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Promoting Leadership and Mitigating the Negative Impacts of HIV and AIDS on Human Development

An outcome evaluation of UNDP's HIV Programme

in the Philippines 2009-2011

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Manila, December 2012

Executive Summary

The achievement of the MDG6 seems to be bleak for the Philippines as it nears its 2015 deadline. The rapid increase in new HIV infections has put pressure in the country's commitment to halt and reverse the spread of HIV and AIDS per MDG target. The Philippine National AIDS Registry has consistently shown a rising trend of new HIV infections from one in three days in 2000 to one in three hours in 2011.[1] The 2010 UNAIDS Report on Global AIDS Epidemic supported this observation by pointing out that the Philippines is one of seven countries with more than 25 percent increase in HIV incidence in the last ten years,[2] contrary to the global aim of controlling, if not reversing, this trend.

Given these challenges, UNDP anchored its HIV Programme 2009-2011 on the 4th AIDS Medium-Term Plan 2006-2011 by adopting key guiding principles on multi-sectoral involvement, particularly by persons infected and affected by HIV and AIDS. The UNDP HIV and AIDS Programme, *Promoting Leadership and Mitigating the Negative Impacts of HIV and AIDS on Human Development*, had identified five key components: (1) Leadership for Effective and Sustained Responses to HIV and AIDS; (2) Strengthening Institutional Capacities and Partnerships on HIV and Migration; (3) Mitigating the Economic and Psychosocial Impacts of HIV and AIDS; (4) Strategic Information and Community Leadership among Men Who Have Sex with Men (MSM) and Transgender (TG) Populations; and (5) Knowledge, Communication, and Advocacy to Promote Deeper Understanding of HIV and AIDS.

The HIV Programme has reinforced UNDP's partnership with the Government of the Philippines (GPH) in the struggle against HIV and AIDS in the country. This outcome evaluation considers how UNDP has contributed to progress against the epidemic by its support in the form of leadership training, capacity development, policy dialogue and advocacy, research and the enhancement of the national response through improved coordination.

The evaluation concludes that the HIV programme activities, such as the identification of local champions, leadership skills enhancement, manual development for better service delivery, evidence-based policy advocacy, the empowerment of the Regional AIDS Assistance Teams (RAATs) and the promotion of harmonized monitoring of interventions through the Philippine National AIDS Council (PNAC) and the Local AIDS Councils (LACs), have played a significant role in strengthening the GPH's response to the epidemic. UNDP's programme design conformed to international best practice in terms of empowering the national government by supporting its national and local responses to HIV and AIDS and by ensuring a sense of ownership by the stakeholders. Therefore, UNDP interventions in the national response to HIV and AIDS were effective in strengthening the political leadership and were reasonably efficient and sustainable because of the active involvement of partners.

[1] National HIV and AIDS Registry, NEC-DOH, September 2011.
[2] 2010 Global Report on the AIDS Epidemic.

However, certain constraints remain to be unresolved even after the programme implementation. An effective national coordination mechanism has yet to be institutionalized. This would entail an increase in the budget allocation for HIV and AIDS prevention, treatment, care and support services at both national and sub-national levels. Monitoring planned activities also needs to be practiced at all levels in order to inform policy enhancements for effective programming. Because of the persistence of political and bureaucratic constraints, programmatic challenges, such as changes in the terms of implementation (implementing partner, deliverables, etc.) also surfaced. Nevertheless, the Consultant expresses the view that at the time of the programme development, UNDP might have taken better account of these challenges that add to the low priority of HIV and AIDS in the Philippines and that exacerbate the weak national response to HIV and AIDS.

In order to align itself with the priorities of the 5th AIDS Medium-Term Plan 2012-2016 and the UNDAF 2012-2018, UNDP needs to employ an integrated, multi-sector approach in its new HIV Programme. The report makes the following recommendations:

There is an urgent need to focus the next UNDP HIV Programme on policy advocacy to identify gaps in legislative actions that are needed to completely remove stigma and discrimination, and to reconcile conflicting provisions within key laws and policies at various levels. Evidence-based information is seen as a critical element in policy advocacy; UNDP thus need to focus on its comparative advantage to link different stakeholders in conducting multi-sector studies and in disseminating results of these studies for enhanced awareness of issues surrounding HIV and AIDS. Emphasis should be made on issue-specific interventions to enhance national and local responses that adequately address gaps in prevention services and programmes among identified most-at-risk populations, including men having sex with men (MSM), young and female key populations at high risk, and other vulnerable groups. Other critical issues include: harm reduction; people living with HIV (PLHIV) needs for treatment, care and support; rights-based approach; and stigma and discrimination.

It is recommended that UNDP capacitate both PNAC and LAC to facilitate a harmonized, government-led coordination in formulating policies, implementing them and monitoring their impact on the beneficiaries. Monitoring and evaluation are also strategic directions that UNDP can provide technical assistance to. UNDP should build not only the capacities of its national partners but also its own personnel in order to better address national and local contexts, particularly because the MDG deadline draws near and because UNDP has a crucial role to play in the Post-2015 Agenda.

Finally, UNDP should consider HIV and AIDS a top priority by keeping it as a full and separate portfolio. The AMTP5 and the current UNDAF call for a multi-sector response to the alarming increase of HIV infections in the country. UNDP needs to align itself to this thrust by mobilizing more resources to implement a Programme that supports national response to HIV and AIDS in the Philippines.

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List of Abbreviations

ACHIEVE	Action for Health Initiatives, Inc.
AIDS	Acquired Immune Deficiency Syndrome
AMTP	AIDS Medium-Term Plan
AWP	Annual work plan
CPAP	Country Programme Action Plan
CPD	Country Programme Document
DILG	Department of Interior and Local Government
DOH	Department of Health
DOLE	Department of Labor and Employment
DSWD	Department of Social Welfare and Development
HAIN	Health Action Information Network
IHBSS	Integrated HIV Behavioral and Serologic Surveillance
HIV	Human Immunodeficiency Virus
JTA	United Nations Joint Team on AIDS
LAC	Local AIDS Council
LGA	Local Government Academy
LGU	Local Government Unit
MARP	Most at risk population
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
MSM	Men Who have Sex with Men
NEDA	National Economic and Development Authority
NGO	Non-governmental organization
OFW	Overseas Filipino Worker
OSHC	Occupational Safety and Health Center
OWWA	Overseas Workers Welfare Administration
PAFPI	Positive Action Foundation Philippines, Inc.
PDOS	Pre-departure Orientation Seminar
PEOS	Pre-employment Orientation Seminar
PNAC	Philippine National AIDS Council
PLHIV	Person living with HIV
POEA	Philippine Overseas Employment Administration
RAAT	Regional AIDS Assistance Team
SBAA	Standard Basic Assistance Agreement
TG	Transgender
TLF SHARE	TLF Sexuality, Health and Rights Educator Collective, Inc.
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNDP APRC	United Nations Development Programme Asia Pacific Regional Center
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNGASS	General Assembly Special Session Declaration of Commitment on HIV/AIDS

Introduction

In recent years, the United Nations Development Programme (UNDP) has shifted its programming orientation on the basis of outputs/activities to outcomes/results to improve programme effectiveness. This entailed a major change in the way programmes are developed and implemented. Corresponding administrative and operational support systems are likewise changed and these continue to evolve. To further concretize the thrust of results orientation, specific outcomes committed in the Multi-Year Funding Framework (MYFF) and Country Programme Action Plan (CPAP) have already been subjected to independent evaluation.

In regard to the HIV Programme, a third-party consultant was tasked to undertake an independent evaluation of the extent to which UNDP's HIV and AIDS projects vis-à-vis the Programme have contributed to the achievement of the intended outcome, particularly the sub-outcome on strengthening national responses on HIV and AIDS, and to identify factors, which help or hamper the achievement of said outcome.

In the previous CPAP, the Country Programme (CP) Outcome stated that *Policy and planning framework in the country more extensively incorporates effective, people-centered approaches to development planning.* More particularly, the CP Outcome consisted of a sub-outcome which intended to *strengthen national responses to HIV and AIDS,* which was the main context of the evaluation.

The UNDP HIV and AIDS Programme, *Promoting Leadership and Mitigating the Negative Impacts of HIV and AIDS on Human Development*, had been designed and approved in the middle of implementing the CPAP in response to the recommendations of the previous Outcome Evaluation in 2007 and the Assessment of Development Results in 2008, after taking into account the emerging HIV situation in the country. The programme had five key components: (1) Leadership for Effective and Sustained Responses to HIV and AIDS; (2) Strengthening Institutional Capacities and Partnerships on HIV and Migration; (3) Mitigating the Economic and Psychosocial Impacts of HIV and AIDS; (4) Strategic Information and Community Leadership among Men Who Have Sex with Men (MSM) and Transgender (TG) Populations; and (5) Knowledge, Communication, and Advocacy to Promote Deeper Understanding of HIV and AIDS.

Specific Objectives of the Evaluation

The Outcome Evaluation is expected to improve the effectiveness of UNDP and its partners in implementing programmes and projects to achieve intended outcome within the Results Based Management Framework. Further, inputs to the Outcome Evaluation will contribute to the new UNDP Country Programme Cycle Results 2012-2016.

Specifically, the Outcome Evaluation aims to accomplish the following:

(a) Determine the mechanisms by which outputs of the programme/projects lead to the achievement of the specified outcome;

(b) Determine the programme processes e.g. strategic partnerships and linkages, which are critical in producing the intended outcomes;

(c) Identify factors, which facilitate or hinder the progress in achieving the outcomes, both in terms of the external environment and those internal to the portfolio project(s) including: weaknesses in design, management, partnership, human resource skills, and resources;

(d) Document lessons learned in the development and implementation stages;

(e) Recommend mid-stream changes, if necessary, in the implementation of programmes and projects.

(f) Provide recommendations to the new UNDP Country Programme Cycle Results 2012-2016.

Scope of the Evaluation

The Evaluation covered all the UNDP assisted HIV and AIDS projects that have been identified to contribute to the specified outcome. Programme Document and Annual Work Plans from 2009-2011 served as reference for the scope and coverage of projects and partners to be evaluated.

Expected outputs of the evaluation

- Development of the methodology and specific action plan for the Outcome Evaluation;
- Implementation of the Outcome Evaluation based on prescribed guidelines and approved methodology and action plan;
- Conduct consultation and discussions or focus group discussions with key partners; and
- Documentation and consolidation of findings, insights and perspectives from the field evaluations including identification of critical factors, processes and decisions that have impact to the overall development objectives; lessons learned in the achievement of the Outcome and identification of the good practices and recommendation of the same for possible replication in other areas.

Methodology

This evaluation was conducted in order to determine and evaluate the results of the last UNDP HIV Programme. The evaluation consultant conducted the evaluation based on a review of documents that were recommended by the UNDP Project Officer and Implementing Partners. A rapid evaluation method was used to assess the quality of results as identified by the programme results matrix and to identify operational problems that served as bases for recommendations to improve the implementation plan for the new Programme Cycle 2012-2016. Data had been collected by means of key informant interviews of implementers as well as visits to implementing partners' offices.

Summary of methods

- *Document review*– Analyses of the content of key documents such as policies, strategies and evaluation reports. Final reports of the programme components have also been examined to measure their results against the evaluation criteria.

- *Semi-structured interviews* – Topic guides have been developed prior to interviews to help ensure systematic coverage of questions and issues by team members working individually. The topics were developed around the evaluation criteria, but grouped and targeted according to the NGA, organization or individual being interviewed.

- *Appreciative inquiry* – This method endeavoured to explore successes and positive experiences in dialogue with individuals and groups of people in order to strengthen understanding of why something worked well, and how success might be replicated.

Analytical Framework

To define the standards against which the UNDP HIV Programme had to be evaluated, the Consultant employed a set of criteria based on OECD's Development Assistance Committee guidelines. UNDP evaluations apply the following evaluation criteria to focus on evaluation objectives: Relevance, Effectiveness, Efficiency, Sustainability and Outcome.

Constraints

The main constraint encountered by the Consultant was the timing of the evaluation. The evaluation was conducted almost a year after the Programme had concluded; this means that Implementing Partners have already taken on different projects. LGA, which is the main implementing partner for the next HIV Programme 2012-2016 of UNDP, had mentioned a number of ongoing activities which were not part of the previous programme. This caused a bit of confusion for the Consultant which required follow up interviews. Also, since the evaluation interview was actually carried out towards the end of November 2012, partners were already busy with the preparation of their annual accomplishment reports and were preoccupied with other urgent political processes such as lobbying for the RH Bill in the legislative department; hence only the focal points of the IPs were interviewed.

HIV and AIDS in the Philippines: Before and After the Programme

The achievement of the Millennium Development Goal (MDG) 6 seems to be bleak for the Philippines as it nears its 2015 deadline. The rapid increase in new HIV infections has put pressure in the country's commitment to halt and reverse the spread of HIV and AIDS per MDG target. The Philippine National AIDS Registry has consistently shown a rising trend of new HIV infections from one in three days in 2000 to one in three hours in 2011.[3] The 2010 UNAIDS Report on Global AIDS Epidemic supported this observation by pointing out that the Philippines is one of seven countries with more than 25 percent increase in HIV incidence in the last ten years,[4] contrary to the global aim of controlling, if not reversing, this trend.

From January 1984 to December 2008, HIV cases registered were at 3,589; 70% of which or 2,500 were males[5]. Towards the end of this Programme in December 2011, this cumulative number had already risen to 8,364, and 6,890 (or 82%) of which were males[6].

In 2008, HIV transmission through unprotected sex accounted for 89% of reported cases; this remained at the same level in 2011 where 268 cases were registered and 238 of which were reportedly transmitted through sexual contact, while the remainder was through needle sharing among injecting drug users (IDUs).[7]. The most prominent changes were the radical changes in the demographics of the new infections: 94% were males and the median age was becoming younger at 27 years, with 62% belonging to 20-29 age bracket[8]. From heterosexual contact, there has been a shift in the predominant trend of sexual transmission starting 2007 to male-to-male sex (from 36% of annual reported cases in 2006 to 81% in 2011).

HIV in the Philippines has been characterized, with an incidence of only 0.01% of the total population, as "hidden and growing" by the Philippine National AIDS Council (PNAC) and UNAIDS from 2005 onwards. Although the national government responded early to HIV and AIDS by directing a national information campaign against the further spread of AIDS in 1987, and through the creation of the National AIDS Prevention and Control Program (NAPCP) in 1988, no real effort to implement the AIDS programme had been undertaken. This might be partly due to the characterization of HIV as "low and slow" and no immediate threat from AIDS was perceived.[9] However, as the number of HIV cases continue to grow, efforts by government sector have increased to control the epidemic. The national AIDS response included the creation of the Philippine National AIDS Council in 1992 and the passage of The Philippine AIDS Prevention and Control Act (RA 8504) in 1998, among others.

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[3] National HIV and AIDS Registry, NEC-DOH, September 2011.
[4] 2010 Global Report on the AIDS Epidemic.
[5] 2008 National AIDS Registry, NEC-DOH.
[6] December 2011 IHBSS Report; National AIDS Registry, NEC-DOH.
[7] Programme document; 2011 National AIDS Registry.
[8] Ibid.
[9] Tacio 2005; Mateo et al 2005.

Policies, mandates, and the AIDS response programs are in place, but PNAC, the main policy-making body of the government in terms of HIV and AIDS, lacks political support and funding to fully implement preventive programmes and to institutionalize HIV and AIDS across all sectors. Implementation of the mandates at the national and local levels has been unwaveringly weak. There are no focal person for the national AIDS response program in the different sectors and only very few local government units (LGUs) have local policies and programs on AIDS. There is wavering commitment by some government agencies to execute directives as mandated by law. Frequent change in leadership, especially at the provincial, district, municipality, and city levels, results to non-continuation of, or a shift, in commitments to policies and programs. Due to the rapid government decentralization process in the Philippines, including the health sector, the capacity of the local government has not been at an optimal level either. This constraint has been compounded with the extensive geographical diversity and the high mobility of populations at higher risk of HIV exposure.

Most AIDS initiatives in the country are externally-funded and are carried out by civil society organizations (CSOs), with minimal government support. Efforts by the health sector, through the Department of Health (DOH) and PNAC, as well as the CSOs, are mostly done haphazardly and are centered on service delivery interventions, monitoring and evaluation, treatment and support for PLHIV and their families, and programs for populations at higher risk of HIV exposure and vulnerable populations, to wit – sex workers and their clients, men who have sex with men, injecting drug users, and migrant workers[10].

While the 4th AIDS Medium Term Plan (AMTP 4) committed to give "ample attention" to most-at risk and the emerging vulnerable populations, which were identified as Overseas Filipino workers (OFW), young people and children, the MARPs and the VPs still do not have adequate access to information about the epidemic, in general, and to services, in particular. People who have misconceptions or who lack correct knowledge about HIV and AIDS still abound; this aggravates their vulnerabilities and risks to HIV infection.

The continuing increase is not unexpected considering the UNGASS Country Report 2008-2009 which noted the low programme coverage for key populations at higher risk (KPHR). With a national universal access target for preventive coverage set at 80%, the Philippines fall way below the mark with barely half (38%) of KPHR reached with HIV prevention programmes (11.5% among PWID, 29% among MSM, and 55% among FSW). Similarly, the 2009 Integrated Behavioral and Serologic Surveillance (IHBSS) revealed a dismal rate on knowledge on HIV and AIDS among KPHR at 32% (30% to 44%), which is still less than half the national target[11].

UNDP comparative advantage in the Philippines

UNDP is the UN's global development network, advocating for change. UNDP's primary objective is to connect countries to knowledge, experience and resources with the end in view of helping people build a better life by developing local capacity and by drawing on its people and its wide range of partners.

[10] UNESCO Situational Response Analysis 2011.
[11] UNGASS Country Report 2008-2009.

In the Philippines, UNDP fosters human development for peace and prosperity. Working with central and local Governments as well as civil society, and building on global best practices, UNDP strengthens capacities of women, men and institutions to empower them to achieve the Millennium Development Goals and the objectives of the Philippine Mid-term Development Plan 2011-2016. Through advocacy and development projects, with a special focus on vulnerable groups, UNDP contributes to poverty reduction, promotes democratic governance, fosters environmental sustainability, addresses climate change and natural disasters, strengthens peace and conflict prevention, to ensure a better life for the people of the Philippines.

UNDP specifically has the following comparative advantages:

- UNDP maintains a close relationship with the Government of the Philippines (GPH), a partnership that goes back to 1977. The partnership between UNDP and the GPH was institutionalized through Article I, Paragraph 1 of the Standard Basic Assistance Agreement between the GPH and UNDP signed on 21 July 1977.
- UNDP's neutrality as a UN development organization allows it to engage in sensitive areas such as HIV/AIDS, human rights and gender-responsive interventions.
- UNDP's strengths in capacity development and advocacy give it a unique position to promote the integration of HIV/AIDS into a broad development context and to demonstrate how the response to HIV/AIDS can be anchored on the national development agenda.
- UNDP's access to an international network of experts permits it to provide support for policy formulation and share best practice. UNDP provides cross-cutting and multi-sector expertise on the overall response to HIV/AIDS.
- Since the UNDP Country Director co-chairs the UN Theme Group on HIV/AIDS, UNDP has certain responsibilities in coordinating the UN system response to HIV/AIDS. It shares this role with UNFPA and UNICEF.

Moreover, UNDP has specified technical support areas under the UN technical support division of labour on HIV and AIDS in the Philippines, an agreement reached by the UN Theme Group and Joint Team on AIDS to guide technical support provision in the country to ensure quality and prevent overlap. Based on the Division of Labour, the following are the technical support areas of UNDP grouped according to UNAIDS Strategic Directions:

UNAIDS Strategic Directions	Technical Support Areas (Outcome Framework)
A. Revolutionizing HIV prevention	1. Empower men who have sex with men and transgender people to protect themselves from HIV infection, and to fully access antiretroviral therapy
	2. Protect drug users from becoming infected with HIV, and ensure access to comprehensive HIV services for people in prisons and other closed-settings
	3. Reduce sexual transmission of HIV among mobile and migrant populations
B. Advancing human rights and gender equality for the HIV response	4. Remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS
C. Cross-cutting	5. Localization of the AIDS response

HIV Programme 2009-2010

The Programme aimed to support leadership and capacity development to strengthen local responses and mitigate the negative impacts on human development of HIV and AIDS. It adopted a modular approach in programming to remain flexible and responsive to a 'hidden and growing' epidemic and the needs of the Philippines' 4th AIDS Medium-Term Plan.

Component 1: *Leadership for effective and sustained responses to HIV and AIDS* sought to harmonize efforts with the PNAC and the JTA to strengthen sustainable local AIDS responses through the development of leadership capacities of Local Government Units and the Regional AIDS Assistance Teams.

Component 2: *Strengthening Institutional capacities and partnerships on HIV and Migration* supported the UN Joint Programme on HIV and Migration through regional mobility initiatives to enhance capacity of overseas government attachés to advocate and provide rights-based services to OFWs with special focus on women. It also intended to reinforce and further integrate gender-sensitive awareness and HIV prevention for OFWs particularly women into government-mandated and private sector-led pre-departure seminars and appropriate training programs.

Component 3: *Mitigating the economic and psychosocial impacts of HIV and AIDS* aimed to review and strengthen current PLHIV referral mechanisms to provide support services, including psychosocial services, and enable PLHIV OFWs to continue to be economically productive upon re-entry in the country. This component aimed to integrate and mainstream direct PLHIV case management into the livelihood and psychosocial support services of DSWD.

Component 4: *Strategic information and community leadership among MSMs and TG populations* intended to review and analyze current community-based responses to HIV among MSMs and construct a 'comprehensive package of services' to encourage effective community responses. This component also aimed to build and support the capacity of civil society organizations to effectively utilize strategic information and actively participate in local government processes that respond to HIV and AIDS.

Component 5: *Knowledge, communication and advocacy to promote deeper understanding of HIV and AIDS* sought to enhance policy and programme planning on HIV and AIDS by strengthening advocacy and strategic information to promote multi-sector response. It sought to identify and assist in the production of strategic information to address the knowledge gaps in the Philippine AIDS responses and function as a platform to facilitate and support the involvement of multi-sector partners to increase the scale and scope of AIDS advocacy and anti-stigma initiatives. It primarily undertook research activities on HIV and AIDS-related infections among IDUs.

Programme Strategy

UNDP's HIV Programme intended to support improved human development outcomes and to contribute to the achievement of the goals of the Philippines' national AIDS response embodied

in the 4th AIDS Medium-Term Plan. It adopted some of the key guiding principles of the AMTP4 particularly on *strengthening multi-sector involvement, ensuring genuine and meaningful involvement of persons infected and affected by HIV and AIDS, and promoting gender-responsive and rights-based approaches to mitigating the epidemic*. Guided by these key principles, UNDP aimed to work towards developing a comprehensive leadership programme at all levels of governance; capacity building of government institutions, non-government organizations and PLHIVs; implementation of targeted HIV prevention intervention among MARPs, including MSMs and key vulnerable populations, specifically women OFWs; and knowledge management interventions of specific vulnerable groups, such as MSMs and IDUs. It adopted a modular approach to remain responsive to the current and emerging trends, and to effectively utilize strategic partnerships and maximize the overall effectiveness of government-led and community-based interventions.

Programme Implementing Partners

1. Department of Interior and Local Government – Local Government Academy (DILG-LGA) is the country's leading provider of capacity building services to local government units (LGUs) and to the DILG personnel. With its main office in Pasig and its training center located at the University of the Philippines in Los Banos, LGA caters to the needs of all LGUs nationwide- from program designing to training implementation, and other forms of technical assistance.
2. Department of Labor and Employment (DOLE) - is the national government agency mandated to formulate and implement policies and programs, and serves as the policy-advisory arm of the Executive Branch in the field of labor and employment. It maintains linkages with non-government organizations (NGOs), government agencies, the academe, partner international organizations (e.g., ILO, IOM, IMO, UNDP, UNICEF), and with the international community, particularly the host countries where OFWs are based.
3. Department of Social Welfare and Development (DSWD) - takes the lead in formulating policies and plans which provide direction to intermediaries and other implementers in the development and delivery of social welfare and development services. It also develops and enriches existing programs and services for specific groups, such as children and youth, women, family and communities, solo parents, older persons and Persons with Disabilities (PWDs).
4. Health Action Information Network (HAIN) - a non-government organization that works to provide research information to support education of health and development needs in the Philippines. HAIN releases publications that cover a range of social science topics and conducts research in areas such as traditional medicine, family planning, reproductive health, and HIV and AIDS. Research is normally conducted in collaboration with other non-profit organizations outside of Metro Manila. Information gained is used to support training and education programs and to generate public policy recommendations.
5. Philippine National AIDS Council (PNAC) - is an advisory body to the office of the President on all matters related to AIDS. By virtue of Republic Act 8504, PNAC serves as the central advisory, planning and policy making body on the prevention and control of HIV and AIDS in the country. Made up of 26 members from the government, civil

society and organizations of people living with HIV, PNAC is a venue for intensive policy discussion between government and NGOs. It ensures that policies to be formulated and actions to be taken truly respond to HIV and AIDS as a social development issue requiring multi-sectoral attention.

Total Programme Cost: 2009 - 2011

Programme budget	US$ 1,143,091
General management support fee	US$ 29,588
Total budget	US$ 1,172,679
Allocated Resources	
Regular	US$ 600,000
Other	
UNDP cost-sharing	US$ 150,000
Cost-sharing	US$ 422,679

Main Findings and Conclusions

Component 1/ Project 000069946: Leadership for Effective and Sustained Response to HIV and AIDS

How relevant was the Project in terms of national and local priorities?

The Department of Interior and Local Government (DILG), which coordinates and monitors the response of LGUs to the growing epidemic, had initiated to revive the Regional AIDS Assistance Teams (RAATs), in partnership with the Department of Health (DOH) and the Department of Social Welfare and Development (DSWD), in all 17 regions of the Philippines, after a long hiatus since it was created by the Philippine National AIDS Council (PNAC) in 2007.[12] This initiative facilitated the operationalization of the PNAC Resolution No. 3 to create the RAATs and had a turning point when the Joint Memorandum Circular was signed by the above agencies. RAATs will be supporting the local AIDS councils (LACs) of the LGUs by crafting an evidence-based local HIV/AIDS programme with appropriate budget allocation by the concerned LGU.

In 2002, PNAC conducted a rapid situational assessment of the HIV and AIDS status in the country and identified 48 areas as highly vulnerable to the epidemic. However, despite the magnitude of the challenge, local AIDS responses in the country are still very weak.[13] To emphasize the weakness in local response, only 2 cities out of 17 in the National Capital Region have established functioning LACs, in spite of the warning of the National Epidemiology Center that NCR has the fastest growing rate of reported new HIV infections in 2008[14].

Project 00069946, or the Programme Component 1, was therefore developed in response to the need of establishing an institutional mechanism within DILG, through its affiliate and training arm, the Local Government Academy (LGA), in strengthening local government capacities to implement a sustained, coordinated and multi-sectoral AIDS response. The main responsibility of LGA was to coordinate, synchronize, and deliver substantive training programmes to local governments and their civil servants. Working closely with UNDP, PNAC, and the RAATs, LGA intended to increase leadership commitments to plan and implement policies, programmes and strategies to address HIV through the involvement of local champions; and to promote knowledge on local risks and vulnerabilities to HIV and AIDS as a means to develop effective local response.

Key results/outputs attributable to Outcome[15]

Inputs/Activities	Output 1: Champions and advocates have been identified to commit to enhance local response	Output 2: Institutional capacity of local government to sustain responses to HIV	Output 3: Technical support mechanisms on AIDS responses to LGUs	Project outcome

[12] UNDP HIV Programme document 2009-2011
[13] Mid-term evaluation of the Fourth AIDS Medium-Term Plan (AMTP4) 2008.
[14] Mid-term evaluation of AMTP4 2008.
[15] 2011 Project Accomplishment Report.

• Profiling of experts • Mapping of existing knowledge products • Baseline assessment of service providers' capacity • Development of relevant training modules on HIV and human development • Inventory and review of existing modules • Conduct of TOTs of LGA staff and Local Resource Institutions (LRIs) • Capacity development of RAATs to include skills training on HIV and gender sensitivity • Designing rights-based and gender-responsive AIDS programmes in low prevalence settings • Sharing of experiences and good practices among LGUs through site visits • Coaching and mentoring by experts and NGAs	• Local leaders and champions have been trained on HIV/AIDS response • Dialogue with other local stakeholders • Partnership with private sector (Starbucks) • Partnership with MSM/TG groups • Incorporation of MSM/TG concerns in the local discourse of HIV response • DILG, DOH and DSWD as national champions for a coordinated response	• Joint Memorandum Circular to reinforce RAATs' role in support of LACs • Increase in local government commitment to the activities proposed by LACs • Seal of Excellence to incentivize LGU (Champ Award) • HIV and AIDS orientation mainstreamed in the training curriculum of newly elected government officials of LGA	• Continuous training of RAATs to sustain their technical capacity to guide corresponding LACs • Training of other service providers such as NGOs and community members • Knowledge products promote local initiatives and provide technical guidance in the conduct of activities such as planning and designing programs and monitoring results	• Increase in number of functioning LACs (from 18 to 98) • Increased number of local AIDS ordinance from 29 to 44. • Enhanced knowledge on HIV and AIDS among local officials and champions • Revitalization of local AIDS response • MARPs, as programme partners, have been actively involved in the process • Participatory governance and multi-sectoral approach to HIV programme development • Coordinated approach by the government at national and sub-national levels

Increased commitment and engagement of local institutions and champions commitment to addressing local AIDS challenges. The planned outputs arising from the activities and other inputs stated in the programme document have contributed to the achievement of key outcome-level results. These results include the following: [a] an enhanced knowledge on HIV and AIDS among local officials and champions; [b] the revitalization of local AIDS response; [c] active involvement of the MARPs as programme partners in the process; [d] a participatory governance and multi-sectoral approach to HIV programme development; and [e] a coordinated approach by the government at national and sub-national levels. Overall, there was an increased commitment and engagement of local institutions and champions in addressing local AIDS challenges due to the interventions of the programme.

However, despite the programme's considerable breakthrough in the country, there still exist setbacks that derailed the realization of its goals. One of the main impediments in fully achieving the outcome is the unclear leadership roles and the dynamics among the RAAT agencies. Roles of agencies became an issue when DOH raised the issue on how to separate their existing roles and functions as implementing agency vis-à-vis their technical advisory roles in the RAATs. Consequently, it has been resolved that DOH should be the lead agency in the different RAATs because it has existing programs and activities; although in most regions, it was agreed amongst RAATs to select which agency should take the lead in their respective region. Other issues include the lack of funding for lab sites or for LGU-initiated activities, which the Evaluator

deemed to be outside the programme objective, because there should be local counterpart funds as with many other donor-supported projects.

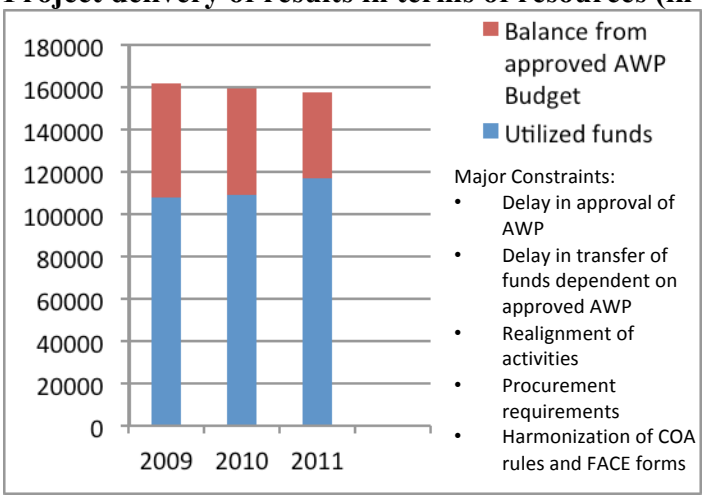
Based on the final report submitted by the implementing partner, training of RAAT representatives seemed to have been double-counted; but this might have been due to staff turnover which required a repeat of training for the new regional focals of DOH, DILG and DOH. Also, the establishment of LACs depended on how effective RAATs were in terms of facilitating opportunities for local government and their officials to understand the local scenario. The resulting number of 9 RAATs created during the project has left 8 more RAATs to be formed beyond the project. This, of course, came into effect due to several circumstances that should have been captured by the assumption that participating NGAs to the Joint Memorandum Circular (JMC) for the creation of the RAATs are greatly devolved. This means that RAAT focal persons are already responsible in implementing other programs/projects outside their HIV and AIDS-related responsibilities.

Leadership development and commitments to plan and implement policies, programme and strategies to address HIV increased. The key indicators that point to the achievement of this output are: local leaders and champions have been trained on HIV/AIDS response; undertaking of dialogue with other local stakeholders; partnership with private sector (i.e., Starbucks); partnership with MSM/TG groups; incorporation of MSM/TG concerns in the local discourse of HIV response; and DILG, DOH and DSWD as national champions for a coordinated response. The output has thus been achieved with an increase in the number of local leaders and champions supporting or are engaged in AIDS awareness and prevention activities.

Institutional capacity of local government coordinating bodies to implement sustained responses to HIV strengthened and supported. The following indicators validate the inference made about the achievement of this particular output: a Joint Memorandum Circular to reinforce RAATs' role in support of LACs was signed by DILG, DOH and DSWD; an increase in number of functioning LACs (from 18 to 98); an increased number of local AIDS ordinance from 29 to 44; an increase in local government commitments to the activities proposed by LACs; knowledge products and handbooks have been developed to support enhanced local responses; and HIV and AIDS orientation mainstreamed in the training curriculum of newly elected government officials of LGA.

Technical support mechanisms on AIDS responses to LGUs strengthened and institutionalized. Output 3 has the following indicators to illustrate achievement of its objective: continuous training of 9 RAATs to sustain their technical capacity to guide corresponding LACs; training of other service providers such as additional 170 NGOs and community members to the base pool of 212; knowledge products promote local initiatives and provide technical guidance in the conduct of activities such as planning and designing programs and monitoring results. The issue of not being able to work with the remaining 8 RAATs, whose focals were provided training by the programme, was a result of their lack of permanent or alternate RAAT members. There was also the recurring challenge of financial constraints which the LGU could not provide to the RAAT members.

Project delivery of results in terms of resources (in USD) or inputs[16]



Consistent project delivery. With the programme getting off to a late start in the second half of 2009, the actual implementation of activities only started in June 2009 when the first batch of training for RAATs was conducted. The same delay in the signing of the 2010 AWP caused much delay for the following year. This may explain the low budget utilization rate of 67% in 2009 and 68% in 2010. The utilization of funds picked up in 2011 at 74%, still much less than the reported figures of other implementing partners particularly NGOs. National government agencies (NGAs) have cited that government systems and procedures affect the timeliness of the release of approved work plans and their corresponding budgets. LGA also mentioned that there is need for more flexibility in resources alignment and activity.

The previous statement may be the basis for the posted financial rate of delivery of the implementing partner, which submitted a 99.94% delivery rate, despite its budget utilization rate recorded at only 68.16%. It was also noted in the 2009 audit report that some activities in the accomplishment report submitted by the implementing partner were not aligned and not properly identified in the approved activities in their corresponding AWP. Negotiations should be done at the outset before agreements are reached and signed by UNDP and NEDA; and the implementing partner should abide by these agreements.

Strategies to sustain partnerships and capacities

The main advantage of working with government agencies is the investments made to sustain partnerships and interventions, unlike that of a stand-alone project. This component has facilitated the signing of agreement with partners to promote public-private, as well as multi-sectoral, partnerships. From the revitalization of the RAATs through the commitments of DILG, DOH and DSWD, to the engagement with the League of Cities of the Philippines (LCP) and Starbucks Philippines, HIV and AIDS concerns now have a bigger platform for discussion among different stakeholders at different levels. The conduct of a baseline study on the capacity of local government units, the development of knowledge materials, the institutionalization of the HIV agenda and the creation of an HIV TWG within DILG are milestones in sustaining local AIDS response in the Philippines.

[16] Programme Board Review Meeting December 2011.

Component 2/ Project 000071276: Strengthening Institutional Capacities and Partnerships on HIV and Migration

How relevant was the Project in terms of national and local priorities?

Throughout the migration cycle, the different roles of government agencies and other non-governmental or international organizations are crucial to provide the OFW with assistance against HIV. From pre-departure to onsite assistance, or even upon return for reintegration into society as PLHIVs, OFWs are entitled to assistance by the Department of Foreign Affairs (DFA), the Department of Labor and Employment (DOLE), the Philippine Overseas Employment Adminstration (POEA), the Overseas Workers Welfare Administration (OWWA), Civil Society Organization (CSOs), the Technical Education and Skills Development Authority (TESDA) and other organizations that provide services to OFWs affected by HIV and AIDS. It was thus seen fundamental for this component to strengthen institutional capacities of and partnerships among these agencies and groups to effectively address the needs of OFWs.

Key results/outputs attributable to Outcome[17]

Inputs/Activities	Strengthened leadership capacity of Overseas Labor, Welfare and Foreign Affairs attaché	Rights-based HIV prevention and education integrated into pre-departure programmes	Project outcome
• HIV Awareness Seminars • HIV training for FSO, Labor Attaches and Welfare Officers • Revision of guidebook for foreign service personnel on Handling HIV cases • Development of HIV modules in the workplace and for pre-departure orientation seminar	• Increased knowledge on HIV and migrations issues of foreign service officers and personnel • Improved capacities of relevant agencies such as BOQ and OWWA • Guidebook on handling HIV cases	• Training modules for OFWs (PDOS and PEOS)	• Reduced vulnerabilities to HIV among overseas workers with special focus on women

Reduced vulnerabilities to HIV among overseas workers with special focus on women. Since there were two main NGAs, which have different roles in serving OFWs, i.e., DFA and DOLE, the major challenge was how to bridge the institutional gaps between these two agencies and their corresponding partners and affiliates, to contribute to one outcome. Despite having one goal in harmony with the one-country team approach of Philippine foreign policy, it became clear that capacitating two different agencies and forging issue-specific partnerships were difficult. DFA had earlier worked with Action for Health Initiative (ACHIEVE) in the training of their Foreign Service Officers (FSOs) on HIV and AIDS. DFA was mainly involved in resolving issues and providing assistance to undocumented OFWs, which meant that their thrust was not in sync with the general mandates of deployed labor officers in host countries. On the other hand, DOLE, through the leadership of Assistant Secretary Maria Teresa Soriano, had intended to farm out the implementation of the project to its affiliated agencies, the Philippine Overseas Employment Administration (POEA) and Overseas Workers Welfare Administration (OWWA).

[17] 2011 Project Accomplishment Report.

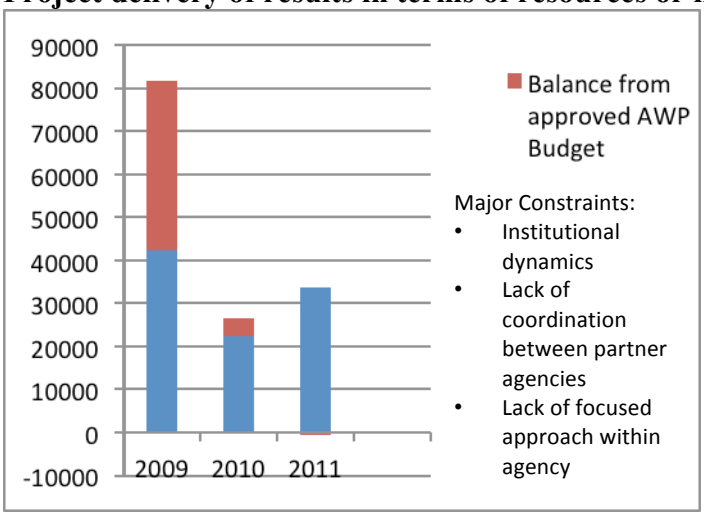
One of DOLE's main deliverables was the development of training modules for their personnel in pre-departure and on-site assistance.

Having two outputs that were not complementary to each other proved to be a failure in terms of achieving the intended outcome of the project. While there were several consultations made to reach an agreement in regard to the logical frame of this project, several factors contributed to the division of labor among the two agencies. One, ACHIEVE was only intended to be a responsible partner (RP) in addition to POEA and OWWA but the dynamics between key officials of the RPs proved to be a challenge for DOLE to be inclusive in its desired processes. Another factor is the limited number of DOLE personnel that directly worked under Asec. Soriano. Finally, the Occupational Safety and Health Center (OSHC), being the training arm of DOLE, was only able to develop the intended training modules but was not able to roll them out to their partner agencies within DOLE.

Strengthened leadership capacity of Overseas Labor, Welfare and Foreign Affairs attaché deployed in countries of destination to advocate and provide rights-based services.
The main indicator identified for this output was on improved capacity of Labor, Welfare and Foreign Affairs department in destination countries to effectively manage HIV cases. ACHIEVE was able to train not only foreign service officers and personnel, but also agencies who are engaged in the repatriation and return of HIV positive overseas Filipino workers (OFWs), such as the Bureau of Quarantine (BOQ) and OWWA. Thus, capacities of relevant personnel were improved, through increased knowledge on HIV and migration issues, enhanced skills in handling cases of HIV among OFWs and improved and more sensitized attitudes, particularly in dealing with people living with HIV (PLHIV).

Rights-based HIV prevention and education activities integrated into established government and private sector pre-departure programmes. Initially, UNDP, through this HIV Programme, intended to partner with DOLE and its affilates- POEA, OWWA, NRCO, OSHC, Institute of Labor Studies (ILS), to strengthen their institutional capacities and initiatives on HIV and migration. With OSHC taking the lead, training modules that integrated HIV and AIDS prevention and education had been developed in view of implementing a pre-departure intervention package for OFWs. This package includes: Pre-Employment Orientation Seminars (PEOS) at the grassroots level by the Philippine Overseas Employment Administration; Pre-Departure Orientation Seminar (PDOS) by OWWA and its partner PDOS providers; Seafarers Refresher Course; and HIV course in Marina. There were many other relevant activities conducted by these DOLE affiliated-agencies, i.e. ILS conducted a study in Sabah and piloted the passport reminder on HIV and AIDS in Kuala Lumpur. Despite these activities, the output had only managed to produce one tangible output, which was the HIV module for pre-departure activities of OFWs. The module, however, was not endorsed to POEA or OWWA; hence the failure to achieve the project's intended results.

Project delivery of results in terms of resources or inputs[18]



Consistent project delivery.

Being the Responsible Partner, ACHIEVE was able to undertake several activities that were necessary to achieve its intended output. It faced challenges in coordinating with different agencies and was dependent on the schedules and availability of these agencies, particularly in scheduling activities. However, this was not a major problem, and overall, ACHIEVE was able to implement all its activities without serious difficulties or delay. On the other hand, DOLE, being the implementing partner, was not able to successfully rally the agencies attached to it to roll out the modules developed by PSHC for PDOS and PEOS. The latter was mainly the cause of low liquidation rates for the second output in this project component.

Strategies to sustain partnerships and capacities

One of the main strategies of this project was to strengthen partnerships with relevant government agencies such as DFA and other relevant government bureaus, such as the BOQ and OWWA. ACHIEVE also established partnerships with individuals who are involved in HIV work in their private capacities such as Niccolo Cosme, who produced and curated the Photo Exhibit in the DFA. Lastly, the production of the guidebook brought together the different institutions and service providers addressing HIV issues among OFWs, e.g. DFA, OWWA, BOQ, DSWD, OUMWA and PLHIV support groups.

It would still take some follow-up on the commitments of DOLE to push for the adoption of the OSHC-initiated modules designed for PDOS and PEOS. These materials have already been subjected through validation with the different stakeholders relevant to overseas work; however, they still require a considerable budget for printing and distribution before they can be assessed for effectiveness and relevance.

[18] Programme Board Review Meeting December 2011.

Component 3/ Project 000071277: Mitigating the Economic and Psycho-social impact of HIV and AIDS

How relevant was the Project in terms of national and local priorities?

Despite early initiatives by DSWD in addressing social protection needs of PLHIVs, the national response called for an inter-agency approach to address their needs, including those of their families. A number of gaps have been identified in terms of programs and services for PLHIVs: limited access to PLHIV data; some LACs are non-functional or inactive; absence of focal persons on HIV and AIDS in most NGAs; service providers lack knowledge, appropriate attitude/behavior and skills in handling PLHIVs; limited funding for programs and services for HIV and AIDS; and absence of an integrated referral system for stakeholders to fulfill obligation to protect and promote the rights of PLHIVs, their children and affected families.[19]

Clearly, there was a demand to harmonize all efforts of the government and other service providers to optimize the resources and strengthen service delivery at the community level. DSWD, an active member of PNAC, was encouraged to initiate the formulation of a referral system to facilitate the collaboration of service providers and agencies to respond to the various needs of PLHIV. With a referral system, advocacy efforts for the prevention of HIV and the treatment, care and support of PLHIV and their families will be in place at the community level. It is envisioned that the referral system will lead to the PLHIV having access to services that will strengthen their capacities towards a prolonged and productive life.

Key results/outputs attributable to Outcome[20]

Inputs/Activities	Referral system for psychosocial care and support services	Access to livelihood opportunities	Improved psychosocial support by service providers	Project outcome
• Training of trainers • Consultation workshops • Advocacy/IEC • Data management and research • Systems development	• Referral system manual • Complementary manual for social workers to implement referral system • Inter-agency case management conference	• Self-Employment Assistance-Kaunlaran (SEAS-K) • Network with NGAs, i.e., TESDA • Network with accredited/licensed NGOs	• Funds sub-allotted from Central Office to ensure Field Offices can support PLHIVs and their families • DSWD Regional Crisis Intervention Unit mobilized	• Enhanced access to psychosocial, economic and support services for PLHIVs and affected families

Enhanced access to psychosocial, economic and support services for people living with HIV and their affected families. Through the established referral system for the care and support services for PLHIVs in the community, the rights and well-being of Filipinos living with HIV, as well as their children and families, are upheld by ensuring that they have access to holistic HIV response. The system intends to facilitate the convergence of various service providers from multi-sectoral agencies to provide quality and timely delivery of services such as counseling; education, information and capacity building; social protection and health insurance; temporary

[19] Ibid.
[20] 2011 Project Accomplishment Report.

shelter or accommodation; educational assistance; spiritual enrichment; care for the caregivers; skills training, livelihood or employment; medical intervention; safe motherhood; legal assistance; community or home-based care; burial assistance; and child care.

As a result of these care and support services, PLHIVs are able to sustain support to their own families and children. They can also develop strong acceptance and support from their families and communities, as well as live prolonged and productive lives as members of their respective communities. In line with this objective, PNAC signed and endorsed this system so that it will serve as the strategic framework in handling or managing cases of PLHIVs and their families at the community level.

A similar initiative of DSWD in support of this project is the mainstreaming of HIV and AIDS in the planning, programming, and budgeting of the agency's yearly activities from 2011 onwards. An Investment Plan on HIV and AIDS was formulated allocating PhP 3,200,000.00[21] for 2011; and PhP 1,120,000.00 per year, for four years between 2012 and 2015[22]. A former project-based DSWD personnel has now been tenured which means that DSWD is investing in a longer-term focal person who can sustain the objectives of the project in the years beyond the project life. This ensures that PLHIV and their families have access to psychosocial, economic, and support services. Based on reports of the Regional AIDS Assistance Teams (RAATs), there was an increasing number of PLHIV being provided with psychosocial support services (i.e., transportation, medical, burial, etc.). This is a clear sign that those infected and affected with HIV and AIDS gained confidence and trust to access services from the Department.

In Regions III, IV-A, VII, IX, and NCR, the referral system has led local health providers to start linking with local social workers for case management and other support services for PLHIVs. Municipal or City Social Welfare Offices have enhanced partnership with local Social Hygiene Clinics and LGUs to ensure that interventions address the gaps of PLHIVs. These needs-based interventions have been particularly successful in Zamboanga City, where IDUs are on the rise and where deported Filipinos from Sabah, Malaysia are in greater risk of infection; and in Angeles City, another high-risk site. Crisis Intervention Units have also been established in 16 provinces.

Referral system for accessible psychosocial care and support services institutionalized and coordinated with government and civil society organizations. DSWD formulated a manual entitled "A Referral System for Care and Support Services for People Living with HIV and their Families in the Community." This was later approved, printed, launched, and distributed during December 1, 2010 World AIDS Day and was endorsed by members of PNAC during its 32nd Plenary Meeting.

A complementary manual of the referral system entitled, "Psychosocial Care and Support Services for Persons Living with HIV and their Families," intended for Social Workers was also approved, printed, and distributed the same year amongst DSWD regional offices. A series of capacity building activities and training of trainers on the referral system and program manual were conducted at Regions III, IV-A, VII, IX, and NCR to localize HIV and AIDS response amongst health providers and local Social Workers. Finally, inter-agency case conferences were

[21] 2011 Project Accomplishment Report; Interview with DSWD HIV Project Officer.
[22] Ibid.

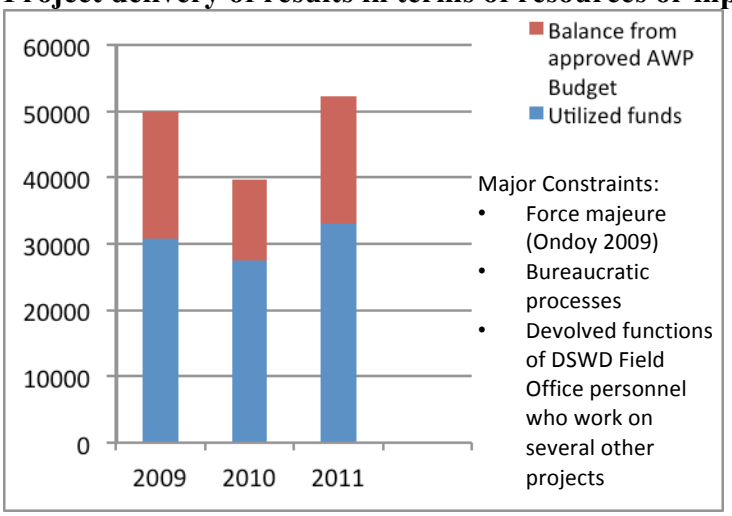
promoted and organized by the DSWD RAAT focal persons, members of the Local AIDS Council, Social Hygiene Clinics, and Local Social Welfare and Development Offices to discuss the helping process or case management of PLHIV.

Access to livelihood opportunities for PLHIV facilitated and supported.
The Department provides livelihood opportunities for PLHIV and their families thru Self-Employment Assistance-Kaunlaran (SEA-K) program and maintains linkage and networking with other government agencies such as Technical education and Skills Development Authority (TESDA) and accredited/licensed NGOs for livelihood program. This output takes off from the Implementing Rules and Regulation (IRR) of RA 8504, Section 35 called Livelihood Program and Training. The section requires that "government agencies such as the DSWD, DOLE, Department of Education (DepED), TESDA and Department of Trade and Industry (DTI) and private agencies, as well, shall provide opportunities for PLHIVs to participate in skills training, skills enhancement and livelihood programs. No PLHIVs shall be deprived of participation by reason of HIV/AIDS status alone."

Psychosocial and support services for families affected by HIV enhanced and sustained.
A major output attributed to the project is the use of the Continuum of Care framework. This framework highlights the holistic response to the pressing needs of PLHIVs, their children and families, by tapping a network of medical and psychosocial service providers, both from the government and civil society. These services consist of emotional support and counseling, self-care empowerment, sexual and reproductive health services, standard-prophylaxis, tuberculosis (TB) screening and treatment, access to care and treatment of opportunistic infections (OIs), assistance with transport to referral sites, food and income support, end-of-life care and future planning and support for children and other family members.

It was, thus, anticipated that the project would be able to identify different stakeholders and service providers and to capacitate them by using one referral system to target the PLHIVs' need for support. DSWD, through the Social Technology Bureau (STB) and Program Management Bureau (PMB), have sub-allotted funds for PLHIV and their families. Subject to existing guidelines, PLHIV and their families can now access psychosocial support services thru DSWD-Regional Crisis Intervention Units (CIU), specifically in the provision of Assistance to Individuals in Crisis Situations (AICS).

Project delivery of results in terms of resources or inputs[23]



Consistent project delivery.

When the programme was launched in the second half of 2009, this particular project was interrupted by Typhoon Ondoy which resulted in only two major activities conducted. The *force majeure* that happened prompted DSWD to mobilize its efforts to provide immediate assistance to the typhoon victims; hence the project implementation had slowed down. In 2010, the proportion of utilized fund out of the approved budget increased from 62% to 69%. Activities such as the development of the referral system, capacity development of service providers, advocacy, data management and the provision of psychosocial support have started to pick up. In 2011, similar activities were undertaken but the financial performance of the project had decreased to 63%.

There are many factors that resulted in low liquidation rate of the project. One is the discrepancy in the hotel and DSA rates of the UN and DSWD. While the UN has a minimum of Php2,300 a day of total food and accommodation allowance, DSWD only allows a maximum of Php1,800. Another is the low turn-around rate of local counterparts of DSWD Central Office because of the many tasks and responsibilities that they have in terms of implementing other DSWD mandates and projects. This is a consequence of devolving the centralized functions of NGAs hence local personnel are burdened with more functions and workload. On top of this, liquidation by DSWD Field Offices turned out to be slow or below target which, understandably, resulted in the delay in the release of subsequent funds.

Strategies to sustain partnerships and capacities

As one of the project's exit strategies, a Training of Trainers on Handling Persons Living with HIV Including Children, was held in 2011. The training was attended by representatives from the Technical Working Group of DSWD Central Office, particularly the Social Welfare Institutional Development (SWIDB- the training arm of the Department), Standards Bureau (in-charge of licensing and accrediting NGOs, FBOs, and CBOs), and Program Management Bureau (in-charge in the operations of institutions and regular programs), and Management and Information System Service (MISS) (in-charge of the setting-up of the database of the referral system). As a

[23] Programme Board Review Meeting December 2011.

result, all members of the TWG expressed their support to mainstream HIV and AIDS in their respective offices. SWIDB will support the roll-out of training through on-going projects, while PMB will include funds for PLHIV and their families in the CIU-AICS. Additionally, all involved RAATs prepared Plans of Action on HIV and AIDS and these will serve as the baseline for budget allocation of the members of TWG on HIV Response by the three Bureaus: STB, SWIDB, and PMB.

In December 2011, a Program Review and Evaluation Workshop (PREW) of the Project was conducted. The accomplishments of the pilot/project sites (Regions III, IV-A, VII, IX, and NCR) were identified, including all hindering and facilitating factors in the project implementation. The regional representatives had also recommended/proposed "way forward" activities, which have now been incorporated in the 2012-2016 indicative investment plans.

Aside from institutionalizing care and support services in the general programs of DSWD by committing yearly budget to mainstream HIV and AIDS in its field offices, other interventions have also been identified. Mainstreaming HIV and AIDS concepts in the *Pantawid Pamilyang Pilipino* Program (or the Conditional Cash Transfer Program) is a key milestone of this project because it will be targeting more than 4 million poor Filipino household beneficiaries through its Family Development Session, which is a critical conditionality for households to receive their cash grants. Basic concepts of HIV and AIDS will be provided to the regional offices of DSWD, and this will eventually be rolled out to their municipal links who will be handling the sessions. In addition, the Modified Conditional Cash Transfer (MCCT) is a new program attached to 4Ps; MCCT will also target PLHIVs who are of poor economic status and are eligible to the program.

In terms of capacity development, a total of 285 service providers and DSWD regional staff were oriented on the established Referral System and its corresponding Forms and Program Manual on HIV and AIDS. This will enrich their knowledge and skills in collaboration with the staff of Social Hygiene Clinics and other focal persons from the local government.

Component 4/ Project 000071278 Strategic Information and Community Leadership among Males having Sex with Males (MSM) and Transgender (TG)

How relevant was the Project in terms of national and local priorities?

The Fourth AIDS Medium-Term Plan 2005-2010 (AMTP4) clearly stated that in order to maintain HIV prevalence below 1% of the total population by its final year, most-at-risk and highly vulnerable populations (MARPs and VPs), of which MSMs are a part, must have access to quality preventive interventions. There had been several interventions that targeted both MARPS and VPs even prior to the passing of the AIDS Law in 1998, but the epidemic was alarmingly growing and had now seen a shift in its demographic profile. From being an undetectable group in the earlier years, MSMs have now become most affected populations in the country, as they represent the most number (>80%) of newly recorded HIV infections according to the AIDS registry[24].

This program component was in support of AMTP4's first objective, which was to increase the proportion of population with risk-free practices. This objective was, in turn, strengthened by

[24] HIV and AIDS Registry, Sep 2008; Natividad, JN, [et al.]. The HIV/AIDS Situation in the Philippines: Final Report, 2008.

different strategies which included the scaling-up and quality improvement of preventive interventions targeted to identify highly vulnerable groups (sex workers and their clients, IDUs, MSMs and OFWs); and the strengthening and institutionalization of management systems in support of the delivery of HIV/AIDS information and preventive services, treatment, care and support. These strategies had specific key result areas that were deemed relevant to this component: i.)MSMs are provided with focused preventive information, skills and services; and ii.) Management systems in support of evidence-based advocacy, planning, policy formulation and decision-making are installed and operational.[25]

Key results/outputs attributable to Outcome[26]

Inputs/Activities	Knowledge base of MSM/TG communities	Institutional capacities of MSM/TG groups to engage in policy consultations	Application of evidence-based information	Project outcome
• Engagement with different partners to better understand HIV/AIDS through the lens of MSM/TG; • Strengthening of institutional capacities of MSM/TG groups to participate in local policy-making bodies	• Rigorous studies have been done to assess risks and vulnerabilities of MSM/TG populations • Analysis of HIV prevalence and behavioral risk factors among MSM • Developing research skills and evaluation methodologies to measure results of HIV/AIDS interventions towards MSM/TG • National Strategic and Communications Plans developed	• Partnership development among different MSM/TG groups • Organizational development with vision/mission defined • Program development capacities enhanced • Advocacy towards inclusion of MSM/TG concerns in local policy-making • Mentoring sessions to sustain capacities and commitments of MSM/TG groups	• The 5th AIDS Medium-Term Plan • Inclusion of component findings in the HIV/AIDS awareness and support modules developed by LGA for local government counterparts • UN Development Assistance Framework 2012-2018 • Joint UN Programme on HIV and AIDS 2012-2014	• There is now a clear agenda for MSM/TG in the national AIDS response • National and sub-national consciousness of sub-sectoral concerns • Beneficiaries are empowered by understanding the issues and resolving them through a concerted effort of policy enhancement

Enhanced strategic information and improved engagement of MSM and TG community based organizations in local policy making bodies. The outputs have positively contributed to the component outcome, which aimed at developing strategic information that sheds light on the epidemic from the perspective of MSM and TG populations. HAIN, the implementing partner, and TLF-SHARE, the responsible partner, have been successful in facilitating research studies that generated knowledge, with active participation from community-based MSM and TG groups in the country.

Another milestone of this component was the effort to concretize knowledge products that help inform policies, such as the 5th AIDS Medium Term Plan, and programs, like the National Consultation Workshop: Philippine Proposal to GFATM Round 11. Similarly, efforts were undertaken to synergize with government institutions engaged in such endeavors as in the critical collaboration with the National Epidemiology Center of the Department of Health for the improvement of the 2011 Integrated HIV Behavioral and Serologic Surveillance (IHBSS) as well as with the Philippine National AIDS Council for its research agenda.

[25] AMTP4.
[26] 2011 Project Accomplishment Report.

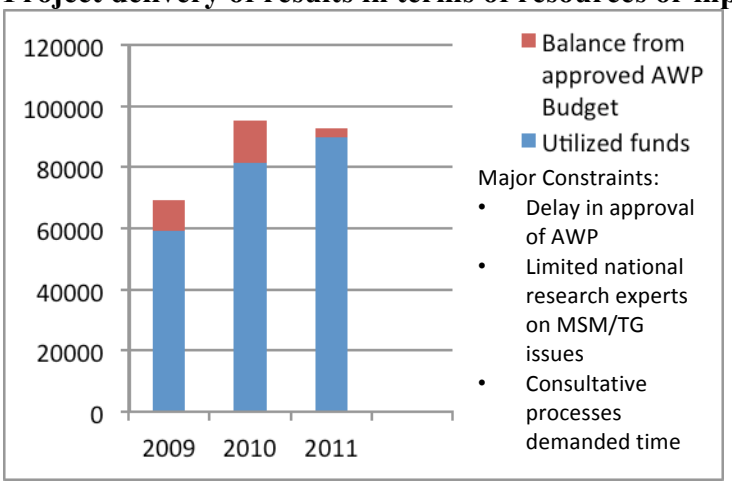
In terms of improved engagement of MSM and TG community-based organizations, the capacitated groups now have clearer vision and mission statements, clearer programmatic direction and advocacy engagement specifically related to human rights, sexual and health rights, representation needs and HIV and AIDS prevention in their respective areas.

Knowledge base of MSM behaviour and community-based interventions to scale up effective and evidence-based responses enhanced. This output has been achieved, especially in developing a comprehensive package of responsive community-based interventions and in undertaking the social profile of MSM and TG populations. Majority of the activities have exceeded contribution to the component outcome with positive results. The key documents that were produced are the National Strategic HIV Comprehensive Plan for MSM and TG; the HIV Strategic Communications Plan for MSM and TG; and the Multi-country Training on Strategic Information on HIV among MSM and TG Populations. Since many of these outputs were delivered through the conduct of qualitative research studies, there had been several challenges in terms of tapping a limited number of scholars, as well as in processing and analyzing the volume of data that were gathered using the methodologies identified in the research proposals.

Capacity of MSM community-based organizations to engage in policy, budget planning and programme development processes strengthened. This output has also largely contributed to the achievement of the component outcome because of several activities that improved the MSM and TG groups' capacities to undertake organizational development, program development, advocacy, network formation, mentoring, and engagement with LGUs. These capacity development activities were conducted through training and other collaborative processes, which were reinforced by a number of community consultations, a national MSM and TG conference, and the Human Soul exhibit.

Evidence-informed gender and AIDS programming, monitoring and evaluation, both in the national strategic plan and UNDAF enhanced. This output has been instrumental in the development of the AMTP5 and the UNDAF. The activities undertaken were a result of the collaboration with UNICEF on developing and using a module on Gender- and Age-Sensitive Development Planning. The Joint UN Programme on HIV and AIDS has greatly benefited from the lessons and knowledge produced by this component in identifying MSM and TG populations as one of the target beneficiaries for the next program cycle of the JTA.

Project delivery of results in terms of resources or inputs[27]



Consistent project delivery. Despite its delayed start in July 2009, the component was still able to implement all its activities in 2009 with utilized funds amounting to 86% of its 2009 budget. The main reasons for this shortfall were the prolonged consultative processes required in the conduct of in-depth analysis of the 2009 IHBSS report which took an extended period of data transmission and validation; the fine-tuning of existing modules for capacity development; and the identification of community-based MSM and TG partner groups. This financial performance was consistent at 85% in 2010, which again resulted from external factors beyond the control of the implementing partner; the delay in the release of the funds due to the late approval of the 2010 AWP caused some setbacks in the implementation of the activities. Finally, 2011 proved to be an efficient year for HAIN because they were able to liquidate 97% of the transferred funds, with major activities completed.

Strategies to sustain partnerships and capacities

Project 000071278 was able to bank on its engagement with MSM and TG communities at the national and local levels to develop strategic information and champions. Through these groups, a roster of groups has been capacitated to carry on the promotion of MSM and TG involvement in local policy-making even after the programme has concluded. In addition, partnerships with local governments, facilitated by Component 1 and implemented by LGA, have increased opportunities for participation of MSM and TG groups in the local political dialogue, especially with the BCC coordinators of city government around the country. At the national level, strong collaborative efforts with the DOH, NEC, PNAC, UNAIDS and other UN agencies have resulted in better outputs as intended by the project activities. Finally, coordination with the UNDP Regional Office was also sustained as demonstrated by APRC being a key player, such that additional support was provided to contract an International Consultant that finalized the National Strategic HIV Comprehensive Plan. APRC also supported the conduct of the Multi-country Training on Strategic Information on HIV among MSM and TGs.

[27] Programme Board Review Meeting December 2011.

Component 5/ Project 000071279: Knowledge, Communication and Advocacy to Promote Deeper Understanding of HIV and AIDS

How relevant was the Project in terms of national and local priorities?

AMTP4 called for strengthened prevention interventions for injecting drug users (IDUs), who would receive a more focused STI, HIV and AIDS preventive education, skills and services. These interventions specified more policy support for harm reduction program in high risk areas, including advocacy among local officials, capacity development of NGOs and LGUs, and dialogue with local enforcement and key government agencies[28].

In comparison with other countries in the Asia Pacific region, the Philippines is one of the few remaining countries which has yet to develop a national policy that explicitly supports harm reduction.[29] The HIV/AIDS Asia Regional Programme (HAARP) saw this as an opportunity to advocate for explicit and supportive inclusion of harm reduction in the next national strategic plan on HIV of the Philippines. UNDP thus facilitated this project which would forge a partnership between AusAID and the Philippine government, through PNAC. The project will undertake research activities to address the information gaps on HIV and AIDS as well as inform the formulation of the 5th AIDS Medium-Term Plan (AMTP5)[30].

Key results/outputs attributable to Outcome[31]

Inputs/Activities	Knowledge base of MARPs and VPs to inform policy and programme responses increased	Project outcome
3 research activities • **PWID in rehabilitation centers and prisons** • **Case series of PWIDs in Metro Manila** • **Peer education for sex workers and PWIDs**	• **Increased knowledge on PWIDs and the environment around them** • **Policy review and legal context of harm reduction and the challenges in its adoption**	• **Country-level sharing of information on multi-sectoral responses and practical use of effective approaches to address HIV/AIDS among MARPs and VPs**

Country-level sharing of information on multi-sectoral responses and practical use of effective approaches to address HIV/AIDS among MARPs and VPs. The level of the project outcome seems to be very high with emphasis on nationwide sharing of information generated by the research activities undertaken between 2009 and 2011. The research outputs have indeed been effective in influencing the processes of developing and enhancing the AMTP5 and the National AIDS Strategic Plan for 2012-2016. These plans have incorporated the concerns and recommendations of these studies by informing and improving the AIDS programming and strategic responses for people who inject drugs (PWIDs). They also helped in addressing knowledge gaps on the behavioral profiles of PWIDs, who have been subject of the research studies.

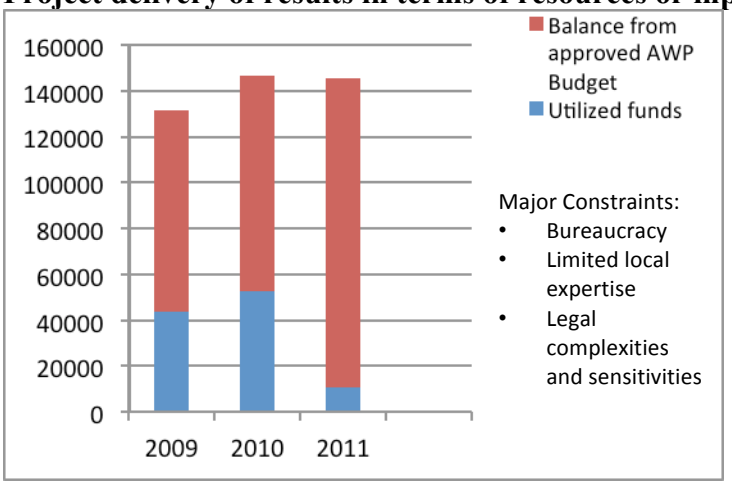
[28] AMPT4 2005-2010.
[29] International Harm Reduction Association, 2009.
[30] AMTP5 2011-2016.
[31] 2011 Project Accomplishment Report.

However, despite these contributions, the results have not fully contributed to the increase in the knowledge of MARPs and VPs. The sub-sectors still do not have full access to the results of these studies because the sharing of information still rests upon the capacity of PNAC to roll them out to the different government agencies and stakeholders which respond to and support harm reduction challenges.

Knowledge base of MARPs and VPs to inform policy and programme responses increased. It is important to note the difference between knowledge on the conditions of PWIDs in terms of their vulnerabilities and risks to HIV and AIDS, and the improvement of the knowledge base of key stakeholders, including the MARPs and VPs, on the epidemic to effectively participate in the policy-making and programming processes at both national and local levels. Generally, the research outputs can serve as references to advance knowledge of MARPS and VPs on HIV and AIDS, as well as on sexually transmitted infections (STIs). However, PNAC should make sure that these research outputs are not only used for programming and strategic planning by policy-makers, but also understood directly by the PWIDs, who were the intended beneficiaries of the project.

The studies include the following:
(1) Survey on the knowledge, attitude and practices related to risk of HIV infection amongst people who are injecting drugs (PWID) in rehabilitation centers and prisons in Metro Manila;
(2) Knowledge, attitude and practices related to risk of HIV infection amongst people who are injecting drugs: Case series amongst people who are injecting drugs in Metro Manila; and
(3) Study on current peer education packages for sex workers and people who are injecting drugs as an intervention strategy for STI, HIV and AIDS prevention.

Project delivery of results in terms of resources or inputs[32]



Consistent project delivery.
Rigorous processes in the government have caused much of the delay in the implementation of the project, e.g. approval and signing of the Annual Work Plan (AWP) underwent several stages within the Department of Health, which Chairs the Philippine National AIDS Council, thus

[32] Programme Board Review Meeting December 2011.

causing the delay in the implementation. Also, there was an inadequate number of local experts and research institutions who could undertake the proposed research topics.

More importantly, the most challenging were policy and legal complications surrounding PWID vis-à-vis drug use in the Philippines. Implementation of the proposed activities which aimed to support targeted policy advocacy to address impediments to the implementation of HIV prevention among PWIDs, particularly the implementation of a comprehensive harm reduction programme, was hampered by non-harmonized national policies that impact negatively on the HIV response. For instance, certain provisions of the Dangerous Drugs Act, which prohibit the distribution of clean needles and injecting equipment, and restrict the provision of information and services to people who need them are inconsistent with the AIDS Law, which promotes the right of most-at-risk populations and PLHIV to prevention services. This requires amendment to existing policies.

Lastly, there were six studies that were originally identified and planned by PNAC, which would facilitate the call for research institutions to undertake the studies. Prior to implementation, however, PNAC proposed revisions on three of the six research agenda as similar initiative have already been undertaken at that time. On the other hand, the proposed alternative research agenda were not aligned with the objectives (i.e., non-PWID related) agreed upon by the donor (i.e., AusAID) and UNDP. Therefore, these negotiations also caused some delay in implementing the three research studies.

Strategies to sustain partnerships and capacities
Partnerships have been forged with academic institutions (i.e., University of the Philippines – College of Public Health and Ateneo de Manila University) and NGO (i.e., Philippine NGO Council) for the conduct of the studies. The inclusion of recommendations of these studies in the AMTP5 also ensures that the concerns regarding PWIDs and HIV/AIDS will be considered in operationalizing the national plan and its corresponding strategies that target this specific population.

General conclusions

The table below shows how the intended programme outcomes have contributed to the AMTP4 strategies and enumerates conclusions of this evaluation relative to the AMTP4 objectives.

AMTP4 Strategic Directions	Programme intended outcomes	Conclusions	Impact in terms of AMTP Specific Objectives
Expand coverage and integrate HIV and AIDS in the development priorities at the local level, giving priority to identified risk zones	Component 1- Increased commitment and engagement of local institutions and champions commitment to addressing local AIDS challenges.	There is still a need for a strengthened response at the local level, especially in expanding the number of LACs and in allocating budget for relevant programmes. Alignment of local response with national response through the leadership of PNAC	>With the continuing rise of the number of reported infections per year, the UNDP Programme has contributed to the strengthening of national responses to HIV and AIDS, particularly in the form of systems improvement and capacity development. However, it is still difficult to measure behavioral changes at this point because of the limited programme timeframe.
Scale-up prevention efforts	Component 2- Reduced vulnerabilities to HIV	Rolling out of PDOS and PEOS modules to capacitate	

towards other vulnerable groups (e.g., overseas Filipino Workers or OFWs, youth and children)	among overseas workers with special focus on women.	and increase knowledge of OFWs. There is still a gap in the one-country team approach of the Philippine mission in many host countries.	>Based on the results of each project/component of the program, it is important to note the positive effect of the program on the enhancement of available information that is relevant, and the innovations in care and support services that are intended to be harmonized with other programs of the government. >With both national and local responses aimed at improving society's attitude towards the epidemic by reducing stigma and discrimination, the challenge is how to measure impact that is attributed to the programme results. >Insofar as efficiency is concerned, the program has managed the project components in silos, although there have been several attempts to link each other.
Improve the coverage and quality of care and support for people living with HIV	Component 3- Enhanced access to psychosocial, economic and support services for people living with HIV and affected families.	Care and support services already have guidelines in carrying out plans. Harmonization of agency-specific processes still needs to be done using the referral system developed by this project.	
Intensify prevention interventions among populations most at risk	Component 4- Enhanced strategic information and improved engagement of MSM and TG community based organizations in local policy making bodies	Knowledge and capacity of MSM and TG have been enhanced. There is still a need to operationalize the National Strategic Framework.	
Strengthen management support systems for the national response	Component 5- Country-level sharing of information on multi-sectoral responses and practical use of effective approaches to address HIV and AIDS among most-at-risk and vulnerable populations increased.	Early initiatives are good sign of willingness to collaborate by key government agencies, through the PNAC. The Council should take on a more active role, and veer away from mere Secretariat functions.	

Did the different Programme Components vis-à-vis UNDP HIV and AIDS Programme achieve their intended outcomes and outputs?

Component 1: Yes. UNDP's good relationship with both the national and sub-national governments proved to be useful in guaranteeing participation of the Regional AIDS Assistance Teams and the Local AIDS Councils to develop local plans that integrate HIV and AIDS and enhance both local and national response to the epidemic.

Component 2: Yes. UNDP has partnered with both the implementing partner, DOLE, and the responsible partner, ACHIEVE. Another critical partner in this component was DFA, because the Philippine Ambassador is the Head of Philippine mission in any host country; thus it is also important to note that UNDP has had a long-standing working relationship with all of the relevant agencies in the context of migration.

Component 3: Yes. UNDP was aware that regional hubs are limited in providing better testing, treatment, care, and support services for HIV and AIDS; hence UNDP partnered with DSWD in developing a referral system that can make better use of existing mechanisms such as the

availability of social hygiene clinics and local health facilities, with which to refer target beneficiaries for their required assistance.

Component 4: Yes. UNDP is the global lead in MSM and TG concerns within the context of human rights and gender. It was also agreed among the members of the Joint UN Team (JTA) that UNDP will be leading in the conduct of research studies on KPHRs.

Component 5: Yes, but only to a limited extent, because there are still bureaucratic restrictions that impede full engagement of PNAC. UNDP is closely working under the UNDAF as its guiding basis for partnership, and the JTA to singularly act as one in supporting PNAC and its activities to implement the AMTP5.

Recommendations

In the programme document, UNDP emphasized that it adopted a modular approach to respond to the emerging needs in order to contribute to the goals of the Philippines' national AIDS response as embodied in the AMTP4 2006-2011. It also used strategic sector-specific partnerships to maximize the effectiveness of government-led and community-based interventions. However, as the country enters into a new programming cycle, the Programme needs to employ an integrated, multi-sector approach that would capture the priorities of the following: AMTP5 2012-2016 and UNDAF 2012-2018. Hence the following recommendations are emphasized:

1. Focus on policy advocacy to strengthen multi-sector approach

The low priority given by the national government to the HIV and AIDS challenge and the existence of conflicting laws, i.e. AIDS Law and the Dangerous Drugs Act, had led to a constantly low budget allocation for the AIDS programme of the country. This, in turn, resulted in low program coverage of prevention and treatment care and support services, the lack of basic logistics and commodities for harm reduction activities targeted at high-risk groups, and the inadequate number of service and care providers. Also, this weakness in policy advocacy to enhance PNAC affects its organizational and human resources.

There is thus the need to focus the next UNDP HIV Programme on results that may shed light on the roles and responsibilities of state institutions for more effective and efficient national response, and on measures to establish the National HIV and AIDS Plan with clear strategies, targets, operationalization framework and funding. Also, there is a need to remove all barriers to AIDS-related services and eliminate the climate of stigma that surrounds the epidemic and the people directly and indirectly affected by it.

2. Enhance evidence-based approach with quality research to inform policy; disseminate results of the studies

Evidence-based information is seen as a critical element in policy advocacy and development. Information on MSM and transgender persons was integral in the Programme's contributions to the 5th National AIDS Medium Term Plan, and also informed the drafting of a specific strategies targeting these two key populations – the National Comprehensive Strategic Plan for MSM and Transgender Populations. It is thus recommended that UNDP focus on its comparative advantage to link different stakeholders in conducting multi-sectoral studies and in disseminating results of these studies for enhanced awareness of issues surrounding HIV and AIDS.

3. Focus on key issues (e.g., prevention, harm reduction, PLHIV TCS, rights-based approaches, stigma and discrimination)

There is a call for more emphasis on issue-specific interventions especially in the context of sexual transmission and injecting drug use as possible preventive strategies to reverse the growing trend of infection in the country. This can translate into national and local responses that adequately address gaps in prevention services and programmes among identified most-at-risk populations, including MSMs, young and female key populations at high risk, and other vulnerable groups. Other critical issues include: harm reduction; PLHIV needs for treatment, care and support; and rights-based approach.

4. Facilitate a harmonized national coordination

It is recommended that UNDP capacitate both PNAC and LAC to facilitate a harmonized, government-led coordination in formulating policies, implementing them and monitoring their impact on the beneficiaries. Building the capacity of PNAC and LAC entails a comprehensive assessment of the gaps especially in the linkages of PNAC with the RAATs and the LACS. This assessment may thus provide a firm baseline to which targets of closing response gaps are monitored and evaluated against. Conditionally, the chances of this strategy to become more achievable are based on the premise that coordination between national and sub-national agencies and stakeholders is enhanced. Finally, the "Three Ones" approach also has to be enhanced so that opportunities for advocacy and resource mobilization can be tapped.

5. Continue HIV and AIDS as a separate and full portfolio

Considering the need and urgency to respond to the growing epidemic, HIV and AIDS has earned a separate sub-outcome in the new UNDAF 2012-2018. This emphasis is consistent with UNDP's departure from a previous project-based perspective of HIV and AIDS into a more integrated approach within a general framework of equal access to basic social protection services. In the last HIV Programme, there have been several opportunities that were tapped because of UNDP's multi-sector response to the growing trend of HIV infections in the country; this was mainly due to the shift from being subsumed by a bigger Poverty Portfolio of the

country office into its standing as a separate Programme with smaller projects of its own. There is a need to continue this thrust by mobilizing resources to keep HIV and AIDS as a full and separate portfolio in order to be consistent with the structural arrangements of UN agencies participating in the UNDAF 2012-2018 and of the Philippine government's AMTP5.

6. Review UNDP capacity needs for HIV and AIDS

With the MDGs drawing to its deadline in 2015 amid the country's poor performance in keeping HIV and AIDS under control, UNDP needs to actively urge the government to comply with its MDG commitments to the international community. However, UNDP can only prompt these actions from the national government by ensuring that it promotes the UN Reform of delivering as one and by enriching its comparative advantages, such as its neutrality and positive relationship with GPH; its strengths in capacity development and advocacy; and its access to an international network of experts, who may provide valuable contributions to policy formulation and to the sharing of best practice. With the Post-2015 Agenda taking shape, UNDP's role as the lead in promoting HIV/AIDS and other sectoral concerns of MSM and TG in the national development agenda is critical in the coming years.

Lessons Learned

One of the fundamental findings of the evaluation is that the UNDP Country Director was able to play as champion of HIV and AIDS in the Philippines. The Country Director had taken advantage of the comparative advantage of UNDP by tapping resources at the regional level and focusing on pressing issues such as the rising number of infections among MSMs. However, political support and policy alignment also matter. Despite the inclusion of harm reduction interventions among IDUs, UNDP had to contend with several legal constraints because of contradictions in several laws, particularly the Dangerous Drugs Act and the AIDS Law.

At the outset, the engagement of a UNDP in-house HIV specialist was instrumental in developing the Programme Document. This was also heavily based on the recommendations of the Country Office-initiated Outcome Evaluation of UNDP's Country Programme, which was led by an independent consultant from New York in 2008. APRC's support of the Country Office's identified priorities also helped in securing additional funding for the other components of the HIV Programme.

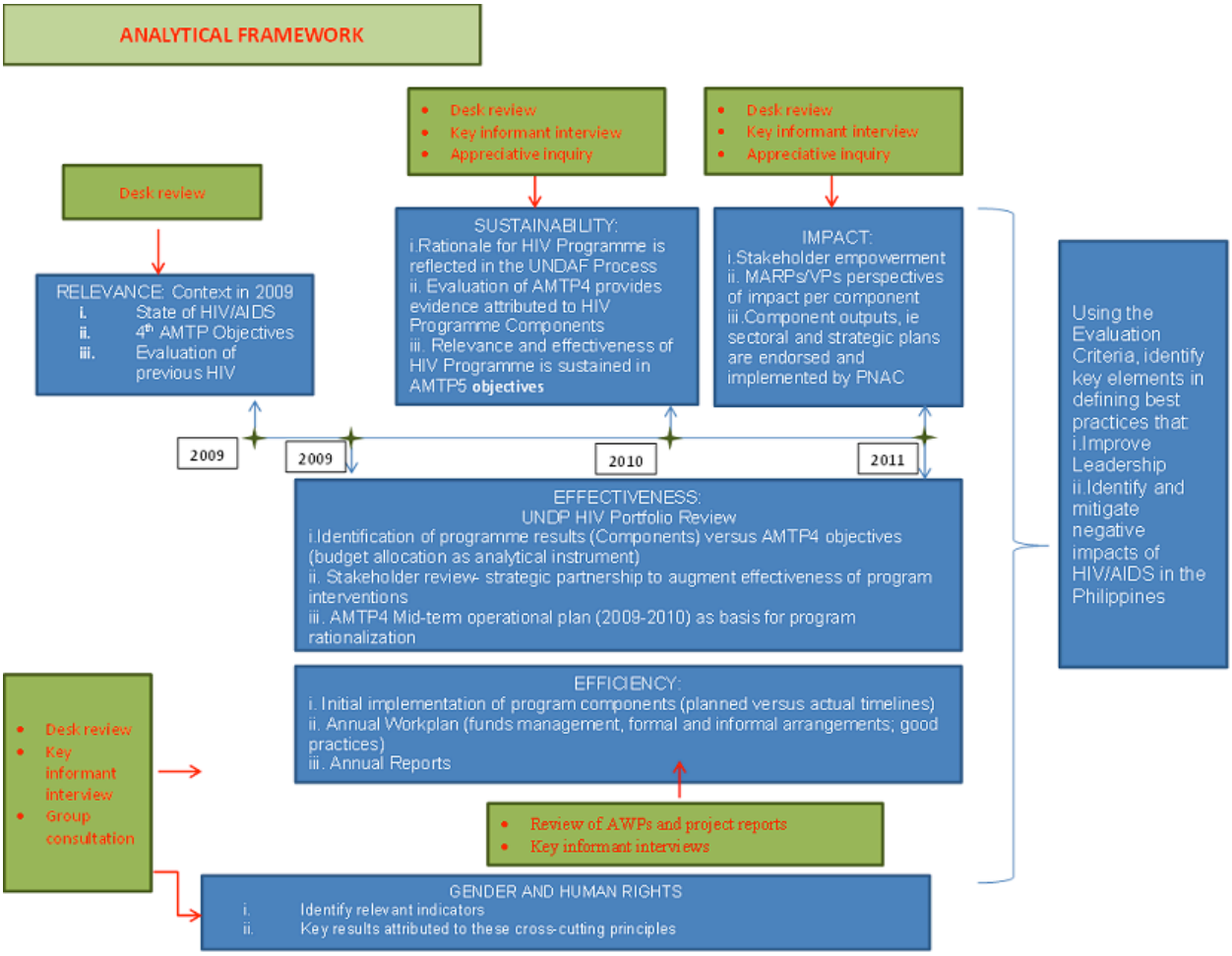
Since a major reason for the delayed liquidation of project costs by implementing agencies was the common bureaucracy that required several processes and standards for both national and local government agencies and/or units, it is imperative that development partners should align themselves with the timelines of the Philippine government. This means that fiscal periods will be harmonized and that annual plans will also be in sync to enhance rates of project delivery.

Operational spot checks and audits had been conducted. These were remarkable given that some implementing agencies had opened their doors to third party evaluators to assess their institutional capacities to implement foreign-assisted projects. What was even more significant in this form of monitoring was the use of action matrix which prompted the implementing partners to deliver on identified challenges or gaps in the project cycle. However, this was not true for all the implementing agencies; this calls for a more institutionalized approach of spot-checking and auditing results in future UNDP projects.

Finally, the UN Development Assistance Framework can be a strategic entry point for UNDP in renewing its commitments to address HIV and AIDS in the Philippines. UNDAF clearly states that HIV and AIDS will be a separate "Sub-Outcome" area in line with the Philippine Development Plan, which sets the national development agenda to address cross-cutting issues such as HIV and AIDS. Also, the UN System will work closely with the Philippine government, through PNAC, to support the successful implementation of the AMTP5. In line with the UNDAF and PDP priorities, the new UNDP CPD 2012-2016 has also identified HIV and AIDS as one of its developmental priorities.

Annex 1

Analytical Framework



Annex 2

List of individuals interviewed

1. Ms. Marivel Sacendoncillo, Executive Director, LGA-DILG
2. Mr. Silvestre Barrameda, LGA-DILG
3. Dr. Ma. Teresita Cucueco, Executive Director, OSHC-DOLE
4. Ms. Marnie Pebrada, OSHC-DOLE
5. Ms. Malu Marin, Executive Director, ACHIEVE
6. Ms. Amara Quesada, ACHIEVE
7. Ms. Elma Salamat, Project Officer, Social Technology Bureau, DSWD
8. Ms. Marilyn Moral, STB-DSWD
9. Ms. Noime B. Leis, Alternate Representative, HAIN
10. Mr. Jonas Bagas, Executive Director, TLF-SHARE
11. Mr. Glenn Cruz, Media Reproduction Specialist, PNAC
12. Dr. Jojo Feliciano, M&E Officer, PNAC
13. Mr. Philip Castro, Project Officer, UNDP Philippines
14. Ms. Fe Cabral, UNDP
15. Ms. Teresita Bagasao, UNAIDS Country Coordinator

List of documents reviewed:

1. HIV Programme document
2. Annual Work Plans (2009, 2010, and 2011)
3. 2011 Final Project Reports
4. DSWD Spotcheck Report
5. HAIN Spotcheck Report
6. HAARP Progress Reports
    a. 2010 Consolidated Annual Progress Report
    b. 2009 Consolidated Annual Progress Report
7. Programme summary HIV and AIDS
8. HIV Outcome Board presentation 2010
9. HIV Outcome Board presentation 2011
10. Decentralizing AIDS Reponses of Local Government 2011
11. Strengthening Community Leadership among MSMs and TG in the Philippines
12. UNDP empowering and promoting enabling environment for MSM and transgender people in the Philippines
13. DSWD Referral Manual
14. DSWD Program Manual
15. LGU Policy Review for Pasay City and Quezon City
16. Basic STI, HIV and AIDS Education Module – PNAC

Annex 3

Programme Results Framework

Promoting Leadership and Mitigating the Negative Impacts of HIV and AIDS on Human Development	
CP Outcome	1. Policy and planning framework in the country more extensively incorporates effective, people-centered approaches to development planning.
	Strengthen national responses to HIV and AIDS.
Outcome 1	Increased commitment and engagement of local institutions and champions commitment to addressing local AIDS challenges.
Output 1	Leadership development and commitments to plan and implement policies, programme and strategies to address HIV increased.
	Baseline: Commitment of local leaders and institutions to respond to AIDS is limited.
	Target: Number of local leaders or champions supporting or engaged in AIDS awareness and prevention activities increased.
Output 2	Institutional capacity of local government coordinating bodies to implement sustained responses to HIV strengthened and supported.
	Baseline: Current number of local government institutions to support and implement local AIDS responses is inadequate.
	Target: Number of local government institutions and coordinating bodies supporting and implementing local AIDS responses increased.
Output 3	Technical support mechanisms on AIDS responses to LGUs strengthened and institutionalized.
	Baseline: Current support mechanism to provide adequate support to LGUs is not comprehensive and limited.
	Target: Number of local support mechanisms supported.
Outcome 2	Reduced vulnerabilities to HIV among overseas workers with special focus on women.
Output 1	Strengthened leadership capacity of Overseas Labor, Welfare and Foreign Affairs attaché deployed in countries of destination to advocate and provide rights-based services.
	Baseline: Current support structures are insufficient to address vulnerabilities to HIV among overseas workers with special focus on women.
	Target: Improved capacity of Labor, Welfare and Foreign Affairs department in destination countries to effectively manage HIV cases.
Output 2	Rights-based HIV prevention and education activities integrated into established government and private sector pre-departure programmes.
	Baseline: Current pre-departure HIV prevention and awareness training modules lack gender perspective and effective training platforms.
	Target: Gender-sensitive HIV prevention and awareness training modules for OFWs with special focus on women integrated into more appropriate pre-departure government and private sector programmes.
Outcome 3	Enhanced access to psychosocial, economic and support services for people living with HIV and affected families.
Output 1	Referral system for accessible psychosocial care and support services institutionalized and coordinated with government and civil society organizations.
	Baseline: Current established referral mechanism is limited in scope does not effectively refer PLHIV to appropriate government or community based support services in a timely manner.
	Target: Effective and coordinated referral system for PLHIV to access appropriate psychosocial, economic and support services developed and institutionalized.

Output 2	Access to livelihood opportunities for PLHIV facilitated and supported.
	Baseline: Limited availability of livelihood support services and employment opportunities for PLHIV.
	Target: Number of PLHIV participating in livelihood skills training in number of locations.
Output 3	Psychosocial and support services for families affected by HIV enhanced and sustained.
	Baseline: Capacity of service providers, including family members to provide effective case management and care for PLHIV is limited.
	Target: Number of social service providers' capacity to effectively manage HIV cases increased.
Outcome 4	Enhanced strategic information and improved engagement of MSM and TG community based organizations in local policy making bodies
Output 1	Knowledge base of MSM behaviour and community based interventions to scale up effective and evidence-based responses enhanced.
	Baseline: No assessment of community based behaviour interventions and inadequate information on MSM/TG profiling.
	Target: "Comprehensive package" of responsive community based interventions and social profile of MSM/TG produced.
Output 2	Capacity of MSM community-based organizations to engage in policy, budget making and programme development processes strengthened.
	Baseline: Existing MSM community-based organizations interventions are limited to behaviour change service provision.
	Target: Number of MSM community-based organizations participating in local governmental policy making boards increased.
Output 3	Evidence-informed gender and AIDS programming, monitoring and evaluation, both in the national strategic plan and UNDAF enhanced.
	Baseline: Recently concluded mid-term assessment of AMTP4 lacked a gender analysis, implying a weak gender lens by which stakeholders view the country situation and response.
	Target: Country-based strategic information to inform effective programming on gender and HIV in the Philippines produced to inform the development of the 5th AIDS Medium Term Plan and future GFATM proposals, as well as strengthen the development of the upcoming UN Common Country Assessment (CCA) and UN Development Assistance Framework (UNDAF) for 2011-2015.
Outcome 5	Country-level sharing of information on multi-sectoral responses and practical use of effective approaches to address HIV and AIDS among most-at-risk and vulnerable populations increased.
Output 1	Knowledge base of most-at-risk and vulnerable populations to inform policy and programme responses increased.
	Baseline: Limited knowledge of most-at-risk and vulnerable populations increased.
	Target: Number of evidence-based and policy impact studies on HIV and IDUs produced.

Annex 4

The Consultant

Hussein Macarambon is currently working with the Philippine government's Conditional Cash Transfer programme as the Chief of the Monitoring and Evaluation Division under the Department of Social Welfare and Development. Previously, he worked with UNESCO Jakarta as Liaison Officer and has been involved in the technical working group of the United Nations Development Assistance Framework of the Philippine Country Team. He has also worked as a consultant to the Asian Development Bank, the Work Bank Manila Office and the Asian Disaster Preparedness Center in Bangkok.

In addition, Hussein served as a researcher at the Asian Center, University of the Philippines Diliman and was a Lecturer at the Political Science departments of the Ateneo de Manila University and De La Salle University Taft.

He has an MA in Environmental Policy from the Ritsumeikan Asia Pacific University and a BA in International Politics from Kyoto University, Japan. His research interests include poverty reduction, community-based project management, environmental politics, clean development mechanism and social development policy.

Annex 5

TOR of the Outcome Evaluation (please request for a copy from UNDP Philippines)