

The Philippine National Red Cross HIV Programme 2008-2010

EXECUTIVE SUMMARY

The Philippine National Red Cross (PNRC) HIV programme is part of the South East Asia HIV programme that is a component of the Red Cross and Red Crescent Global Alliance on HIV. The programme shall contribute to the national goal of preventing the further spread of HIV/AIDS infection, maintaining an HIV/AIDS prevalence rate of less than 1 per cent among vulnerable groups and reducing the impact of HIV/AIDS on individuals, families and communities.

With its vast network of branches nationwide, the PNRC has the potential to regain the active role it played as one of the key players at the beginning of multi-sectoral initiatives undertaken to prevent the further spread of HIV. The PNRC plans to scale up efforts in preventing further HIV infection, reducing HIV stigma and discrimination and strengthening the PNRC capacity to deliver and sustain scaled-up HIV programmes.

During the period 2008-2010, the PNRC shall reach a total of five million people with key messages on HIV prevention and a total of 50,000 persons from populations most at risk and vulnerable, particularly youth and migrant workers, through peer education and pre-departure orientation sessions, and provide services and reduce stigma and discrimination for people living with HIV and their family members. By the end of 2010, the PNRC shall have institutionalized its HIV programme in 12 provinces / cities / municipalities in the Philippines.

The programme shall require a total funding of PHP 13,133,808 (or CHF 320,337) that shall be derived from domestic and international funding contributions, partner national societies, corporate donors and other organizations.

THE MAGNITUDE

The first AIDS case in the country was recorded in 1984 with a death of a foreign national. From January 1984 to March 2007, there were 2,792 HIV Ab seropositive cases reported. Of these, 2,031 (73 per cent) were asymptomatic and 761 (27 per cent) were AIDS cases. Men accounted for 65 per cent and women for 35 per cent of the total cases reported. A total of 57 per cent belonged to the 25-39 age groups. The HIV/AIDS Registry shows that most cases of HIV infection among females happen at a younger age compared to males. Infected females are between 20-29 years of age and infections among males occurred in the 30-39 age group.

Poverty and unemployment reduces access to education and information as well other basic needs and services. School drop-outs and out-of-school youth are increasing the incidence of early child labour, drug abuse and prostitution. Overseas employment is often the common viable option for many Filipinos. One third of reported cases of HIV in the Philippines were overseas Filipino workers consisting of seafarers (36 per cent), domestic helpers (17 per cent), health workers (9 per cent), and entertainers (7 per cent). Of the AIDS cases, 40 per cent were already dead due to AIDS related complications.

The estimated HIV prevalence rate in the Philippines is less than 1 per cent. In 2007, the estimated number of people living with HIV is 12,000 (range 7,200 – 20,000) and the reported deaths due to AIDS were less than 1,000. Sexual intercourse was the predominant mode of transmission.

Table 1 shows the reported modes of transmission:

REPORTED MODES OF TRANSMISSION	JAN 1984 – MARCH 2007 N=2,792
Sexual Transmission:	
Heterosexual contact	1,736
Homosexual contact	532
Bisexual contact	167
Blood/blood products	19
Injecting Drug Use	7
Needle prick injuries	3
Perinatal	39
Unknown	289

DEMOGRAPHIC, SOCIAL AND ECONOMIC INDICATORS

Estimated Population:	83,054,000
Population Growth Rate:	1.8%
Percentage of people living with less than US\$2 a day:	46.4%
Estimated no. of people living with HIV	12 000 [7300 – 20 000]
Adults aged 15 to 49 HIV prevalence rate	<0.1 [<0.2]%
Adults aged 15 and up living with HIV	12 000 [7200 – 20 000]
Women aged 15 and up living with HIV	3400 [1800 – 6000]
Deaths due to AIDS (reported)	<1000 [<1000]
Children 0-14 years living with HIV	-
Percentage of pregnant women receiving treatment to reduce mother-to-child transmission	0.4%
Percentage of HIV-infected women and men receiving antiretroviral therapy	5.0%
Percentage of most-at-risk populations reached by prevention programmes	
Injecting Drug users	<0.5%
Men who have sex with men	2.0%
Sex Workers	7.0%
% women and men separately (15-24 years) who correctly identify ways to prevent HIV	No data
% women and men separately (15-24 years) who used condom last time they had casual sex	No data

Source: 2006 UNAIDS Global Report

THE IMPACT

Populations at risk for HIV/AIDS infection in the Philippines are the women, young adults, men who have sex with men, sex workers, and overseas Filipino workers. Children from parents with HIV/AIDS, women with multiple partners and/or with a partner having multiple partners and young adults in their sexual practices and

behaviours of unprotected sex were identified as vulnerable to the risk of contracting the disease. Poor/low knowledge and misconception about sexually transmitted infections (STI)/HIV/AIDS transmission and prevention, fear of stigma and discrimination, lack of access to information on reproductive health and STIs, health services and education programmes, low condom use and poor health seeking behaviour were additional causes contributory to increasing vulnerability to HIV/AIDS. A gap between knowledge and behaviour has also been reported.

The people most likely infected with HIV/AIDS are those at the peak of their productive and income-earning years who support their spouses, children and parents. Their ability to work decreases and their income falls so that they can no longer support their families. Because of poverty and unemployment, the number of migrant workers has been increasing annually.

The HIV/AIDS situation in the Philippines is described as a low infection/slow progression epidemic. The level of prevalence among those presumed to be most vulnerable is considered low and the current rate of growth in the number of HIV/AIDS cases is considered slow. While the low and slow prevalence is good news, there is a potential for the country to suffer a more serious epidemic and a rapid increase in HIV/AIDS infection than available data indicate. There are more cases suspected of having HIV/AIDS infection but are not recorded and reported. The risk of rapid acceleration remains quite real; requiring continued and sustained efforts for HIV/AIDS prevention and control.

While there is a need to continuously sustain efforts in HIV/AIDS prevention and control, the country should also focus in supporting the plight of people living with HIV and AIDS and their families. Unattended in the next few years, this will lead to an increase in the prevalence rate and the future of the country is at stake.

POLICY ON HIV

The purpose of the **PNRC Nationwide HIV Programme** is to reduce vulnerability to HIV and its impact in the Philippines through achieving the following inter-related **outputs**:

- Preventing further HIV infection.
- Expanding HIV care and support.
- Reducing HIV stigma and discrimination.

These are bolstered by a fourth enabling output:

- Strengthening the PNRC capacities to deliver and sustain scaled-up HIV programmes.

The PNRC works in accordance with the established principles of the International Red Cross and Red Crescent Movement to support the country's national HIV policies and programmes. The specific scope of the activities in this programme are aligned with the programmes of the government and the Philippine National AIDS Council (PNAC), and harmonized with tasks agreed under international assistance arrangements in the Philippines.

THE PHILIPPINE NATIONAL RED CROSS: TRACK RECORD AND LESSONS LEARNED

The PNRG response to HIV/AIDS as a public health threat and concern is focused on prevention and control awareness campaign. Since 1996, HIV/AIDS Prevention Education (HAPE) was institutionalized as one of the service programmes of the Red Cross Youth. The community health and nursing services is designated as the coordinating unit for HIV/AIDS intervention efforts by providing technical support for the development of information, education and communication (IEC) materials as well as the training of staff and volunteers as HIV/AIDS educators and information disseminators.

Achievements up to July 2007:

- Peer education through orientation sessions, focused group discussions and symposia on HIV/AIDS Prevention Education (HAPE) and healthy lifestyle campaigns reached an estimated 30,000 students, out-of-school youth and communities in 20 provinces, cities and municipalities.
- An estimated 200 peer educators have been trained, 500 Red Cross youth groups and 1,000 volunteers were mobilized in HIV/AIDS prevention activities.
- General awareness campaign through the annual celebration of World AIDS Day reached an estimated 1 million persons in key cities.

The PNRG has been a member of the Asian Red Cross and Red Crescent AIDS Task Force (ART), supported by the International Federation regional office in Bangkok, and the host Secretariat to the ART Group since 1996. However, its involvement in ART initiatives and its representation in the national non-governmental organization and government consultation meetings and planning for national HIV/AIDS awareness campaign and prevention activities has not been as strong as in the past five years.

Lessons Learned

The threat of HIV and AIDS cannot be ignored alongside the increasing demand for health care services. As the health sector is faced with resource constraints upon its services, it becomes incumbent upon the PNRG as an auxiliary to the government to complement the health care delivery system and to position appropriate HIV prevention activities for the benefit of individuals at risk and most vulnerable. Using its network of chapters and by engaging its volunteers, the PNRG shall scale up the HIV programme to contribute to the prevention of further HIV infection by addressing the need for:

- a more strategic, well-planned programme approach in consultation with partners, stakeholders and beneficiaries at all levels;
- improved capacity and efficiency in all levels of programme management, including information and database management;
- the programme to be included as a priority activity and for resource generation, allocation and mobilization to be re-directed towards the programme;
- stronger partnerships to be established with the government and non-governmental organizations at all levels to harmonize efforts and scale up communication and information sharing;
- upgraded training system and tools;

- developed standard and modern tools of education, information and education that shall equip all levels in information education communication.

THE HIV SCALING-UP PROGRAMME

The PNRC aims to strengthen the capacity of initially 12 of its branches already engaged in the programme and increase their targets. This shall be achieved through capacity building at all levels to ensure strengthened programme management and coordinated approaches. In addition to awareness raising and peer education activities, the programme will expand into care and support extended to PLHIV and their families. The programme shall be expanded to 13 more chapters in 2009 and 2010 until 25 PNRC chapters are involved.

In the first year of implementation, the key provinces and cities that have been identified are the following: Quezon City, Pasay City, Manila, Angeles, Baguio, La Union, Cebu City, Iloilo City, Davao, Cagayan de Oro, General Santos and Zamboanga City.

Programme Purpose: To prevent the further spread of HIV/AIDS infection by reducing vulnerability to HIV and its impact in the Philippines.

OUTPUT 1: PREVENTING FURTHER HIV INFECTION

Approach	Activities	Target Beneficiaries
1.1 Peer education and community mobilization of vulnerable communities	1.1.1 Development of training manuals and kits 1.1.2 Training of peer educators on HIV prevention 1.1.3 Conduct peer education activities and healthy lifestyle campaigns with targeted groups: youth (students and out-of-school youth) and migrant workers (overseas Filipino workers (OFWs)) 1.1.4 Pre-departure orientation sessions (PDOS) for migrant workers (OFWs)	Estimated number of people reached through peer education and community mobilization: 2008: 10,000 youth 500 OFWs 2009: 25,000 youth 1,000 OFWs 2010: 25,000 youth 1,000 OFWs
1.2 Information, education, communication (IEC) for targeted vulnerable groups	1.2.1 Develop and produce tool kits and IEC materials involving target vulnerable groups in their development 1.2.2 General awareness creation using tri-media campaigns and World AIDS Day events	Estimated number of people reached through mass campaigns and key messages on HIV prevention: 2008: 10,000 youth 500 OFWs 2009: 25,000 youth 1,000 OFWs 2010: 25,000 youth 1,000 OFWs 2008: 1 million individuals 2009: 2 million individuals 2010: 2 million individuals

OUTPUT 2: EXPANDING HIV CARE, TREATMENT, AND SUPPORT

Approach	Activities	Target Beneficiaries
2.2 Providing support and care (home or community-based and through health institutions) for people living with HIV	2.2.1 Orientation of staff and volunteers on psychosocial support, health & care for PLHIV and their families	2008: 25 staff 50 volunteer 2009: 25 staff 50 volunteers 2010:
	2.1.2 Staff and volunteers to provide psychosocial support, health & care to PLHIV and their families	2008: 100 PLHIV 2009: 200 PLHIV 2010: 200 PLHIV
2.4 Providing food and relief support for the most vulnerable	2.4.1 Provide food, relief materials, clothes, etc. for the most vulnerable PLHIV	Estimated number of PLHIV and their family members 2008: 50 individuals 2009: 50 individuals 2010: 50 individuals

OUTPUT 3: REDUCING HIV STIGMA AND DISCRIMINATION

Approach	Activities	Target Beneficiaries
3.1 Developing community support groups and networks of PLHIV, and partnerships with PLHIV organizations	3.1.1 Establish partnership with PLHIV organizations and mobilize members as Red Cross Red Crescent volunteer info disseminators	2008: 1 PLHIV organization 2009: Two PLHIV organizations
3.2 Ensuring that HIV workplace policy and programmes for all staff and volunteers are in place in Red Cross Red Crescent national societies	3.2.1 Raise awareness of PNRG leaders, staff and volunteers at all levels on HIV issues	2008: 200 individuals 2009: 500 individuals 2010: 500 individuals
3.3 Tackling gender inequalities and sexual and gender based violence		
3.4 Peer education, community mobilization, and population-based information, education and communication	3.3.1 Stigma-reduction and general awareness creation on anti-stigma and anti-discrimination messages and promotion of humanitarian values using tri-media campaigns and World AIDS Day events	Estimated number of people reached through mass campaigns and key messages on HIV prevention: 2008: 1 million individuals 2009: 2 million individuals 2010: 2 million individuals

OUTPUT 4: Strengthening National Red Cross / Red Crescent Society capacities to deliver and sustain scaled-up HIV programme

Approach	Activities	Target Beneficiaries
4.1 Improving governance, accountability, and leadership of Red Cross Red Crescent national societies for discharging planned commitments	4.1.1 Adoption by governance and management of the Code of Good Practice for non-governmental organizations responding to HIV	
4.2 Improving volunteer and staff support and management	4.2.1 Recognition of volunteers involved in programme implementation 4.2.2 Basic infrastructure/equipment in place at all levels of programme management to enable effective and efficient implementation of the programme	Number of volunteers mobilized and given recognition: 2008: 300 individuals 2009: 600 individuals 2010: 600 individuals
4.3 strengthening programme cycle management	4.3.1 Training sessions organized on programme cycle management for HIV programme management team staff and volunteers 4.3.2 Facilitate meetings for review, evaluation, planning and exchange of programme accomplishments, practices and lessons learned among partners and implementers	60 Staff and volunteers trained in programme cycle management and involved in planning, review, monitoring and evaluation 2008: 20 pax 2009: 30 pax 2010: 30 pax

IMPLEMENTATION AND MANAGEMENT ARRANGEMENTS

The programme will be implemented by the PNRC with the support of the International Federation Secretariat and other partner national societies and partners outside the PNRC.

National Headquarters:

THE HIV/AIDS programme will use the existing management structures. The manager of community health and nursing services will provide overall management and oversight of the programme. The Steering Committee chaired by the Secretary General will support the national society in developing a holistic view of the national HIV plan and policies and provide a platform to share information and use this for the benefit of the national society HIV programme by avoiding programme and resource overlap.

The HIV programme team will be composed of an HIV programme coordinator and the focal person for HIV prevention initiatives from the Red Cross youth. The

finances of the programme shall be handled by the PNRC finance department. The standard financial/auditing guidelines and procedures being used by PNRC on its current projects at the various levels will be followed and used under the new HIV and AIDS programme. The services of technical experts shall be employed to provide technical support and supervision.

Chapter Level:

The focal persons for community health and nursing services and for Red Cross youth shall manage the HIV programme under the supervision and guidance of the chapter administrator.

Each chapter will report on a monthly basis to the national headquarters through the community health and nursing services. Financial reports will then be scrutinized at the national level. PNRC will have a national annual audit in preparation of the annual report. In addition, project specific audits will be conducted in accordance with agreements reached with partners.

International Federation Secretariat:

The International Federation HIV coordinator in the region will provide technical support and guidance to the programme.

MONITORING AND REPORTING ARRANGEMENTS

This programme subscribes to the principles of the “seven ones” of the Global Alliance on HIV:

- ✓ One set of needs analysis.
- ✓ One set of objectives and strategies.
- ✓ One HIV country action plan with expectation of long-term commitment to ensure sustainability.
- ✓ One shared understanding of the division of labour among entities of the Red Cross Red Crescent Movement.
- ✓ One results-based funding framework in which multi and bilateral financing channels can co-exist.
- ✓ One performance tracking system.
- ✓ One accountability and reporting mechanism and performance monitoring system.

Monitoring and reporting will be carried out as follows:

- ✓ Monitoring against set indicators by the project management team through chapter monthly narrative and financial progress reports.
- ✓ Monitoring visits and review meetings with the project implementers, stakeholders and the multi-sectoral committee members.
- ✓ Six-monthly programme progress reports shall be consolidated and submitted by the chapters and the national headquarters and shared with all partners and with the Global Alliance on HIV office.
- ✓ Annual review and planning meetings shall be organized with all participating chapters.
- ✓ A final review, sustainability planning and evaluation shall be carried out during the third quarter of 2010.

- ✓ A programme completion report will be produced at the end of the programme period.

RISKS, ASSUMPTIONS AND UNDERTAKINGS

The possible risks to the achievement of the programme purpose, outputs and activities are as follows:

- There are competing priority programmes demanding action by the present leadership, especially programmes addressing the needs of those affected by disasters and calamities in a country that is prone to disasters.
- The low HIV prevalence setting may delay action in advocating a strong sustainable response to HIV/AIDS, even within the national society. Advocacy at the highest level will diminish the potential impact of this challenge.
- Increased capacity must be ensured at all levels in order to ensure strong management, leadership, support and coordination.
- Should funds not suffice, the PNRC shall not be able to revive and scale up the programme.

Assumptions:

- Governance and management will give assurance of their support and commitment to the programme, be willing to work within the framework of the alliance and adhere to the Seven Ones.
- Chapters shall be cooperative in programme implementation and resource generation, allocation and mobilization.
- The government and other partners will support the initiatives of the PNRC.

Undertakings:

The members of this programme have agreed to undertake the obligations and accountabilities agreed under the framework of the Red Cross Red Crescent Global Alliance on HIV. Thus:

- All partners must work within the common framework and contribute to a common monitoring, reporting and accountability system.
- Programme partners will be asked to contribute to the capacity building of the national society at the national headquarters and chapter levels.
- The International Federation regional office will provide technical support and monitor programme partners observance of their responsibilities and accountabilities.

SUMMARY OF RESULTS- BASED BUDGETARY FRAMEWORK

The estimated total budgetary requirement of the PNRC HIV programme for the period 2008-2010 is PHP **13,519,036.26** or CHF **329,732.70**. (See Budget Annex for the breakdown of the budget).

Increasing the capacity of the PNRC will reinstate it in a position of becoming one of the major partners in preventing further HIV infection in the Philippines.

Budget Summary: (in PHP)

OUTPUTS	Year 1	Year 2	Year 3	TOTAL (PHP)
1. Preventing further HIV infection	2,098,000.00	2,448,000.00	2,338,000.00	6,884,000.00
2. Expanding HIV care, treatment, and support	105,000.00	223,770.00	110,000.00	438,770.00
3. Reducing HIV stigma and discrimination	325,000.00	440,000.00	440,000.00	1,205,000.00
4. Strengthening national Red Cross Red Crescent society capacities to deliver and sustain scaled-up HIV programme	1,364,885.00	1,681,613.00	1,559,540.00	4,606,038.00
TOTAL PHP	3,892,885.00	4,793,382.80	4,447,540.00	13,133,807.980

Budget Summary: (in CHF)

OUTPUTS	Year 1	Year 2	Year 3	TOTAL (CHF)
1. Preventing further HIV infection	51,170.73	59,707.32	57,024.38	167,902.43
2. Expanding HIV care, treatment, and support	2,560.97	5,457.80	2,682.92	10,701.69
3. Reducing HIV stigma and discrimination	7,926.82	10,731.70	10,731.70	29,390.22
4. Strengthening national Red Cross Red Crescent society capacities to deliver and sustain scaled-up HIV programme ¹	33,289.88	41,014.96	38,037.55	112,342.39
TOTAL CHF	94,948.40	116,911.78	108,476.55	320,336.73

See Budget Annex for detailed Budget

¹ Includes Budget Line Item K: Programme monitoring, reviews and evaluations

Budget Annex to the Programme Document

Budget item		Year 1 (CHF)	Year 2 (CHF)	Year 3 (CHF)	Total (CHF)
OUTPUT 1					
1.A	Personnel				
1.B	Capacity building / workshops, training & technical assistance				
		10,000.00	8,780.49		18,780.49
1.C	Capital expenses: equipment, supplies & materials	9,634.15	9,756.10	9,756.10	29,146.35
1.D	Transport and storage	1,219.51	2,439.02	2,439.02	6,097.55
1.E	Information, media, publications	12,195.12	7,317.07	7,317.07	26,829.26
1.F	Travel & communications	5,609.76	7,804.88	5,365.85	18,780.49
1.G	Coordination Meetings	1,414.63	3,975.61	2,756.10	8,146.34
1.H	Promotional/Visibility Materials	11,097.56	19,634.15	29,390.24	60,121.95
	<i>Subtotal</i>	51,170.73	59,707.32	57,024.38	167,902.43
	<i>Output 1 Total</i>	51,170.73	59,707.32	57,024.38	167,902.43
OUTPUT 2					
2.A	Personnel				
2.B	Capacity building / workshops, training & technical assistance	2,195.12	2,195.12		4,390.24
2.C	Capital expenses: equipment, supplies & materials		2,409.02	2,439.02	4,848.04
2.D	Transport and storage				
2.E	Information, media, publications				
2.F	Travel & communications	365.85	853.66	243.90	1,951.22
2.G	Coordination Meetings				
2.H	Promotional/Visibility Materials				
	<i>Subtotal</i>	2,560.97	5,457.80	2,682.92	10,701.69
	<i>Output 2 Total</i>	2,560.97	5,457.80	2,682.92	10,701.69
OUTPUT 3					
3.A	Personnel				
3.B	Capacity building / workshops, training & technical assistance	975.61	2,439.02	2,439.02	5,853.65
3.C	Capital expenses: equipment, supplies & materials				
3.D	Transport and storage				
3.E	Information, media, publications				
3.F	Travel & communications	243.90	243.90	243.90	731.7
3.G	Coordination Meetings	365.85	487.8	487.80	1,341.45
3.H	Promotional/Visibility Materials	6,341.46	7,560.98	7,560.98	21,463.42
	<i>Subtotal</i>	7,926.82	10,731.70	10,731.70	29,390.22
	<i>Output 3 Total</i>	7,926.82	10,731.70	10,731.70	29,390.22
OUTPUT 4					
4.A	Personnel	6182.93	12,365.85	12,365.85	30,914.63
4.B	Capacity building / workshops, training & technical assistance	6,097.56	6,829.27	5,487.80	18,414.63
4.C	Capital expenses: equipment, supplies & materials	8,853.66	1,219.51	7,756.10	17,829.27
4.D	Transport and storage				
4.E	Information, media, publications				
4.F	Travel & communications	1,097.56	1,829.27	1,097.56	4,024.39
4.G	Coordination Meetings	975.61	731.71	853.66	2,560.98
4.H	Promotional/Visibility Materials	7,317.07	14,634.15	7,317.07	29,268.29
I	<i>Subtotal</i>	30,524.39	37,609.76	34,878.04	103,012.19
J	<i>Output 4 Total</i>	30,524.39	37,609.76	34,878.04	103,012.19

Budget item		Year 1 (CHF)	Year 2 (CHF)	Year 3 (CHF)	Total (CHF)
K	Subtotal of all Outputs	92,182.91	113,506.58	105,317.04	311,006.53
	Programme monitoring, reviews and evaluations*	2,765.49	3,405.20	3,159.51	9,330.20
	GRAND TOTAL	94,948.40	116,911.78	108,476.55	320,336.73

* As a guide, this should be 3% of K: subtotal of all Outputs

Explanation of costs:

Personnel	National headquarter programme personnel National HIV programme coordinator Project assistant Personnel cost includes monthly salary x 13 months, statutory benefits and severance pay at the end of the programme period
Capacity building / workshops, training and technical assistance	Capacity building activities (training, workshops, meetings) Training venue, accommodation, meals, training materials Honorarium of external facilitators / consultants
Capital expenses: equipment, supplies and materials	Equipment, supplies and materials necessary to equip project staff for trainings, reporting and documentation, workshops: computers for personnel (2 laptops) LCD projector and audio-visual equipment to be used in trainings and workshops, camera, office supplies Production cost of training manuals for core trainers and peer educators Goods for relief and support for PLHIV
Transport and storage	Cost of transporting (fuel, courier, shipping cost) for transport/shipping of manuals, IEC materials, other materials to chapters
Information, media, publications	IEC materials printing and production / reproduction Tri-media exposure & promotions World AIDS Day event promotions and publications
Travel & communications	Travel during meetings, workshops, trainings; cost of communication between national headquarters and chapters
Coordination meetings	Cost of coordination meetings with partners, leaders, management, staff, volunteers: venue, meals, materials
Promotional/visibility materials	Visibility materials for promotion, recognition and incentives for volunteers, promotion materials for partners and other stakeholders

Conversion rate of PHP to CHF: 41 PHP: 1 CHF

Annex 2 to Programme Document

Programme Scaling up Targets

Approach 1.1 Peer education and community mobilization of vulnerable communities.

Target group	Baseline year 2007	2008	2009	2010	Total Scale up 2007 to 2010
Youth	0	10,000	25,000	25,000	60,000
Overseas Filipino Workers	0	500	1,000	1,000	2,500

Approach 1.2 Information, education and communication for targeted vulnerable groups.

Target group	Baseline year 2007	2008	2009	2010	Total Scale up 2007 to 2010
Youth	0	10,000	25,000	25,000	60,000
Migrant workers	0	500	1,000	1,000	2,500
General Community	0	1,000,000	2,000,000	2,000,000	5,000,000

Approach 2.2 Providing support and care (home or community-based and through health institutions) for people living with HIV.

Target group	Baseline year 2007	2008	2009	2010	Total Scale up 2007 to 2010
PNRC staff	0	25	25		50
PNRC volunteers	0	50	50		100
PLHIV	0	100	200	200	500

Approach 2.4: Providing food and relief support for the most vulnerable.

Target group	Baseline year 2007	2008	2009	2010	Total Scale up 2007 to 2010
PLHIV	0	50	50	50	150

Approach 3.1 Developing community support and networks of PLHIV, and partnerships with PLHIV organizations.

Target group	Baseline year 2007	2008	2009	2010	Total Scale up 2007 to 2010
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PLHIV organizations	0	1	2		3
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Approach 3.2 Ensuring that HIV workplace policy and programmes for all PNRC staff and volunteers in place.

Target group	Baseline year 2007	2008	2009	2010	Total Scale up 2007 to 2010
PNRC staff	0	200	500	500	1,200

Approach 3.4 Information, education and communication for targeted vulnerable groups, peer education and community mobilization of vulnerable communities.

Target group	Baseline year 2007	2008	2009	2010	Total Scale up 2007 to 2010
General community	0	1,000,000	2,000,000	3,000,000	

Approach 4.1 Improving governance, accountability, and leadership of the PNRC for discharging planned commitments, and information, education and communication for targeted vulnerable groups.

Target group	Baseline year 2007	2008	2009	2010	Total Scale up 2007 to 2010
PNRC governance	0				

Approach 4.2: Improving volunteer and staff support and management.

Target group	Baseline year 2007	2008	2009	2010	Total Scale up 2007 to 2010
PNRC volunteers	0	300	600	600	1 500

Approach 4.3: Strengthening programme cycle management.

Target group	Baseline year 2007	2008	2009	2010	Total Scale up 2007 to 2010
PNRC staff	0	36	54	30	120

*** LOGFRAME FOR THE PHILIPPINE NATIONAL RED CROSS HIV PROGRAMME**

Narrative Summary	Tracking Indicators	Means of Verification	Important Assumptions
<p>Goal: To contribute to Global Agenda Goal 2: to reduce the number of deaths, illnesses and impact from diseases and public health emergencies</p>	<p>IMPACT:</p> <ul style="list-style-type: none"> • Maintain an HIV/AIDS prevalence rate of less than 1 per cent among vulnerable groups and to reduce the impact of HIV/AIDS on individuals, families and communities 	<ul style="list-style-type: none"> • UNAIDS reports • Monitoring and evaluation system of the Philippines National AIDS Programme 	<p>(Goal to super goal):</p>
<p>Programme Purpose: To scale-up the International Federation's efforts in support of national HIV and AIDS programmes to reduce vulnerability to HIV and its impact in the Philippines</p>	<ul style="list-style-type: none"> ❖ An estimated 5.1 Million people benefiting from RCRC HIV services in targeted communities ❖ 5 per cent of national programming in targeted countries conducted by PNRC 	<ul style="list-style-type: none"> • Six-monthly and annual programme reviews • Programme completion report • End of programme evaluation 	<p>(Purpose to Goal):</p>
<p>Programme Outputs:</p> <p>1. Further HIV infections are prevented</p>	<ul style="list-style-type: none"> ❖ 62,500 students, out-of-school youth, migrant workers and their families, PLHIV and their families are reached through peer education ❖ 5 million individuals are reached through General awareness creation and IEC programmes ❖ 500 migrant workers / OFWs reached through pre-departure orientation sessions 	<ul style="list-style-type: none"> • Tool kit and training manual and modules • Six-monthly and annual progress reports • Programme completion report • End of programme evaluation 	<p>(Output to Purpose):</p>

Narrative Summary	Tracking Indicators	Means of Verification	Important Assumptions
2. HIV care, treatment, and support is expanded	<ul style="list-style-type: none"> ❖ 200 PLHIV are reached through Red Cross services extended to PLHIV and their families 	<ul style="list-style-type: none"> • Six-monthly and annual programme reviews • Programme completion report • End of programme evaluation 	
3. HIV stigma and discrimination is reduced	<ul style="list-style-type: none"> ❖ 100 per cent of discrimination incident reports reported by HIV positive Red Cross Red Crescent staff and volunteers are provided with appropriate action ❖ workplace policy established by the PNR Board of Governors and implemented by management and disseminated to all departments and chapters nationwide with 50 or 10 per cent of staff participating in work place HIV education 	<ul style="list-style-type: none"> • Six-monthly and annual programme reviews • Programme completion report • End of programme evaluation 	
4. National Red Cross Red Crescent society capacities to deliver and sustain scaled-up HIV programme are strengthened	<ul style="list-style-type: none"> ❖ 60,000 volunteer hours mobilised. ❖ 12 PNR chapters regularly report as per standard guidelines ❖ HIV appeals in the amount of CHF 320,336.73 with 100 per cent coverage 	<ul style="list-style-type: none"> • Six-monthly and annual programme reviews • Programme completion report • End of programme evaluation 	
Approaches: 1.1 Peer education and community mobilization	<ul style="list-style-type: none"> • 18 core trainers and 600 youth volunteers are recruited and mobilized as active peer educators on HIV/AIDS Prevention • 62,500 individuals reached through peer education activities and healthy lifestyle 	<ul style="list-style-type: none"> • Six-monthly and annual programme reviews • Programme completion report 	(Approach to Output):

Narrative Summary	Tracking Indicators	Means of Verification	Important Assumptions
<p>1.2 Information, education and communication for targeted vulnerable groups</p>	<p>campaigns (students, out-of-school youth and migrant workers)</p> <ul style="list-style-type: none"> • IEC and promotion materials (60,000 brochures, 50,000 stickers, 300 flip charts) 2008: 600 tool kits, 10,000 brochures, 150 flip charts; 2009: 25,00 brochures, 150 flip charts, 25,000 stickers; 2010: 25,000 brochures, 25,000 stickers)produced, utilized and distributed during peer education sessions and World Aids Day celebration • General awareness creation through tri-media campaign: one radio advertising campaign, daily news flash for 10 days in two TV channels and three newspapers in preparation for the World AIDS Day event that would reach an estimated 5 million individuals 	<ul style="list-style-type: none"> • End of programme evaluation 	
<p>2.2 providing support and care (home or community- based and through health institutions) for people living with HIV</p> <p>2.4 Providing food and relief support for the most vulnerable</p>	<ul style="list-style-type: none"> • 50 RC staff trained on psychosocial support and care for PLHIV andtheir families • 100 volunteers trained and mobilized to provide psychosocial support and care to PLHIV and their families • An estimated 500 persons (PLHIV and their families) are provided with food, relief materials, clothes, etc. 	<ul style="list-style-type: none"> • Six-monthly and annual programme reviews • Programme completion reportEnd of programme evaluation 	

Narrative Summary	Tracking Indicators	Means of Verification	Important Assumptions
<p>3.1 Developing community support and networks of PLHIV, and partnerships with PLHIV organizations</p> <p>3.2 Ensuring that HIV workplace policy and programmes for all PNRC staff and volunteers in place</p> <p>3.4 Information, education and communication for targeted vulnerable groups</p>	<ul style="list-style-type: none"> • Three organized PLHIV groups in the Philippines and its members and their families are engaged as volunteers in HIV / AIDS prevention education and stigma and discrimination reduction • 1,200 PNRC workers (PNRC leaders, staff, and volunteers) are made aware and oriented on HIV issues • Stigma reduction campaign through World AIDS Day celebration (concert and candle-lighting event, competitions through drama, song, dance, mime, puppetry, and multimedia presentation) and tri-media campaign using one radio advertising campaign, daily news flash for 10 days in two TV channels and three newspapers in preparation for the World AIDS Day event that would reach an estimated 5 million individuals 	<ul style="list-style-type: none"> • Six-monthly and annual programme reviews • Programme completion report • End of programme evaluation 	
<p>4.1 Improving governance, accountability, and leadership of the PNRC for discharging planned commitments</p> <p>4.2 Improving volunteer and staff support and</p>	<ul style="list-style-type: none"> • Adoption by governance and management of the Code of Good Practice for non-governmental organizations responding to HIV • HIV programme management team of staff and volunteers in place by third quarter of 2008 	<ul style="list-style-type: none"> • Six-monthly and annual programme progress reports • Programme completion report • End of programme 	

Narrative Summary	Tracking Indicators	Means of Verification	Important Assumptions
<p>management</p> <p>4.3 Strengthening programme cycle management</p>	<ul style="list-style-type: none"> • 1,500 volunteers involved in the programme recognized in ceremonies during World AIDS Day celebration and provided with visibility materials (T-shirts, pins, stickers) • Two training sessions on project planning, implementation, finance management, monitoring, reporting and evaluation for 40 staff (managers/chapter administrators, programme staff at national and chapter levels) • Annual review and evaluation meetings every last quarter of programme implementation period among project staff, selected volunteers, beneficiaries and partners 80 participants 	<p>evaluation</p>	

Workplan for the National Society HIV Programme²

Start Date: July 2008
End Date: December 2010

Purpose: to scale up the International Federation's efforts in support of National HIV and AIDS Programmes to reduce vulnerability to HIV and its impact.

OUTPUT 1: Preventing further HIV infection

Approach	Activities to Implement Approach	2008			2009			2010		
		Geographic Target Area	Number of Targeted Beneficiaries	Cost (CHF) ³	Geographic Target Area	Number of Targeted Beneficiaries	Cost (CHF) ³	Geographic Target Area	Number of Targeted Beneficiaries	Cost (CHF) ³
1.1 Peer education and community mobilization	1.1.1 Development of training manuals and kits	National headquarters	10,000 youth		Luzon: Quezon City, Pasay City, Manila, Angeles, Baguio, La Union, Visayas: Cebu City, Iloilo City, Mindanao: Davao, Cagayan de Oro, General Santos and Zamboanga City	25,000 youth		Luzon: Quezon City, Pasay City, Manila, Angeles, Baguio, La Union, Visayas: Cebu City, Iloilo City, Mindanao: Davao, Cagayan de Oro, General Santos and Zamboanga City	25,000 youth	
	1.1.2 Training of peer educators									
	1.1.3 Conduct peer education activities / workshops and undertake community mobilization in targeted communities	Luzon: Quezon City, Pasay City, Manila, Angeles, Baguio, La Union								

	1.1.4 PDOS for migrant workers	Manil	500 OFWs			1,000 OFwS			1,000 OFwS	
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1.2 IEC for targeted vulnerable groups	1.2.1 Develop and produce a tool kit and IEC materials involving target vulnerable groups in their development	Luzon: Quezon City, Pasay City, Manila, Angeles, Baguio, La Union	10,000 youth 500 migrant workers		Luzon: Quezon City, Pasay City, Manila, Angeles, Baguio, La Union, Visayas: Cebu City, Iloilo City, Mindanao: Davao, Cagayan de Oro, General Santos and Zamboanga City	25,000 youth 1,000 migrant workers		Luzon: Quezon City, Pasay City, Manila, Angeles, Baguio, La Union, Visayas: Cebu City, Iloilo City, Mindanao: Davao, Cagayan de Oro, General Santos and Zamboanga City	25,000 youth 1,000 migrant workers	
	1.2.2 General awareness raising using tri-media campaigns and World AIDS Day events	Luzon: Quezon City, Pasay City, Manila, Angeles, Baguio, La Union	Estimated 1 million		Luzon: Quezon City, Pasay City, Manila, Angeles, Baguio, La Union, Visayas: Cebu City, Iloilo City, Mindanao: Davao, Cagayan de Oro, General Santos and Zamboanga City	Estimated 2 million		Luzon: Quezon City, Pasay City, Manila, Angeles, Baguio, La Union, Visayas: Cebu City, Iloilo City, Mindanao: Davao, Cagayan de Oro, General Santos and Zamboanga City	Estimated 2 million	
Output 1 Total	--		Estimated 1 million			Estimated 2 million			Estimated 2 million	

OUTPUT 2: Expanding HIV treatment, care, and support

Approach	Activities to Implement Approach	2008			2009			2010		
		Geographic Target Area	Number of Targeted Beneficiaries	Cost (CHF) ³	Geographic Target Area	Number of Targeted Beneficiaries	Cost (CHF) ³	Geographic Target Area	Number of Targeted Beneficiaries	Cost (CHF) ³
2.2 Providing treatment, support and care (home or community based and through health institutions) for PLHIV	2.2.1 Orientation / training of 50 Red Cross Red Crescent staff and 100 volunteers on psychosocial support & care for PLHIV and their families	Luzon: Quezon City, Pasay City, Manila, Angeles, Baguio, La Union,	25 staff 50 vols		Luzon: Quezon City, Pasay City, Manila, Angeles, Baguio, La Union, Visayas: Cebu City, Iloilo City, Mindanao: Davao, Cagayan de Oro, General Santos and Zamboanga City	25 staff 50 vols		Luzon: Quezon City, Pasay City, Manila, Angeles, Baguio, La Union, Visayas: Cebu City, Iloilo City, Mindanao: Davao, Cagayan de Oro, General Santos and Zamboanga City		
	2.2.2 Staff & volunteers to provide psychosocial support and care to PLHIV and their families		100 PLHIV		200 PLHIV		200 PLHIV			
2.4 Providing livelihood and food support for the most vulnerable.	2.4.1 Provide food, relief materials, clothes, etc. for the most vulnerable PLHIV		50 PLHIV			50 PLHIV			50 PLHIV	

Output 2 Total										
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OUTPUT 3: Reducing HIV stigma and discrimination

Approach	Activities to Implement Approach	2008			2009			2010		
		Geographic Target Area	Number of Targeted Beneficiaries	Cost (CHF) ³	Geographic Target Area	Number of Targeted Beneficiaries	Cost (CHF) ³	Geographic Target Area	Number of Targeted Beneficiaries	Cost (CHF) ³
3.1 Developing community support groups and networks of PLHIV, and partnerships with PLHIV organizations	3.1.1 Establish partnership with PLHIV organizations and mobilize members as Red Cross Red Crescent volunteer info disseminators	Luzon: Quezon City, Pasay City, Manila, Angeles, Baguio, La Union	1 PLHIV organizations		Luzon: Quezon City, Pasay City, Manila, Angeles, Baguio, La Union, Visayas: Cebu City, Iloilo City, Mindanao: Davao, Cagayan de Oro, General Santos and Zamboanga City	2 PLHIV organizations		Luzon: Quezon City, Pasay City, Manila, Angeles, Baguio, La Union, Visayas: Cebu City, Iloilo City, Mindanao: Davao, Cagayan de Oro, General Santos and Zamboanga City		
3.2 Ensuring that HIV workplace policy and programmes for all staff and volunteers are in place in Red Cross Red Crescent National Societies	3.2.1 Raise awareness of PNRC leaders, staff and volunteers at all levels on HIV issues	National office	200		Provincial Chapters Nationwide	500		Provincial Chapters Nationwide	500	

3.4 Peer education, community mobilization, and population-based information, education and communication	3.3.1 Stigma-reduction and General awareness creation on anti-stigma and anti-discrimination messages and promotion of humanitarian values using tri-media campaigns and World AIDS Day events	Luzon: Quezon City, Pasay City, Manila, Angeles, Baguio, La Union	1 million		Luzon: Quezon City, Pasay City, Manila, Angeles, Baguio, La Union, Visayas: Cebu City, Iloilo City, Mindanao: Davao, Cagayan de Oro, General Santos and Zamboanga City	2 million		Luzon: Quezon City, Pasay City, Manila, Angeles, Baguio, La Union, Visayas: Cebu City, Iloilo City, Mindanao: Davao, Cagayan de Oro, General Santos and Zamboanga City	2 million	
Output 3 Total										

OUTPUT 4: Strengthening National Red Cross Red Crescent Society capacities to deliver and sustain scaled-up HIV programme

Approach	Activities to Implement Approach	2008			2009			2010		
		Geographic Target Area	Number of Targeted Beneficiaries	Cost (CHF) ³	Geographic Target Area	Number of Targeted Beneficiaries	Cost (CHF) ³	Geographic Target Area	Number of Targeted Beneficiaries	Cost (CHF) ³
4.1 Improving governance, accountability, and leadership of Red Cross Red Crescent national societies for discharging planned commitments	4.1.1 Adoption by governance and management of the Code of Good Practice for non-governmental organizations responding to HIV	National Headquarters								
4.2 Improving volunteer and staff support and management	4.2.1 Recognition of volunteers involved in programme implementation	Luzon: Quezon City, Pasay City, Manila, Angeles, Baguio, La Union	300		Luzon: Quezon City, Pasay City, Manila, Angeles, Baguio, La Union, Visayas: Cebu City, Iloilo City, Mindanao: Davao, Cagayan de Oro, General Santos and Zamboanga City	600		Luzon: Quezon City, Pasay City, Manila, Angeles, Baguio, La Union, Visayas: Cebu City, Iloilo City, Mindanao: Davao, Cagayan de Oro, General Santos and Zamboanga City	600	

	4.2.2 Basic infrastructure/ equipment in place at all levels of programme management to enable effective and efficient implementation of the programme	National Headquarters			National Headquarters and 12 participating chapters			National Headquarters and 12 participating chapters		
4.3 strengthening programme cycle management	4.3.1 Training of HIV Programme Management Staff at all levels on project planning, finance management, implementation, monitoring, reporting and evaluation	National Headquarters Chapters from Luzon: Quezon City, Pasay City, Manila, Angeles, Baguio, La Union	16		Chapters From Visayas: Cebu City, Iloilo City, Mindanao: Davao, Cagayan de Oro, General Santos and Zamboanga City	24				
	4.3.2 facilitate meetings for exchange of programme accomplishments, practices and lessons learned among stakeholders and partners	National Headquarters	20		National Headquarters	30		National Headquarters	30	

