

## Survey Response Details

### Response Information

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### Response Details

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**1) Country**

Philippines (0)

**2) Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**

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**7) Date of submission:**

Please enter in DD/MM/YYYY format

24/03/2010

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**8) Describe the process used for NCPI data gathering and validation:**

NCPI-A: NCPI-A questionnaires were reproduced and individually delivered to all government PNAC members in the 1st week of November 2009 with a cover letter requesting their cooperation in completing the forms. Due to the length of the questionnaire, the government agencies were given a month to complete the questionnaire. They were required to inform the secretariat when they

completed the questionnaire, for pick-up by the secretariat. Submission was extended up to February of 2010 due to the poor response and return of questionnaires. Eventually, the core team decided to conduct a workshop similar to the NCPI-B to gather the government representatives in one venue and once and for all complete the NCPI-A. This was conducted on February 23, 2010. A vetting workshop for the draft report was conducted on March 18, 2010 with 47 participants in attendance. Stakeholders were shown the draft report and indicator data. Questions on the draft were answered and the draft report was made available to all stakeholders by providing them with the username and password for viewing the online data entry tool. This allowed interactive comments and suggestions for changes from all stakeholders involved in preparing the report. For NCPI-B, a shorter process was involved due to the immediate conduct of a workshop for civil society organizations. This was done on February 4, 2009 with 24 representatives from various CSOs and bilateral organizations in attendance. All the questions of the NCPI-B were answered in plenary and a consensus response was produced at the end of the workshop. The same CSO representatives were also present in the Vetting Forum.

**9) Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**

In both workshops, a consensus was reached in items that required a single answer by votation following the rule that the item with the most votes wins. Dissenting answers or opinions were recorded and were included in the remarks.

**10) Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):**

An observation from the NCPI-A for government officials revealed their general inadequate knowledge of the country response unlike the CSOs responses. This also explained their difficulty in answering and returning questionnaires. It was also noted that during the NCPI-A workshop, representatives who were not aware of some issues relied on the responses of these representatives who were more knowledgeable of the issue e.g. Treatment, Care and Support. There were also areas, like prevention, wherein the participants cited numerous improvements and achievements from the previous report yet gave an over-all lower rating.

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**11) NCPI - PART A [to be administered to government officials]**

Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1 Philippine National AIDS Council Secretariat	Ferchito L. Avelino/Director	A.I, A.II, A.III, A.IV, A.V

**12)**

Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2 Dept. of Labor	Pureza Fontelera/Program Officer	A.I, A.II, A.III, A.IV, A.V
Respondent Dept. of Health	Joel Atienza/NASPCP	A.I, A.II, A.III, A.IV, A.V

3	Dept. of Health	Program Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 4	Dept. of Tourism	Ma. Amparo Cabrera/Medical Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 5	Dept. of Interior and Local Government	Cesar Montances/PNAC Rep	A.I, A.II, A.III, A.IV, A.V
Respondent 6	Dept. of Foreign Affairs	Evan P. Garcia/Asst. Secretary	A.I, A.III
Respondent 7	National Economic Development Authority	Arlene Ruiz/NEDA Rep	A.I, A.II, A.III, A.IV, A.V
Respondent 8	Philippine Information Agency	Lyndon Plantilla/PIA Rep	A.I, A.II, A.III, A.IV, A.V
Respondent 9	Dept of Justice	Precoius Fojas/DOJ Rep	A.I, A.II
Respondent 10	Dept of Social Welfare and Development	Marlyn Moral/Project Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

13)

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

Organization Names/Positions		Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	World Vision Dr. Yvonne Duque/Project Officer	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	PAFPI	Rodel Navarra	B.I, B.II, B.III, B.IV
Respondent 3	TRIDEV	Toti Uysingco	B.I, B.II, B.III, B.IV
Respondent 4	ACHIEVE	Mara Quesada	B.I, B.II, B.III, B.IV
Respondent 5	Pinoy Plus Association	Rain Castillo	B.I, B.II, B.III, B.IV
Respondent 6	Foundation for Adolescent Development	Cecilia Villa	B.I, B.II, B.III, B.IV
Respondent 7	Pilipinas Shell Foundation Inc.	Devani Ardiente	B.I, B.II, B.III, B.IV
Respondent 8	AIDS Society of the Philippines	Glenn Catubig	B.I, B.II, B.III, B.IV
Respondent 9	Womens Health Care Foundation	Rebecca Ramos	B.I, B.II, B.III, B.IV
Respondent 10	Lunduyan	Irene Fellizar	B.I, B.II, B.III, B.IV
Respondent 11	ISSA	Marlon Lacsamana	B.I, B.II, B.III, B.IV
Respondent 12	UNAIDS	Peter Mosende	B.I, B.II, B.III, B.IV
Respondent 13	Health Action Initiatives Network	Noemi Leis	B.I, B.II, B.III, B.IV
Respondent 14	Trade Union Congress of the Philippines	Rolagenia Reyes	B.I, B.II, B.III, B.IV
Respondent 15	PNGOC	Ruthy Libatique	B.I, B.II, B.III, B.IV
Respondent 16	TLF	Anastacio Marasigan	B.I, B.II, B.III, B.IV
Respondent 17	RITM Foundation	Rosanna Ditangco	B.I, B.II, B.III, B.IV
Respondent 18	UP-PGH	Edsel Salvana	B.I, B.II, B.III, B.IV
Respondent 19	World Health Organization	Madeline Salva	B.I, B.II, B.III, B.IV
Respondent 20	UNFPA	Jovanni Templonuevo	B.I, B.II, B.III, B.IV
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

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15)

**Part A, Section I: STRATEGIC PLAN**

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

**(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)**

**Yes (0)**

**Page 7**16) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

2008-2009

17)

**1.1 How long has the country had a multisectoral strategy?**

**Number of Years**

20

18)

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

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	No
Labour	Yes	Yes
Transportation	No	
Military/Police	No	
Women	Yes	Yes
Young people	Yes	Yes
Other*	Yes	Yes

**Page 8**19) **Part A, Section I: STRATEGIC PLAN****Question 1.2 (continued)**

**If "Other" sectors are included, please specify:**

Local Government, Tourism, Foreign Affairs

20)

**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?**

The military and police in the Philippines are not currently included in the National Strategic Plan but conduct HIV related activities as an institution and are funded from their own budget.

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21)

### Part A, Section I: STRATEGIC PLAN

**1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?**

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k. HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

22)

**1.4 Were target populations identified through a needs assessment?**

Yes (0)

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23)

### Part A, Section I: STRATEGIC PLAN

**Question 1.4 (continued)**

**IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

2005

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24)

### Part A, Section I: STRATEGIC PLAN

#### 1.5 What are the identified target populations for HIV programmes in the country?

Sex workers, Males who have sex with males, Injecting Drug Users, Clients of Sex Workers, Out of school youth, children, migrant workers

25)

#### 1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

26)

#### 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?	Yes
e. A monitoring and evaluation framework?	Yes

27)

#### 1.8 Has the country ensured “full involvement and participation” of civil society\* in the development of the multisectoral strategy?

Active involvement (0)

## Page 12

28)

### Part A, Section I: STRATEGIC PLAN

#### Question 1.8 (continued)

#### IF active involvement, briefly explain how this was organised:

CSOs have been involved as members of the Philippine National AIDS Council ever since its establishment in 1992. They are actively involved in all aspects of the response and often have lead many of the activities in the country

29)

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

Yes (0)

30)

**1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?**

Yes, some partners (0)

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31)

**Part A, Section I: STRATEGIC PLAN**

**Question 1.10 (continued)**

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

Some may be aligned but not harmonized.

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32)

**Part A, Section I: STRATEGIC PLAN**

**2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?**

Yes (0)

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33)

**Part A, Section I: STRATEGIC PLAN**

**2.1 IF YES, in which specific development plan(s) is support for HIV integrated?**

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	Yes
e. Other: Please specify	

34)

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

HIV-related area included in development plan(s)	
HIV prevention	Yes



Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	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
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes
Other: Please specify	

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35)

**Part A, Section I: STRATEGIC PLAN**

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

Yes (0)

**Page 17**

36)

**Part A, Section I: STRATEGIC PLAN**

**3.1 IF YES, to what extent has it informed resource allocation decisions?**

3 (3)

37)

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

No (0)

**Page 19**

38)

**5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?**

Yes (0)

**Page 20**

39)

**Part A, Section I: STRATEGIC PLAN**

**5.1 IF YES, for which subpopulations?**

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

40)

**IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:**

Republic Act 8504. The Philippine AIDS Prevention and Control Act of 1998

41)

**Briefly comment on the degree to which these laws are currently implemented:**

Poorly Implemented

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42)

**Part A, Section I: STRATEGIC PLAN**

**6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?**

Yes (0)

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43)

**Part A, Section I: STRATEGIC PLAN**

**6.1 IF YES, for which subpopulations?**

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	No
g. Migrants/mobile populations	Yes
Other: Please specify	

44)

**IF YES, briefly describe the content of these laws, regulations or policies:**

The existence of anti-vagrancy laws prevent children from accessing social hygiene services. Drug enforcement laws which criminalizes possession of injecting equipment.

45)

**Briefly comment on how they pose barriers:**

See above.

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46)

**Part A, Section I: STRATEGIC PLAN**

**7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?**

Yes (0)

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47)

**Part A, Section I: STRATEGIC PLAN**

**7.1 Have the national strategy and national HIV budget been revised accordingly?**

Yes (0)

48)

**7.2 Have the estimates of the size of the main target populations been updated?**

Yes (0)

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49)

**Part A, Section I: STRATEGIC PLAN**

**7.3 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 (0)

50)

**7.4 Is HIV programme coverage being monitored?**

Yes (0)

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51)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(a) IF YES, is coverage monitored by sex (male, female)?**

Yes (0)

52)

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

Yes (0)

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53)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (b) (continued)****IF YES, for which population groups?**

For Most at Risk groups such as sex workers, MSMs, IDUs and Migrant workers.

54)

**Briefly explain how this information is used:**

The information guides program planners on where focus is needed, as well as provide feedback if programs are effective.

**Page 28**55) **Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

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56)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?****Major cities.**

57)

**Briefly explain how this information is used:**

Provide information on level of risks for local government officials and the need for a response if necessary.

58)

**7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?**

Yes (0)

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59)

**Part A, Section I: STRATEGIC PLAN**

**Question 7.5 (continued)**

**Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

5 (5)

60)

**Since 2007, what have been key achievements in this area:**

1. Adaptation of Costed Operational Plan to address the findings of the AIDS Medium Term Plan 4 and change in the Philippine epidemic.

61)

**What are remaining challenges in this area:**

1. Poor implementation of HIV in the curriculum of the education sector 2. Low reach of prevention activities 3. Obstacles in implementation such as opposition against condom use

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62)

**Part A, Section II: POLITICAL SUPPORT**

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

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

63)

**2. Does the country have an officially recognized national multisectoral AIDS**

**coordination body (i.e., a National AIDS Council or equivalent)?**

Yes (0)

**Page 32**

64)

**2.1 IF YES, when was it created?**

Please enter the year in yyyy format

1992

65)

**2.2 IF YES, who is the Chair?**

Name	Francisco T. Duque
Position/title	Secretary Dept of Health

66)

**2.3 IF YES, does the national multisectoral AIDS coordination body:**

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	Yes
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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67)

**Part A, Section II: POLITICAL SUPPORT**

**Question 2.3 (continued)**

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?**

Please enter an integer greater than or equal to 1

26

68)

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?**

Please enter an integer greater than or equal to 1

9

69)

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?**

Please enter an integer greater than or equal to 1

2

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70)

#### Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

### Page 35

71)

#### Part A, Section II: POLITICAL SUPPORT

##### Question 3 (continued)

**IF YES, briefly describe the main achievements:**

1. Creation of 5 year strategic plans which are now costed. It is now on its 5th medium term plan
2. Produced Republic Act 8504 which is the Philippine Hiv and AIDS Prevention Law
3. The Philippine National AIDS Council provides the venue for all sectors involved in the response can interact.

72)

**Briefly describe the main challenges:**

Due to the low prevalence and slow growth of the epidemic, the response has settled into complacency. Government has prioritized other diseases with higher mortality rate resulting in loss of interest from some members of the council

73)

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

Please enter the rounded percentage (0-100)

10

74)

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

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

75)

**6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National AIDS Control policies?**

Yes (0)

**Page 36**

76)

**Part A, Section II: POLITICAL SUPPORT**

**6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?**

No (0)

**Page 38**

77)

**Part A, Section II: POLITICAL SUPPORT**

**Question 6.1 (continued)**

**Overall, how would you rate the political support for the HIV programmes in 2009?**

5 (5)

78)

**Since 2007, what have been key achievements in this area:**

League of Cities have included HIV prevention in its advocacy to member cities.

79)

**What are remaining challenges in this area:**

1. Not many political champions for HIV advocacy 2. Frequent change in leadership resulting in non-continuation of policies 3. Denial by some political leaders of presence of HIV 4. Stigma and discrimination still present even in some "enlightened" local government units



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80)

**Part A, Section III: PREVENTION**

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

Yes (0)

**Page 40**

81)

**Part A, Section III: PREVENTION**

**1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- g. Avoid commercial sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- m. Males to get circumcised under medical supervision (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

82)

**1.2 In the last year, did the country implement an activity or programme to promote**

**accurate reporting on HIV by the media?**

Yes (0)

**Page 41**

83)

**Part A, Section III: PREVENTION****2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?**

Yes (0)

84)

**2.1 Is HIV education part of the curriculum in:**

primary schools?	No
secondary schools?	Yes
teacher training?	Yes

85)

**2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?**

Yes (0)

86)

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

Yes (0)

87)

**3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other vulnerable sub-populations?**

Yes (0)

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88)

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

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Other populations
Stigma and discrimination reduction	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Other populations
Condom promotion	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Other populations
HIV testing and counselling	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Other populations
Vulnerability reduction (e.g. income generation)	
Drug substitution therapy	
Needle & syringe exchange	Injecting drug user

**Page 43****89) Part A, III. PREVENTION****Question 3.1 (continued)**

**You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".**

Overseas Filipino Workers

**Page 44**

90)

**Part A, III. PREVENTION****Question 3.1 (continued)**

**Overall, how would you rate the policy efforts in support of HIV prevention in 2009?**

7 (7)

91)

**Since 2007, what have been key achievements in this area:**

-Increase access of entertainment establishment workers to Social Hygiene Clinics. -Increase access of freelance sex workers and MSM thru outreach activities. -Local ordinances which provide treatment, care and support for PLHIV -DBM policy allowing individual government agencies outside of HEalth to allocate funds for HIV projects

92)

**What are remaining challenges in this area:**

-No HIV and AIDS workplace policy in government agencies -Difficulty in convincing drug enforcement agencies to consider harm reduction approaches to IDUs -Difficulty in amending laws - IDU program is limited in scope -OFW intervention not focused

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93)

**Part A, III. PREVENTION****4. Has the country identified specific needs for HIV prevention programmes?**

Yes (0)

**Page 46**

94)

**Part A, III. PREVENTION****Question 4 (continued)****IF YES, how were these specific needs determined?**

These were determined during the mid-term evaluation of the 4th AIDS Medium Term Plan.

95)

**4.1 To what extent has HIV prevention been implemented?**

The majority of people in need  
have access

**HIV prevention component**

Blood safety	Agree
Universal precautions in health care settings	Don't agree
Prevention of mother-to-child transmission of HIV	Don't agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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96)

**Part A, III. PREVENTION****Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

6 (6)

97)

**Since 2007, what have been key achievements in this area:**

-Increase in geographic areas for project implementation

98)

**What are remaining challenges in this area:**

-Still poor reach to target populations despite increase in project sites -Lack of resources -  
Prioritization of HIV programs by the government -Frequent turnover of implementors -Non-  
sustainability and discontinuation of foreign-funded projects

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99)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).**

Yes (0)

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100)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1.1 IF YES, does it address barriers for women?**

Yes (0)

101)

**1.2 IF YES, does it address barriers for most-at-risk populations?**

Yes (0)

102)

**2. Has the country identified the specific needs for HIV treatment, care and support services?**

Yes (0)

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103)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 2 (continued)****IF YES, how were these determined?**

-thru the integrated hematologic and behavioral sentinel surveillance. -thru the AIDS Registry

104)

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

The majority of people in need have access	
<b>HIV treatment, care and support service</b>	
Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	

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105)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT****3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?**

Yes (0)

106)

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

Yes (0)

**Page 52**

107)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT****Question 4 (continued)****IF YES, for which commodities?:**

antiretroviral drugs

**Page 53**

108)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT****Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

8 (8)

109)

**Since 2007, what have been key achievements in this area:**

-Access of PLHIV needing ARV close to 100% -Expansion of CD4 testing centers

110)

**What are remaining challenges in this area:**

-Livelihood/health insurance for PLHIV -Sustainability of ARV supply after 2012

**Page 54**

111)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT****5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?**

Yes (0)

**Page 55**

112)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT****5.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?**

Yes (0)

113)

**5.2 IF YES, does the country have a national action plan specifically for orphans and**

**vulnerable children?**

No (0)

114)

**5.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?**

No (0)

**Page 56**

115)

**Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?**

4 (4)

116)

**Since 2007, what have been key achievements in this area:**

none

117)

**What are remaining challenges in this area:**

-Addressing HIV related needs of orphans and vulnerable children

**Page 57**

118)

**Part A, Section V: MONITORING AND EVALUATION****1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?**

Yes (0)

**Page 58**

119)

**1.1 IF YES, years covered:****Please enter the start year in yyyy format below**

2005

120)

**1.1 IF YES, years covered:****Please enter the end year in yyyy format below**



2010

121) **1.2 IF YES, was the M&E plan endorsed by key partners in M&E?**

Yes (0)

122) **1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?**

Yes (0)

123) **1.4 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?**

Yes, most partners (0)

**Page 60**

124)

**Part A, Section V: MONITORING AND EVALUATION**

**2. Does the national Monitoring and Evaluation plan include?**

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

**Page 61**

125)

**Part A, Section V: MONITORING AND EVALUATION**

**Question 2 (continued)**

**If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:**

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes

Evaluation / research studies Yes

126)

**3. Is there a budget for implementation of the M&E plan?**

Yes (0)

**Page 62**

127)

**Part A, Section V: MONITORING AND EVALUATION****3.1 IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?**

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

5

128)

**3.2 IF YES, has full funding been secured?**

No (0)

129)

**3.3 IF YES, are M&E expenditures being monitored?**

Yes (0)

**Page 64**

130)

**Part A, Section V: MONITORING AND EVALUATION****Question 3.2 (continued)****IF you answer "NO" i.e., indicating the full funding has NOT been secured, briefly describe the challenges:**

The costed need for full funding of M&amp;E exceeds the entire budget of the Health Department. It has to make do with what is being currently provided.

131)

**4. Are M&E priorities determined through a national M&E system assessment?**

Yes (0)

**Page 65**

132)

**Part A, Section V: MONITORING AND EVALUATION****Question 4 (continued)****IF YES, briefly describe how often a national M&E assessment is conducted and what**

**the assessment involves:**

It was part of the mid term evaluation of the 4th National Strategic Plan. UCO M&E Officer also provides assessment based on 12 requirements for a functional M&E which is done annually.

133)

**5. Is there a functional national M&E Unit?**

Yes (0)

**Page 66**

134)

**5.1 IF YES, is the national M&E Unit based**

in the National AIDS Commission (or equivalent)? Yes  
 in the Ministry of Health?  
 Elsewhere? (please specify)

135)

**Number of permanent staff:**

Please enter an integer greater than or equal to 0

2

136)

**Number of temporary staff:**

Please enter an integer greater than or equal to 0

2

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137)

**Part A, Section V: MONITORING AND EVALUATION**

**Question 5.2 (continued)**

**Please describe the details of all the permanent staff:**

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	M&E Officer	Full time	2006
Permanent staff 2	M&E Assistant	Full time	2009
Permanent staff 3			
Permanent staff 4			
Permanent staff 5			
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			

Permanent staff 12  
 Permanent staff 13  
 Permanent staff 14  
 Permanent staff 15

138)

**Please describe the details of all the temporary staff:**

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Temporary staff 1	Information Technician	Part time	2009
Temporary staff 2	Data Clerk	Part time	2009
Temporary staff 3			
Temporary staff 4			
Temporary staff 5			
Temporary staff 6			
Temporary staff 7			
Temporary staff 8			
Temporary staff 9			
Temporary staff 10			
Temporary staff 11			
Temporary staff 12			
Temporary staff 13			
Temporary staff 14			
Temporary staff 15			

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139)

**Part A, Section V: MONITORING AND EVALUATION**

**5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?**

Yes (0)

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140)

**Part A, Section V: MONITORING AND EVALUATION**

**Question 5.3 (continued)**

**IF YES, briefly describe the data-sharing mechanisms:**

M&E reporting framework requires all AIDS Council members to submit reports annually to PNAC M&E Unit.

141)

**What are the major challenges?**

-No designated M&E point person yet in reporting units. -M&E culture not yet fully appreciated in all levels. -Unequal technology availability among reporting units

**Page 70**

142)

**Part A, Section V: MONITORING AND EVALUATION**

**6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

Yes, but meets irregularly (0)

143)

**6.1 Does it include representation from civil society?**

Yes (0)

**Page 71**144) **Part A, Section V: MONITORING AND EVALUATION****Question 6.1 (continued)**

**IF YES, briefly describe who the representatives from civil society are and what their role is:**

Many sit in the National AIDS Council and are involved in all aspects of the National Response. Others work in different projects and maintain a working relationship with the Council by providing information and updates on their activities. Also see annex of CSOs involved in preparing this report.

145)

**7. Is there a central national database with HIV- related data?**

Yes (0)

**Page 72**

146)

**Part A, Section V: MONITORING AND EVALUATION**

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

-The national database is an adaptation of the Country Response Information System provided by UNAIDS called CRISPINOY. It is linked to the PNAC website and contains information on all groups and organizations involved in the country response.

147)

**7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?**

Yes, but only some of the above (0)

**Page 73****148) Part A, Section V: MONITORING AND EVALUATION**

**For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.**

the content of the HIV services (0)  
 geographical coverage of HIV services (0)  
 implementing organizations (0)

149)

**7.3 Is there a functional\* Health Information System?**

At national level	Yes
At subnational level	No

**Page 74**

150)

**8. Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?**

Yes (0)

151)

**9. To what extent are M&E data used**

**9.1 in developing / revising the national AIDS strategy?:**

4 (4)

152)

**Provide a specific example:**

-When a change in the mode of transmission from mainly heterosexual to homosexual was detected in 2007, a review and refocusing of national strategy was initiated to address the change

153)

**What are the main challenges, if any?**

-Sharing of data among implementers -Technological glitches/lack of technology to facilitate reporting -Non-appreciation of data -Data for decision making still not common among implementers

**Page 75**

**154) Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

4 (4)

155)

**Provide a specific example:**

-Some local governments increased allocations due to data on increasing number of HIV cases discovered during surveillance.

156)

**What are the main challenges, if any?**

-And some local governments have no resources to allocate for M&E activities

**Page 76**

157)

**Part A, Section V: MONITORING AND EVALUATION****9.3 To what extent are M&E data used for programme improvement?:**

4 (4)

158)

**Provide a specific example:**

-The increase in number of HIV cases among MSMs and IDUs resulted in a refocus and creation of strategies where there were none, and a scaling up where programs were in place.

159)

**What are the main challenges, if any?**

-Rolling out M&E to most local gov't units. Initial pilot project implementation for M&E at the local level in 10 sites revealed problems from lack of personnel to lack of equipment and many other problems

**Page 77****160) Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

Yes, but only addressing some levels (0)

**Page 78**

161) **Part A, Section V: MONITORING AND EVALUATION**

**For Question 10, you have checked "Yes, but only addressing some levels", please specify**

at national level (0)

at subnational level (0)

162)

**10.1 In the last year, was training in M&E conducted**

At national level?	Yes
At subnational level?	Yes
At service delivery level including civil society?	

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163) **Part A, Section V: MONITORING AND EVALUATION**

**Question 10.1 (continued)**

**Please enter the number of people trained at national level.**

Please enter an integer greater than 0

10

164) **Please enter the number of people trained at subnational level.**

Please enter an integer greater than 0

51

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165)

**Part A, Section V: MONITORING AND EVALUATION**

**10.2 Were other M&E capacity-building activities conducted other than training?**

No (0)

**Page 82**

166) **Part A, Section V: MONITORING AND EVALUATION**

**Question 10.2 (continued)**

**Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

7 (7)

167)

**Since 2007, what have been key achievements in this area:**



-Personnel complement of National M&E unit increased from 1 to 3 -Most national partners and implementers aware of importance of M&E

168)

**What are remaining challenges in this area:**

-Despite a budget, it is still lacking if all components of a functional M&E system are to be implemented.

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169)

**Part B, Section I: HUMAN RIGHTS**

**1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)**

Yes (0)

**Page 84**

170)

**Part B, Section I. HUMAN RIGHTS**

**1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:**

The basic law is RA 8504 which contains a general anti-discrimination provisions (Article 7)

171)

**2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?**

Yes (0)

**Page 85**

172)

**Part B, Section I. HUMAN RIGHTS**

**2.1 IF YES, for which subpopulations?**

a. Women  Yes

b. Young people	Yes
c. Injecting drug users	No
d. Men who have sex with men	No
e. SexWorkers	No
f. prison inmates	No
g. Migrants/mobile populations	Yes
Other: Please specify	

173)

**IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:**

The Implementing Rules and Regulations of RA 8504. Monitoring by the Philippine National AIDS Council and its Secretariat.

174)

**Briefly describe the content of these laws:**

Article 7 of RA 8504 describes different types of discrimination ranging from the workplace, in schools, on travel restriction, inhibition from public service, denial of burial services and corresponding penalties for their violation.

175)

**Briefly comment on the degree to which they are currently implemented:**

not implemented

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176)

**Part B, Section I. HUMAN RIGHTS**

**3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?**

Yes (0)

## Page 87

177)

**Part B, Section I. HUMAN RIGHTS**

**3.1 IF YES, for which subpopulations?**

a. Women	No
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes

e. Sex Workers	Yes
f. prison inmates	No
g. Migrants/mobile populations	Yes
Other: Please specify	

178)

**IF YES, briefly describe the content of these laws, regulations or policies:**

-Laws criminalizing possession of injecting equipment -Vagrancy laws -Laws on drug testing

179)

**Briefly comment on how they pose barriers:**

-Drug enforcement laws prohibiting possession of injecting equipment have resulted in arrests of IDU outreach workers who are implementing needle exchange programs. -Vagrancy laws have resulted in limited access of young sex workers and MSMs to health services

### Page 88

180) **Part B, Section I. HUMAN RIGHTS**

**4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?**

Yes (0)

### Page 89

181)

**Part B, Section I. HUMAN RIGHTS**

**Question 4 (continued)**

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

Section 2,b of RA 8504 states that "The state shall extend to every person suspected or known to be infected with HIV and AIDS full protection of his/her human rights and civil liberties"

182)

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?**

No (0)

### Page 90

183)

**6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in**

**governmental HIV-policy design and programme implementation?**

Yes (0)

**Page 91**

184)

**Part B, Section I. HUMAN RIGHTS****Question 6 (continued)****IF YES, describe some examples:**

Most at risk populations are actively involved in the Philippine National AIDS Council as members. They are always included in all activities such as planning, workshops, training, policy formulation following the principles of GIPA and MIPA.

185)

**7. Does the country have a policy of free services for the following:**

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	No

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186)

**Part B, Section I. HUMAN RIGHTS****Question 7 (continued)****IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:**

-Although services are free, no definite policy and guidelines are in place. These are still in development. -HIV and AIDS Information for departing overseas workers are provided for a fee which are given to recruitment agencies

187)

**8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?**

Yes (0)

**Page 93**

188)

**Part B, Section I. HUMAN RIGHTS****8.1 In particular, does the country have a policy to ensure access to HIV prevention,**

**treatment, care and support for women outside the context of pregnancy and childbirth?**

No (0)

189)

**9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?**

Yes (0)

**Page 94**

190)

**Part B, Section I. HUMAN RIGHTS**

**Question 9 (continued)**

**IF YES, briefly describe the content of this policy:**

-RA 8504 Article IV, Sec 23: Local government units, in coordination and in cooperation with concerned government agencies, non-government organizations, persons with HIV and AIDS, and groups most at risk of HIV infection shall provide community-based HIV and AIDS prevention and care services

191)

**9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?**

Yes (0)

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192)

**Part B, Section I. HUMAN RIGHTS**

**Question 9.1 (continued)**

**IF YES, briefly explain the different types of approaches to ensure equal access for different populations:**

-Current example is the AMTP4 Costed OpPlan which utilizes specific intervention packages for each type of most at risk group.

193)

**10.Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?**

Yes (0)

194)

**11.Does the country have a policy to ensure that HIV research protocols involving**

**human subjects are reviewed and approved by a national/local ethical review committee?**

Yes (0)

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195)

**Part B, Section I. HUMAN RIGHTS**

**11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?**

No (0)

**Page 97**

196)

**– 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 (0)

197)

**– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment**

No (0)

198)

**– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts**

No (0)

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199)

**Part B, Section I. HUMAN RIGHTS**

**13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?**

No (0)

200)

**– Legal aid systems for HIV casework**

No (0)

201)

**– Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV**

Yes (0)

202)

**– Programmes to educate, raise awareness among people living with HIV concerning their rights**

Yes (0)

203)

**15. Are there programmes in place to reduce HIV-related stigma and discrimination?**

Yes (0)

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204)

**Part B, Section I. HUMAN RIGHTS**

**Question 15 (continued)**

**IF YES, what types of programmes?**

Media	No
School education	No
Personalities regularly speaking out	Yes
Other: please specify	

**Page 101**

205)

**Part B, Section I. HUMAN RIGHTS**

**Question 15 (continued)**

**Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?**

5 (5)

206)

**Since 2007, what have been key achievements in this area:**

-ARV policies -Benefits package for PLHIVs

207)

**What are remaining challenges in this area:**

-No concrete system for redress -Commission on Human Rights not aware of HIV and human rights issues -Even so called enlightened LGUs who have been implementing HIV and AIDS programs for so long still discriminate against PLHIVs

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208)

**Part B, Section I. HUMAN RIGHTS****Question 15 (continued)**

**Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?**

4 (4)

209)

**Since 2007, what have been key achievements in this area:**

-Government policies on ARV supply and provision -Creation of benefits package for PLHIVs -Non-discrimination policy in Armed Forces of the Philippines

210)

**What are remaining challenges in this area:**

-Presence of laws detrimental to HIV implementation -Discriminatory laws to high risk groups -Disallowing political representation of high risk groups -lack of legal system for redress -conflicting policies on HIV testing

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211)

**Part B, Section II: CIVIL SOCIETY\* PARTICIPATION**

**1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?**

5 (5)

212)

**Comments and examples:**

-CSOs through their activism and constant involvement in most issues in the HIV response have influenced top leaders to take notice of the HIV and AIDS situation in the country even more than government efforts. Being in the forefront of national and local commemorations/events have made these leaders more aware of HIV and AIDS

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213)

**Part B, Section II. CIVIL SOCIETY PARTICIPATION**

**2. To what extent 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 (5)

214)

**Comments and examples:**

-During the development of the Costed Operational Plan of the 4th AIDS Medium Term Plan, CSOs were involved in all aspects of its development.

**Page 105**

215)

**a. the national AIDS strategy?**

5 (5)

216)

**b. the national AIDS budget?**

4 (4)

217)

**c. national AIDS reports?**

5 (5)

218)

**Comments and examples:**

CSOs are involved in data collection, report preparation, provision of data, conduct of workshops.

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219)

**a. developing the national M&E plan?**

4 (4)

220)

**b. participating in the national M&E committee / working group responsible for coordination of M&E activities?**

3 (3)

221)

**c. M&E efforts at local level?**

4 (4)

222)

**Comments and examples:**

-CSOs took the lead in developing the M&E system starting in 2003 up to the formal establishment of the National M&E unit in 2006.

**Page 107****223) Part B, Section II. CIVIL SOCIETY PARTICIPATION****5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?**

4 (4)

224)

**Comments and examples:**

All of these organizations are included in various CSO HIV efforts. Some are PNAC members but most are represented in the PNAC through the 8 CSO sitting PNAC members.

**Page 108**

225)

**a. adequate financial support to implement its HIV activities?**

2 (2)

226)

**b. adequate technical support to implement its HIV activities?**

3 (3)

227)

**Comments and examples:**

-Workplace not a priority, so technical support not readily available -Many CSOs competing for the same support

**Page 109****228) Part B, Section II. CIVIL SOCIETY PARTICIPATION****7. What percentage of the following HIV programmes/services is estimated to be**

**provided by civil society?**

Prevention for youth	>75%
<b>Prevention for most-at-risk-populations</b>	
- Injecting drug users	>75%
- Men who have sex with men	>75%
- Sex workers	51-75%
Testing and Counselling	25-50%
Reduction of Stigma and Discrimination	>75%
Clinical services (ART/OI) *	<25%
Home-based care	>75%
Programmes for OVC* *	51-75%

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229)

**Part B, Section II. CIVIL SOCIETY PARTICIPATION****Question 7 (continued)****Overall, how would you rate the efforts to increase civil society participation in 2009?**

8 (8)

230)

**Since 2007, what have been key achievements in this area:**

-A CSO forum organized by PNAC -CSOs are project implementers in many HIV projects -CSOs are included in OpPlan development, mid-term review of strategic plan, CSO coalition to monitor CCM

231)

**What are remaining challenges in this area:**

-Archipelagic problem in including other NGOs

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232)

**Part B, Section III: PREVENTION****1. Has the country identified the specific needs for HIV prevention programmes?**

Yes (0)

**Page 112**

233)

**Part B, Section III: PREVENTION**

**Question 1 (continued)**

**IF YES, how were these specific needs determined?**

Through researches, consultations, surveillance.

234)

**1.1 To what extent has HIV prevention been implemented?**

<b>The majority of people in need have access</b>	
<b>HIV prevention component</b>	
Blood safety	Agree
Universal precautions in health care settings	Don't agree
Prevention of mother-to-child transmission of HIV	Don't agree
IEC* on risk reduction	Don't agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Don't agree
HIV testing and counselling	Don't agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Don't agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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235)

**Part B, Section III: PREVENTION**

**Question 1.1 (continued)**

**Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

4 (4)

236)

**Since 2007, what have been key achievements in this area:**

-Improvement in blood safety -Creation of PMTCT guidelines

237)

**What are remaining challenges in this area:**

-Lack of political will -Difficulty in pushing for supportive policies -Obstacles against condom promotion -Low priority of HIV among LGUs

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238)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

**1. Has the country identified the specific needs for HIV treatment, care and support services?**

Yes (0)

**Page 115**

239)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT****Question 1 (continued)**

**IF YES, how were these specific needs determined?**

Through forums, research and surveys.

240)

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

The majority of people in need  
have access

**HIV treatment, care and support service**

Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Don't agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Don't agree
TB screening for HIV-infected people	Don't agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Don't agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

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241)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT****Question 1.1 (continued)**

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

6 (6)

242)

**Since 2007, what have been key achievements in this area:**

-Achievements still in draft stage as of this reporting.

243)

**What are remaining challenges in this area:**

-Approval by involved agencies of policies to address gaps in HIV treatment, care and support. -  
Coordination of key stakeholders -Getting data on orphans

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244)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

**2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?**

No (0)