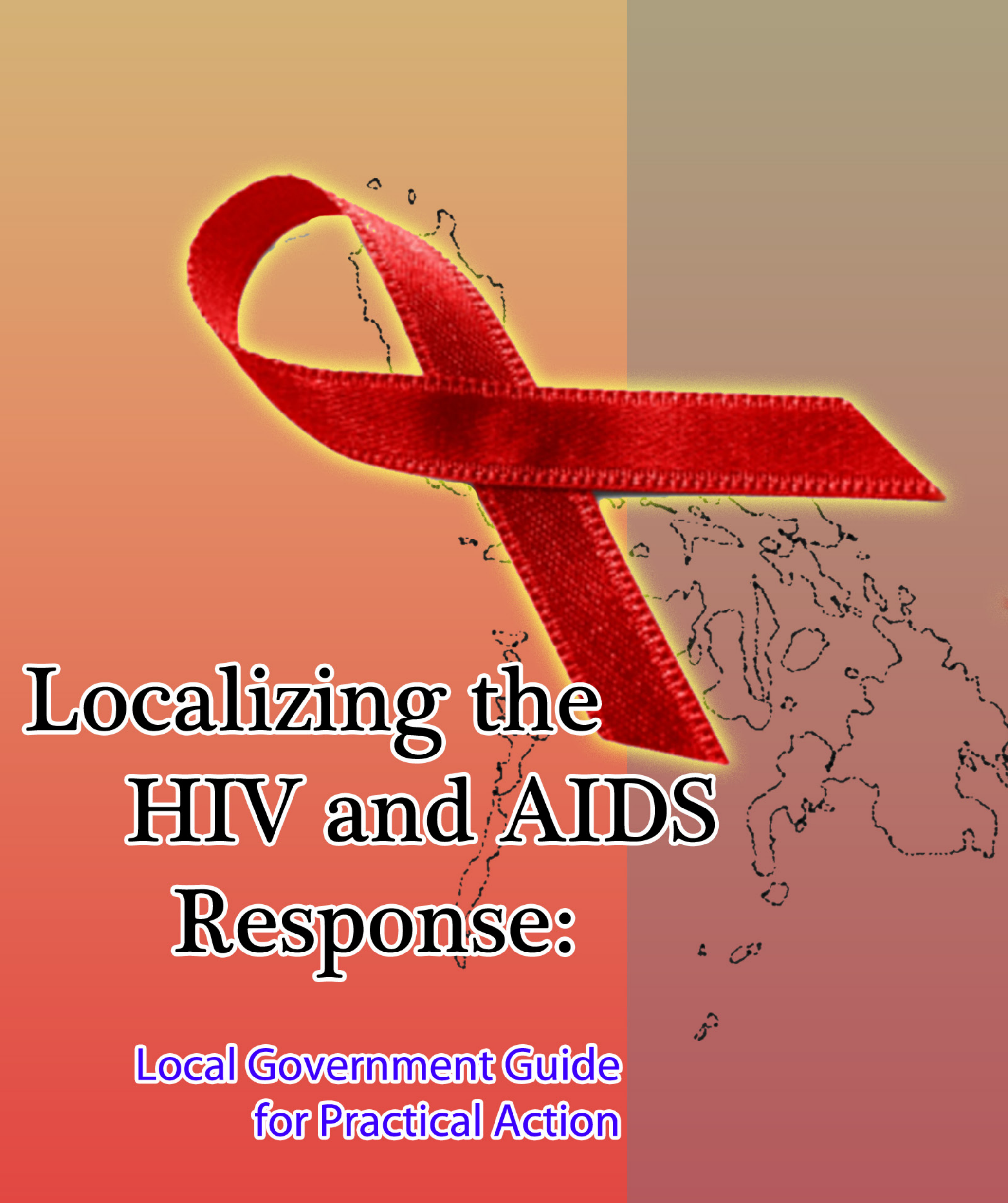

Localizing the HIV and AIDS Response:

Local Government Guide for Practical Action

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Local Government Academy
Department of the Interior and Local Government

Localizing the HIV and AIDS Response:
Local Government Guide for Practical Action

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FOREWORD

With barely five years left on the country's commitment to achieving the 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 the 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 local AIDS situation and monitor response. It is targeted for those who are interested to launch 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

Acknowledgement

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 pre-test the tool and pick their brains for their 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 is 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 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 lasts are 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. And the Center for Local and Regional Governance for taking on the challenge to dig deeper to the whats and the hows of HIV and AIDS local responses.

To those who have written materials before this guidebook (and tools); those who took the lonely but courageous road less travelled; but those who try to make a difference to the lives of the 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.

MESSAGE

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 had neglected in their program agenda other health concerns such as HIV and AIDS.

With the explosion in 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 characterised by competing priorities and the lack of capacity due to lack 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 mainstay of the national AIDS programme in the Philippines now lies to the local governments.

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 enabling environment to the response.

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 on HIV and AIDS since the passing of the Philippines AIDS Prevention and Control Act in 1998. It is quick in advocating for leadership actions amidst socio-cultural risks and vulnerabilities. However, despite the country's low prevalence rate in HIV and AIDS, it is extremely necessary that the Country Response has to be effectively carried out at the local government unit level.

Thus, with the implementation of the 5th AIDS Medium Term Plan (5th AMTP), 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 for a policy-enabling environment that is not only effective, but also sustainable.

This challenge lies on the vigour 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". This calls for excellent application at the local level with the end view 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.

AUSTERE A. PANADERO, CESO I
Undersecretary for Local Government, DILG

MESSAGE

Between 2001 and 2009, there were only seven countries in the world where HIV incidence increased by more than 25%- this includes the Philippines. And as the number of HIV cases increase rapidly every year, it is highly essential to compliment the national response against the epidemic through local administration and governance.

As this approach provides for a strategic measure in responding to HIV and AIDS impacts, the Local Government Academy through its Leadership for Effective and Sustained Responses to HIV and AIDS has developed a guidebook for levelling 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 to 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 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 30 years of AIDS and the 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 to reflect on our failures.

The world was slow to react to the AIDS epidemic 30 years ago, with devastating results. But persistent voices rose up and today the 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.

UNAIDS vision is a world where there are:

Zero new HIV infections;
Zero discrimination;
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 56 countries have either stabilized or reduced new HIV infections by more than 25% in the past 10 years.

However, in the Philippines, while national HIV prevalence remains on the average under 0.1%, it is one of the seven countries in the world whose HIV incidence grew by more than 25% in the past 10 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 but 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 tool, "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", provides local policy makers, programme planners, and implementers a step-by-step guide in developing an effective local response to address HIV and AIDS related prevention, treatment, care and support issues relevant to its local context. 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

What is this Guidebook and how it is used?

This guidebook is for local government key decision-makers who are interested to launch 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 basic 6 steps. The second phase is concerned with planning and design and is defined by just 2 steps. The third phase deals with implementation, monitoring and feedback which outline 5 more steps. There are thus a total of 12 Steps.

With these 12 Steps, the Reader is given insights on the what's, how's, who's, when and why's of HIV and AIDS response.

The 12 Steps to Localizing HIV and AIDS Response…

There are 12 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. And of course the team, especially if it's a LAC should be as multi-sectoral 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 RAV (Rapid Assessment of Vulnerability), do a self-assessment or capacity assessment, or fit in 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: **FORGER PARTNERSHIPS**. Alliance building is necessary. Map all potential partners. Make it as multi-sectoral as possible. Tap the NGOs/POs, CSOs, business sector, academe, faith-based organizations, media, RAATs, other national government agencies, donors, key population at risk groups like MSMs – TGs – sex workers and the like.

Step 5: **FORMALIZE SUPPORT**. Enact an ordinance. A pro-forma 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 AMTP5. Don't forget your indicators.

Step 7: **LEARN FROM OTHERS**. Short discussions are provided on the experiences of 5 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.

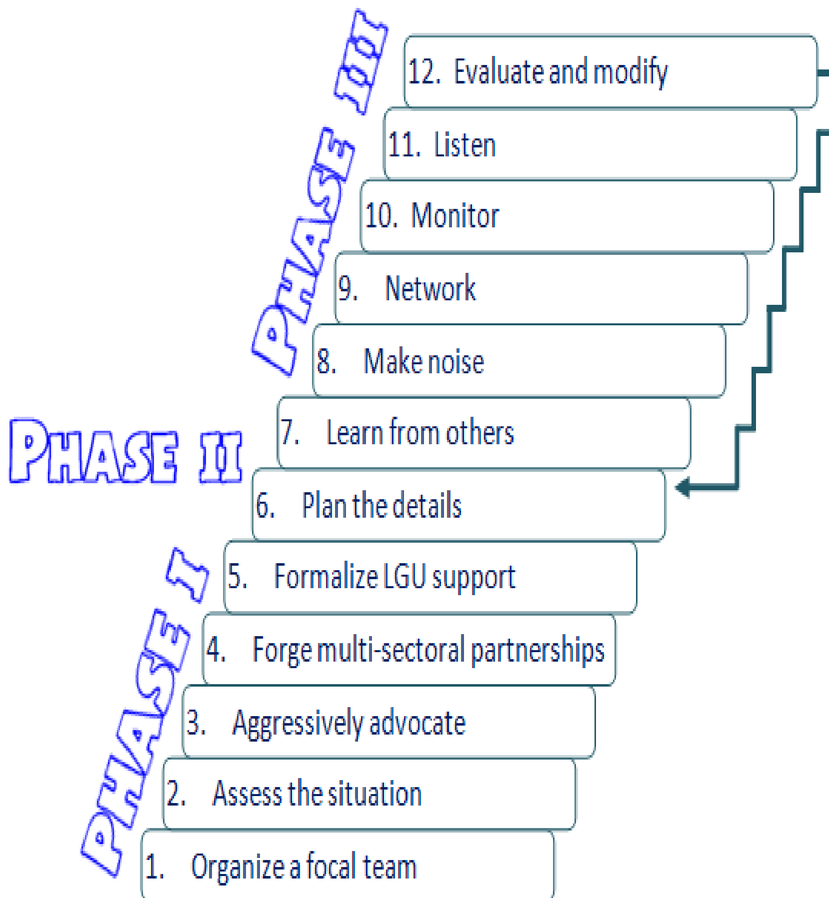
Step 10: **MONITOR**. Undertake this in two tracks: epidemiological, and programmatic. Use matrices and indicators for both. Designate a team to conduct this.

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. Input this in your monitoring and evaluation steps.

Step 12: **EVALUATE.** Set an appointment with your multi-sectoral 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 go further on.

May these 12 steps not tire you. For these 12 steps could help and save lives.

The Steps



Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-retroviral
CSO	Civil Society Organization
DOH	Department of Health
DILG	Department of the Interior and Local Government
DSWD	Department of Social Welfare and Development
GFATM	Global Fund to fight AIDS Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug User
IEC	Information Education Campaign
LAC	Local AIDS Council
LGA	Local Government Academy
LGU	Local Government Unit
MDG	Millennium Development Goal
MSM	Men having sex with Men
NEC	National Epidemiology Center
NGA	National Government Agency
NGO	Non-Governmental Organization
NHSS	National HIV Sentinel Surveillance System
OFW	Overseas Filipino Worker
PLWHA	Person Living with HIV & AIDS
PNAC	Philippine National AIDS Council
PO	People’s Organization
RAATs	Regional AIDS Assistance Teams
RAV	Rapid Assessment of HIV Vulnerability
STI	Sexually Transmitted Infections
UNGASS	United Nations General Assembly Special Session

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I. HIV & AIDS : A Common Understanding of the Epidemic

I . HIV & 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 pervasive misconception about this disease.[4] Stigmatized, infected individuals are easily discriminated upon – 6 out of 10 lose their jobs; 1 out of 10 denied of job promotion; and 1 out of 10 forced to leave their abode or denied of a place 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, like the people in prostitution. This is sadly a fictional reality since we have a 'fluid society' which makes it possible for HIV to march its way into the general populace.[6]

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

As a quick exercise[7], you can check whether you have any misconceptions on HIV and AIDS by agreeing or disagreeing on these 6 statements. See endnote for the answer.

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

The Philippine National AIDS Council (PNAC)[8] has a briefing material that gives an initial understanding on HIV & AIDS and is concisely presented in the boxed discussion at the right.

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 No's of the HIV spread.

✓ unprotected sexual intercourse with an HIV+ individual; transfusion with infected blood; sharing syringe/needles/piercing tools with HIV+ individuals; mothers to their unborn babies and breastfeeding.

✗ kissing, handshake, casual contact, sharing living quarters, eating or drinking with infected person, mosquitoes and bed bugs

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

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

ABCDE on HIV & AIDS Prevention, Tagalog version[9] :

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 on 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 arise.

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% between 2001 and 2009 in 33 countries. However, there are still seven countries where HIV incidence increased by more than 25%. 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 32, 73% are males, and 90% acquired through sexual contact. Of the total, 55% 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 10 years. Speaking in terms of averages, there are 20-30 reported cases per month in 2006-2007, 44 in 2008, 70 in 2009, and 137 for the first four months of 2010.

What this basically means is that there are about '5-10 Filipinos who get infected with HIV everyday'.[11] The spread is moving quite fast. While the rest of the high risk Asian countries are slowing down, the Philippines is pacing up even more. At the rate it's going, it will be no wonder if the situation will just startle the country one day. Indeed, the national prevalence is less than 1% but it is not declining and slowing.

Before, the Philippine scenario is that of 'low and slow' HIV increase but now it is considered 'expanding and growing' [12]. In 2001 this low and slow character somehow impressed the United Nations but ten years after, national authorities are sounding the alarm bells because of the big possibility that the epidemic may go out of control.

It is important to remember that 'all countries now severely affected by HIV have at some point been a low-HIV prevalent country'[13]. 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'.[14] Validating this, Dr. Edsel Salvana[15] was resolute in stating that the country is 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[16] found that HIV infections in the country tripled between 2003 to 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 6th 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 increased threefold. It is no longer a looming but a real threat.[17]

So what, right? There is a threat but maybe, not-in-my-backyard (NIMBY). This is a typical reaction. The 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'[18] do not help.

A 2008 study in Asia[19] 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.

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'.[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'.[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 are among 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 response, what guided you in the conceptualization and design of your programs?
- Do you consider HIV & AIDS as one of your top priorities?

Why should LGUs feel that the HIV and AIDS epidemic may also be local? Why should there be 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 a norm,

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

If you don't have a returning OFW coming from high risk countries,

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 the 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 antiretroviral treatment (ARV) for each PLWHA costs around PhP30,000-70,000 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 6 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,[23] most LGUs are not institutionally ready to take on the task given that it cannot even fully carry out its traditional role. Sometimes used as an excuse, LGUs complain that they cannot even meet water provision needs; anyway their planned responses are

still 'symptoms-focused' and integration of HIV and AIDS in other LGU programs is still far-fetched. 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[24];
- denial of the problem[25];
- 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 be an HIV and AIDS hotspot or not even have such a problem at all.

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.[26]

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 bottom line 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?

IV. What are the LGU Requirements vis-à-vis HIV & AIDS Interventions?

There are three key policies [28] that serve as bases for the LGU's mandate on HIV and AIDS. The first is RA 8504 which clearly establishes the role of 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.

This AIDS Law 'needs to be applied locally'. It is there, but it is not well known even to the politicians.[29] 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 like printouts, radio or television advertisements, billboards, seminars, AIDs day celebrations, sexual health educational discussions, peer education, translation and reproduction of reader-friendly materials like komiks, etc.

- Creation of 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 of baseline studies, and monitoring of surveillance reports.

- Networking with partner institutions like civil society organizations (CSOs), non-governmental organizations (NGOs), and the affected population, among others. The LGUs should also partner with national government agencies (NGAs) like the DOH since it manages standing programs like the AIDSWATCH (comprehensive HIV & AIDS monitoring program) which is integrated in the NHSSS (National HIV Sentinel

Surveillance System) and the AIDS registry. The LGUs may also tap the assistance of the RAATs (Regional AIDS Assistance Teams)

• 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. Per 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 giving you a way to quickly assess 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 15-year-old study[30] for the Philippines computed that at the early symptomatic stage, the amount needed for each case annually is US$301 but in the late stage, the cost is pegged at US$5,774. Totaling the direct and indirect cost of HIV infection for a lifetime equals to US$332,510.33 (PhP13.3M at P40 exchange rate). A 2006 international study[31] on the other hand, found that the amount needed for modern treatment is about US$618,900 and at this cost, a PLWHA can live 24 more years. For now until 2012, the Philippines 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.

Now ready 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?

PNAC[32] came up with a 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 convenient because of the heavy population density and mixing.

See table at the next page to examine whether you fall in the high, medium or low risk localities.

Criteria	High Risk	Medium Risk	Low Risk
▪ Level of urbanization/ population size	Highly urbanized	Urbanizing	Rural
▪ Presence of cruising/transport terminals ▪ Route of land travel	High number of transit points, terminals/stops, main thorough-fares or nodes	Alternate routes, mid-transit	Less traveled, low transit point
▪ Entertainment establishments	High number of registered entertainment establishments, highly concentrated across populations	With a few entertainment establishments, sparsely spread	No apparent night entertainment establishment
▪ STI prevalence among high risk groups	23% and above	13-22%	12% and lower
▪ Tourist areas	Tourist areas	Developing tourist area/s	No known tourist attraction

From the table, it can be generalized that your locality is vulnerable if you have ANY of the following[34] :

§ 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 (MSM);
§ low incidence of condom use especially among commercial sex workers and MSM;
§ significant number of sexually transmitted infections (STIs).

Other factors[35] that increase susceptibility are:

§ 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 like number of formal and informal establishments where alcohol is sold;
§ proximity to mines/hostels which has a predominance of 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; and the population of returning overseas Filipino workers (OFWs) should also be looked into.

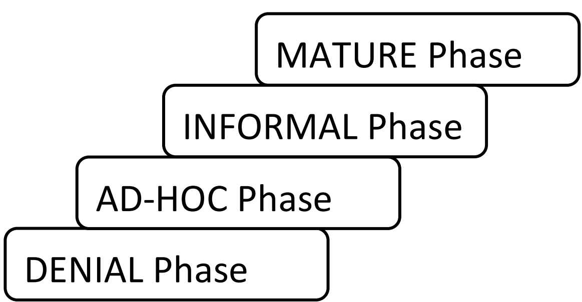
Knowing your vulnerability level and who your vulnerable population is will greatly help you in addressing your HIV & AIDS concern.

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 so it is 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 this 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.

Bearing these in mind, you are now journeying to the 12 concrete steps that would help you in initiating or sustaining 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.

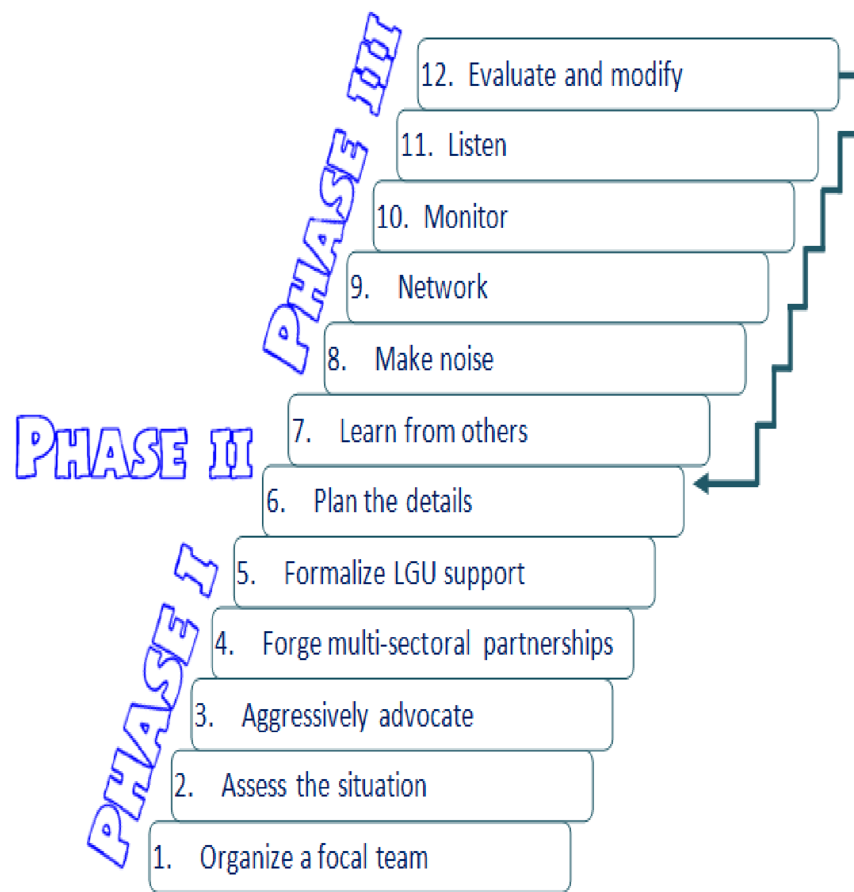
As presented in the earlier section of this guidebook, the 12 steps are divided into three phases which are:

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.

See from the diagram of the 12 steps below that after the 12th 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.


PHASE III
12. Evaluate and modify
11. Listen
10. Monitor
9. Network
8. Make noise
PHASE II
7. Learn from others
6. Plan the details
PHASE I
5. Formalize LGU support
4. Forge multi-sectoral partnerships
3. Aggressively advocate
2. Assess the situation
1. Organize a focal team

STEP 1
Organize a focal team

PHASE I

LAYING THE GROUNDWORK

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 these activities right?

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 takes the lead? How do you assign the workload? [37]

This team will basically define the priorities of the local response. But among these priorities should be the generation of local commitment to HIV & AIDS prevention program. This team may start as a team 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, like 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 Regional AIDS Assistance Team (RAAT) in case the team has not visited your LGU yet. This is an inter-agency 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 a 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. See the contact numbers of the RAATs at the right. Contact them now.

If there is already a Local AIDS Council (LAC), establish a partnership with LAC , see whether you can be a part of the expanded membership of LAC 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 multi-sectoral 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[38]. 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 from Entertainment operators
- One representative from faith-based organizations
- One representative from People Living With HIV and AIDS (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 members for your reference.

Region	*DILG*	*DOH*	*DSWD*
Region I	(072) 888-3106	(072) 242-3515	(072)700-1410
Region II	(078) 844-1978	(078) 844-6585	(078)846-7043
Region III	(045) 860-5527	(045) 861-3428	(045) 961-1346
Region IV-A	(02) 838-1526	(02) 440-3372	(02) 807-4140
Region IV-B	(02) 953-7436	(02) 995-0827	(048) 434-1083
Region V	(052) 481-5745	(052) 483-0934	(052) 480-5346
Region VI	(033) 337-5449	(033) 253-6980	(033) 508-6867
Region VII	(032) 255-7730	(032) 418-7628	(032) 232-9507
Region VIII	(053) 321-2078	(053) 323-5515	(053) 321-2111
Region IX	(062) 985-0099	(062) 992-2745	(062) 991-6030
Region X	(088) 811 1507	(088) 858-7123	(082) 858-8134
Region XI	(082) 297-2701	(082) 224-3011	(082) 227-1964
Region XII	(083) 381-0184	(064) 421-2196	(083) 228-6009
Region XIII	(085) 342-2045	(085) 341-4310	(085) 342-5619
ARMM	(064) 421-8644	(064) 421-7703	(064) 431-0065
CAR	(074) 442-3515	(074) 444-5255	(074) 442-7917
NCR	(02) 926-0013	(02) 313-1432	(02) 488-3544

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 available data you have. The team may get information and/or figures from NEC through its surveillance systems.

It's HIV and AIDS Registry which has been founded since 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 IHBSS (Integrated HIV Behavioral and Serologic Surveillance) which monitors the most-at-risk-population 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 42 localities that are highly vulnerable to HIV and AIDS[39]. DOH may also be helpful if you need additional information such as STI data if you happen to be one of the 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. Go back at 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), average number of tourist population, and the number of sexually transmitted infections (STIs). You should also check for the patterns on the existing infections, if they come from MSMs, OFWs, commercial sex workers, or others. You

Step 2

can also make use of the locality's death statistics and see for example the intake of TB patients at municipal health centers (and 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 and 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, then 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 bahavior in terms of rate of partner change, sexual practices like 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 'atrisk'? 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 IDS? 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? other gaps in the plans and programs?

- are there initiatives from other sectors (CSOs, private)? In comparing the LGU and the other sector's plans and programs, is there duplication? complementation? gaps? areas for partnerships?

- what obstacles and challenges are there for 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)[41] so you can generate a more reli able 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 who's, what's, where's, and why's 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 KIIs.

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 disaggregated by sex and age at least). Your KIIs 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 left. Note though that you need at least 10 KIIs for each at-risk-group (like 10 for MSM, 10 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 the RAV website provided at the previous paragraphs.

Possible Tools:

- Rapid Assessment of Vulnerability (RAV) as discussed above and the guide for which is available online [42]
- Quick needs assessment matrix (PNAC 2000) that helps outline response gaps, template available at Section VIII, Table 1
- Self-assessment framework available at Section VIII, Table 2
- Capacity needs assessment tool/questionnaire available at Section VIII[43]

Step 3. Mount an aggressive advocacy campaign

Step 3 - Mount an aggressive advocacy campaign

With 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, programmes 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[44]. It builds on a clear understanding of the HIV epidemic and its nature (step 2) and its possible impact in the locality, which is the proposed entry point of your advocacy. The focal team's by-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, agree 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, broadcast 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, to involve PLWHAs in campaigns if possible, to push for support for PLWHAs, and to fight the stigma on the disease and those infected with it.

Step 4. Forge multi-sectoral partnership

Step 4 - Forge multi-sectoral partnership

While aggressively advocating, the focal team should also start building and forging partnerships from members of the other sectors in the 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 multi-sectoral 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 multi-sectoral 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 multi-sectoral 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 least program partners. Recognizing their role in the 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 may need. It would also 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 multi-sectoral body could work on such a set-up.

• The multi-sectoral partnership can help the LGU in its continuing effort to map out current HIV and AIDS initiatives of all sectors concerned. Consolidation of such in formation can help in strategizing HIV and AIDS efforts. The LGU can ask the partners to outline their key programs in terms of prevention and education, care and support for PLWHAs, treatment, training, rights and legal resistance, and if possible also the information on 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, 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 with the LGU as a whole. Partners should always feel that they are involved by inviting them in activities, up dating them, and sharing information and resources with them.

Step 5. Formalize LGU support

Step 5

Step 5 - Formalize LGU support

The focal team has so far been very active in painting the local HIV and AIDS scenario, advocating and in 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 pro-forma 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 multi-sectoral 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 multi-sectoral 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 multi-sectoral 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 pro-forma ordinance from the RAAT as a model. Just be careful not to copy in toto the model ordinance. Make sure that the provisions of the ordinance you are going to enact should be tailored-fit to your LGU's situation or needs.

Be mindful of these reminders in crafting your local HIV and AIDS legislation[47] :

- 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; 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; fund raising.

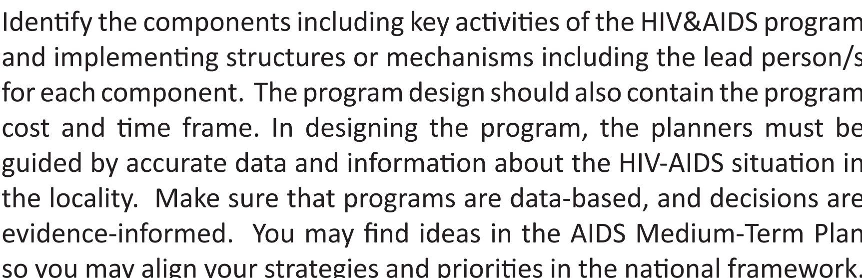
- Learning from the experience of others, it is recommended that the policy would establish clear lines and modes of inter-agency coordination, and the LAC may facilitate this or a unit under the Health Office or even the Local Health Board. The policy should also set an ' overall monitoring and evaluation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

Possible Tool:

- Samplae local AIDS ordinance available at www.lga.gov.ph/hiv

Step 6.
Plan the details

PLANNING AND DESIGNING THE HIV & AIDS PROGRAM



Step 6 -
Plan the details

Identify the components including 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, the 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 in the national framework.

Proper targeting is key. Meaning, programs conceptualized should be clear linked with 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[48] 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 the societal vulnerabilities and improve the ability of the local community to manage HIV and AIDS. Concretely, internal strategy would be spelled out in terms of policies on unfair discrimination, HIV testing, VCT, 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 an additional input, try to look into these strategies whether they maybe apt for your locality[49] :

- 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;
- Needle and syringe exchange.

Think about needed capacities. Capacity building for program implementers should form part of the program. As a starter, the multi-sectoral (LAC) partnership members should ask questions like:

? is the LGU adequately capacitated to lead the locality to an understanding of HIV and AIDS and develop appropri -ate responses to it?

? What skills are needed to be developed among the LGU staff especially in relation to the provision of HIV&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, when ever 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 are your target audiences to check whether your chosen IEC medium is appropriate;

- Mandatory AIDS education for entertainers;

- Production of a directory of HIV and AIDS referral services (a referral system, per DSWD guidelines, should offer);

In establishing a referral system, it is recommended that you convene an initial stakeholder's 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 resources, contacts, 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 have shown that they are effective in accessing difficult to reach population who will most likely listen to someone who have the same experiences as they do[51]. It is recommended that peer educators be properly trained, supervised, and have signed an agreement with the LGU that they will submit monthly reports and journal of contacts. It is also recommended that they be given proper identification as well as materials and supplies they 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% target)[52].

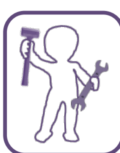
You may also want to scan the 5th AIDS Medium Term Plan 2011-2016 (AMTP5) for their Intervention Packages and Strategic Framework differentiated according to the key populations at risk namely the Persons who Inject Drug (PWIDs), MSM and Transgender populations, People in Prostitution, Children and Young People, 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 already been identified for monitoring

and evaluation purposes. PNAC has a set of generic indicators. This could serve as a guide for the program planners. Additional information on indicators is provided at the monitoring and evaluation sections.

Outlined simplistically, 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, target outcomes)[54].

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 the 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 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 multi-sectoral LAC which serves as a policymaking body and has supervisory jurisdiction over HIV and AIDS programs like (1) 100% condom use in night spots, (2) STI, HIV and AIDS orientation in military camps, (3) formation of 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) interschool hiphop dance competition 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 (13) compulsory HIV education for sex workers and registered establishments

The multi-sectoral AIDS Council is composed of 26 volunteer members representing 11 sectors which are City Council, medical team, government organizations, NGOs, civic clubs, education, media, youth, business/labor, MSM/gay, 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 3 basic questions and if the pregnant woman answered yes in any of the 3 questions, then the woman is considered at risk. They are then offered free HIV testing and syphilis test. 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 and HIV and AIDs infections. The goal is to raise awareness on STI, HIV and AIDS among 10-19 year-old adolescents especially the gang members, drugs users, OSYs and youth in prostitution through peer education, film showing, counselling, free condom provision, VCT, among others. The program likewise included the hiring of peer educators.

- Santiago City. (2010 Local CHAMP Awardee). The LGU formed an inter-sectoral coalition for HIV-AIDS-STI Program. The city 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 continuosly vigilant in addressing the HIV and AIDS concern.

- Laoag City. [55] The City initiated its HIV and AIDS response in 2002 through an ordinance allotting P100,000 for the preparation and distribution of IEC materials. With foresight, the City regulated the entertainment establish-ents by assigning one barangay as the entertainment zone to easily monitor and conduct health and sanitaion checks. Monitoring teams are divided into two – one for food and accommodations establishments and another for entertainment establishments. In the latter, 100% condom use program is implemented.

Other good practices documented by PNAC (2009) which you may be interested in, are presented as follow:

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

2. The resource mobilization initiatives in Aklan for HIV & AIDS response might be interesting for touristic provinces.

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. Peertreneurship (Youth LEAP) of Kabataang Gabay sa Positibong Pamumuhay in Iloilo City is a program targeted for peer educators to prevent them from returning as service providers (sex workers) once their peer education work is unfunded. The program aims to convert them into entrepreneurs. They even estimated that the cost per peer educator successful transformation into a peertrepreneur is just PhP5,000.

5. Other interesting activities include the daily planner for sex workers (Angeles City), mobile video education for sex workers followed by short discussions and condom demonstration (Davao City), comic books for community at risk (Cebu City), theater-dance group for children at risk (General Santos City). [56]

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

Step 8.
Make noise

Step 8

PHASE III

IMPLEMENTING, MONITORING AND FEEDBACK

Step 8 - Make noise

You already have a team, a plan and 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, you have to be heard. People have to see what you're doing. Be visible. Blow the trumpet if you must, so you can infect enthusiasm on your program.

Launch the implementation of the HIV and AIDS program with fanfare. This is one way of attracting the attention of all sectors concerning 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 more network

Step 9 - Network, network, and more network

Expand your network and mobilize all possible support. You may want to partner with development aid agencies like United Nations Development Programmed 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 link with any of the PNAC council members[57] :

AIDS Society of the Philippines www.aidsphil.org	OTM Bldg., 71 Sct. Tuazon, South Triangle, Quezon City Tel: 376-2541 / 42 Fax: 736-2546 E-mail: aidsphil@asp.bayandsl.ph
Commission on Higher Education www.ched.gov.ph	5/F DAP Bldg. San Miguel Ave. Ortigas Center, Pasig City Tel: 634-68-68 / 411-12-60, 441-11-72 Fax: 441-12-53/441-12-28 E-mail: ops@ched.gov.ph
League of the Cities of the Philippines www.lcp.org.ph	Rm 1209 Cityland Condominium 10 Tower II, Valero Cor., H.D. De la Costa, Salcedo Village, Makati City Tel: 830-9957 Fax: 813-6467 E-mail: secretariat@lcp.org.ph
House of Representatives www.congress.gov.ph	3/F Annex Bldg., House of Representatives, Quezon City Tel: 931-50-01 Fax: 931-63-13 / 932-60-40 E-mail: horhealth@yahoo.com
Department of Budget and Management www.dbm.gov.ph	Gen. Solano St. Malacañang, Manila Tel: 735-1775 Fax: 735-4868 E-mail: abumatay@dbm.gov.ph
Department of Foreign Affairs www.dfa.gov.ph	2330 Roxas Blvd, Pasay City Tel: 834-4371 Fax: 831-4411 E-mail: unio@dfa.gov.ph
Department of Education www.deped.gov.ph	Health Nutrition Center, 5/F Mabini Bldg. DepEd Complex, University of Life, Meralco Ave, Pasig Tel: 638-8525 / 633-7245 635-99-64
Department of the Interior and Local Government www.dilg.gov.ph	A. Francisco Gold Condo II, Edsa Cor. Mapagmahal St., Diliman, Q.C. Tel: 925-03-53/ 925- 73-43 Fax: 925-03-48/45 E-mail: cesmon25@yahoo.com

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.issa1183.multiply.com	30 Mahiyain St. Teachers Village, East Diliman, Q.C. Tel: 929-9494 E-mail: issa1183@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

Positive Action Foundation Philippines Inc. www.pafpi.org	1083 Zobel Roxas Ave. Malate, Manila Tel: 832-6239 / 404-2911 729-44-21 / 528-45-31 Fax: 567-35-06 E-mail: pactionphil@netscape.net, pafpi@edsamail.com.ph
Philippine Hospital Association	14 Kamias Rd., Quezon City Tel: 922-76-74 Fax: 921-22-19 E-mail: philhosa1949@yahoo.com, secretariat@pha.ph
Philippine Information Agency www.pia.gov.ph	Visayas Avenue, Quezon City Tel: 920-3924 E-mail: opspia2004@yahoo.com / opspia2004@gmail.com
Pinoy Plus Association	1066 Remedios St., Malate, Manila Tel/Fax: 743-72-93 E-mail: pinoy_plus@yahoo.com
Senate of the Philippines	2nd Flr. Rm 209 GSIS Bldg. Financial Center, Roxas Blvd. Tel: 833-16-06 Fax: 833-49-87
Technical Education and Skills Development Association (TESDA) www.tesda.gov.ph	Tesda Complex 37 East Service Road South Superhighway, Taguig City Tel: 893-24-54 / 818-88-29 Fax: 816-24-80
TLF Share Collective, Inc. www.sites.google.com/site/tlfshare	2580 Bonifacio St., Bangkal, Makati City Tel/Fax: 751-7047 Email: ltfmanila@gmail.com
Trade Union Congress of the Philippines www.tucp.org.ph	TUCP-PGEA Compound Maharlika & Magsaysay St. Diliman, Quezon City Tel: 922-0917 Fax: 433-22-08 / 921-97-58 / 921-52-36
Women´s Health Care Foundation	1598 Quezon Avenue, Quezon City Tel: 926-4045 Fax: 495-6917

A locator map is provided at the PNAC website pinning down the available local authorities and treatment centers in the marked locations in the Philippine map. There are 20 local organizations in Luzon, 13 in Visayas and 5 in Mindanao. See the information at www.pnac.org.ph.

Step 10.
Monitor

Step 10

Step 10 - Monitor[58]

Examine implementation of program components on a regular basis. This should be done bi-annually 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 profile, 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 that you need and even the templates/forms 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;
- time interval.

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 the quality and accuracy is ensured[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 15- 24 years old
- reach of prevention programs among key populations at risk (MSM, 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 AMTP5:

- number of reported new HIV infections
- HIV prevalence among key populations at risk
- percentage of young people aged 15-24 who are HIV infected
- number of HIV-infected infants born to HIV-positive mothers

- percentage of target population who had sexual intercourse with multiple partners in the last 12 months
- percentage of target population who had sexual intercourse with multiple partners in the last 12 months and reporting the use of condom 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 been implementing already 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, consultations with program beneficiaries and implementers must be regularly conducted to gather feedback. The concerns raised and all the learning 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

Assuming you have accomplished the previous 11 steps or you've simply ran 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 multi-sectoral 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 [60] 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 for them or for other stakeholders?
- Was the planning multi-sectoral and participatory?
- Did the programs/project achieve their desired objectives and/or tar gets? How well?
- Were there duplication of initiatives and possible program overlaps?
- Is implementation, monitoring and evaluation also multi-sectoral 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 work place programs and services? Or is it still pursued as a stand-alone intervention?

- Is the response comprehensive (prevention, care & treatment, 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 for these questions would generate many interesting realizations on the relevance of your existing responses, 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, potential stakeholders who can also be involved, sustainability issues, 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 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 which 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 at Section VIII, Table 4.

- Three Response Checklist for Local Response provided at Section VIII, Table 5.

VII. Call to Action

VII. Call to Action

HIV and AIDS is a scary problem. It is controversial. But the country has an expanding and growing epidemic and as a concerned local government, you need to ask yourself: do you have any reasons to believe that your locality differs considerably from 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 a dent of an 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.

Act now, for acting later would be a very costly choice. Know your vulnerabilities. Assess your situation. Form your Council. Advocate. Tap local and international partners. Enact your policies. Formulate your plans. Get insights from the experience of others. Implement. Be felt. Expand your network. Monitor. Get feedback. Evaluate your initiatives and plan again. Just 12 basic steps for a win-win approach to HIV and AIDS.

It's your call. 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 13 treatment hubs[61], 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 accesses 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.

Treatment Hub	Address	Contact Details
	LUZON	
1) San Lazaro Hospital (SLH)	Quiricada St., Sta. Cruz, Manila	(02) 743-8301; 309-9528/29 loc. 6000
2) Philippine General Hospital	Taft,Avenue, Ermita, Manila	(02) 567-3394 526-1705
3) Research Institute for Tropical Medicine (RITM)	Filinvest Corporate City, Alabang, Muntinlupa City	(02)526-1705; 807-2628/38 loc. 801/208;
4) Jose B. Lingad Memorial Medical Center	San Fernando City, Pampanga	(045)961-3921; 961-3380
5) Ilocos Training and Regional Medical Center (ITRMC)	San Fernando, La Union	(072) 242-1143; 700-3808 loc. 122
6) Baguio General Hospital and Medical Center (BGHMC)	BGHMC Compound, Baguio City	(074) 442-2012; 442-3165
7) Cagayan Valley Medical Center	Tuguegarao City, Cagayan Valley	(078) 846-7240;844-3789
8) Bicol Regional Training and Teaching Hospital(BRTTH)	Legaspi City, Albay	(052) 483-0015 /16/17; 483-0086
	VISAYAS	
9) Western Visayas Medical Center (WVMC)	Q. Abeto St.,Mandurriao, 5000 Iloilo City	(033)321-2841 to 50
10)Corazon Locsin Montelibano Memorial Regional Hospital (CLMMRH)	Lacson St., Bacolod City, Negros Occidental	(034) 435-1591 loc. 226; 433-2697
11)Vicente Sotto, Sr. Memorial Medical Center (VSSMC)	B. Rodriguez St., Cebu City 6000	(032) 253-7564; 253-7564/ 9882
	MINDANAO	
12)Davao Medical Center (DMC)	J.P. Laurel St., Bajada, 8000 Davao City	(081) 227-2731
13)Zamboanga City Medical Center (ZCMC)	Evangelista St., 7000 Zamboanga City	(062) 991-0573

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 at the succeeding pages.

Table 1
Quick needs assessment matrix

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

Current Situation & Problems	*Ideal Response*	*Current Response*	*Gaps in the Response*	*Who should do it?*
What aspects of the current situation can contribute to the spread of HIV? What problems are being encountered that hinders the current response?	If resources were not a hindrance, what should be done in response to the situation or to solve the problem?	What is currently being done to address the situation or solve the problem?	What else needs to be done/can be done given existing resources?	Who should do it? Who can be tapped as partners?

Table 2
Self-assessment framework from www.communitylifecompetece.org.

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

	Level 1 Aware	Level 2 Reactive	Level 3 Active	Level 4 Systematic and Continuous	Level 5 Institutionalize
Acknowledgement &recognition	We know that HIV & AIDS exist	We know enough to respond when something happens	We publicly recognize the problem and take occasional action	We regularly discuss AIDS and have a common program of action	Response to AIDS is part of our daily life. We know our status and act from strength
Inclusion	Aware of the importance of involving others	We cooperate with some people on common issues	We meet in separate groups to resolve common issues	Various groups share common goals and define their contribution	We work together to address and resolve other challenges facing us.
Linking care and prevention	Basic knowledge for prevention and care	Understand the link between care and prevention	Some actions link care and prevention	Systematically link care and prevention activities	Care strengthens our relationship and help change our behavior
Access to treatment	Access basic medicines	Access to simple treatment	Access treatment for more opportunistic infections but not ARV	Some of us use ARVs regularly	All those in need of ARV drugs are using them effectively
Identify and address vulnerability	Know who is most vulnerable within our community	Help those more vulnerable to HIV than ourselves	Response includes some specific actions to address our own vulnerability	Systematically address own factors of vulnerability	Our actions to address vulnerability strengthen us in addressing other challenges

Gender	Aware of gender issues and how they are related to HIV/ AIDS	We notice gender issues in our HIV/AIDS work and respond to them	Have started to address the gender issues in some AIDS work	Regularly consider gender in our HIV and AIDS prevention, care and support	Mainstreamed gender issues in all our HIV and AIDS work
Learning and transfer	Want to learn and share with others	We adopt good practice from outside	Sometimes share our viewpoints to draw lessons from actions	Learn, share and apply what we learn regularly, and seek people with relevant experience to help us	Continuously learn how we can respond better to HIV & AIDS and share our experiences with others
Measuring change and adapting our response	Aware of the importance of measuring change & adapting our response	Begin to consciously self measure but don't adapt yet the result for improvement	Adapt our response and occasionally measure the improvement	Systematically adapt and can demonstrate measureable improvement	We see implications for the future and continuously adapt to meet them while measuring the change process
Ways of working	We are aware that AIDS challenges our ways of working	Focus on our own strengths to respond	Work as teams to use our collective strengths and resolve problems as we recognize them	Regularly find our own solutions to access experiences and lessons learnt from other	Continuously seek to improve our ways of working and share our experience with others
Mobilizing resources	We wait for resources from others who tell us how to use them	Act when resources are provided to us	Take some initiatives based on our own resources	Regularly identify and access additional sources of support to complement our own strengths	Continuously use our own resources ad access other resources to achieve more and have plans for the future

Table 3. Minimum Standard per Level of Local Response Competency

	Level I (Activity Level)	Level 2 (Programmatic Approach)	Level 3 (scaling up)	Level 4 (linkage with national)
Policy	Local leadership commitment (EO for creation of Task Force Members of task force Identified roles and responsibilities of task force n embers identified) Policy statements like EC, guidelines,	Local AIDS Ordinance drafted and enacted Approved Ordinance (based on prevention policies. no hiring of minors, mandatory education, condom availability, STI drug availability, research, surveillance, M and B, care and support; engagement of MARPs) roved IRR	Policy Enforced	Pol1ey Enforcement sustained Barangays have their own barangay ordinances for STI/HIVWAIDS
Structure	Coordinating body for local response	Organized "local STI/AIDS authority" with mandate, membership, roles and functions of individual representation it the council	"Local STI/AIDS Authority" Functional (LAC meeting regularly, resources mobilized, mandates being executed, plans coordinated; presence of Secretariat ; active involvement/engagement of council members) Barangay committees on STI/HIV/AIDS	"Local STI/AIDS Authority" Functional (LAC meeting regularly, resources mobilized, mandates being executed, plans coordinated; presence of Secretariat ; active Involvement/engagement of council members) Committees of the LAC operational;
Resources	Budget allocation for task force	LOU allocating budget to implement plan	Sustained/Increased utilization of Resources	(Sustained/increased I utilization of Resources
Facilities	Facility providing STI services (SHC or integrated RHU) Referral for STI management	STI plus other HIV prevention services condoms, VCT, drug harm reduction; Referral mechanism care and support In place	Referral for care and Support functional, Facilities providing care and support for HIV	Referral for care and support functional; Facilities providing care and support for HIV

Processes	Advocacy activities — awareness raising activities Listing of key partners and their Expertise Orientation on HIV/AIDS, RA 8504 and other observances Approved work plan	Involving *key* partners in a coordinated manner *Involvement of* MARPS (organized groups of MARPs; attendance to and other HIV/AIDS events, representation in the LAC) Local Response Plan	Care and support services available and accessible Community volunteers engaged for prevention referral mechanism	Care and support services available and accessible Community volunteers for advocacy, care and support engaged
Technology	STI diagnosis and management Syndromic, Etiologic; (National STI Treatment Guidelines 2000)	STI diagnosis and management Syndromic, Etiologic; VCT Provision of STI drugs and other commodities like IEC materials. condoms, reagents (National STI Treatment Guidelines 2006)	STI diagnosis and management Syndromic, Etiologic; VCT Provision of STI drugs and other like IEC materials. condoms, reagents, harm reduction interventions (*National STI* Treatment Guidelines 2006)	STI diagnosis and management Etiologic; VCT Provision of STI drugs and other commodities as IEC materials, condoms, reagents, harm reduction interventions (National STI Treatment Guidelines)
Systems	M & B — FHSIS; SSESS if sentinel site	Strengthened M & E •	Sustained M & E (regularly reporting to CEOs, NBC)	Local M and E linked with national M & E; M & E — IHBSS in selected sites

Table 4
National AIDS Spending Assessment (NASA)

Two tables. One on the financing sources (IRA, NGOs, Donors, etc) and the other on the expenditure items (lumped here according to functions).

Source of Financing	Expenditures in Pesos		
	2011	2012	2013
1 2 3 4 5…			
Total			

Functions	Expenditures in Pesos		
	2011	2012	2013
1. Prevention-related activities			
2. Treatment and care components			
3. Orphan and vulnerable children			
4. AIDS programmed support costs			
5. Incentives for human resources			
6. Social protection and Social Services (exclude item 3 expense)			
7. Enabling Environment and Development			
8. Research excluding operations research			
Total			

Table 5
Three Ones Checklist for Local Level Response

1: One Agreed AIDS Action Framework: Local AIDS Strategic Plan	
Timeframe *(short term or midterm or long term)*	
Developed through an inclusive LAC-led participatory process	
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 ______________

THREE ONES CHECKLIST
FOR LOCAL LEVEL RESPONSE

<table>
<tr><th colspan="2">2: One Local AIDS Coordinating Authority: Local AIDS Council</th></tr>
<tr><td colspan="2">Chair of LAC ______________________________</td></tr>
<tr><td>❒ Terms of reference
❒ Annual work plan
❒ Clear mandate for coordination of the response across ALL sectors
❒ Government representatives
❒ NGO representatives</td><td>❒ Representatives of PLHIV
❒ Representatives of most-at-risk and vulnerable groups
❒ Private sector representatives
❒ Other civil society representatives
❒ Others ______________________________</td></tr>
<tr><td colspan="2">Meets regularly ❒ Monthly
❒ Quarterly
❒ Semi-annually
❒ Annually</td></tr>
<tr><td colspan="2">Has formal reporting lines to the Office of the Mayor</td></tr>
<tr><td colspan="2">Has formal reporting lines to the Philippine National AIDS Council</td></tr>
<tr><td colspan="2">Roles and responsibilities of Local AIDS Council and City/Municipal Health Office defined</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2">Amount of regular budget allocation and utilization</td></tr>
<tr><td colspan="2">Receives and allocates external AIDS finances</td></tr>
<tr><td colspan="2">Receives and manages information on external AIDS finances</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2">Fulltime secretariat in place</td></tr>
<tr><td colspan="2">Number of programme / technical Secretariat staff</td></tr>
<tr><td>Technical competency of Secretariat staff
❒ Coordination
❒ Partnership building
❒ M&E
❒ Strategic information management</td><td>❒ Policy analysis and formulation
❒ Advocacy
❒ Resource mobilization</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2">Formal relationship with bilateral initiatives</td></tr>
<tr><td colspan="2">Formal relationship with Local Government Unit</td></tr>
<tr><td>Formal relationship with civil society include:
❒ National NGO
❒ local NGOs
❒ people's organizations</td><td>❒ faith-based organizations
❒ private sector</td></tr>
<tr><td colspan="2">Formal partnership with the Philippine National AIDS Council</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2">Local AIDS Council actively used by the local government as a tool for concerted action</td></tr>
<tr><td colspan="2">Local AIDS Council is a tool for coordinating external partners</td></tr>
<tr><td colspan="2">Local AIDS Council is a tool for coordinating civil society and private sector response</td></tr>
</table>

THREE ONES CHECKLIST
FOR LOCAL LEVEL RESPONSE

3. One Monitoring and Evaluation System: Local M&E System
Does a recognized M&E Unit for coordinating and operationalizing M&E exist?
❒ If yes, ➢ Where is the M&E unit located (e.g., City/Municipal Health Office)? ➢ How many staff does it have?
❒ If no, ➢ Is there any plan for the establishment of a national M&E unit? ➢ Which organizations conduct M&E now?
Does an M&E Working Group exist?
❒ If yes, ➢ Is there a defined Terms of Reference of M & E Working Group? ➢ Which agency takes the role as the secretariat of the working group? ➢ Who are the members? - obtain the list of participating agencies. ➢ How often do they meet in the past one year? ➢ What are major products from this group?
❒ If no, ➢ Is there a plan to establish a multisectoral M&E working group?
Does a local M&E system exist?
❒ If yes, ➢ Is the local M&E framework linked to the national M&E framework? ➢ Was the M&E framework endorsed by major stakeholders? ➢ When was it endorsed? ➢ Is there an M&E plan in place? ➢ What time period does the plan cover? ➢ Is there a set of standardized indicators? ➢ Were the indicators endorsed by major stakeholders? ➢ Which stakeholders have endorsed this plan? ➢ When were these endorsed? ➢ Is the local M&E plan linked to the national M&E plan? ➢ Is the M&E plan costed and does it have the allocated fund for management and implementation? ➢ If yes, what is the funding source? ➢ How many percent of the local AIDS budget is earmarked for M&E? ➢ Is there a strategy for assessing quality and accuracy of data? ➢ Does the system map clearly show the information flow and feedback for M&E activities? ➢ Has an M&E dissemination and use plan been developed? ➢ Is there an annual M&E report for stakeholders in place? ➢ Is there an M&E capacity building plan?
❒ If no, ➢ Is there a proposal to produce a local M&E action plan? ➢ Is there any draft plan that is currently being used?
Does a common data management system exist?
How many different databases comprise the system?
Has the Country Response Information System (CRIS) been installed and does it play a role in this plan?
• Is there a CRIS implementation plan?
• Is there a way to synchronize CRIS with other databases currently used?
Does the data management system contain the following information:
❒ Serological and behavioural surveillance ❒ Coverage of essential services ❒ Assessment of quality of services ❒ Impact of the epidemic, including vital registration statistics — ❒ Financial tracking ❒ Assessment of the policy environment for implementing HIV and AIDS programs ❒ Inventory of current and proposed evaluation research activities that are taking place in area

Capacity Needs Assessment of Local Responses to HIV and AIDS

Tool A: Questionnaire for LGUs with LAC

RESPONDENT NO. ________

Date and Time Started ____________

Date and Time Ended _____________

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.

Your Specific Functions in the Local AIDS Council	Please check if you have problem(s) with the function.	Kindly check if training can help solve the problem.
a.		
b.		
c.		
d.		
e.		

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.

HIV and AIDS Programs, Projects and Activities of your Office/Organization over the past 12 months
a.
b.
c.
d.
e.
f.
g.
h.

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.

Show of Political Support to Local HIV and AIDS Programs	**Done by your local elective officials?**	
	YES	**NO**
Express commitment and political support to HIV and AIDS programs in their public speeches		
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		
Allocate/Appropriate adequate budget for HIV and AIDS programs		
Provide adequate space for HIV and AIDS clinics and testing centers		
Visit treatment hubs and testing centers to provide moral support to HIV and AIDS workers		
Participate in the celebration of World AIDS Day and other HIV and AIDS advocacy programs		
Others, please specify:		

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

RESPONDENT NO. _______

Date and Time Started ____________

Date and Time Ended ____________

Capacity Needs Assessment of Local Responses to HIV/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: ____

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.

HIV and AIDS Programs, Projects and Activities of your Office/Organization over the past 12 months
i.
j.
k.
l.
m.
n.
o.

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? ______________________________

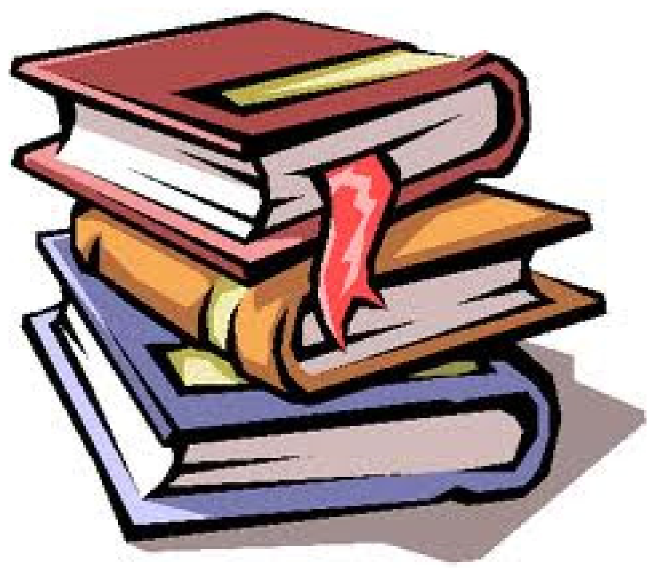
8) In your opinion, what are the key factors that facilitate a successful local initiative in the fight against HIV and AIDS? ______________________________

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!

References



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[2] *Ibid.*

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U N D P
UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
DILG

PHILIPPINE NATIONAL AIDS COUNCIL
1992

UP-NCPAG
CLRG
1965