

Philippines Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

Other measurement tool / source:

From date: 01/01/2014

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Additional information related to entered data. e.g. reference to primary data source, methodological concerns::

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

Data measurement tool / source: GARPR

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Describe the process used for NCPI data gathering and validation: The Philippine National AIDS Council (PNAC) through the M&E Unit facilitated the NCPI process. On November 18, 2014 the PNAC Secretariat started to send the 2012 NCPI questionnaires together with the copy of the NCPI 2012 to each PNAC member agency (GA, NGOs and CSO). The intention of sending the NCPI documents is to provide an ample time for each agency to review the previous NCPI consensus and to discuss each agencies' stand for the NCPI 2014. March 12-14, 2014 a live-in workshop for NCPI vetting forum was conducted at Tagaytay International Convention Center. The participants were technical representatives from the PNAC member agencies. Before the start of the vetting forum the participants were oriented of the NCPI process. Two groups were formed, the first group which was composed of the government agencies and the second group which was composed of the NGOs and CSOs. The two groups answered the NCPI Part A and NCPI Part B respectively. The process for each group was conducted independently both had their own facilitator and documenter. The outputs of each group were documented by the PNAC Secretariat, a validation forum for the final output was held after two weeks (March 28, 2014).

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: Disagreements were resolved by taking time to listen on the argument of the different parties and finally coming up with a group consensus for the matter

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like): Suggestion for NCPI A question 1.6 to separate the question for strategic plan from the operational plan

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	Respondents to Part A
Department of Social Welfare and Development	Ms. Marilyn B. Moral/Social Technology Bureau	A1,A2,A3,A4,A5,A6
Department of Social Welfare and Development	Mr. Manuel Baciaga/Social Technology Bureau	A1,A2,A3,A4,A5,A6
Department of Education	Dr. Ann P. Quizon/Education Program Specialist II, HNC	A1,A2,A3,A4,A5,A6
Philippine Information Agency	Ms. Marites Paneda/Information Officer III, PMD	A1,A2,A3,A4,A5,A6
Department of Justice	Atty. Romeo B. Senon/ Asst. State Prosecutor	A1,A2,A3,A4,A5,A6
Philippine National Police	PS Supt. Arnulfo C. Billote/MSD Office of the Director Health Service	A1,A2,A3,A4,A5,A6
Council for the Welfare of Children	Ms. Normina E. Mojica/ Project Coordinator	A1,A2,A3,A4,A5,A6
Department of Tourism	Mr. Rolando A. Bautista/Project Coordinator	A1,A2,A3,A4,A5,A6
Department of Foreign Affairs	Ms. Jens Noriel C. Cubos/Office of United Nations and other International Organizations	A1,A2,A3,A4,A5,A6
Department of Labor and Employment	Dr. Darryl Lucian S. Bautista/ Occupational Health Officer-OSHC	A1,A2,A3,A4,A5,A6
Department of Labor and Employment	Ms. Joyce Ann Dela Cruz/ HRMOII-OSHC	A1,A2,A3,A4,A5,A6
League Provinces of the Philippines	Ms. Angelica J. Sanchez/ Director for Policy Development	A1,A2,A3,A4,A5,A6

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	Respondents to Part B
Action For Health Initiative, Inc.	Ms. Mara Q. Bondad/Executive Director	B1,B2,B3,B4,B5
Pinoy Plus Association, Inc.	Mr. Sharlito Lucero/ Site Implementation Officer	B1,B2,B3,B4,B5
TLF-Share Collective	Mr. Angelo James Esperanzate/ Project Coordinator	B1,B2,B3,B4,B5
Commission on Human Rights	Atty. Sheena Usquisa-Binarao	B1,B2,B3,B4,B5
Action For Health Initiative, Inc.	Ms. Carolyn Cambare/Project Coordinator	B1,B2,B3,B4,B5
Trade Union Congress of the Philippines	Mr. Charlie B. Austria/T.U.C.P. Resident Nurse	B1,B2,B3,B4,B5
Pinoy Plus Association, Inc.	Mr. Daren Paul Katigbak/Site Implementation Officer	B1,B2,B3,B4,B5
Philippine Medical Association	Dr. Dennis S. De Guzman/Lipa City Medical Society	B1,B2,B3,B4,B5
Philippine Medical Association	Dr. Maria Bella Villena/Lipa City Medical Society	B1,B2,B3,B4,B5

A.I Strategic plan

1. Has the country developed a national multisectoral strategy to respond to HIV?: Yes

IF YES, what is the period covered: 2011-2016

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: The current strategy of (AMTP V) is essentially a continuation of the AMTP IV. The modifications made were based from the current data that the country has. The key development for the current strategy was the development of an "AMTP V Investment Plan", "5th AMTP Monitoring and Evaluation Plan" and the development of the "Health Sector Plan"

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: PNAC with Partnered agencies, as follows: 1. DOH 2. DILG 3. Dep Ed 4. Ched 5. DOLE 6. DSWD 7. DOJ 8. DFA 9. NEDA 10. DOT 11. DBM 12. LPP 13. LCP 14. Senate of the Phils. 15. House of Representatives 16. PIA 17. TESDA 18. PNGOC 19. PINOY PLUS 20. TUCP 21. PIA 22. ACHIEVE 23. PMA 24. HAIN

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

Education:

Included in Strategy: Yes

Earmarked Budget: Yes

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: Yes

Earmarked Budget: Yes

Military/Police:

Included in Strategy: Yes

Earmarked Budget: Yes

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: Yes

Transportation:

Included in Strategy: No

Earmarked Budget: No

Women:

Included in Strategy: Yes

Earmarked Budget: Yes

Young People:

Included in Strategy: Yes

Earmarked Budget: Yes

Other: Tourism

Included in Strategy: Yes

Earmarked Budget: Yes

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: No

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Sex workers: Yes

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable subpopulations: No

SETTINGS:

Prisons: No

Schools: Yes

Workplace: Yes

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: Yes

HIV and poverty: No

Human rights protection: Yes

Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?:

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]: Indigenous People

: Yes

1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?: Yes

1.6. Does the multisectoral strategy include an operational plan?: Yes

1.7. Does the multisectoral strategy or operational plan include:

a) Formal programme goals?: Yes

b) Clear targets or milestones?: Yes

c) Detailed costs for each programmatic area?: Yes

d) An indication of funding sources to support programme implementation?: Yes

e) A monitoring and evaluation framework?: Yes

1.8. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?: Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.: Multisectoral Partnership Positive Community Consultation Inclusive Development

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:

1.9. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?: Yes

1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?: Yes, all partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: Yes

Poverty Reduction Strategy:

National Social Protection Strategic Plan: Yes

Sector-wide approach: Yes

Other [write in]:

:

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: Yes

HIV impact alleviation (including palliative care for adults and children): Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support: Yes

Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support: Yes

Reduction of stigma and discrimination: Yes

Treatment, care, and support (including social protection or other schemes): Yes

Women's economic empowerment (e.g. access to credit, access to land, training): Yes

Other [write in]:

:

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: Yes

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?: 3

4. Does the country have a plan to strengthen health systems?: Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children: through the Universal Health Access

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health: Many

b) HIV Counselling & Testing and Tuberculosis: Many

c) HIV Counselling & Testing and general outpatient care: Few

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: None

e) ART and Tuberculosis: Many

f) ART and general outpatient care: None

g) ART and chronic Non-Communicable Diseases: None

h) PMTCT with Antenatal Care/Maternal & Child Health: Few

i) Other comments on HIV integration: :

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?: 8

Since 2011, what have been key achievements in this area:

What challenges remain in this area::

A.II Political support and leadership

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

A. Government ministers: Yes

B. Other high officials at sub-national level: Yes

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: Head of DOH (Sec. Ona) is presiding the Philippine National AIDS Council Plenary meeting.

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?: Yes

IF NO, briefly explain why not and how HIV programmes are being managed::

2.1. IF YES, does the national multisectoral HIV coordination body:

Have terms of reference?: Yes

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: Hon. Enrique T. Ona, Health Secretary

Have a defined membership?: Yes

IF YES, how many members?: 26

Include civil society representatives?: Yes

IF YES, how many?: 9

Include people living with HIV?: Yes

IF YES, how many?: 1 umbrella organization for PLHIV

Include the private sector?: No

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: Yes

3. Does the country have a mechanism to promote coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?: Yes

IF YES, briefly describe the main achievements:: Through the PNAC (the central coordinating body)

What challenges remain in this area:: Strengthen the coordination

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:

5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Capacity-building: No

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: No

Technical guidance: Yes

Other [write in]:

: No

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?: No

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: No

IF YES, name and describe how the policies / laws were amended: "Anti Trafficking in Persons Act of 2003"

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:: • Republic Act 9165 or "Dangerous Drugs act of 2002 - hinders the implementation of "Harm Reduction Program" since it uses the possession of paraphernalia like needles and syringes as an evidence to persecute

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?: 6

Since 2011, what have been key achievements in this area::

What challenges remain in this area:: Change in Leadership - that might result to the disruption in the continuity of the program

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

People living with HIV: Yes

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: Yes

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]: Elderly, Internally displaced Population

: Yes

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:: CHR (Workplace Policy), UN Declaration, Bill of Rights, Magna Carta for Women and Persons with Disability, Family Code, RA 8504

Briefly explain what mechanisms are in place to ensure these laws are implemented:: Current structure of government Commissions

Briefly comment on the degree to which they are currently implemented:: The policies are there, but more on information awareness and education campaigns, but still discriminatory acts occur, and if not regularly reported, are under reported and no documented case has been filed with appropriate redress mechanisms.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?: Yes

IF YES, for which key populations and vulnerable groups?:

People living with HIV: No

Elderly persons: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: Yes

People with disabilities: No

People who inject drugs: Yes

Prison inmates: No

Sex workers: No

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies:: RA 9165 (please see above notes)

Briefly comment on how they pose barriers:: Possession of drug paraphernalia is still illegal as stated in the law.

A.IV Prevention

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?: Yes

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: Yes

Engage in safe(r) sex: Yes

Fight against violence against women: Yes

Greater acceptance and involvement of people living with HIV: Yes

Greater involvement of men in reproductive health programmes: Yes

Know your HIV status: Yes

Males to get circumcised under medical supervision: No

Prevent mother-to-child transmission of HIV: Yes

Promote greater equality between men and women: No

Reduce the number of sexual partners: Yes

Use clean needles and syringes: Yes

Use condoms consistently: Yes

Other [write in]::

: No

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?: Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?: Yes

2.1. Is HIV education part of the curriculum in:

Primary schools?: Yes

Secondary schools?: Yes

Teacher training?: Yes

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: Yes

b) gender-sensitive sexual and reproductive health elements?: Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?: Yes

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?: Yes

Briefly describe the content of this policy or strategy::

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

People who inject drugs: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Men who have sex with men: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Customers of sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Prison inmates: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Other populations [write in]:

:

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2013?: 9

Since 2011, what have been key achievements in this area?: RH Law Amended anti trafficking law Civil Service Commission -Memorandum Circular regarding Work place policy for HIV and AIDS

What challenges remain in this area?: • Insufficient budget • Breaking the stigma

4. Has the country identified specific needs for HIV prevention programmes?: No

IF YES, how were these specific needs determined?: Researches Monitoring and Evaluation Consultation *Harmonization in Responses

IF YES, what are these specific needs? : Researches Monitoring and Evaluation

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Agree

Condom promotion: Agree

Economic support e.g. cash transfers: N/A

Harm reduction for people who inject drugs: Agree

HIV prevention for out-of-school young people: Agree

HIV prevention in the workplace: Agree

HIV testing and counseling: Agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Agree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

Reduction of gender based violence: Agree

School-based HIV education for young people: Agree

Treatment as prevention: Agree

Universal precautions in health care settings: Agree

Other [write in]:

:

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 7

A.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

If YES, Briefly identify the elements and what has been prioritized:: Out reach VCT Treatment Care and support(DOH

Briefly identify how HIV treatment, care and support services are being scaled-up?: More treatment hubs, SIO's (Counselor, /referrers) *Hepa-B Vax, CTX, INH Utilization PHIC-lab covered (SVC's-CD4)-needs evidence Conduct of research

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Agree

Economic support: Agree

Family based care and support: Disagree

HIV care and support in the workplace (including alternative working arrangements): Strongly disagree

HIV testing and counselling for people with TB: Agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Agree

Nutritional care: Agree

Paediatric AIDS treatment: Agree

Palliative care for children and adults Palliative care for children and adults: Agree

Post-delivery ART provision to women: Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Disagree

Post-exposure prophylaxis for occupational exposures to HIV: Disagree

Psychosocial support for people living with HIV and their families: Strongly agree

Sexually transmitted infection management: Strongly agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: Agree

Other [write in]:

:

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?: Yes

Please clarify which social and economic support is provided:

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?: No

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?: Yes

IF YES, for which commodities?: ART Condoms (DOH)

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?: 8

Since 2011, what have been key achievements in this area?: Increased budget from the Department

What challenges remain in this area?:

6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: Yes

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?: 4

Since 2011, what have been key achievements in this area?: Social protection policy on children

What challenges remain in this area?: Lack of data on OVC

A.VI Monitoring and evaluation

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?: Yes

Briefly describe any challenges in development or implementation::

1.1. IF YES, years covered: 2011-2016

1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?: Yes, all partners

Briefly describe what the issues are::

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: Yes

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: Yes

A data dissemination and use strategy: Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate): Yes

Guidelines on tools for data collection: Yes

3. Is there a budget for implementation of the M&E plan?: No

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?:

4. Is there a functional national M&E Unit?: Yes

Briefly describe any obstacles::

4.1. Where is the national M&E Unit based?

In the Ministry of Health?: Yes

In the National HIV Commission (or equivalent)?: Yes

Elsewhere?: No

If elsewhere, please specify:

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
National M&E Officer	Full-time	2012

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
-------------------------------------	------------------------	-------------

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?: Yes

Briefly describe the data-sharing mechanisms::

What are the major challenges in this area?:

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?: Yes

6. Is there a central national database with HIV- related data?: Yes

IF YES, briefly describe the national database and who manages it.:

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?: Yes, all of the above

IF YES, but only some of the above, which aspects does it include?:

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s)?: not all

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: Estimates of Current and Future Needs

7.2. Is HIV programme coverage being monitored?: Yes

(a) IF YES, is coverage monitored by sex (male, female)?: Yes

(b) IF YES, is coverage monitored by population groups?: Yes

IF YES, for which population groups?:

Briefly explain how this information is used::

(c) Is coverage monitored by geographical area?: Yes

IF YES, at which geographical levels (provincial, district, other)?:

Briefly explain how this information is used::

8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?: No

9. How are M&E data used?

For programme improvement?: Yes

In developing / revising the national HIV response?: Yes

For resource allocation?: Yes

Other [write in]::

: No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any::

10. In the last year, was training in M&E conducted

At national level?: Yes

IF YES, what was the number trained:: 40

At subnational level?: No

IF YES, what was the number trained:

At service delivery level including civil society?: No

IF YES, how many?:

10.1. Were other M&E capacity-building activities conducted other than training?: No

IF YES, describe what types of activities: monitoring activities (IHBSS, conduct of research)

11. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?: 7

Since 2011, what have been key achievements in this area::

What challenges remain in this area::

B.I Civil Society involvement

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?: 4

Comments and examples:: Work Place Policy, BUB Asking TA from Achieve to help with their HIV Programs National Network (PNAC, LAC Area) Lobbying with congress for Law Amendments. : Low output because of reorganization Work with medical societies in local areas : Not much work together as National Network

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?: 5

Comments and examples:: dialogue with program, not much say on allocation (bigger), Reorganization Problem Continuing implementation & CSO Engagement : Involvement, remains lacking MTR of AMTP : NSAP - ALT budget initiative NASPCP Budget similar to NSAP

3. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 3

b. The national HIV budget?: 3

c. The national HIV reports?: 3

Comments and examples::

4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 4

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 3

c. Participate in using data for decision-making?: 2

Comments and examples::

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 3

Comments and examples::

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access:

a. Adequate financial support to implement its HIV activities?: 2

b. Adequate technical support to implement its HIV activities?: 3

Comments and examples:: Data is part of the TA. Org'n is TA provider (primarily) Refusal to provide TA on HIV fact sheet development for LGU's

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for key-populations:

People living with HIV: 51-75%

Men who have sex with men: 51-75%

People who inject drugs: 51-75%

Sex workers: 25-50%

Transgender people: 51-75%

Palliative care : 51-75%

Testing and Counselling: 51-75%

Know your Rights/ Legal services: 51-75%

Reduction of Stigma and Discrimination: 51-75%

Clinical services (ART/OI): <25%

Home-based care: 51-75%

Programmes for OVC: <25%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2013?: 7

Since 2011, what have been key achievements in this area?: NSAP, Dangal Network, TWG for MSM and TG, Collaboration CSO-LGU GIPA=PE, Counselors, TWG Amendments, Researches by NGO funded by donors

What challenges remain in this area?: Lack of representations. (Youth, SW, PWID, TG) - genuine representation Tie-ups among NGO's - halfways, shelters

B.II Political support and leadership

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:
Yes

IF YES, describe some examples of when and how this has happened?: LGU engagements: TA, membership in LAC, WP Program (cost - sharing) Government sponsored activities (programs by CSO) PNAC Support: 200,000 (PH Sex Worker Collective), (Women Hookers - Rights and Empowerment)

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: Yes

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: Yes

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]::

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws:: Constitution: " Bill of Rights" Vulnerability Specific Rights Protection needs of legislation RA 10364: Expanded Anti-Trafficking Work Place Policy of CHR

Briefly explain what mechanisms are in place to ensure that these laws are implemented:: CHR: Investigate, recommendation for action, Work Place Policy of CHR: PLHIV asst. in cases

Briefly comment on the degree to which they are currently implemented: Cases being worked on by CHR ,as referred by PPA Documentations[] barangay level complaints, CHR, SP's (arbitration, conciliation, mediation) PNAC assistance to refer: School-related: CHR, OFC-Related DOLE Only deploy to countries compliant to HR standards[] but largest deployment is in KSA Domestic workers paid less than "standards" but continue to deploy Prostituted people are VICTIMS - problem on MINOR [] more effective rescue and rehab for minor, less effective for adults (not all groups agree they are victims)

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?: Yes

2.1. IF YES, for which sub-populations?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: Yes

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: No

People who inject drugs: Yes

Prison inmates: No

Sex workers: No

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable populations [write in]::

: No

Briefly describe the content of these laws, regulations or policies:: PLHIV= Private Sector Policies, Labor Code (ref. K. Fullante) Migrants= A.O. 2003-01 OVC, girl, YMEM/YWOMEN= RA 8504, suspended RPRH TG= Citizenship Law (Natural Sex) impedes access to health Uniformed Personnel: STI cases get discharged

Briefly comment on how they pose barriers:: PLHIV= can't access / utilize coverage for health svcs Migrants= contradicts non mandatory guarantee, no access to info OVC, girl, YMEM/YWOMEN= minor age no access to VCT and health svcs TG= treated as male, even if women's health needs Uniformed Personnel:

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?: Yes

Briefly describe the content of the policy, law or regulation and the populations included.:

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?: No

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy::

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?: No

IF YES, briefly describe this mechanism::

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

If applicable, which populations have been identified as priority, and for which services?: Free to some: Priority on KAPS : Private Sector Payment OHAT, PHIC: Investment for future need.

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?: No

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?: No

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?: No

IF YES, Briefly describe the content of this policy/strategy and the populations included:: Minor Age remains a problem Vague for some populations in operations- PWID, prisons, migrant workers

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?: Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:: Focused Intervention packages in AMTP - findings Mid Term Review that needs to improve. Migrant Workers= can't be helped by local laws, requirements of foreign countries Prisons= without evidence yet

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?: Yes

IF YES, briefly describe the content of the policy or law:: Migrant Worker= required testing GCC / other receiving countries BPO's= require testing, not sure if with consequence = medical staffing(nurses), required (hospitals) BI= applicants for permanent residency Workers in Entertainment Establishment= withholding HEALTHCARDS / non-

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: No

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

IF YES on any of the above questions, describe some examples:: CHR M&E Plan: Detection of Disc. Access to redress

11. In the last 2 years, have there been the following training and/or capacity-building activities:

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?: Yes

b. Programmes for members of the judiciary and law enforcement⁴⁶ on HIV and human rights issues that may come up in the context of their work?: Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework: Yes

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: Yes

13. Are there programmes in place to reduce HIV-related stigma and discrimination?: Yes

IF YES, what types of programmes?:

Programmes for health care workers: Yes

Programmes for the media: Yes

Programmes in the work place: Yes

Other [write in]: Faith based organizations

: Yes

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?: 7

Since 2011, what have been key achievements in this area:: Anti-Discrimination CEBU, QC HIV Work Place Policies: DFA, CHR, DOT

What challenges remain in this area:: PWID: Dangerous Drugs Acts Persons Below 18 No Evidence for Prison Inmates Implementation gaps with SW's

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?: 5

Since 2011, what have been key achievements in this area:: Coverage is PHIC increased

What challenges remain in this area:: GAPS emerging on Work Place Policies - implementations of availing PHIC OHAT - confidentiality, disclosure, job security

B.IV Prevention

1. Has the country identified the specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: through the conduct of 5th AMTP MidTerm Review (2013)

IF YES, what are these specific needs? : Need bigger coverage, better quality, MSM & PWID Lack of National Awareness Campaigns Collaboration in local responses (CSO TA for LGU's) Discrimination in HF, WP, Family/HH Young people: Capacity, need to involve YKAP Community Base weakness (organizing, mobilization) Strengthening of M&E

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Agree

Harm reduction for people who inject drugs: Strongly disagree

HIV prevention for out-of-school young people: Disagree

HIV prevention in the workplace: Agree

HIV testing and counseling: Disagree

IEC on risk reduction: Disagree

IEC on stigma and discrimination reduction: Disagree

Prevention of mother-to-child transmission of HIV: Agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: N/A

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: Disagree

Risk reduction for sex workers: Agree

School-based HIV education for young people: Disagree

Universal precautions in health care settings: Disagree

Other [write in]:

:

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?: 6

Since 2011, what have been key achievements in this area?: Baseline research on transgender Greater attention on YKAP, Gender-Age mainstreaming Sundown Clinic, HCT Services for MSM

What challenges remain in this area?: Coverage is low; funding remains low

B.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

IF YES, Briefly identify the elements and what has been prioritized:: ART/OI Phil Health Counseling as Psychosocial

Briefly identify how HIV treatment, care and support services are being scaled-up?: More treatment hubs, SIO's (Counselor, /referrers) *Hepa-B Vax, CTX, INH Utilization PHIC-lab covered (SVC's-CD4)-needs evidence Satellite Treatment Hub (SHC's) Propose Law amends for psychosocial interventions

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Strongly agree

HIV care and support in the workplace (including alternative working arrangements): Disagree

HIV testing and counselling for people with TB: Agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Disagree

Nutritional care: Disagree

Paediatric AIDS treatment: Strongly agree

Post-delivery ART provision to women: N/A

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Strongly disagree

Post-exposure prophylaxis for occupational exposures to HIV: Agree

Psychosocial support for people living with HIV and their families: Disagree

Sexually transmitted infection management: Strongly agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Strongly agree

TB screening for people living with HIV: Strongly agree

Treatment of common HIV-related infections: Strongly agree

Other [write in]: Vaccines (hep B, Flu, Pnuemonia

: Agree

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 7

Since 2011, what have been key achievements in this area: Free vaccination; improved supply OI meds; 3-in-1 ART

What challenges remain in this area: Negative impact to patients with different managements in Treatment Hubs (3 in 1 ART if unstable)

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:

Yes

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 4

Since 2011, what have been key achievements in this area::

What challenges remain in this area:: Loss of LUNDUYAN as steward PNAC, CWC (loss of 2 PNAC representative for the youth and sex workers)