The Global Fund Program

HIV/AIDS

EPIDEMIOLOGY OF HIV/AIDS

In 2003, the Western Pacific Region saw a very low prevalence of HIV/AIDS among adults at 0.1%, with intravenous drug users (IDU) and sex workers (SW) identified as the most vulnerable at-risk groups. China accounted for about two-thirds of all infections in the region, while the highest infection rates were found in Cambodia and Papua New Guinea. Individually, Cambodia and Thailand each had HIV/AIDS prevalence rates over 1%. While SWs had been identified as a major contributor to infection rates, HIV epidemics in IDU populations had increased rapidly in previous years. The total number of IDU in the region was 750,000, and it had been projected that there would be 1.25 million HIV-infected IDU by the end of the decade.

The low prevalence has remained consistent in the region. In the Philippines, an average of 100 cases had been reported each year from 1984 to 2004. However, the number of new cases has risen consistently. In the Philippines, more cases have been reported since 2005 than the number of cases report from 1984 to 2004. The Integrated HIV and Behavioural Sentinel Surveillance System (IHBSSS) was set up in sites throughout the Philippines and reported an HIV prevalence of 0.0168% among adults, including the most-at-risk populations, namely, female sex workers (FSW), MSM, and IDU. Condoms were used by only 48% of FSW, 27% of IDU, and 49% of MSM.

To address the problem, it was estimated that one million people needed antiretroviral treatment (ART) in the region, while only 5% of those had been receiving treatment at the time. The WHO noted that significant external donor support was essential to mobilizing support for ART. With the support of the GFATM grants, the provision of universal access to ART has improved the lives of people living with HIV (PLHIV), significantly increasing the survival rate after initiating ART. The GFATM Round 3 cohort, which began treatment in 2004, registered 93.89%, 91.62% and 88.51% survival rates for patients at 12 months, 24 months and 36 months after initiating ART respectively. The fairly recent GFATM Round 5 cohort, on the other hand, recorded a survival rate of 90.11% (255/283) for patients completing 12 months of ART.

Additionally, GFATM support has contributed to the decline of STI cases. From a baseline of 24% in 2004, the trend of STI has gradually declined at a rate of about 2% per year between 2005 to 2007. This was accompanied with an increasing trend in consultations at SHCs from 2006 to 2007. GFATM support also improved condom use among MSM and FSW. With baseline figures of 14% for MSM and 40 % for FSW, the rate of condom use has increased to 50% and 60% respectively.

Efforts must continue to maintain the low prevalence of HIV and AIDS in the Philippines. With an increase in reported cases in recent years, the program must continue and scale-up its activities.

GF HIV/AIDS PROJECT : INTRODUCTION

The first HIV and AIDS project supported by the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) in the Philippines, under the Round 3 grant cycle, started implementation in August 2004. With the project title "Accelerating STI and HIV/AIDS Prevention through Intensified Delivery of Services to Vulnerable Groups and People Living with HIV/AIDS in Strategic Areas in the Philippines," the Round 3 project was aligned with the goals and objectives of the 4th AIDS Medium Term Plan. It aimed to contribute to the national goal of preventing the further spread of sexually transmitted infections (STI) and human immunodeficiency virus (HIV) infection, and reduce its impact on those already infected and affected. More particularly, it intended to:

(1) Improve behavior change communication and STI management among vulnerable and poor population; and
(2) Scale up voluntary counseling and testing (VCT), support, care, and treatment for people living with HIV/AIDS, and their families.

The Round 3 project was implemented in 11 project sites: (1) Bauang, La Union, (2) San Fernando, Pampanga, (3) Gumaca, Quezon, (4) San Pablo, Laguna, (5) Legaspi, Albay, (6) Tabaco, Albay, (7) Sorsogon, Sorsogon, (8) Matnog, Sorsogon, (9) Ormoc, Leyte, (10) Lapu-Lapu, Cebu, and (11) Mandaue, Cebu.

In addition, it supported the establishment of six (6) HIV and AIDS Treatment Hubs strategically located all over the country: (1) Research Institute for Tropical Medicine, (2) San Lazaro Hospital, (3) Philippine General Hospital, (4) Ilocos Training and Regional Training and Medical Center, (5) Don Vicente Sotto, Sr. Memorial Medical Center, and (6) Davao Medical Center.

With a five-year project cycle, Round 3 culminated its implementation by the end of July 2009.

The second GFATM project in the country, the Round 5 project, began in October 2006. Entitled "Upscaling the National Response to HIV/AIDS through the Delivery of Services and Information to Populations at Risk and People Living with HIV/AIDS," the project was aimed to scale up the gains of Round 3 and the previous HIV projects in the country. As such, it upholds the goals of Round 3, working to maintaining an HIV prevalence rate of less than 1% among vulnerable groups and to reduce the impact of HIV and AIDS on individuals, families, and communities. The Round 5 project shares the same objectives as its predecessor, with the addition of two more:

(1) To reduce transmission among vulnerable groups;
(2) To scale up support, care, and treatment for PLHIV and their families;
(3) To strengthen health management and delivery systems; and
(4) To conduct operations research.

The project expanded implementation to 21 project sites, including: (1) San Fernando, La Union (2) Baguio City, (3) Lucena City, (4) Batangas City, (5) Makati City, (6) Mandaluyong City, (7) Pasig City, (8) Marikina City, (9) Daraga, Albay, (10) Allen, Samar, (11) Calbayog City, (12) Catbalogan City, (13) Isabel,

Leyte, (14) Kananga, Leyte, (15) Tacloban City, (16) Bacolod City, (17) Metro Cebu, (18) Surigao City, (19) Cagayan de Oro City, (20) General Santos City, and (21) Zamboanga City.

Moreover, the project increased the number of HIV and AIDS Treatment Hubs to 11, with the addition of five more hubs: (1) Baguio General Hospital, (2) Bicol Regional Training and Teaching Hospital, (3) Western Visayas Medical Center, (4) Corazon Locsin Montelibano Memorial Regional Hospital, and (5) Zamboanga Medical Center.

ACCOMPLISHMENTS

Jointly, the HIV and AIDS Program worked towards reducing the risk of transmission, as well as mitigating the impact of HIV among the most at risk and vulnerable populations (MARPs). Its target populations include: people in prostitution (PIP), males having sex with males (MSM), injecting drug users (IDUs) and migrant workers (MWs) for prevention; and the people infected and affected by HIV and AIDS for treatment, care and support.

For the most part, the program focused its interventions in cities and urban areas where HIV risk factors are comparatively high. These focused interventions are implemented in partnership with the local government units (LGUs) and non-governmental organizations (NGOs), in coordination and partnership with the National AIDS STI Prevention and Control Program (NASPCP) of the Department of Health (DOH).

Program Strategies

To address the specific HIV-related risks and vulnerabilities of MARPs, the program focused on four (4) key strategies: (1) advocacy and social mobilization; (2) capacity building; (3) community empowerment; and (4) provision of STI and HIV services.

1. Advocacy and Social Mobilization

The national government has demonstrated commitment for addressing HIV and AIDS in the country with the establishment of the Philippine National AIDS Council (PNAC), and the enactment of the Philippine AIDS Prevention and Control Act (RA 8504) in 1998, which provides the legal basis for a comprehensive national response through multi-sectoral interventions.

However, the strategy for their implementation is weak. Local responses, in particular, have been very limited, both in terms of area coverage and beneficiaries.

While local governments have a clear mandate under RA 8504 to provide preventative services to their constituencies, only a few of the major cities have enacted local policies. Furthermore, most local governments have yet to improve existing social service systems to develop community level prevention activities and to provide support for those infected and affected by HIV and AIDS.

To enhance the implementation of local responses to AIDS, particularly among the most at risk populations, the program forged partnerships with local governments and community leaders. This collaboration aimed to create a supportive and enabling environment to ensure the implementation and sustainability of the program initiatives.

Activities under this component focused on the establishment and strengthening of local coordination and support mechanisms and structures related to AIDS, including the passage and enactment of associated laws and policies, while intensifying AIDS awareness among stakeholders and the population at large.

1. Establishment and Strengthening of Local Coordination and Support mechanisms and Structures Related to AIDS

Despite the fact that some of the major cities have existing Local AIDS Councils (LACs), which serve as local coordinating bodies for AIDS response, most of them have weak coordination and a record of incomplete implementation of national and local AIDS policies, especially at the community level. Furthermore, these Councils lack representation from the most at risk sectors.

Mindful of these insufficiencies, the program advocated among chief executives and officials of local governments to include HIV and AIDS in their agenda through a series of advocacy meetings and massive awareness raising. Through these

efforts, the program gathered support for its implementation, helped facilitate formation of LACs, and strengthened existing ones.

To date, 25 of the 32 GFATM project sites have passed local HIV and AIDS ordinances, 24 of which have budget allocation, while 16 have established functional LACs. This initiative has even expanded to two (2) provinces in Bicol, Albay and Sorsogon, both of which have established their respective Provincial AIDS Councils.

Furthermore, the program has helped the formation of a Regional AIDS Assistance Team (RAAT) with the initial training of 57 regional representatives from the Department of Interior and Local Government (DILG), Department of Social Welfare and Development (DSWD), and Center for Health Development (CHD). The formation of the regional assistance team is meant to transfer technical expertise, therefore making technical assistance easily accessible to the local governments.

2. AIDS Awareness and Education Campaigns

At the same time, the program conducted AIDS awareness and education campaigns to gain popular support and general consciousness.

To generate the interest from the vulnerable populations, as well as the general public, the program employed creative means of information dissemination. These innovative education activities include: (1) sport events; (2) singing and dance contests; (3) gay beauty pageants; (4) poster making contests; (5) educational booths; (6) street theater; (7) film showing; (8) symposiums; (9) motorcades; and (10) radio plugs.

These activities were conducted with the active participation from the most at risk populations, mostly held to coincide with major AIDS events, such as the World AIDS Day Celebration in December and the International Candlelight Memorial Day Celebration in May, as well as local celebrations, such as town fiestas..

Apart from providing basic information on HIV and STIs, these activities also address issues about AIDS- and gender-related stigma and discrimination and related risks and vulnerabilities for the most at risk sectors.

2. Capacity Building

The second strategy consists of building capacities of service providers in providing quality and gender-sensitive HIV and STI prevention services.

Since inception, the program has trained 1,374 service providers on STI and HIV Case Management, behavior change communication (BCC), and Voluntary Counseling and Testing (VCT). These include health care providers at the Social Hygiene Clinics (SHC), Centers for Health Development (CHD), and treatment hubs. To ensure gender responsiveness, the program has mainstreamed the issues of? gender and sexuality in all of the trainings.

Moreover, the program involved community participation by recruiting community volunteers to serve as AIDS educators and advocates. Similarly, the volunteers were trained on STI, HIV and AIDS. At the same time, they were equipped with the proper skills and attitude necessary to carry out their respective roles and responsibilities in the community.

Most importantly, the program ensured that the most at risk populations sectors do not remain passive recipients but also active partners in program activities. By facilitating their involvement, the program motivated the sectors' commitment and ownership of the program.

Participation of the sectors proved to be crucial when employing a peer-to-peer approach which opened access to hard-to-reach members of the at-risk populations.

Cognizant of the proven effectiveness of the strategy, the program made use of community outreach and peer education, a community-based approach to behavior change for HIV and STI prevention. This approach centers on two types of change agents: the community health outreach workers (CHOWs) and peer educators (PEs).

Often coming from the community, the outreach workers are NGO staff members trained in standard protocols for effective interpersonal communication, such as behavior change communication, risk reduction counseling and peer education. They provide skilled supervision and support to PEs.

PEs, on the other hand, are members of the vulnerable community being served, who work voluntarily on a part-time basis for the program. They move among the MSM community as friends and equals, providing accurate information on HIV and STIs, and at the same time, encouraging and supporting them in changing risk behaviors. By modeling behavioral change themselves, they serve as effective change agents among their peers.

The program has, so far, trained around 2,247CHOWs and PEs.

3. Community Empowerment

Through community outreach and peer education, members of the at-risk populations are provided with necessary information and skills to protect themselves against HIV and other STIs. Employing behavioral change communication, the program helped modify risk behaviors among MARPs, while improving their health-seeking behavior. These outreach activities include: (1) one-on-one interpersonal communications; (2) group behavior change communications; and (3) guided group interactions.

Additionally, MARPs were also provided training on safer sex skills, including condom negotiation. More importantly, the program has facilitated MARPs access to condoms and other preventive services. Moreover, this training also incorporates discussions on gender and sexuality.

Cumulatively, the program has provided HIV prevention services to more than 28,400 PIPs, 29,000 MSM, 34,700 MWs and 2,500 IDUs since its inception in 2004.

In addition, the program also facilitated the formation of support groups among these at-risk sectors. These social support groups proved vital in helping sustain behavioral change among these populations.

4. Provision of STI and HIV Services

More importantly, through community outreach and referral networks, the program facilitated the access of at-risk populations to essential STI and HIV services. Being offered primarily at the Social Hygiene Clinics of the Health Offices of local governments, the free or socialized services include: (1) condom distribution; (2) STI diagnosis and treatment; and (3) HIV counseling and testing.

Since 2004, the program has distributed more than four and a half million condoms in its 32 project sites. It has also supported the diagnosis, counseling, and treatment of more than 46,000 cases of STIs, and facilitated the conduct of VCT for more than 14,000 individuals in these focal areas.

Notably, the program provides universal access to antiretroviral treatment (ART) for all eligible people with HIV, as well as prophylaxis and treatment for their opportunistic infections. As of July 2009, the program has already enrolled 600 patients on antiretroviral treatment (not including those who have expired). With an enrollment rate of about 20 patients per month, the program is anticipating to enroll a total of more than 700 patients by the end of this year.

Apart from the chronically ill, the program also provided care and support services to affected families and significant others. These services include home and hospital visits, counseling, and palliative care. To date, the program has extended care and support services to more than 2,000 people infected and affected by HIV and AIDS.

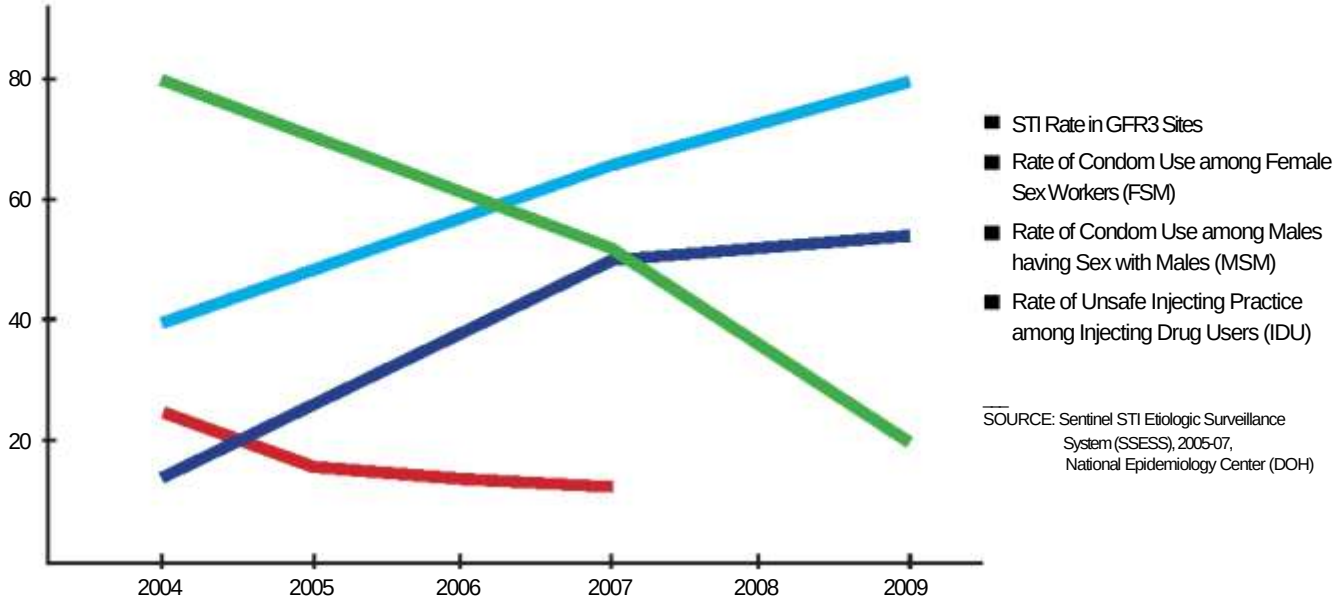
IMPACT

Overall, the program has helped in preventing the further spread of HIV in the country. In the latest Integrated HIV Behavioral and Serologic Surveillance (2007 IHBSS), the overall national adult HIV prevalence was pegged at less than 0.1%, with a 0.08% rate across MARPs, which is consistent with the program and the national goal. (See Figure 1; Note: Results of the 2009 IHBSS was not yet available as of this writing)

Moreover, the program has seen the decline of STI cases on its focal areas, particularly on the sites of GFR3. From a baseline of 24% in 2004, the trend of STI has gradually declined from 2005 to 2007 with a rate of about 2% per year. This was accompanied with an increasing trend in consultations at SHCs from 2006 to 2007. The target outcome is to reduce the STI cases by 50% by the end of the project. With the current trend, this target is not far from being achieved. (See Figure 1.)

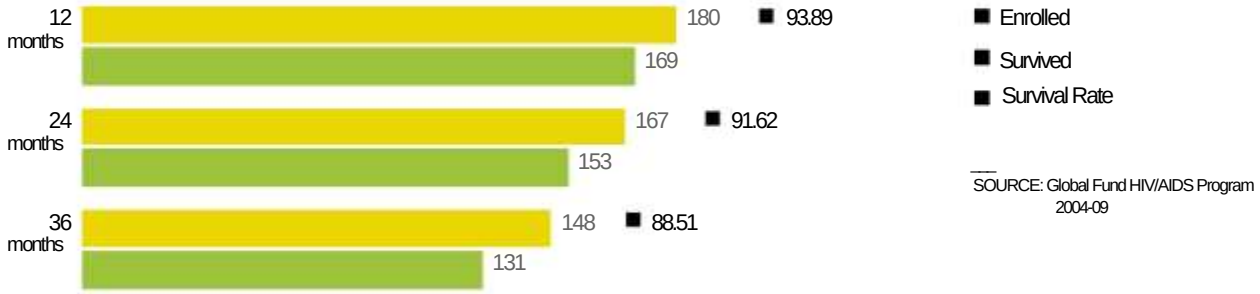
In the same way, the program has seen improvement in condom use practice among MSM and female sex workers (FSW). With baseline figures of 14% for MSM and 40 % for FSW, the rate of condom use has increased to 50% and 60% respectively on the third year of project

Figure 1. STI Rate and Rate of Condom Use/Unsafe Injecting Practice



SOURCE: Sentinel STI Etiologic Surveillance System (SSESS), 2005-07, National Epidemiology Center (DOH)

Figure 2. Survival Rate of PLHIV enrolled on ARV (GFR3 Cohort)



SOURCE: Global Fund HIV/AIDS Program 2004-09

implementation. Nevertheless, it still falls short of reaching the project-end target of 54% and 80% respectively. (See Figure 1.)

The program has also seen the decline of unsafe injecting practices among IDUs in the project sites. At the onset of the program in 2004, 80% of the IDUs were reported to be sharing unclean needles and syringes. In 2007, this baseline figure has gone down by 52%, almost halfway from reaching the project-end target of 20%. (See Figure 2.)

Perhaps the greatest achievement of the program is in the improvement of the lives of PLHIVs. With the provision of universal access to ART, the survival rate of PLHIVs on treatment has significantly increased. Notably, the program has accounted high survival rates of patients after initiating ART. The GFR3 cohort, which begun treatment since 2004, registered 93.89%, 91.62% and 88.51% survival rates for patients at 12 months, 24 months and 36 months after initiating ART respectively. The fairly recent GFR5 cohort, on the other hand, recorded a survival rate of 90.11% (255/283) for patients completing 12 months of ART, slightly above its target of 90%.

Cumulative Accomplishment since Project Inception by Indicator and by Grant

INDICATORS	ROUND 3[a]			ROUND 5[b]		
	TARGET	REACHED	%	TARGET	REACHED	%
1. No. of people in prostitution (PIP) reached by HIV prevention services	17,700	19,665	111	7,122	8,770	123
2. No. of males having sex with males (MSM) reached by HIV prevention services	16,750	19,184	114	8,800	9,850	112
3. No. of migrant workers (MW) reached by HIV prevention services	18,200	22,969	126	10,122	11,813	117
4. No. of injecting drug users (IDU) reached by HIV prevention services	800	1,011	126	1,300	1,519	117
5. No. of condoms distributed	4,489,940	3,708,424	83	1,027,410	879,238	86
6. No. of STI cases diagnosed, counseled and treated	1,620	3,700	228	28,000	42,744	153
7. No. of people counseled and tested for HIV	3,200	4,547	142	7,000	9,677	138
8. No. of people receiving ARV treatment	170	166[c]	98	385	434	113
9. No. of people receiving prophylaxis and treatment for OIs	100	114	114	144	160	111
10. No. of people receiving care and support	910	1,291	142	734	893	122
11. No. of service deliverers trained	325	339	104	880	1,035	118
12. No. of service points including VCT site	n/a	n/a	n/a	33	33	100
13. No. of operations research conducted	n/a	n/a	n/a	6	6	100

[a] Round 3 [b] accomplishments as of Year 5 Period 2 (March 2009 - July 2009)
Round 5 accomplishments as of Year 3 Period 1 (October 2008 - March 2009)
[c] Excluding 4 patients who expired in the recent reporting period

SUCCESS STORIES

KANLUNGAN CENTRE FOUNDATION (KANLUNGAN)

Project Sites: San Fernando, La Union (PIP, MSM, MW)

"Multi-faceted Advocacy for Migrant Workers"

To address the challenge of improving reach among migrant workers, the sub-recipient aggressively embarked on different forms of advocacy actions to open opportunity channels for outreach. In the project site, the sub-recipient provided HIV/AIDS orientation sessions among organizations and agencies that function as stakeholders and gatekeepers of local migration processes. Negotiations were made with agencies involved with the third round GFATM - HIV and AIDS project. Participation in local events that catered to prospective migrant workers was utilized to improve public visibility of the prevention services.

BAGUIO AIDSWATCH COUNCIL (AWAC)

Project Sites: Baguio City (PIP, MSM, MW)

"Strategic Positioning of IEC Materials"

IEC materials meant to complement BCC during outreach were distributed among establishments and other individuals to encourage greater support for the project's services. Dovetailed to this strategy was the intent of enabling greater public awareness for HIV, which could be a leveler for HIV-related stigma, and facilitate an environment more conducive for the project. An Internet resource channel is also being developed to supplement the strategy, which also could be a low-cost, more sustainable solution for the site's future IEC requirements.

TLF SEXUALITY, HEALTH AND RIGHTS EDUCATORS COLLECTIVE (TLF SHARE COLLECTIVE)

Project Sites: Batangas, Lucena (PIP, MSM, MW), Metro Manila – Makati, Mandaluyong, Marikina, Pasig (MSM)

"Mobilization of Internet Social Networks for MSM Outreach"

MSM have increasingly used online social networks for peer and sexual networking - casual sexual encounters negotiated online, face-to-face cruising have become less frequent, and peer groups formed from within the Internet sites. The sub-recipient promoted the project's prevention services from within these networks, and arranged access to the services (interpersonal and group learning sessions, condom distribution, STI referrals), including when and where groups met offline (a.k.a. "eye-balls" or EB).

TLF SHARE COLLECTIVE

"Mentoring and Peer Assessment in Peer Education System"

At the start of the second phase, TLF SHARE Collective continued its work among MSM in Metro Manila and PIP, MSM, and migrant workers in Batangas City. It enhanced its peer education systems with the institution of pre-activity mentoring and post-activity peer assessment among its volunteers and in all its outreach and education activities. Results of these processes are regularly monitored with Activity Reports . It was considered a fitting solution to address motivation issues among volunteers (e.g. fear of rejection of clients), as well as sustainable means for the organization's commitment to enable excellence in volunteerism.

BICOL REPRODUCTIVE HEALTH INFORMATION NETWORK (BRHIN)
Project Sites: Daraga (PIP, MSM, MW)
"Continuing Advocacy with LHB and DSHAC"
Continuing participation of sub-recipients' officers in meetings of the local health board and the local AIDS council enabled stakeholders to be updated with project implementation. They learned how to analyze carrying project gains towards further development of local HIV prevention responses. Some initiatives of community volunteers also get implemented through networking available resources among these stakeholders. Sub-recipient's participation in these bodies enabled them to advocate on operational issues, such as improving social hygiene clinic's facilities and ensuring appropriate allocation for the local response.

H.O.P.E. VOLUNTEERS FOUNDATION (H.O.P.E.)
Project Sites: Bacolod City (PIP, MSM, MW)
"Maximizing Facilitation for the Local AIDS Ordinance"
At the end of the second phase, through the sub-recipient's diligence in ensuring close follow-through, the proposed local AIDS ordinance passed on its third reading. The sub-recipient maintained close working relationships with its key government counterpart in the advocacy, the social hygiene clinic. It provided technical expertise and resources to enable the project site to develop and propose in detail the related measures, as well as ensure multi-sectoral involvement from planning to participation of implementing advocacy activities to participatory evaluation of experiences in collaboration.

H.O.P.E.
"Further Facilitating Capacities of Stakeholders to Respond to HIV and AIDS"
The organization, continuing its facilitating role with the Bacolod City local AIDS council, also aided in building the council's capacity through the inclusion of BCLAC members in HIV prevention BCC training. HOPE's continuously improving relations with key stakeholder agencies, entertainment establishment operators, and workers have also resulted in opening future socio-economic opportunities among its clients. They helped initiate Alternative Learning Systems among establishment-based female sex workers, which clients affectionately named "Goldenfields Academy" and "Bottle Inn Institute" (derived from names of venues where they receive HIV prevention services).

PHILIPPINE NGO COUNCIL FOR POPULATION, HEALTH AND WELFARE (PNGOC-SHARP PROJECT)
Project Site: Metro Cebu (IDU)
"Community Leadership to Sustain Harm Reduction"
The SHARP IDU Project's approach to providing harm reduction intervention includes improving workers' access into the "underground" communities of IDU, as well as facilitating humane community life among clients. Participatory activities such as Trust Building are intended to reinforce BCC messages and to improve relationships among clients' "inner-circle" peers. A further initiative seems to take these community-oriented activities. In July 2009, the project also embarked on Leadership Training, which particularly values the co-enabler role of clients in sustaining harm reduction among their peers and the community.

LEYTE FAMILY DEVELOPMENT ORGANIZATION (LEFADO)

Project Sites: Allen, Calbayog, Catbalogan, Isabel, Kananga, Tacloban (PIP, MSM, MW)

"Community Post for Prevention Services"

A community setting "tambayan" (outreach post) was established primarily to bring in new clients for learning group sessions intended to improve knowledge on STI and HIV prevention. Cooperation with staff from social hygiene clinics also enabled the post to provide STI diagnosis and treatment - a stop-gap arrangement that addressed clients' availability beyond the clinic's operating hours, as well as some clients' "trust issues" with the location of the clinic in relation to law enforcement agencies and client-provider confidentiality.

HEALTH DEVELOPMENT AND EMPOWERMENT SERVICES (HDES)

Project Sites: Zamboanga City (IDU)

"Driving Clients Towards Repeat Contact Sessions"

The sub-recipient clearly rationalized its prevention services. After establishing initial contact with target clients, outreach personnel exerted their best efforts for intensifying repeat contact sessions, encouraging clients to deepen appreciation of HIV and Hepatitis prevention, including involving them in risk reduction counseling. The sub-recipient was able to identify among particular clients their respective individual behavioral change support needs.

HDES

"Building a Wider Network for HIV Prevention Services"

Already concerned with ensuring responsiveness to wider network of IDU communities who need public health services, HDES and the City Health Office initiated an orientation and preliminary skills building on harm reduction-related BCC among barangay health service providers, focusing on areas where the client networks are more concentrated. With this orientation, the organization hopes to have laid the groundwork for a more accessible and stronger network of health service referral.

ALLIANCE AGAINST AIDS IN MINDANAO (ALAGAD-MINDANAO)

Project Sites: Cagayan De Oro (PIP, MSM, MW)

"Intensified Promotion of VCT in Learning Group Sessions"

Driven to intensify education about HIV among clients, the sub-recipient encourages repeat contact through attending learning group sessions, geared also towards promoting voluntary uptake of HIV counseling and screening. Towards the end of these sessions, referrals for VCT were made among attendees.

ALAGAD-MINDANAO

"Integrating Improvement of BCC Programs with Capacity Building of Peer Educators"

Seizing the opportunity that opened with the implementation of roll-out capacity building on HIV prevention BCC for peer educators, the organization programmed skills-building sessions among trainees to include appraisal of outreach and education activities and applying theoretical inputs into improving BCC approaches and messages.

SOCIAL HEALTH, ENVIRONMENT AND DEVELOPMENT FOUNDATION (SHED)
Project Sites: General Santos City (IDU)
"Mobilization with Village Leaders for IDU Outreach"
Renewed campaigns from the national drug enforcement agency presaged formidable challenges in conducting outreach among IDU in the site. Building on a call for responsiveness to the local HIV prevention ordinance, the sub-recipient sought discreet cooperation among some barangay and purok leaders in delivering prevention services, when and where potential and existing clients were situated in relative safety from apparent risk to their persons.

REMEDIOS AIDS FOUNDATION (RAF)
Project Sites: Metro Manila – Makati, Mandaluyong, Marikina, Pasig (PIP, MW)
"Joint Partners' Monitoring Activities"
Face-to-face monitoring meetings between project implementing partners occur at two levels - the individual project site level and overall project level. The first level resolves coordination work issues per site, while the second provides opportunity for sharing experiences across the cluster. Towards end-phase, assessment and planning cluster-wide synthesized gains of collaboration work as well as set the stage for joint partner-initiated advocacy to local government officials.

FAMILY PLANNING ORGANIZATION OF THE PHILIPPINES (FPOP-SURIGAO CHAPTER)
Project Sites: Surigao City (PIP, MSM, MW)
"Facilitation to Increase Community Stake-holding"
Building upon its opportune position of good working relations with local government, including the execution of a memorandum of agreement, the sub-recipient was thoroughly involved in evolving dynamics of the technical working group and local AIDS council. To ensure wider, multiple sector stake-holding of HIV and AIDS in the site, the sub-recipient also complements local governance gains with facilitation for improving awareness and interest from other civil society organizations.

PARTNERS

ROUND	ORGANIZATIONS/INSTITUTIONS	DESCRIPTION
Round 3	Philippine NGO Council on Population, Health and Welfare (PNGOC), Inc.	Main sub-recipient for HIV Round 3 grant
	TLF Sexuality Health and Rights Educators (TLF-SHARE) Collective	Sub-sub-recipient for HIV prevention in San Pablo and Gumaca
	Mayon Integrated Development Alternatives and Services Organization (MIDAS), Inc.	Sub-sub-recipient for HIV prevention in Bicol Region
	Positive Action Foundation Philippines, Inc. (PAFPI)	Sub-sub-recipient for treatment, care and support in Luzon
	University of Southern Philippines Foundation (USPF)	Sub-sub-recipient for HIV prevention among IDUs in Cebu
	Leyte Family Development Foundation (LEFADO)	Sub-sub-recipient for HIV prevention in Ormoc
	Alliance Against AIDS (ALAGAD) in Mindanao	Sub-sub-recipient for treatment, care and support in Mindanao
	Free Rehabilitation, Economic, education and Legal Assistance Volunteers Association (FREELAVA), Inc.	Sub-sub-recipient for HIV prevention in Lapu-Lapu, Cebu
Round 5	Social Health Environment Development Foundation (SHED)	Sub-recipient for HIV prevention among IDUs in General Santos City
	Leyte Family Development Organization (LEFADO)	Sub-recipient for HIV prevention in Samar and Leyte
	TLF Sexuality Health and Rights Educators (TLF-SHARE) Collective	Sub-recipient for HIV prevention in Metro Manila and Batangas
	Bicol Reproductive Health Information Network, Inc. (BRHIN)	Sub-recipient for HIV prevention in Daraga, Albay
	Kanlungan Center Foundation	Sub-recipient for HIV prevention in San Fernando, la Union
	Baguio AIDS Watch Council	Sub-recipient for HIV prevention in Baguio City
	HOPE Volunteers Foundation, Inc.	Sub-recipient for HIV prevention in Bacolod City
	Family Planning Organization of the Philippines (FPOP) - Surigao Chapter	Sub-recipient for HIV prevention in Surigao City
	Philippine NGO Council on Population, Health and Welfare (PNGOC), Inc.	Sub-recipient for HIV prevention among IDUs in Metro Cebu

ROUND	ORGANIZATIONS/INSTITUTIONS	DESCRIPTION
Round 5	Philippine NGO Council on Population, Health and Welfare (PNGOC), Inc.	Sub-recipient for HIV prevention among IDUs in Metro Cebu
	Human Development and Empowerment Services (HDES)	Sub-recipient for HIV prevention among IDUs, and treatment, care and support in Zamboanga
	Remedios AIDS Foundation	Sub-recipient for HIV prevention in Metro Manila and Lucena, and for treatment, care and support in Metro Manila and Cebu
	Alliance Against AIDS (ALAGAD) in Mindanao	Sub-recipient for HIV prevention in Cagayan de Oro, and for treatment, care and support in Mindanao
	Pinoy Plus Association	Sub-recipient for treatment, care and support in Metro Manila and Northern Luzon
	Positive Action Foundation Philippines, Inc. (PAFPI)	Sub-recipient for treatment, care and support in Metro Manila and Bicol
	Kabataang Gabay sa Positibong Pamumuhay (KGPP)	Sub-recipient for treatment, care and support in Bacolod and Iloilo

TREATMENT HUBS

- Ilocos Training and Regional Medical Center (ITRMC), San Fernando, La Union
- Baguio General Hospital (BGH), Baguio City
- San Lazaro Hospital (SLH), Metro Manila
- Research Institute for Tropical Medicine (RITM), Metro Manila
- Philippine General Hospital (PGH), Metro Manila
- Bicol Regional Training and Teaching Hospital (BRTTH), Legaspi City, Albay
- Vicente Sotto, Sr. Memorial Medical Center (VSSMMC), Cebu City
- Western Visayas Medical Center (WVMC), Iloilo City
- Corazon Locsin Montelibano Memorial Regional Hospital (CLMMRH), Bacolod City
- Davao Medical Center (DMC), Davao City
- Zamboanga City Medical Center, Zamboanga City

LOCAL GOVERNMENT UNITS

Round 3

- Bauang, La Union
- San Fernando, Pampanga
- Gumaca, Quezon
- San Pablo, Laguna
- Legaspi City, Albay
- Tabaco City, Albay
- Sorsogon, Sorsogon
- Matnog, Sorsogon
- Ormoc City, Leyte
- Lapu-Lapu City, Cebu
- Mandaue City, Cebu

LOCAL GOVERNMENT UNITS

Round 5

- San Fernando, La Union
- Baguio City
- Lucena City
- Batangas City
- Makati City
- Mandaluyong City
- Pasig City
- Marikina City
- Daraga, Albay
- Allen, Samar
- Calbayog City, Samar
- Catbalogan City, Samar
- Isabel, Leyte
- Kananga, Leyte
- Tacloban City
- Bacolod City
- Cebu City
- Surigao City
- Cagayan de Oro City
- General Santos City
- Zamboanga City

CENTERS FOR HEALTH DEVELOPMENT

- National Capital Region (NCR)
- Cordillera Autonomous Region (CAR)
- Region I, Ilocos
- Region III, Central Luzon
- Region IV-A, Calabarzon
- V, Bicol
- VI, Western Visayas
- VII, Central Visayas
- VIII, Eastern Visayas
- IX, Zamboanga Peninsula
- X, Northern Mindanao
- XI, Davao
- XIII, CARAGA

TECHNICAL WORKING GROUP

- National AIDS/STI Prevention and Control Program (NASPCP) | Jaime Y. Lagahid, MD, MPH, Director III; Mario Baquilod, MD, MPH, Division Head; Jose Gerard Belimac, MD, MPH, Program Manager
- Department of Interior and Local Government (DILG) | Cesar V. Montances, Chief, Public Assistance Division
- National Epidemiology Center (NEC) | Genesis Samonte, MD, National Coordinator for HIV/AIDS
- Philippine National AIDS Council (PNAC) | Ferchito Avelino, MD, MPH, Director III
- Research Institute for Tropical Medicine (RITM) | Rosanna Ditangco, MD, Research Chief
- STD/AIDS Cooperative Central Laboratory (SACCL) | Elizabeth Telan, MD, Medical Specialist III
- World Health Organization (WHO) | Madeline Salva, MD, Technical Officer
- Joint United Nations Programme on HIV/AIDS (UNAIDS) | Teresita Marie Bagasao, Country Coordinator; Ma. Lourdes Quintos, Programme Assistant
- Philippine NGO Council on Population, Health and Welfare, Inc. (PNGOC) | Eden R. Divinagracia, PhD, Executive Director; Ruthy L. Libatique, Program Manager
- Pinoy Plus Association | Eduardo Razon, President
- United States Assistance for International Development (USAID) | Cora Manaloto, MD, Aid Devemopment Assistance Specialist
- United Nations Children's Fund (UNICEF) | Gudrun Nadoll, HIV and AIDS Specialist
- DOH-GF Round 6 | Mylene Beltran, MD, MPH; Joel Atienza, RMT, Technical Officer