are not institutionally ready to take on the task, given that they cannot even fully carry out their traditional roles. Sometimes used as an excuse, LGUs complain that they cannot even meet water provision needs, however, their planned responses are still “symptoms-focused” and integration of HIV and AIDS in other LGU programs is still a long way off anyway. Specifically on HIV and AIDS, the vulnerable groups are not adequately consulted; it is still viewed largely as a health instead of a governance issue. IEC hasn’t fully erased the stigma and denial in the community, and specific HIV and AIDS information of the locality is still lacking.

**Challenges to Initiating Responses to HIV and AIDS**

- competing local priorities,
- complexity of HIV & AIDS making it hard to understand,
- unpopularity because of a highly critical church,
- gender insensitivity among policymakers,
- the misconception that it is just a health problem,
- denial of the problem,
- being overwhelmed, since the problem is too big to handle,
- lack of commitment from senior management,
- lack of a common vision on what needs to be done,
- inappropriate attitudes particularly with regard to PLWHAs,
- lack of formal mandate or designated HIV & AIDS focal point of sufficient seniority within the organization, and
- inadequate information and training.

The phrase “prevention is better than cure” is not applicable here. There is no cure. That leaves you only with prevention or control. The better mindset is “prevention instead of treatment.” If you work on your preventive efforts now, then you would either be ready to take on the bigger responsibilities later should your town become an HIV and AIDS hotspot or prevent the problem altogether.

The local government is in the best position to fight the stigma associated with HIV and AIDS and to set in motion community discussions on its threats and implications. It may admittedly not have the capacity to act upon an extensive program but integrating the issue in all of its activities, creating an enabling environment, and setting the tone for partnerships with CSOs and the private sector should be aimed for.
Your LGU may or may not feel that acting on the issue is an urgent matter but remember, “the window of opportunity for prevention in the Philippines is slowly closing.” Whatever your reasons, the bottomline is, if you believe in it and want to address it, there are various means. Otherwise, you’ll only have excuses.
IV. What are the LGU Requirements vis-à-vis HIV & AIDS Interventions?
There are three key policies that serve as bases for the LGU’s mandate on HIV and AIDS. The first is RA 8504 which clearly establishes the role of the national and local government in HIV and AIDS prevention activities.

The AIDS Law or RA 8504 (The Philippine AIDS Prevention and Control Act) was signed in 1998 and has basically three targets: (1) a national HIV & AIDS information and education program; (2) a comprehensive HIV & AIDS monitoring system; and (3) strengthening of the Philippine National AIDS Council or PNAC.

The law likewise provides against discrimination. Compulsory testing is not allowed and written consent is a necessary proof of voluntary testing. Results are confidential, acknowledging the right to privacy of PLWHAs. The law further states that LGUs should work with NGOs and other CSOs in carrying out HIV & AIDS education in communities.

The AIDS Law “needs to be applied locally.” It is there, but it is not well known even to politicians. At the national level, medium-term plans are formulated and AIDS strategies are proposed and pursued. At the local level, among the expected deliverables are:

- Information Education Campaigns (IEC) and advocacy. These may come in several forms, such as printouts, radio or television advertisements, billboards, seminars, AIDS day celebrations, sexual health educational discussions, peer education, translation and reproduction of reader-friendly materials such as komiks, etc.

- Creation of a Local AIDS Council (LAC), the composition of which is ideally multisectoral. Some LGUs that already formed their LACs provide programs on STD/RH clinics, conduct baseline studies, and monitor surveillance reports.
• Networking with partner institutions, such as CSOs, NGOs, and the affected population, among others. The LGUs should also partner with national government agencies (NGAs), such as the DOH, since it manages standing programs, such as AIDSWATCH (a comprehensive HIV & AIDS monitoring program) which is integrated in the National HIV Sentinel Surveillance System (NHSSS) and the AIDS registry. The LGUs may also tap the assistance of the RAATs.

• Care and support services through counseling, hospice accommodation, institutionalization of the referral system per DSWD guidance, and psychosocial care (with the social welfare and health officers familiar with the guidelines, standards, and protocols for reporting, treatment, care, and support).

The second policy is the Local Government Code of 1991 (RA 7160). The general welfare clause in the Local Government Code can easily encompass the need to provide for the health and safety of PLWHAs. As written in Chapter 4 (sec. 34), LGUs are likewise expected to promote partnerships with NGOs, such as through joint ventures and other cooperative arrangements (sec. 35) in the delivery of basic services.

The third policy direction comes from the DILG through its Memorandum Circular 99-233 (HIV & AIDS Education in Communities and Related Concerns). This circular issued in 1999 enjoins all local chief executives to develop and implement programs of projects in furtherance of the provisions of RA 8504, and cause the enactment of ordinances where there is none, or review existing ordinances on the matter to ensure their relevance in support of overall HIV and AIDS prevention and control efforts.

These three policies may seem to oblige the LGUs to assume roles and functions which they may not be ready yet, but the HIV & AIDS epidemic cannot wait for an LGU’s readiness. It is in this light that the AIDS Law has to be localized, provisions of the LGC have to be met, and the DILG Circular has to be concretely implemented.
V. Is Your Locality Vulnerable?
V. Is Your Locality Vulnerable?

Before assessing how vulnerable your LGU is to HIV & AIDS, you might as well read about the cost of the epidemic first so you can weigh how grave the situation is.

A fifteen-year-old study for the Philippines computed that at the early symptomatic stage, the amount needed for each case annually is US$301, but at the late stage, the cost was pegged at US$5,774. Totaling the direct and indirect cost of HIV infection for a lifetime equals to US$332,510.33 (₱13.3M at ₱40 exchange rate).30 A 2006 international study on the other hand, found that the amount needed for modern treatment is about US$618,900. At this cost, a PLWHA can live twenty-four more years.31 For now until 2012, the Philippines’s biggest donor is the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM). This fund provides for free antiretroviral (ARV) drugs for PLWHAs. This is the expenditure scenario.

With this in mind, it’s now time to know your vulnerability level. Perhaps, you are also ready to read the next section on the core steps for taking action. Before reading on, in a scale of low to high risk, how well do you think your LGU fares in terms of its vulnerability to HIV & AIDS?

PNAC32 came up with vulnerability classification criteria. The criteria highlight the susceptibility of highly urbanized areas to HIV infections.33 As the UNAIDS 2001 primer explained, urban areas are the centers of transport, population, and commerce, making the spread of the disease easier because of the heavy population density and mixing.

See the table at the next page to examine whether you fall in the high-, medium-, or low-risk localities.
From the table, it can be generalized that your locality is vulnerable if you have ANY of the following:

§ Presence of extensive commercial sex activities/red light districts;
§ Possibility of injecting drug use;
§ High rates of population mixing between resident population and large flows of transient populations due to travel, tourism, or migration;
§ Population of men having unprotected sex with men (MSMs);
§ Low incidence of condom use, especially among commercial sex workers and MSMs; and
§ Significant number of sexually transmitted infections (STIs).
Other factors that Increase Susceptibility Are\(^{35}\):

§  High density within settlements because this raises the risk for sexual networking;
§  Overcrowding in houses which tends to lower age of sexual debut;
§  Structural factors, such as number of formal and informal establishments where alcohol is sold;
§  Proximity to mines/hostels which has a predominance of a single and wage-earning population; and
§  Proximity to primary and secondary roads in settlements where alternative income opportunities for women are limited.

Aside from these, of course, the presence of PLWHAs is a consideration. Low knowledge of the youth on HIV & AIDS is also a factor. The population of returning overseas Filipino workers (OFWs) should also be looked into.

Knowing your vulnerability level and who your vulnerable population is will greatly help you in addressing your HIV & AIDS concern.
VI. What Concrete Steps Can You Take?
VI. What Concrete Steps Can You Take?

If you’ve reached this section, it means that you are ready to embark on an active journey towards addressing your HIV and AIDS problem. This section outlines the core steps that you need to take to respond to your vulnerability and to improve the services that you provide to your affected population.

First-off, it maybe essential for you to be guided by the four phases of responses to HIV & AIDS. (See the ladderized representation below).³⁶

The first phase is denial because fear and denial define the institutions which limit their responses to the formulation of laws and punitive measures. The second is the ad-hoc phase where interventions are introduced but which are mostly uninformed, since they aren’t based on solid evidence. The third is the informal phase when interventions are shaped by scientific evidence but coverage prioritization concerns remain neither comprehensive nor to-scale. The last is the mature phase when institutions employ the needed financial, human, and institutional resources in pursuit of sustainable and comprehensive reforms which are already integrated into institutional mechanisms.

The idea in presenting these four response phases is to highlight that an organization has to first overcome fear and denial before any effective response could be initiated. Other things to remember are the value of evidence-informed planning and decision making, comprehensiveness of the response package, and sustainability of efforts and systems.
With these in mind, here are twelve concrete steps that would help you initiate and/or sustain your HIV and AIDS programs. Through this process, you would be able to mount a “mature” course of action that addresses your HIV and AIDS problem/s. It is recognized that depending on your local situation and the reception of your population, your initiatives maybe defined by any of the phases described in the previous paragraph.

As presented in the earlier section of this guidebook, the twelve steps are divided into three phases which are:

**Phase I: Laying the Groundwork**
which is basically about the formation of a core unit for HIV and AIDS response as well as persuasion and building partnerships through data, advocacy, and lobbying.

**Phase II: Planning and Designing the HIV & AIDS Program**
which deals with plan preparation and continues capacity building and learning by looking at the experience of other local governments.

**Phase III: Implementing, Monitoring, and Feedback**
which starts with “loud” implementation to make a “presence” for the HIV and AIDS programs and is concerned with sustainability, thus recommending steps on networking monitoring, generating feedback, and evaluating and modifying strategies.

It can be seen in the following diagram of the twelve steps that after the twelfth step, the cycle goes back to phase 2 (step 6: planning) unless there have been major problems in the formed team or AIDS council (step 1). Should this be the case, the local government should resolve these problems first. In the preparation of the plan/s, all the learning insights and experiences as well as challenges from the whole process should be taken into consideration.
1. Organize a focal team
2. Assess the situation
3. Advocate aggressively
4. Forge multisectoral partnerships
5. Formalize LGU support
6. Plan the details
7. Learn from others
8. Make noise
9. Network
10. Monitor
11. Listen
12. Evaluate and modify
STEP 1
Organize a Focal Team
Logically the first step is to form a core team if the creation of a Local AIDS Council (LAC) is not that viable yet. Without this focal team, who will start working on initiating an HIV and AIDS response and coordinate its activities?

The questions you have to deal with then are: Who would be the members of this focal team? Who and what sectors and institutions are currently doing HIV and AIDS work which you can tap? Is it possible to form an ad hoc secretariat who will act as such and how will it be managed? Who will take the lead? How will you assign the workload?

This team will basically define the priorities of the local response. But among these priorities should be the generation of local commitment to an HIV & AIDS prevention program. This team may start as a group of two or three persons but membership can be expanded as necessary.

The first persons in mind are the local health officer, social welfare officer, planning and development coordinator, and/or population officer. They are the most appropriate persons to start the organizing work. It is recommended that you also recruit members from outside local government who are willing to commit their time and energies, such as NGO and private sector members who can champion the HIV and AIDS cause.

In looking for these champions and partners, it has to be clear to you why they would want to be champions so you can persuade them more easily. Private sector members who maybe interested may come from the tourism or entertainment industries or from MSM or transgender groups.
You should also contact and get to know the RAAT in case the team has not visited your LGU yet. This is an interagency body consisting of representatives from the regional offices of the DOH, DILG, and DSWD. It can play a crucial role in pushing for the creation of an LAC, and in advocating for AIDS prevention and control. The Local Government Operations Officer (LGOO) in your LGU can help you in contacting the RAAT. Refer to the following contact numbers of the RAAT. Contact them now.

If there is already a Local AIDS Council (LAC), establish a partnership with it, see whether you can be a part of its expanded membership, or if you can be a part of its secretariat. As a team, your focus then is to conceptualize strategies of getting the support of local political leadership. Considering the LGU’s numerous competing needs, HIV & AIDS is likely at the bottom of the priority list. Hence, the team must strategize in making the concern a part of this list.

A quick strategy would be to see how multisectoral the LAC is, whether it has representatives from the sectors of health, education, planning, social services, executive leadership, CSOs, and the priority populations (PLWHAs) affected. Other sectors include other government organizations, NGOs, academe, faith-based organizations, and the business sector.

It is recommended that the LAC be composed of the mayor as the chair and the local council’s chairperson for the Committee on Health and/or Hospital Services, and the following as members:

- City/Municipal Health Officer
- City/Municipal School Superintendent/Supervisor
- City/Municipal Social Welfare Officer
- City/Municipal Local Government Operations Officer
- One representative of Entertainment operators
- One representative from faith-based organizations
- One representative from a PLWHA Organization
- Two representatives from accredited NGOs (e.g. MSM group)
- Other agency/institution as identified by the concerned LGU
Here are the contact numbers of the RAATs for your reference.

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<td>(02) 313-1432</td>
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Step 2.
Assess the Situation
Step 2: Assess the Situation

As part of its efforts to include HIV and AIDS among the LGU’s priorities, among the most convincing strategies the focal team may pursue is to paint a picture of the HIV and AIDS situation. This is imperative for the team to establish how vulnerable the LGU is to an epidemic.

Of course, it is difficult to have an exact figure and the characteristics of PLWHAs, including their locations, but it is best if you can come up with an estimate based on the available data you have. The team may get information and/or figures from NEC through its surveillance systems.

Its HIV and AIDS Registry, which was founded in 1987, logs confirmed cases reported by DOH-accredited hospitals, laboratories, blood banks and clinics so they may have information on the number of cases in your locality across the years. You may also want to check the Integrated HIV Behavioral and Serologic Surveillance (IHBSS) which has been monitoring the most-at-risk populations since 2004. Information may also be available from the National Epidemiology Center (NEC) through their rapid assessment studies of HIV-affected LGUs. DILG may also have available information for you. They reported in 2008 that they identified, mapped, and profiled forty-two localities that are highly vulnerable to HIV and AIDS. DOH may also be helpful if you need additional information, such as STI data, if you happen to be in one of or at least near the installed Sentinel STI Etiologic Surveillance System (SSESS).

Most of these data sources are either at the regional or national level so best if the focal team would generate information locally. Refer again to the vulnerability assessment criteria table. Go over your LGU records and review how big the red light district in your locality is, how many recorded cases of injecting drug users there are (if at all recorded), the average number of tourist’s, and the number of sexually transmitted infections (STIs). You should also check for patterns in the existing infections, if they come from MSMs, OFWs, commercial sex workers, or others. You can
also make use of the locality’s death statistics for example the intake of TB patients at municipal health centers to also check for other related symptoms. You should also assess whether you have labor-intensive processes and/or whether your locality is close to or is the trading and transport center for your district.

You can do the local data generation activity with NGOs and CSOs. Get all NGOs/CSOs working on HIV and AIDS to work on the available STI-HIV-AIDS data, then present it as a body to the decision makers, especially the mayor. In putting the data together, identify corresponding needs as well as existing responses to see local capacity in responding to the needs. In the presentation of the situation, you should be able to make your mayor, council members, and other decision makers understand the concern by positioning it vis-à-vis other LGU concerns and by making them feel that you have a clear idea on how to go about addressing the situation.

Another important tip from local governments that already started with such initiatives is to make the information personal. How? By giving a profile of the PLWHAs or the key populations at risk—how young are they, what do they do, where do they congregate? If you can look for a PLWHA who is willing to give a testimony before the decision makers or even to the public, the better, since this person gives a “face” to problem and would easily break the NIMBY attitude.

Provided are some of the main questions in undertaking an assessment. 40

• Who is the vulnerable population? What are their social values and norms? What is their sexual behavior in terms of rate of partner change, sexual practices, such as condom use, coital debut age, sexual mixing patterns, alcohol consumption, attitudes towards women/status of women? Where do they live or hang out? Are there particular establishments or sites you may consider “at risk”? How many are these? Who controls them and how do they operate?

• What is/are the prevailing misconception/s or stigma on HIV and AIDS?

• Are there existing policies directly related to HIV and AIDS? to prostitution and vagrancy? to drug use?
• What are the LGU’s existing programs and activities that address your locality’s HIV and AIDS concern? What services are lacking? What are the other gaps in the plans and programs?

• Are there initiatives from other sectors (CSOs, private)? In comparing the LGU and the other sectors’ plans and programs, is there duplication? complementation? gaps? areas for partnerships?

• What obstacles and challenges are there in managing an effective local response to HIV and AIDS? presence of opposing interest groups? non prioritization in resource allocation? or simply lack of resources? limited LGU capacity to initiate and implement HIV and AIDS programs?

If you’ve found a behavior pattern among your key populations at risk, then it would be helpful to do a Rapid Assessment of Vulnerability (RAV) (DOH-NEC) so you can generate more reliable local HIV and AIDS data. The recommended method is a combination of site visits and key informant interviews (KII). You may need to do at least one KII first so the interviewee can give you a rough idea of the whos, whats, wheres, and whys of the key population’s vulnerabilities. From there you can identify new potential interviewees or the individual can refer you to other possible interviewees and their locations. Seek help from your NGO/CSO partners for identifying individuals for KII.

Go to areas and establishments where at-risk populations congregate and mark these on a spot map. Go to each establishment, note their days and time of operation, especially at peak periods, do a head count, and come up with a profile (numbers categorized by sex and age at least). Your KII can give you information on gaining access to the establishments and to the at-risk populations.

The information you can generate from this RAV will definitely answer many of the key questions outlined at the following page. Note though that you need at least ten KIIIs for each at-risk group (e.g. ten for MSMs, ten for sex workers) for you to come up with your findings and generalizations. You can also do a survey, the documents for which are available at www.lga.gov.ph and www.unaids.org.ph.
Possible Tools:

- Rapid Assessment of Vulnerability (RAV) as discussed above and the guide for which is available online\textsuperscript{42}
- Quick needs assessment matrix (PNAC 2000) helps outline response gaps, template available in section VIII, table 1
- Self-assessment framework available in section VIII, table 2
- Capacity needs assessment tool/questionnaire available in Section VIII\textsuperscript{43}
Step 3. Mount an Aggressive Advocacy Campaign
Step 3: Mount an Aggressive Advocacy Campaign

With the facts and figures of HIV and AIDS cases in the LGU, the next thing to do is to present the economic and development implications of this disease to the LGU. Computations on how much it would cost the LGU for the treatment of one HIV+ constituent should be presented and project this with your minimum estimate of PLWHAs in the locality so you have the bigger picture. This could be your entry point in mounting an aggressive advocacy campaign.

For purposes of clarity, what do we mean by advocacy? Advocacy is defined as “action which aims to change policies, positions, programs or people, putting a problem onto an agenda, providing a solution to the problem, and building support for action”. It therefore involves IEC, activities that call for action, and consensus building. It builds on a clear understanding of the HIV epidemic and its nature (step 2) and its possible impact on the locality, which is the proposed entry point of your advocacy. The focal team’s tag line is simple: this is our HIV & AIDS problem and this is how it’s going to affect all of us.

The target is to obtain the support of local political leadership. The full support of local leadership is a crucial ingredient to any major undertaking. Once the local political leadership, i.e., the local chief executive, agrees to support an HIV & AIDS program, it would be easier to get other key officials as well as interest groups outside the LGU to get involved as well.

Advocacy activities are the primary avenues to break the town’s silence on the epidemic. You’ll undertake this hand in hand with your IEC activities in print, radio, and/or television media, in seminars and educational discussions, in AIDS Day celebrations, and in your policy lobbying efforts. In advocating, be sure to strengthen your ties with all possible potential stakeholders, involve PLWHAs in campaigns if possible, push for support for PLWHAs, and fight the stigma on the disease and those infected with it.
Step 4. Forge Multisectoral Partnerships
Step 4: Forge Multisectoral Partnerships

While aggressively advocating, the focal team should also start building and forging partnerships with members of other sectors in society. Convince the various sectors to join hands with the LGU in launching measures against HIV and AIDS.

Representatives from the ranks of the NGOs/POs, local chamber of commerce or association of business establishments, the academe, faith-based organizations, and local media should be invited to become partners of the LGU in the HIV & AIDS crusade. The RAAT can be tapped in convincing multisectoral organizations and even individuals to become partners of the LGU. Aside from the RAAT members, you may want to consider inviting DepEd and TESDA representatives, among others.

The MSM population must become an integral part of the multisectoral group, especially if they define most of the PLWHAs in your locality. This group knows best or understands better the need to curb the spread of the epidemic given their exposure to it. The trick though is to get them federated and/or accredited first so that they can participate as one voice and one body. The local government unit must take the initiative in federating the MSM population and in convincing them to become part of the multisectoral partnership.

The LGU would also benefit from organizing another group, that of those working for entertainment and/or tourism establishments. Another trick is to form associations of the establishments themselves so they can be easily tapped as LAC members or at least program partners. Recognizing their role in society and organizing them is a way of decriminalizing sex work and making them feel that they have freer access to the LGU assistance and support they need. It would also greatly help the LGU in its surveillance and monitoring activities.
Here are some other reminders in your partnership building efforts:

• It is important to have a leveling of expectations for all the members. What is expected of the partnership should be clearly articulated so that you can apply the “appropriate and transparent mechanisms” for coordination, communication, and work operation.45

Corollary to that, the LGU should establish from the start the level of effort or its role in terms of prevention and control, treatment, and/or support so that its partners would have a clear framework on where the LGU is coming from. Most LGUs are not ready to take on the service requirements for treatment and even extensive support, so the multisectoral body could work on such a set-up.

• The multisectoral partnership can help the LGU in its continuing effort to map out current HIV and AIDS initiatives of all sectors concerned. Consolidation of such information can help in strategizing HIV and AIDS efforts. The LGU can ask the partners to outline their key programs in terms of prevention, education, care, and support for PLWHAs, treatment, training, rights and legal resistance, and if possible also the information on the number of staff assigned for such programs and the funding sources.46

This mapping exercise should have already been initially undertaken in step 2 but given the newly formed partnerships, the focal team would do well in updating the mapping of initiatives information so that it can outline areas for improvement of efforts, know about pipelined organizational HIV and AIDS programs, and identify possible collaborative endeavors, among others.

• A key player that you may have difficulty in dealing with are the faith-based organizations. A strong church presence has always been mentioned as a challenge to initiating HIV and AIDS response so the focal team should start talks and dialogues with them, invite them in the partnership, and just try to inculcate a culture of tolerance or at least reach a point of agreeing not to agree on specific decisions.

• The best approach is to have open lines of communication with potential partners and have them call and discuss HIV and AIDS concerns with the focal team and the LGU as a whole. Partners should always feel that they are involved by inviting them in activities, keeping them updated, and sharing information and resources with them.
Step 5. Formalize LGU Support
Step 5: Formalize LGU Support

The focal team has so far been very active in painting the local HIV and AIDS scenario, advocating, and building partnerships, but how far can these lead it to really achieving LGU support? The basic question remains, how committed can local leaders be to espousing HIV and AIDS responses given that there are other competing needs that demand their attention?

The RAATs can provide a proforma HIV and AIDS ordinance that they freely give to interested LGUs who would like a guide in the drafting of their local legislation on the subject. An external policy push for such an ordinance through the multisectoral partnership, the aggressive advocacy activities, the picture of the situation in figures, forecasts, and financial implications, coupled with the testimonies of the PLWHAs have been proven to be effective for some LGUs in elevating HIV and AIDS among the LGU priorities. The focal team and the multisectoral partnership should always seek for “formal” support in the LGU. This comes in the form of an enacted local ordinance or an executive order on the matter. Subsequently, a Memorandum of Agreement between the LGU and its multisectoral partners could also be drawn. The MOA stipulates the division of roles and responsibilities (including financial commitments) among the partners.

The local ordinance must have a provision for funding of the activities of the HIV & AIDS program. The stipulation should be for continuing appropriation. The LGUs may explore the possibility of using their Gender and Development Budget for this purpose.

You may get a copy of a proforma ordinance from the RAAT as a model. Just be careful not to copy in total the model ordinance. Make sure that the provisions of the ordinance you are going to enact should be tailored to your LGU’s situation or needs.
Be mindful of these reminders in drafting your local HIV and AIDS legislation:

- Aside from RA 8504, be guided by the provisions of these national laws—RA 9208 or Anti-Trafficking in Persons Act; PD 856 or The Code on Sanitation; and RA 9165 or Dangerous Drugs Act of 2002.

- As a general rule, an ordinance should revolve around one subject/topic only and that the title should capture the ordinance provisions and contents.

- Clearly define the policy focus in terms of the population and institutions it seeks to reach, may this be the entertainment and related establishments, the MSM groups, IDUs, street children, OFWs and their families, or all of them. The policy should be responsive to the current situation, accounting for the local epidemiology and risk dynamics, but flexible enough to accommodate changing risk patterns that may emerge later on.

- Check whether the policy covered these elements—IEC and advocacy; research and monitoring; care and support; program management and coordination; networking; policy development; and fundraising.

- Learning from the experience of others, it is recommended that the policy establish clear lines and modes of interagency coordination. The LAC or a unit under the Health Office or even the Local Health Board may facilitate this. The policy should also set an “overall monitoring and evaluation framework” to easily determine if deliverables and targets are met.

**Possible Tool:**
- Sample local AIDS ordinance available at www.lga.gov.ph/hiv
Step 6.
Plan the Details
Plan the Details

Identify the components, including the key activities of the HIV&AIDS program and implementing structures or mechanisms, including the lead person/s for each component. The program design should also contain the program cost and time frame. In designing the program, planners must be guided by accurate data and information about the HIV-AIDS situation in the locality. Make sure that programs are data-based and decisions are evidence-informed. You may find ideas in the AIDS Medium-Term Plan so you may align your strategies and priorities with the national framework.

Proper targeting is key, meaning, programs conceptualized should be clearly linked to the situational analysis. Planned activities should therefore address the needs of the key populations at risk since they are the more susceptible group. The LGU should therefore care to know in-depth whether the at-risk populations are IDUs, returning OFWs, sex workers, MSMs, or others.

Strategize. The emerging consensus is that there should be two simultaneous avenues of LGU response. The first track is internal or within the workplace and the second is external that aims to deal with societal vulnerabilities and improve the ability of the local community to manage HIV and AIDS. Concretely, the internal strategy would be spelled out in terms of policies on unfair discrimination, HIV testing, VCT, and confidentiality as well as in terms of developing an LGU implementation plan. The external track would mainly revolve around coordinated action and delivery of HIV- and AIDS-related services.
As additional input, try to look into these strategies and see whether they maybe apt for your locality or not:

- Targeted information on risk reduction and HIV education;
- Stigma and discrimination reduction;
- Condom promotion;
- HIV testing and counseling;
- Reproductive health, including STI prevention and treatment;
- Vulnerability reduction;
- Drug substitution therapy; and
- Needle and syringe exchange.

Think about needed capacities. Capacity building for program implementers should form part of the program. As a starter, the multisectoral (LAC) partnership members should ask questions, such as:

? Is the LGU adequately capacitated to lead the locality to an understanding of HIV and AIDS and develop appropriate responses to it?

? What skills are needed to be developed among the LGU staff, especially in relation to the provision of HIV- and AIDS-mandated services?

? In what key areas do the LAC members/multi-sectoral partners/focal team need training or guidance?

As an input to your brainstorming, here is a list of some of the activities undertaken by LGUs that already initiated local responses to HIV and AIDS:

- Integration of HIV and AIDS in all LGU programs whenever possible, such as in medical programs for TB, etc.;

- IECs and advocacy through messages in billboards and posters and celebration of a World AIDS Day event. In developing IEC materials, be sure that you decide on the message you want to communicate early on and who your target audiences are to check whether your chosen IEC medium is appropriate;

- Mandatory AIDS education for entertainers;
• Production of a directory of HIV and AIDS referral services.

In establishing a referral system, it is recommended that you convene an initial stakeholders’ workshop and/or meeting followed by the conduct of a participatory mapping exercise that outlines the HIV- and AIDS-related services provided by the agencies/institutions, aside from the provision of resources, contacts, and details for the service at the regional, provincial, city and/or municipal level. The next move is to establish the network through a Memorandum of Understanding (or Agreement) and agree on the coordinating unit for it as well as identification of the point persons for each organization. The network should then agree on the standardized forms (service referral, intake, feedback, etc.). Lastly, ensure that there is a feedback loop to track referrals, document them, and process them for modifications, if needed.50

• Hiring of peer educators. Experience has shown that they are effective in accessing difficult-to-reach populations who will most likely listen to someone who has the same experiences as they do.51 It is recommended that peer educators be properly trained and supervised. They should also sign an agreement with the LGU that they will submit monthly reports and journals of contacts. It is also recommended that they be given proper identification as well as materials and supplies that they will need in their IEC and education activities.

• Additional recommended activities as intervention packages for high-risk populations in Asia include twice-a-week peer education, condoms for all paid sex acts, twice-a-year STI check for MSMs and sex workers, and if possible, access to clean needles for IDUs (at least 80 percent target).52

You may also want to scan the 5th AIDS Medium-Term Plan 2011 to 2016 (AMTP 5) for their Intervention Packages and Strategic Framework differentiated according to the key populations at risk, namely, the Persons who Inject Drug (PWIDs), MSMs and transgender populations, People in Prostitution, Children and Young People, and People Living with PLWHAs.53
Talk about performance indicators in advance. As noted in a previous paragraph, you should not forget to include in the program design a sound monitoring and evaluation system. As early as the planning and designing stage, a set of indicators should have already been identified for monitoring and evaluation purposes. PNAC has a set of generic indicators. This could serve as a guide for program planners. Additional information on indicators is provided in the monitoring and evaluation sections.

Outlined in a simplistic manner, the implementation plan would come in the form of a matrix that contains information on the strategy and priority areas, activities and objectives, responsibilities of LGU and partners, time frame, lead person and contact information, costing and funding sources as well as items for program monitoring and evaluation (clear outputs and target outcomes).

A good planning strategy is to seek a sponsor for your programs from the members of the Local Development Council, the primary planning body of the local government that approves the Local Development Plan and Investment Plans. Consult them as well for their views and HIV and AIDS activity proposals. Another strategy is to mainstream HIV and AIDS programs by integrating them with the proposed plans of the local government departments/offices.

**Possible Tools:**
- Minimum Standard per Level of Local Response Competency available at section VIII, table 3
- Copy of the AMTP 5 available at www.pnac.org.ph
Step 7. Learn from Others
Step 7: Learn from Others

Cull lessons from best practices that could be integrated in the program design. Successful local responses to HIV & AIDS must be considered for possible replication. Briefly presented are the experiences of Parañaque City, Quezon City, Zamboanga City, Santiago City, and Laoag City.

- **Zamboanga City. Adelante Zamboanga Contra HIV and AIDS (2010 Local CHAMP or Best Practice LGU on HIV & AIDS Local Response).** A 2003 Galing Pook awardee, the city formed a multisectoral LAC which serves as a policymaking body and has supervisory jurisdiction over HIV and AIDS programs, such as (1) 100 percent condom use in night spots, (2) STI, HIV, and AIDS orientation in military camps, (3) formation of an association of night clubs which is then represented in the LAC, (4) organization of the MSM sector, (5) tapping faith-based organizations and getting their representation in LAC, (6) organization of street children and giving them representation in the LAC, (7) development of IEC materials in the vernacular, (8) holding of interschool hiphop dance competitions for the HIV and AIDS cause, (9) HIV film showing during big advocacy events, (10) drop-a-coin fundraising activities, (11) voluntary counseling and testing for pregnant women, (12) bareskwela or comedy bar sessions for female sex workers, and (13) compulsory HIV education sex workers and registered establishments.

The multisectoral AIDS Council is composed of twenty-six volunteer members representing eleven sectors which are the city council, medical team, government organizations, NGOs, civic clubs, education, media, youth, business/labor, MSMs/gays, and the religious sector.

- **Quezon City.** The City Health Office employs a quick assessment method for establishing the vulnerability of pregnant women to HIV and AIDS. There are only three basic questions and if the pregnant woman answered yes to any of the three questions, then the woman is considered at risk. They are then offered free HIV and syphilis testing. The questions are: Do they have a history of (1) multiple partners; (2) STI; and/or (3) IDU?
• Parañaque City’s Give Me 5 Plus Approach: BALUTI’s Response to HIV and AIDS (2010 Emerging Local CHAMP or Catalytic HIV and AIDS Mitigation Programme). BALUTI stands for Batang Laging Umiiwas sa Tiyak na Impeksyon. Started in 2004, the program addresses adolescent problems, namely, early sexual debut, teenage pregnancy, unwanted pregnancy, unsafe abortions, risky sexual practices, STIs, HIV and AIDS infections. The goal is to raise awareness on STIs, HIV, and AIDS among ten to nineteen year-old adolescents especially gang members, drugs users, OSYs, and youth engaged in prostitution through peer education, film showing, counseling, free condom provision, and VCT, among others. The program likewise included the hiring of peer educators.

• Santiago City. (2010 Local CHAMP Awardee). The LGU formed an intersectoral coalition for an HIV-AIDS-STI program. The city also initiated an Awareness Mobile booth. Though the city has no known PLWHA case yet, it would like to be the first city in Cagayan Valley to be continuously vigilant in addressing the HIV and AIDS concern.

• Laoag City. The city initiated its HIV and AIDS response in 2002 through an ordinance allotting ₱100,000 for the preparation and distribution of IEC materials. With foresight, the city regulated entertainment establishments by assigning one barangay as the entertainment zone to easily monitor and conduct health and sanitation checks. Monitoring teams are divided into two: one for food and accommodation establishments and another for entertainment establishments. In the latter, a 100 percent condom use program is implemented.
Other good practices documented by PNAC (2009) which you may be interested in are presented below:

1. Alagad Mindanao, a multisectoral partnership of organizations in Davao City, has established a partnership mechanism for treatment, care, and support of PLWHAs since 1993.

2. The resource mobilization initiatives in Aklan for HIV & AIDS response might be interesting for provinces often visited by tourists.

3. An example of establishing partnerships with Catholic institutions can be found in the HIV & AIDS Ministry of the Camillians in the Philippines (Order of the Ministers of the Infirm).

4. Peertrepreneurship (Youth LEAP) of Kabataang Gabay sa Positibong Pamumuhay in Iloilo City is a program targeted at peer educators to prevent them from returning to work as service providers (sex workers) once their peer education work runs out of funds. The program aims to convert them into entrepreneurs. Their cost estimate for every successful transformation of a peer educator to an entrepreneur is just ₱5000.

5. Other interesting activities include the production of daily planners for sex workers (Angeles City), mobile video education for sex workers followed by short discussions and condom demonstrations (Davao City), comic books for communities at risk (Cebu City), theater-dance groups for children at risk (General Santos City).

From time to time, check the website of the Local Government Academy (LGA) of DILG (www.lga.gov.ph/hiv) for good local practices on HIV and AIDS which may be posted there by partner organizations, such as UNAIDS and the like.
Step 8.

Make Noise
Step 8: Make Noise

You already have a team and a plan, and have even started your advocacy activities, so it is time to get your hands dirty and execute your targets. But in implementing, don’t just do. People have to see what you’re doing. Be visible. Make sure you are heard. Blow the trumpet if you must, so you can raise awareness and enthusiasm for your program.

Launch the implementation of the HIV and AIDS program with fanfare. This is one way of attracting the attention of all sectors concerned in the HIV and AIDS problem. Volunteer HIV+ persons should be encouraged to join the program launch. They could provide real-life testimonies, giving the community a personal insight on what the local HIV and AIDS problem is. It will send a message that the epidemic is not imaginary; it is real and even scary. Be creative. Make it fun. Be felt.
Step 9.

Network, Network, and Network
Step 9: Network, Network, and Network

Expand your network and mobilize all possible support. You may want to partner with development aid agencies, such as the United Nations Development Programme and the European Union. Ask the RAATs for other partner institutions which can be tapped. Do your research. Explore other possible partners online. Call them. Meet them. Seek their assistance. Collaborate with them. Learn from them.

The first institution you should have in mind is PNAC. The secretariat’s contact information is as follows:

Philippine National AIDS Council Secretariat
www.pnac.org.ph
3rd Floor, Bldg 15 San Lazaro Compound
Department of Health, Sta. Cruz, Manila
Tel: (+632) 743-8301 local 2551/2553, (+632) 743-0512
Fax: (+632) 743-8301 local 2552
You may also partner with any of the PNAC council members:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Telephone</th>
<th>Fax</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS Society of the Philippines</td>
<td>OTM Bldg., 71 Sct. Tuazon, South Triangle, Quezon City</td>
<td>Tel: 376-2541 / 42</td>
<td>Fax: 736-2546</td>
<td><a href="mailto:aidsphil@asp.bayandsl.ph">aidsphil@asp.bayandsl.ph</a></td>
</tr>
<tr>
<td>Commission on Higher Education</td>
<td>5/F DAP Bldg. San Miguel Ave. Ortigas Center, Pasig City</td>
<td>Tel: 634-68-68 / 411-12-60, 441-11-72</td>
<td>Fax: 441-12-53/441-12-28</td>
<td><a href="mailto:ops@ched.gov.ph">ops@ched.gov.ph</a></td>
</tr>
<tr>
<td>League of the Cities of the Philippines</td>
<td>Rm 1209 Cityland Condominium 10 Tower II, Valero Cor., H.D. De la Costa, Salcedo Village, Makati City</td>
<td>Tel: 830-9957</td>
<td>Fax: 813-6467</td>
<td><a href="mailto:secretariat@lcp.org.ph">secretariat@lcp.org.ph</a></td>
</tr>
<tr>
<td>House of Representatives</td>
<td>3/F Annex Bldg., House of Representatives, Quezon City</td>
<td>Tel: 931-50-01</td>
<td>Fax: 931-63-13 / 932-60-40</td>
<td><a href="mailto:horhealth@yahoo.com">horhealth@yahoo.com</a></td>
</tr>
<tr>
<td>Department of Budget and Management</td>
<td>Gen. Solano St. Malacañang, Manila</td>
<td>Tel: 735-1775</td>
<td>Fax: 735-4868</td>
<td><a href="mailto:abumatay@dbm.gov.ph">abumatay@dbm.gov.ph</a></td>
</tr>
<tr>
<td>Department of Foreign Affairs</td>
<td>2330 Roxas Blvd, Pasay City</td>
<td>Tel: 834-4371</td>
<td>Fax: 831-4411</td>
<td><a href="mailto:unio@dfa.gov.ph">unio@dfa.gov.ph</a></td>
</tr>
<tr>
<td>Department of Education</td>
<td>Health Nutrition Center, 5/F Mabini Bldg. DepEd Complex, University of Life, Meralco Ave, Pasig</td>
<td>Tel: 638-8525 / 633-7245</td>
<td>635-99-64</td>
<td></td>
</tr>
<tr>
<td>Department of the Interior and Local Government</td>
<td>A. Francisco Gold Condo II, EDSA Cor. Mapagmahal St., Diliman, Q.C.</td>
<td>Tel: 925-03-53 / 925-73-43</td>
<td>925-03-48/45</td>
<td><a href="mailto:cesmon25@yahoo.com">cesmon25@yahoo.com</a></td>
</tr>
</tbody>
</table>
| **Department of Health**  
www.doh.gov.ph | Bldg. 1 DOH San Lazaro Compound,  
Sta. Cruz, Manila  
Tel: (+632) 743-8301 to 23  
Fax: (+632) 711-6744 |
|---|---|
| **Department of Labour and Employment**  
www.dole.gov.ph | North Avenue, Science Road  
Diliman, Quezon City  
Tel: 527-3000 loc. 720/721/722  
DL: 527-35-59  
Fax: 527-35-15  
E-mail: mtsoriano@dole.gov.ph |
| **Department of Justice**  
www.doj.gov.ph | Department of Justice,  
Padre Faura St., Ermita, Manila |
| **Department of Tourism**  
www.tourism.gov.ph | DOT Bldg, Agrifina Circle,  
Rizal Park, TM Kalaw, Manila  
Tel: 526-7655 / 523-8411 loc. 136  
Fax: 525-3740  
E-mail: dotclinicph@yahoo.com |
| **Department of Social Welfare and Development**  
www.dswd.gov.ph | DSWD Bldg., Constitution Hills,  
Batasan Complex, Quezon City  
Tel: 931-8744  
E-mail: soctech@yahoo.com |
| **Health Action Information Network (HAIN)**  
www.hain.org | 26 Sampaguita Avenue  
Mapayapa Village, Quezon City  
Tel: 952-6312  
Fax: 952-6409 |
| **Institute for Social Studies and Action**  
www.isssa183.multiply.com | 30 Mahiyain St.  
Teachers Village, East Diliman, Q.C.  
Tel: 929-9494  
E-mail: isssa183@gmail.com |
| **League of Provinces: Philippines**  
www.senate.gov.ph | Unit 2803 Summit Tower  
530 Shaw Blvd, Mandaluyong City  
Tel: 631-0171 / 631-0197 / 687-5399  
Mobile: 0920-5822707  
E-mail: tgp_premier@yahoo.com |
| **LUNDUYAN**  
www.letsgiveandshare.com | 17A Cashmere Apt. Del Pilar Cor Don Jose St.,  
Brgy. San Roque, Cubao, Quezon City  
Tel: 913-34-64  
Fax: 911-78-67 |
| **National Economic and Development Authority**  
www.neda.gov.ph | 4/F NEDA sa Pasig, Upper Ave, Pasig City  
Tel: 631-37-58  
Fax: 631-54-35 / 631-21-89 |
A locator map is provided at the PNAC website pinning down the available local authorities and treatment centers in the marked locations on the Philippine map. There are twenty local organizations in Luzon, thirteen in Visayas and five in Mindanao. See the information at www.pnac.org.ph.
Step 10.
Monitor
Examine the implementation of program components on a regular basis. This should be done biannually or, at the least, annually. Regular monitoring would ensure that the planned targets are achieved, or if not, interventions could be introduced so that targets could be achieved.

Remember the difference of monitoring and evaluation. When you monitor, you look at what you are doing. When you evaluate, you focus on what you’ve achieved.

In monitoring, you can take on two complementary trajectories. The first is epidemiological surveillance where you need a regular update of incidence reports, case summary tables, PLWHAs profiles, etc. The second is programmatic monitoring where you focus on the delivery of outputs on schedule, according to the approved budget, and received by the key populations targeted.

For the epidemiological surveillance, agree on the data set and even the templates/forms that you need so that partner institutions are properly guided. For the programmatic monitoring, use a simple monitoring and evaluation template which contains a set of indicators to be monitored. Data sources and data collection methods should also be clearly identified. As a starter, consider preparing a matrix requiring the following information:

- program objectives;
- activities;
- outputs;
- performance indicators;
- information sources;
- responsible persons/institutions; and
- time intervals.
There should be a designated group/team who would conduct this activity. The group/team should have a clear idea of what data they need to collect, how they are going to get these data, and how they will analyze them. Coming up with monitoring indicators would really be of help. Of course guidelines on data collection should also be in place so that quality and accuracy is ensured.\textsuperscript{59} The team should then prepare a short monitoring report that spells out the targets met, targets not met, obstacles, and their proposal for the next steps.

It is highly recommended that you share your reports to PNAC so that they can integrate the information from your epidemiological and programmatic monitoring in their national reports. You may request PNAC later for the indicator and monitoring tools they are currently developing.

For now, you may consider some of these indicators that formed part of our national scorecard for the UNGASS Report:

- level of knowledge on HIV among women and men fifteen to twenty-four years old
- reach of prevention programs among key populations at risk (MSMs, sex workers, IDUs)
- level of knowledge among key populations at risk
- percentage of key populations at risk that had an HIV test and know the result
- percentage of condom use among key populations at risk
- PLWHA adults and children with advanced HIV receiving ARV
Or some of these indicators from the AMTP 5:

- number of reported new HIV infections
- HIV prevalence among key populations at risk
- percentage of young people aged fifteen to twenty-four who are HIV infected
- number of HIV-infected infants born to HIV-positive mothers
- percentage of the target population who had sexual intercourse with multiple partners in the last twelve months
- percentage of the target population who had sexual intercourse with multiple partners in the last twelve months and reporting the use of condoms during their last intercourse
- number of communities/persons provided with HIV and AIDS basic information
- number of persons provided with HIV and AIDS basic information among the AFP and PNP
- amount allocated and spent for HIV and AIDS
Step 11.
Listen
Step 11: Listen

You’ve already been implementing your program plan and you’ve ensured that you have monitoring tools to keep you posted on delays and other implementation challenges. The next key step is to listen.

Draw feedback from stakeholders, program beneficiaries, and the implementers themselves. Meetings, dialogues, and consultations with program beneficiaries and implementers must be regularly conducted to gather feedback. The concerns raised and all the learning acquired should be recorded for referencing later. A synthesis of the documentation of these activities would be helpful in the evaluation of your programs later.

You can choose to do surveys or interviews if you think these methodologies would fit your purpose. Meetings or consultations may be done per sector or group to ensure honest-to-goodness feedback. Sometimes program beneficiaries may not be as straightforward as they want to be when the implementers are around. Listening would surely boost your monitoring and evaluation activities.
Step 12. Evaluate Efforts and Modify
Step 12: Evaluate Efforts and Modify
Step 12: Evaluate Efforts and Modify

Assuming you have accomplished the previous eleven steps or you’ve simply run out of time and have to conceptualize your upcoming HIV and AIDS programs and activities, this section gives you ideas on how you will now evaluate your initiatives.

Set an appointment with the multisectoral council/team and other stakeholders. Your goal is to come up with an objective evaluation of your HIV and AIDS response as well as key pointers in formulating your plans and programs for the next period.

The suggested questions for evaluation are:

- Is the response grounded on the local situation (local realities, norms, trends? Are the programs appropriate for their target beneficiaries/ recipients? Are they acceptable to them or to other stakeholders?
- Was the planning multisectoral and participatory?
- Did the programs/project achieve their desired objectives and/or targets? How well?
- Were there duplication of initiatives and possible program overlaps?
- Is implementation, monitoring, and evaluation also multisectoral and participatory?
- What were the major issues that arose in program implementation (as reinforced in the monitoring findings)?
- Has the HIV and AIDS concern been functionally integrated into workplace programs and services? Or is it still pursued as a stand-alone intervention?
• Is the response comprehensive (includes prevention, care and treatment, and impact mitigation)? Would you consider it adequate for now? What are the gaps?
• Were the projects and activities properly monitored?
• Were feedback from implementers, partners, and service recipients generated?

Your answers to these questions would generate many interesting realizations on the relevance of your existing responses, the acceptability of your responses to all stakeholders, the challenges and obstacles you’ve faced, your good practices, the gaps that you need to act on, the potential stakeholders who can also be involved, sustainability issues, and monitoring concerns as well as on approaches for improvement. Use the program and monitoring reports as well as your short feedback report in guiding your responses. You may also choose to conduct surveys, do interviews, or perform other methods of data gathering. Like the monitoring reports, it maybe useful to share your evaluation insights with PNAC.

From these realizations which maybe present as a consolidated evaluation of your HIV and AIDS response, you are now ready to modify your initial response strategy and you’re now ready to come up with your new plan. Go back to step 6.

Possible Evaluation Tools:
• National AIDS Spending Assessment (NASA) Tool of UNAIDS offers a way to see where the HIV and AIDS budget was spent. More detailed information is available online but to give you an idea, a simplified template is provided in section VIII, table 4
• Three Response Checklist for Local Response provided in section VIII, table 5
VII. Call to Action
VII. Call to Action

HIV and AIDS is a scary problem. Yes, it is controversial, but the country has a growing epidemic and as part of a concerned local government, you need to ask yourself: do you have any reasons to believe that your locality differs considerably from the rest of the country’s HIV and AIDS situation?

It is a dilemma. RA 8504 mandates you to do something about the epidemic though you may have other priorities. It is not even popular. Why give an ounce of attention to it, right?

HIV and AIDS has no cure. Instead of talking about prevention being better than cure, think about prevention being better than treatment. Remember, there is no cure.


It’s your call. If you don’t act now, you’ll just have to pay later.
VIII. Additional Resources and Information
VIII. Additional Resources and Information

This section gives you a list of the thirteen treatment hubs, other links as well as the templates/tools referred to in the earlier sections of this guidebook.

The treatment hubs are hospitals with HIV & AIDS Core Teams. A treatment hub provides prevention, treatment, and care and support services to PLWHAs. ARV treatment may only be accessed through these facilities. You can check for the nearest one in your place and see whether you can visit them to get further insights on how you will initiate your HIV and AIDS responses. The list is divided according to the three major island groups.

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<tr>
<th>Treatment Hub</th>
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<tbody>
<tr>
<td><strong>LUZON</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) San Lazaro Hospital (SLH)</td>
<td>Quirica St., Sta. Cruz, Manila</td>
<td>(02) 743-8301; 309-9528.92 loc. 6000</td>
</tr>
<tr>
<td>2) Philippine General Hospital</td>
<td>Taft, Avenue, Ermita, Manila</td>
<td>(02) 567-3394 526-1705</td>
</tr>
<tr>
<td>3) Research Institute for Tropical Medicine (RITM)</td>
<td>Filinvest Corporate City, Alabang, Muntinlupa City</td>
<td>(02)526-1705; 807-2628.38 loc. 801/208,</td>
</tr>
<tr>
<td>4) Jose B. Lingad Memorial Medical Center</td>
<td>San Fernando City, Pampanga</td>
<td>(045) 961-3921; 961-3380</td>
</tr>
<tr>
<td>5) Ilocos Training and Regional Medical Center</td>
<td>San Fernando, La Union</td>
<td>(072) 242-1143; 700-3808 loc. 122</td>
</tr>
<tr>
<td>6) Baguio General Hospital and Medical Center</td>
<td>BGHMC Compound, Baguio City</td>
<td>(074) 442-2012; 442-3165</td>
</tr>
<tr>
<td>7) Cagayan Valley Medical Center</td>
<td>Tuguegarao City, Cagayan Valley</td>
<td>(078) 846-7240.844-3789</td>
</tr>
<tr>
<td>8) Bicol Regional Training and Teaching Hospital (BRTTH)</td>
<td>Legaspi City, Albay</td>
<td>(052) 483-0015/16/17; 483-0086</td>
</tr>
<tr>
<td><strong>VISAYAS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9) Western Visayas Medical Center (WVMC)</td>
<td>Q. Abeto St., Mandurriao, 5000 Iloilo City</td>
<td>(033)321-2841 to 50</td>
</tr>
<tr>
<td>10) Corazon Locsin Monteliban Memorial Regional Hospital (CLMRH)</td>
<td>Lacson St., Bacoled City, Negros Occidental</td>
<td>(034) 435-1591 loc. 226; 433-2697</td>
</tr>
<tr>
<td>11) Vicente Sotto, Sr. Memorial Medical Center (VSSMC)</td>
<td>B. Rodriguez St., Cebu City 6000</td>
<td>(032) 253-7564; 253-7564/9882</td>
</tr>
<tr>
<td><strong>MINDANAO</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12) Davao Medical Center (DMC)</td>
<td>J.P. Laurel St., Bajada, 8000 Davao City</td>
<td>(081) 227-2731</td>
</tr>
<tr>
<td>13) Zamboanga City Medical Center (ZCMC)</td>
<td>Evangelista St., 7000 Zamboanga City</td>
<td>(062) 991-0573</td>
</tr>
</tbody>
</table>

Localizing the HIV and AIDS Response
If you would like to read more about HIV and AIDS, you may want to check these useful links:

www.lga.gov.ph/hiv
www.doh.gov.ph/node/2598/
www.pnac.org.ph
www.unaids.org.ph
www.tlfmanila.org
www.hain.org
www.aidsphil.org
www.pafpi.org

Some of the templates and/or tools referred to in the earlier sections of this guidebook are provided in the succeeding pages.

Table 1
Quick Needs Assessment Matrix

The key questions for each column/item are provided in the second row.

<table>
<thead>
<tr>
<th>Current Situation &amp; Problems</th>
<th>Ideal Response</th>
<th>Current Response</th>
<th>Gaps in the Response</th>
<th>Who should do it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>What aspects of the current situation can contribute to the spread of HIV?</td>
<td>If resources were not a hindrance, what should be done in response to the situation or to solve the problem?</td>
<td>What is currently being done to address the situation or solve the problem?</td>
<td>What else needs to be done/can be done given existing resources?</td>
<td>Who should do it? Who can be tapped as partners?</td>
</tr>
</tbody>
</table>
Table 2
Self-Assessment Framework from www.communitylifecompetence.org

This framework offers you a way to assess in five levels the ten dimensions of your HIV and AIDS interventions and services.

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aware</td>
<td>Reactive</td>
<td>Active</td>
<td>Systematic and Continuous</td>
<td>Institutionalize</td>
</tr>
<tr>
<td>We know that HIV &amp; AIDS exist</td>
<td>We know enough to respond when something happens</td>
<td>We publicly recognize the problem and take occasional action</td>
<td>We regularly discuss AIDS and have a common program of action</td>
<td>Response to AIDS is part of our daily life. We know our status and act from strength</td>
</tr>
<tr>
<td>Awareness &amp; recognition</td>
<td>Inclusion</td>
<td>Linking care and prevention</td>
<td>Access to treatment</td>
<td>Identify and address vulnerability</td>
</tr>
<tr>
<td>Aware of the importance of involving others</td>
<td>We cooperate with some people on common issues</td>
<td>Basic knowledge for prevention and care</td>
<td>Access basic medicines</td>
<td>Know who is most vulnerable within our community</td>
</tr>
<tr>
<td>Localizing the HIV and AIDS Response</td>
<td>Localizing the HIV and AIDS Response</td>
<td>Localizing the HIV and AIDS Response</td>
<td>Localizing the HIV and AIDS Response</td>
<td>Localizing the HIV and AIDS Response</td>
</tr>
<tr>
<td>Gender</td>
<td>Aware of gender issues and how they are related to HIV/AIDS</td>
<td>We notice gender issues in our HIV/AIDS work and respond to them</td>
<td>Have started to address the gender issues in some AIDS work</td>
<td>Regularly consider gender in our HIV and AIDS prevention, care and support</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------------------------------------------</td>
<td>------------------------------------------------</td>
<td>-------------------------------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>Learning and transfer</td>
<td>Want to learn and share with others</td>
<td>We adopt good practice from outside</td>
<td>Sometimes share our viewpoints to draw lessons from actions</td>
<td>Learn, share and apply what we learn regularly, and seek people with relevant experience to help us</td>
</tr>
<tr>
<td>Measuring change and adapting our response</td>
<td>Aware of the importance of measuring change &amp; adapting our response</td>
<td>Begin to consciously self measure but don’t adapt yet the result for improvement</td>
<td>Adapt our response and occasionally measure the improvement</td>
<td>Systematically adapt and can demonstrate measurable improvement</td>
</tr>
<tr>
<td>Ways of working</td>
<td>We are aware that AIDS challenges our ways of working</td>
<td>Focus on our own strengths to respond</td>
<td>Work as teams to use our collective strengths and resolve problems as we recognize them</td>
<td>Regularly find our own solutions to access experiences and lessons learnt from others</td>
</tr>
<tr>
<td>Mobilizing resources</td>
<td>We wait for resources from others who tell us how to use them</td>
<td>Act when resources are provided to us</td>
<td>Take some initiatives based on our own resources</td>
<td>Regularly identify and access additional sources of support to complement our own strengths</td>
</tr>
<tr>
<td>Level 1 (Activity Level)</td>
<td>Level 2 (Programmatic Approach)</td>
<td>Level 3 (scaling up)</td>
<td>Level 4 (linkage with national)</td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------------------------------</td>
<td>----------------------</td>
<td>-------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Policy</strong></td>
<td>Local leadership commitment (EO for creation of Task Force)</td>
<td>Local AIDS Ordinance drafted and enacted</td>
<td>Policy Enforced</td>
<td>Policy Enforcement sustained</td>
</tr>
<tr>
<td></td>
<td>Identified roles and responsibilities of force members identified</td>
<td>Approved Ordinance (based on prevention policies: no hiring of minors, mandatory education, condom availability, STI drug availability, research, surveillance, M and E care and support; engagement of MARPs)</td>
<td>Barangays have their own barangay ordinances for STI/HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Policy statements like EO, guidelines,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Structure</strong></td>
<td>Coordinating body for local response</td>
<td>Organized “local STI/AIDS authority” with mandate, membership, roles functions of individual Representation in the council</td>
<td>“Local STI/AIDS Authority” Functional (LAC meeting regularly, resources mobilized, mandates being executed, plans coordinated; presence of Secretariat; active involvement/engagement of council members)</td>
<td>“Local STI/AIDS Authority” Functional (LAC meeting regularly, resources mobilized, mandates being executed, plans coordinated; presence of Secretariat; active involvement/engagement of council members)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Barangay committees on STI/HIV/AIDS organized</td>
<td>Committees of the LAC operational; Barangay committees on STI/HIV/AIDS operational</td>
<td></td>
</tr>
<tr>
<td><strong>Resources</strong></td>
<td>Budget allocation for task force</td>
<td>LGU allocating budget to implement plan</td>
<td>Sustained/Increased utilization of Resources</td>
<td>Sustained/Increased utilization of Resources</td>
</tr>
<tr>
<td><strong>Facilities</strong></td>
<td>Facility providing STI services (SHC or integrated RHU)</td>
<td>STI plus other HIV prevention services like condoms, VCT, drug harm reduction; Referral mechanism for care and support in place</td>
<td>Referral for care and support functional, Facilities providing care and support for HIV</td>
<td>Referral for care and support functional; Facilities providing care and support for HIV</td>
</tr>
<tr>
<td></td>
<td>Referral for STI Management functional</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Processes</td>
<td>Technology</td>
<td>Systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>----------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocacy activities — awareness raising activities</td>
<td>STI diagnosis and management</td>
<td>M &amp; B — FHSIS; SSESS if sentinel site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listing of key partners and their Expertise</td>
<td>Syndromic, Etiologic; (National STI Treatment Guidelines 2000)</td>
<td>Sustained M &amp; E • (regularly reporting to CEOs, NBC)</td>
<td>Local M and E linked with national M &amp; E; M &amp; E — IHBSS in selected sites</td>
<td></td>
</tr>
<tr>
<td>Orientation on HIV/AIDS, RA 8504 and other observances</td>
<td>Provision of STI drugs and other commodities like IEC materials, condoms, reagents (National STI Treatment Guidelines 2006)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approved work plan</td>
<td>VCT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Response Plan</td>
<td>Provision of STI drugs and other commodities as IEC materials, condoms, reagents, harm reduction interventions (National STI Treatment Guidelines)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care and support services available and accessible</td>
<td>Care and support services available and accessible Community volunteers for advocacy, care and support engaged</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involvement of MARPS (organized groups of MARPS; attendance to and other HIV/AIDS events, representation in the LAC)</td>
<td>Involvement of MARPS (organized groups of MARPS; attendance to and other HIV/AIDS events, representation in the LAC)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 4
National AIDS Spending Assessment (NASA)

There are two tables: one on the financing sources (IRA, NGOs, donors, etc) and the other on the expenditure items (lumped here according to functions).

<table>
<thead>
<tr>
<th>Source of Financing</th>
<th>Expenditures in Pesos</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2011</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5…</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Functions</th>
<th>Expenditures in Pesos</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2011</td>
</tr>
<tr>
<td>1. Prevention-related activities</td>
<td></td>
</tr>
<tr>
<td>2. Treatment and care components</td>
<td></td>
</tr>
<tr>
<td>3. Orphan and vulnerable children</td>
<td></td>
</tr>
<tr>
<td>4. AIDS programmed support costs</td>
<td></td>
</tr>
<tr>
<td>5. Incentives for human resources</td>
<td></td>
</tr>
<tr>
<td>6. Social protection and Social Services (exclude item 3 expense)</td>
<td></td>
</tr>
<tr>
<td>7. Enabling Environment and Development</td>
<td></td>
</tr>
<tr>
<td>8. Research excluding operations research</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>
Table 5
Three Ones Checklist for Local Level Response

<table>
<thead>
<tr>
<th>1: One Agreed AIDS Action Framework: Local AIDS Strategic Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timeframe <em>(short term or midterm or long term)</em></td>
</tr>
<tr>
<td>Developed through an inclusive LAC-led participatory process</td>
</tr>
</tbody>
</table>

**Participating sectors:**
- People living with HIV
- NGOs
- Private sector
- Faith-based organizations
- Legislature
- Judiciary
- Government agencies (health, education, labor, welfare, etc.)
- Local authorities
- Women’s groups
- Media
- Sex workers
- Drug users
- Males who have sex with males
- Migrant workers
- Bilateral/multilateral agencies
- Others

**Costed and appropriated**

Include programmes that target the following:
- Sex workers
- Clients of sex workers
- Males who have sex with males
- Injecting drug users
- Women and girls
- Out-of-school youth
- In-school youth
- Orphans and other vulnerable children
- People living with HIV
- People affected by HIV
- Strengthening health systems for provision of AIDS treatment and care
- Uniformed services
- Mobile and migrant populations
- Others

Local AIDS strategic plan supported by an advocacy plan

Local AIDS strategic plan supported by a resource mobilization plan

Strategies defined and harmonized with AMTP

Targets clear and harmonized with AMTP

Translated into operational plan / annual workplan

Operational plan / annual workplan costed and appropriated

Disseminated to key stakeholders

Reviewed and updated every two-three years according to local situation and trend of infection

**Participating sectors**
- People living with HIV
- NGOs
- Private sector
- Faith-based organizations
- Legislature
- Judiciary
- Government agencies (health, education, labor, welfare, etc.)
- Local authorities
- Women’s groups
- Media
- Sex workers
- Drug users
- Males who have sex with males
- Migrant workers
- Bilateral/multilateral agencies
- Others
<table>
<thead>
<tr>
<th>Chair of LAC</th>
<th>Representatives of PLHIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terms of reference</td>
<td>Representatives of most-at-risk and vulnerable groups</td>
</tr>
<tr>
<td>Annual work plan</td>
<td>Private sector representatives</td>
</tr>
<tr>
<td>Clear mandate for coordination of the response across ALL sectors</td>
<td>Other civil society representatives</td>
</tr>
<tr>
<td>Government representatives</td>
<td>Others</td>
</tr>
<tr>
<td>NGO representatives</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Meets regularly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Quarterly</td>
</tr>
<tr>
<td></td>
<td>Semi-annually</td>
</tr>
<tr>
<td></td>
<td>Annually</td>
</tr>
</tbody>
</table>

| Has formal reporting lines to the Office of the Mayor |
| Has formal reporting lines to the Philippine National AIDS Council |
| Roles and responsibilities of Local AIDS Council and City/Municipal Health Office defined |

| Amount of regular budget allocation and utilization |
| Receives and allocates external AIDS finances |
| Receives and manages information on external AIDS finances |

| Fulltime secretariat in place |
| Number of programme / technical Secretariat staff |

<table>
<thead>
<tr>
<th>Technical competency of Secretariat staff</th>
<th>Policy analysis and formulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination</td>
<td>Advocacy</td>
</tr>
<tr>
<td>Partnership building</td>
<td>Resource mobilization</td>
</tr>
<tr>
<td>M&amp;E</td>
<td></td>
</tr>
<tr>
<td>Strategic information management</td>
<td></td>
</tr>
</tbody>
</table>

| Formal relationship with bilateral initiatives |
| Formal relationship with Local Government Unit |

<table>
<thead>
<tr>
<th>Formal relationship with civil society include:</th>
<th>faith-based organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>National NGO</td>
<td>private sector</td>
</tr>
<tr>
<td>local NGOs</td>
<td></td>
</tr>
<tr>
<td>people’s organizations</td>
<td></td>
</tr>
</tbody>
</table>

| Formal partnership with the Philippine National AIDS Council |

| Local AIDS Council actively used by the local government as a tool for concerted action |
| Local AIDS Council is a tool for coordinating external partners |
| Local AIDS Council is a tool for coordinating civil society and private sector response |
### THREE ONES CHECKLIST
FOR LOCAL LEVEL RESPONSE

#### 3. One Monitoring and Evaluation System: Local M&E System

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Does a recognized M&amp;E Unit for coordinating and operationalizing M&amp;E exist?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Where is the M&amp;E unit located (e.g., City/Municipal Health Office)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- How many staff does it have?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If no,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Is there any plan for the establishment of a national M&amp;E unit?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Which organizations conduct M&amp;E now?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Does an M&amp;E Working Group exist?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Is there a defined Terms of Reference of M &amp; E Working Group?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Which agency takes the role as the secretariat of the working group?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Who are the members? - obtain the list of participating agencies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- How often do they meet in the past one year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- What are major products from this group?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If no,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Is there a plan to establish a multisectoral M&amp;E working group?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Does a local M&amp;E system exist?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Is the local M&amp;E framework linked to the national M&amp;E framework?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Was the M&amp;E framework endorsed by major stakeholders?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- When was it endorsed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Is there an M&amp;E plan in place?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- What time period does the plan cover?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Is there a set of standardized indicators?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Were the indicators endorsed by major stakeholders?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Which stakeholders have endorsed this plan?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- When were these endorsed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Is the local M&amp;E plan linked to the national M&amp;E plan?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Is the M&amp;E plan costed and does it have the allocated fund for management and implementation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- If yes, what is the funding source?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- How many percent of the local AIDS budget is earmarked for M&amp;E?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Is there a strategy for assessing quality and accuracy of data?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Does the system map clearly show the information flow and feedback for M&amp;E activities?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Has an M&amp;E dissemination and use plan been developed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Is there an annual M&amp;E report for stakeholders in place?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Is there an M&amp;E capacity building plan?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If no,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Is there a proposal to produce a local M&amp;E action plan?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Is there any draft plan that is currently being used?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Does a common data management system exist?</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How many different databases comprise the system?</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Has the Country Response Information System (CRIS) been installed and does it play a role in this plan?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Is there a CRIS implementation plan?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Is there a way to synchronize CRIS with other databases currently used?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Does the data management system contain the following information:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Serological and behavioural surveillance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Coverage of essential services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Assessment of quality of services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Impact of the epidemic, including vital registration statistics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Financial tracking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Assessment of the policy environment for implementing HIV and AIDS programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Inventory of current and proposed evaluation research activities that are taking place in area</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Capacity Needs Assessment of Local Responses to HIV and AIDS

Tool A: Questionnaire for LGUs with LAC

Capacity Needs Assessment of Local Responses to HIV and AIDS

Dear Sir/Madam:

A capacity needs assessment of local government units (LGUs) is being undertaken, focusing on the local responses to HIV/AIDS. The main purpose of this undertaking is to determine the local capacities that need to be developed or enhanced in order to optimize the contribution of LGUs to the achievement of Millennium Development Goal (MDG) No. 6, particularly Target No. 6A, which is to “have halted and begun to reverse the spread of HIV/AIDS by 2015,” and Target No. 6B, which is to “Achieve, by 2010, universal access to treatment of HIV/AIDS for all those who need it.” Rest assured that all the information that you provide will be treated with high confidentiality. Thank you very much for your candid answers.

Name of City/Municipality/Province: __________________________ Income Class of LGU: ____

Name of Respondent: __________________________ Organization/Office: _______________________

Position/Designation in the Organization/Office: __________________________

Position/Designation in the Local AIDS Council: __________________________

1) What are your specific functions as officer/member of the Local AIDS Council (LAC)?

2) In which of your functions do you encounter problems?

3) Can training help in solving the problems?

   Kindly indicate your answers in the matrix below.

<table>
<thead>
<tr>
<th>Your Specific Functions in the Local AIDS Council</th>
<th>Please check if you have problem(s) with the function.</th>
<th>Kindly check if training can help solve the problem.</th>
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<tbody>
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</tbody>
</table>
4) Over the past 12 months, what were the HIV and AIDS programs, projects and activities of your office/organization? Kindly indicate your answers in the matrix below.

<table>
<thead>
<tr>
<th>HIV and AIDS Programs, Projects and Activities of your Office/Organization over the past 12 months</th>
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<tbody>
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<td>a.</td>
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5) What specific problems have you encountered in the management cycle (i.e., situation analysis, planning, implementation, monitoring and evaluation) of your HIV and AIDS programs/projects?
   a) Problems in Situation Analysis: __________________________
   b) Problems in Planning: __________________________________
   c) Problems in Implementation: _____________________________
   d) Problems in Monitoring and Evaluation: _________________
   e) Other Problems, please specify: ________________________

6) How do your elective local officials (Mayor/Governor, Vice Mayor/ Vice Governor and Sanggunian Members) show political support for local HIV and AIDS programs? Kindly check the appropriate column in the matrix below.

<table>
<thead>
<tr>
<th>Show of Political Support to Local HIV and AIDS Programs</th>
<th>Done by your local elective officials?</th>
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<tbody>
<tr>
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<td>YES</td>
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<tr>
<td>Express commitment and political support to HIV and AIDS programs in their public speeches</td>
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<tr>
<td>Call upon HIV and AIDS program advocates to assist in the formulation of local development plans and public investment programs to ensure inclusion of HIV and AIDS concerns</td>
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<tr>
<td>Allocate/Appropriate adequate budget for HIV and AIDS programs</td>
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<tr>
<td>Provide adequate space for HIV and AIDS clinics and testing centers</td>
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<tr>
<td>Visit treatment hubs and testing centers to provide moral support to HIV and AIDS workers</td>
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<tr>
<td>Participate in the celebration of World AIDS Day and other HIV and AIDS advocacy programs</td>
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<tr>
<td>Others, please specify:</td>
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</tbody>
</table>
7) Which of the following does your city/municipality/province have? Kindly check as many as applicable.

____ enabling ordinances on local responses to HIV and AIDS
____ a strategic plan that integrates HIV and AIDS programs
____ a Comprehensive Development Plan (CDP) or Provincial Development and Physical Framework Plan (PDPFP) that integrates HIV and AIDS programs
____ adequate annual budget and funds available for HIV and AIDS programs/projects
____ adequate personnel complement for HIV and AIDS programs/projects
____ adequate facilities for the prevention, control and treatment of HIV and AIDS
____ others, please specify (e.g., accurate & updated data, etc.): __________________________

8) Should there be a training program for people involved in the fight against HIV and AIDS, would you be interested to participate?

____ No. Why? ______________________________________________________________

____ Yes. Which of the following topics would you like to be included in the training that you will attend? Kindly check as many as applicable.

____ Definition, nature, mode of transmission and other basic knowledge about HIV/AIDS
____ Salient provisions of the AIDS Law (R.A. 8504) on the role of LGUs and of your office/organization in the fight against HIV and AIDS
____ Motivating people to undergo HIV and AIDS test
____ Motivating the sanggunian to support HIV and AIDS programs
____ How to convince the mayor/governor to prioritize HIV and AIDS programs
____ How to generate funds for HIV and AIDS programs
____ Appropriation, allocation and disbursement of funds for HIV and AIDS programs
____ Crafting ordinances that support HIV and AIDS programs
____ Preparation of project proposals to generate funds for HIV and AIDS programs

(More choices next page please)
Planning for HIV and AIDS, including situation analysis, visioning, formulation of goals, objectives and targets, and identification of corresponding programs, projects and activities (PPAs)

Integrating HIV and AIDS programs in the CDP or PDPFP, Local Development Investment Program (LDIP) and Annual Investment Program (AIP)

Monitoring HIV and AIDS programs, projects and activities

Networking and improving working relations between and among LGUs, non-government organizations (NGOs), community-based organizations (CBOs), faith-based organizations (FBOs), academe and other civil society organizations (CSOs)

Results-Based Management (RBM) of HIV and AIDS programs

Best practices in the fight against HIV and AIDS

Techniques/tools for Counseling and Psychosocial care

Technical research and data gathering

Case and Process documentation

IEC and advocacy material development

other topics, please specify: __________________________________________

9) Are you aware of the existence of a Regional AIDS Assistance Team (RAAT) in your Region?

YES. How can the RAAT members help the city/municipality/province in improving your HIV and AIDS programs? __________________________________________

NO. Should there be a RAAT in your Region, how can it help the city/municipality/province in improving your HIV and AIDS programs? __________________________________________

10) In your opinion, what are the key factors that facilitate a successful local initiative in the fight against HIV and AIDS? __________________________________________

11) Apart from the current support of your LGU, what more can be done by your LGU to accelerate and sustain the attainment of the goals and objectives of HIV and AIDS programs? ____________
Tool B: Questionnaire for LGUs without LAC

Localizing the HIV and AIDS Response

Dear Sir/Madam:

A capacity needs assessment of local government units (LGUs) is being undertaken, focusing on the local responses to HIV/AIDS. The main purpose of this undertaking is to determine the local capacities that need to be developed or enhanced in order to optimize the contribution of LGUs to the achievement of Millennium Development Goal (MDG) No. 6, particularly Target No. 6A, which is to “have halted and begun to reverse the spread of HIV/AIDS by 2015,” and Target No. 6B, which is to “Achieve, by 2010, universal access to treatment of HIV/AIDS for all those who need it.” Rest assured that all the information that you provide will be treated with high confidentiality. Thank you very much for your candid answers.

Name of City/Municipality/Province: __________________________ Income Class of LGU: ____

Name of Respondent: __________________________ Organization/Office: __________________________

Position/Designation in the Organization/Office: __________________________

1. What have been the reasons why the city/municipality/province has not yet established its Local AIDS Council (LAC)? __________________________

2. Despite the absence of an LAC, does the city/municipality/province have programs, projects and activities (PPAs) for combating HIV and AIDS?

   ____ No. Please proceed to Question No. 4.
   ____ Yes. What were the HIV and AIDS programs, projects and activities of your office/organization over the past 12 months? Kindly indicate your answers in the matrix below.

<table>
<thead>
<tr>
<th>HIV and AIDS Programs, Projects and Activities of your Office/Organization over the past 12 months</th>
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</tbody>
</table>
3. What specific problems have you encountered in the management cycle (i.e., situation analysis, planning, implementation, monitoring and evaluation) of your HIV and AIDS programs/projects?
   a. Problems in Situation Analysis: ____________________________________________
   b. Problems in Planning: ____________________________________________________
   c. Problems in Implementation: _____________________________________________
   d. Problems in Monitoring and Evaluation: _________________________________
   e. Other Problems, please specify: _______________________________________

4. Which of the following does your city/municipality/province have? Kindly check as many as applicable.
   ___ enabling ordinances on local responses to HIV and AIDS
   ___ a strategic plan that integrates HIV and AIDS programs
   ___ a Comprehensive Development Plan (CDP) or Provincial Development and Physical Framework Plan (PDPFP) that integrates HIV and AIDS programs
   ___ adequate annual budget and funds available for HIV and AIDS programs/projects
   ___ adequate personnel complement for HIV and AIDS programs/projects
   ___ adequate facilities for the prevention, control and treatment of HIV and AIDS
   ___ others, please specify (e.g., accurate & updated data, etc.): ______________________

5. Should there be a training program on combating HIV and AIDS, would you be interested to participate?
   ___ No. Why? _______________________________________________________________
   ___ Yes. Which of the following topics would you like to be included in the training that you will attend? Kindly check as many as applicable.
   ___ Definition, nature, mode of transmission and other basic knowledge about HIV/AIDS
   ___ Salient provisions of the AIDS Law (R.A. 8504) on the role of LGUs and of your office/organization in the fight against HIV and AIDS
   ___ Motivating people to undergo HIV and AIDS test
   ___ Motivating the sanggunian to support HIV and AIDS programs
   ___ How to convince the mayor/governor to prioritize HIV and AIDS programs
How to generate funds for HIV and AIDS programs

Appropriation, allocation and disbursement of funds for HIV and AIDS programs

Crafting ordinances that support HIV and AIDS programs

Preparation of project proposals to generate funds for HIV and AIDS programs

Planning for HIV and AIDS, including situation analysis, visioning, formulation of goals, objectives and targets, and identification of corresponding programs, projects and activities (PPAs)

Integrating HIV and AIDS programs in the CDP or PDPFP, Local Development Investment Program (LDIP) and Annual Investment Program (AIP)

Monitoring HIV and AIDS programs, projects and activities

Networking and improving working relations between and among LGUs, non-government organizations (NGOs), community-based organizations (CBOs), faith-based organizations (FBOs), academe and other civil society organizations (CSOs)

Results-Based Management (RBM) of HIV and AIDS programs

Best practices in the fight against HIV and AIDS

Techniques/tools for Counseling and Psychosocial care

Technical research and data gathering

Case and Process documentation

IEC and advocacy material development

other topics, please specify: ____________________________

7) Are you aware of the existence of a Regional AIDS Assistance Team (RAAT) in your Region?

YES. How can the RAAT members help the city/municipality/province in establishing your LAC? ____________________________

NO. Should there be a RAAT in your Region, how can it help the city/municipality/province in establishing your LAC? ____________________________

8) In your opinion, what are the key factors that facilitate a successful local initiative in the fight against HIV and AIDS? ____________________________

9) Apart from the current support of your LGU, what more can be done by your LGU to accelerate and sustain the attainment of the goals and objectives of HIV and AIDS programs? ____________

Thank You Very Much!
Endnotes
1 UNAIDS. 2001. *HIV & AIDS in the Philippines: Keeping the Promise*. Primer on the UNGASS Declaration of Commitment on HIV & AIDS.

2 Ibid.


5 Results of an October 2009 baseline study mentioned by UNDP Country Director Renaud Meyer at the 2010 (December 1) AIDS Forum at Hyatt Hotel, Manila.


8 PNAC. *HIV and AIDS 101*. www.pnac.org.ph


11 From the speech of UNDP Country Director Renaud Meyer at the Forum on AIDS held 1 Dec 2010 at Hyatt Hotel Manila.

12 2010 DOH Press Release (6 March).


17 As described by Dr. Eric Tayag, current Director of the National Epidemiology Center (NEC).


20 Dr. Jean-Marc Olivé in his foreword in the UNAIDS (2001).


23 The DPLG, Representative of South Africa. 2007. Framework for an Integrated Local Government Response to HIV and AIDS. With the support of GTZ.

24 First five points taken from PNAC and Ateneo Center for Social Policy and Public Affairs. 2000. Guidebook: Organizing and Initiating Local Responses to HIV & AIDS.


27 Dr. Jean-Marc Olivé in his foreword in the UNAIDS (2001).


32 From page 41 of the 4th Philippine AIDS Medium-Term Plan (2005 to 2010) by PNAC. Annex 1: LGUs Vulnerability Classification Criteria to HIV & AIDS.

33 This is also stressed in the Policy II Project Philippines (2003).

34 UNAIDS (2001).

35 DPLG (2007).


37 PNAC. 2000. *Guidebook on Assessing Needs at the Local Level (A Supplemental Guide to Initiating Local Responses to HIV/AIDS)*. With the support of UNDP.


43 Available at the Local Government Academy, DILG.


46 Ibid.

47 Reminders taken from ACHIEVE’s policy study on the Quezon City AIDS Prevention and Control Ordinance, commissioned by the LGA-DILG for the UNDP.


50 From DSWD (2010), *A Referral System for Care and Support Services for Persons Living with HIV and their Families in the Community*. For further guidance in putting up a referral system, seek the assistance of DSWD either through your LGU Social Work Officer or through the RAATs.


52 Commission on AIDS in Asia (2008).

53 From Part V, Annexes of the 5th AIDS Medium-Term Plan (2011 to 2016 Philippine Strategic Plan on HIV and AIDS).


56 Innovative communication approaches (BCC starter kit).


60 Ideas for the evaluation questions were taken from the *WB Handbook* (2003), and PNAC(2000) *Guidebook on Assessing Needs at the Local Level*.

61 As of 8 June 2010, list available at pinoylifeguide.org/us/index.php?option=com_content&view=article&id=50&Itemid=48