FINAL REPORT

Ex-Post Evaluation Study

of the

Project for the Prevention and Control of HIV/AIDS

VOLUME I

MAIN REPORT

December 2004

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Consultant

shinfield consultancy philippines inc.

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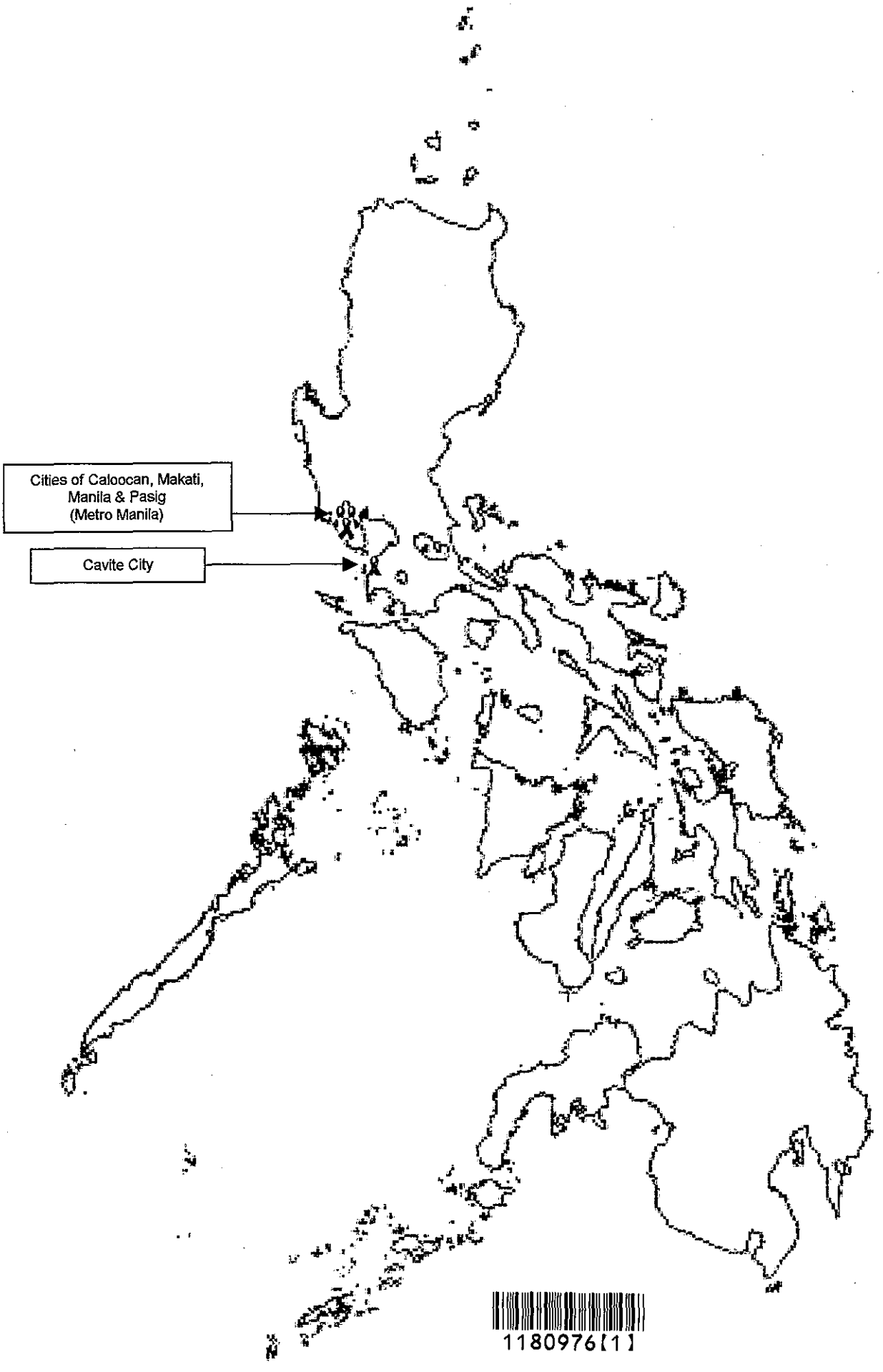

Survey Sites

ABBREVIATIONS AND ACRONYMS

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AIDS	Acquired Immune Deficiency Syndrome
AMTP	Medium Term Plan for Accelerating the Philippine Response to AIDS
ASEP	AIDS Surveillance and Education Project
ASP	AIDS Society of the Philippines
BRL	Bureau of Research Laboratories
BSS	Behavioral Sentinel Surveillance
CHO	City Health Office
CSW	Commercial Sex Workers
DOH	Department of Health
FGD	Focus Group Discussion
FP	Family Planning
GO	Government Organization
GOJ	Government of Japan
GOP	Government of the Philippines
HIV	Human Immunodeficiency Virus
HIV/AIDS Project	Prevention and Control of HIV/AIDS Project
HRG	High Risk Group
HSS	HIV Serologic Surveillance
IDU	Injecting Drug User
IEC	Information, Education and Communication
JICA	Japan International Cooperation Agency
KII	Key Informant Interviews
LGU	Local Government Unit
NEC	National Epidemiology Center
NCDPC	National Centers for Disease Prevention and Control
NGO	Non-Government Organization
OPHS	Office of Public Health Services
PCM	Project Cycle Management
PDMe	Project Design Matrix for Evaluation
PNAC	Philippine National AIDS Council
PLWA	People Living With AIDS
PTTC	Project Type Technical Cooperation
PWA	People With AIDS
RITM	Research Institute for Tropical Medicine
SACCL	STI-AIDS Central Cooperative Laboratory
SARS	Severe Acute Respiratory Syndrome
SHC	Social Hygiene Clinic
STI	Sexually Transmitted Infections
STD	Sexually Transmitted Disease

SUMMARY

SUMMARY

<table>
<tr><td colspan="3">I. OUTLINE OF THE PROJECT</td></tr>
<tr><td colspan="2">Country

Philippines</td><td>Project Title
Project for the Prevention and Control of HIV/AIDS</td></tr>
<tr><td colspan="2">Issue/ Sector
Health</td><td>Cooperation Scheme
Project Type Technical Cooperation</td></tr>
<tr><td colspan="2">Division in Charge</td><td>Total Cost</td></tr>
<tr><td rowspan="2">Period of Cooperation</td><td rowspan="2">July 1996 to June 2001</td><td>Partner Country's Implementing Organization: Department of Health</td></tr>
<tr><td>Supporting Organization in Japan</td></tr>
<tr><td>Related Cooperation</td><td colspan="2"></td></tr>
<tr><td colspan="3">Background of the Project

Because of increasing public concern for the spread of HIV/AIDS, the Government of the Philippines (GOP) requested the Government of Japan (GOJ) for a technical cooperation project to assist in the implementation of the GOP's national AIDS/STD program. In response to the request, the GOJ through JICA implemented the Project for the Prevention and Control of HIV/AIDS with the GOP's Department of Health (DOH) from July 1996 to June 2001 under JICA's Project Type Technical Cooperation (PTTC) Program.</td></tr>
<tr><td colspan="3">Project Overview

Overall Goal. To assist the Department of Health in the prevention and control of AIDS in the Philippines.

Objectives. The undertaking had a twofold purpose: the establishment of an AIDS cooperative central laboratory and a core national referral system; and the strengthening of the function of AIDS prevention at local public health centers.

Outputs. There were two major expected outputs: a Cooperative Central Laboratory with a national referral system; and strengthened AIDS prevention capabilities in selected local public health centers or social hygiene clinics.

Activities. A set of activities were identified to produce these outputs:

1. The improvement of physical facilities and equipment provision
2. Strengthening organizational capability in the areas of bacteriology, virology, serology and others.
3. Establishing serological confirmatory testing of HIV
4. Enabling the diagnosis of AIDS opportunistic infections
5. Training and capability building
6. Setting up a surveillance system
7. Enabling etiology based diagnosis
8. Selection and setting of model health centers in Makati, Pasig, Cavite and Caloocan.
9. Their physical and capability strengthening including staff training and provision of equipment
10. Development of Information, Education, and Communication materials
11. Monitoring and evaluation of the above</td></tr>
</table>

Inputs

The inputs from the Japanese side were as follows:

1. Experts
   1.1. Virology/Serology in HIV/AIDS
   1.2. Bacteriology
   1.3. Epidemiology/Public health in HIV/AIDS
   1.4. AIDS opportunistic infections
   1.5. STD and other fields mutually agreed upon as needed
2. Equipment
3. Training
   3.1. in the Philippines
   3.2. in Japan

The inputs from the Philippine side were:

1. counterpart personnel
2. budgeting
3. office space
4. supporting system

II. EVALUATOR

Evaluation Consultant	Dr. Alexander G. Flor Shinfield Consultancy Philippines, Inc.	
Period of Evaluation	October 21 to December 20, 2004	**Type of Evaluation** Ex-Post Evaluation

III. RESULTS OF EVALUATION

Summary of Evaluation

Ex-Post Relevance: ***Very High.*** The continued relevance of the project two years after its completion was assessed as indicative of the Project's impact. Based on the analysis, the HIV-AIDS problem remains a priority concern of the GOP. The Project was very timely, since the AIDS Law was passed at the height of its implementation. The project outputs have become the epicenter and the critical nodes of the national program for the prevention and control of STD/AIDS. Without the infrastructure provided by the Project, the national program cannot be implemented. The Project is as relevant now as it was in 1996 when it was still being introduced and is still valid for Japanese ODA.

Ex-Post Effectiveness: ***Very High.*** The continued effectiveness of project interventions was also assessed through the use of scaled data as indicative of their sustainability. The facilities provided are effectively contributing to the screening of reactive cases of HIV/AIDS and providing the needed early warning system against its spread. The training on AIDS testing and proficiency, surveillance and IEC has generated skilled manpower that are now conducting the screening and confirmatory tests, serological and behavioral surveillance, and IEC campaigns and pre-counseling. The IEC materials produced by the project are so effective that they are still the major materials being used by social hygiene clinics in pre-counseling and outreach sessions.

Ex-Post Efficiency: ***Very High.*** The continued efficiency of project inputs was likewise evaluated as indicative of impact and technical sustainability. The facilities provided are state-of-the-art. The P3 laboratory is the only facility that can efficiently screen Level 3 microorganisms that are causing the most dreaded diseases of the 21st century: HIV/AIDS, SARS and bird flu. The training conducted for DOH and social hygiene clinic staff has efficiently provided the skilled manpower to implement the testing, monitoring, surveillance, and pre-counseling components of the national program. The IEC materials are still being efficiently utilized through in social hygiene clinics in the sentinel sites.

Impact: ***Very High.*** The Project had a significant positive impact to the overall goal by containing HIV/AIDS incidence to less than one percent based on national epidemiology statistics. The best way of controlling the spread of HIV/AIDS is by monitoring new cases especially among high risk groups. The Project has increased the GOP's ability to monitor and respond accordingly by providing it with the appropriate infrastructure for screening, testing and pre-counseling at the local and national levels.

The Project also had significant unanticipated impacts: the increased capability and capacity of the GOP, in general, and the DOH, in particular, to prevent and control other sexually transmitted diseases, SARS, the bird flu and other Level 3 microorganisms. The provision of a P3 laboratory that screens Level 3 microorganisms made this possible.

Sustainability: ***High Organizational, Moderate Technical; Low Financial.*** The interventions made by the Project were organizationally sustainable. However, the technical sustainability of the Project's IEC component may be put into question because of turnover of critical staff. Although the financial sustainability of SACCL has been addressed, the financial sustainability of the social hygiene clinics needs to be looked into.

Factors Affecting Impact and Sustainability. The factors that contributed to the impact and sustainability of the Project are twofold: timeliness of the Project; and the commitment of the stakeholders. The Project was designed, approved and implemented at the appropriate time, when HIV/AIDS has not yet reached critical levels and the policy environment was conducive. The commitment of DOH/ LGU staff ensured lasting impact.

Inhibiting factors included staff turnover, redeployment of staff; the high cost of maintenance and materials; and the DOH reorganization. Staff turnover, redeployment and reorganization has affected the technical sustainability of IEC interventions. High cost of materials and maintenance has negatively influenced financial sustainability.

Conclusions. At the institutional level, the Project has significantly contributed to the overall goal of HIV/AIDS prevention and control in the Philippines. While, HIV/AIDS incidence in neighboring countries has increased in the past ten years, the incidence of HIV/AIDS in the Philippines has been contained to less than one percent. In other words, the rate of increase is close to nil. Furthermore, the Project has influenced the development of three major national policies including the AIDS Law and has been instrumental in the implementation of three national programs relating to HIV/AIDS.

There were no unexpected negative impacts. However, there are two significant positive impacts. Firstly, the increased capability of the GOP to detect, diagnose and isolate Level 3 microorganisms such as SARS and the bird flu. Secondly, the increased capacity of the GOP to detect, diagnose and control other sexually transmitted diseases.

Regarding organizational sustainability, SACCL is now an integral part of the national effort for disease control and prevention not to mention its central role in the Philippine National AIDS Council. The social hygiene clinics are likewise indispensable nodes in STD/AIDS prevention and control.

The operations of SACCL may be considered technically sustainable. However, the social hygiene clinics have been plagued with staff turn-over and redeployment caused by better employment opportunities abroad and reorganizations, respectively. These trends may eventually undermine technical sustainability.

Financially, the budget deficit currently faced by the GOP has made financial sustainability very difficult. However, SACCL has formed a research and development foundation that generates income for the upkeep of the laboratory. The local governments, on the other hand, are hard put to provide adequate maintenance budgets for the social hygiene clinics.

IV. *Recommendations*

For the GOP. The study recommends that the Department of Health and the municipal governments of Makati, Caloocan, Pasig and Cavite City: ensure that trained staff from SACCL or the SHCs not be redeployed to other offices; provide additional incentives to existing staff to prevent turnover; and provide adequate maintenance budgets for SACCL and SHC equipment.

For the GOJ. The study recommends that the Japan International Cooperation Agency make the Project for the Prevention and Control of HIV/AIDS in the Philippines, a showcase of project-type technical cooperation, specifically in the health sector. The documentation of the Project should be transformed into a case study of technical cooperation or, in other words, a *best practice* or a *success story*. It should be published and disseminated in traditional hard copy as well as electronically through the JICA website and the CDROM format. The study further recommends that similarly modeled interventions be implemented elsewhere in other countries to combat this dreaded disease, AIDS.

V. Lessons Learned

Importance of Timeliness. Apart from the competent expertise, state-of-the-art facilities and effective design of the Project, its significant impacts may also be attributed to its timely introduction and implementation. The Project coincided with the passing of the AIDS Law. During the planning and design phase of the project management cycle, more importance should be placed on timeliness.

The Use of Anticipatory Methods. During the planning, implementation and completion of the Project, no one anticipated its central role in combating new dreaded diseases such as SARS and bird flu. The use of anticipatory methods such as scenario construction and the Delphi technique may be employed in the project design phase to predict outcomes.

The Multiplier Effect of IEC. One very important lesson that may be gleaned from the study is the multiplier effect of information, education and communication. Although not given as much resources as other project components, its products have had as much impact as the Central Cooperative Laboratory and the national referral system. In fact, the utilization of JICA's IEC materials has had a multiplier effect with its non-commercial reproduction and distribution.

CHAPTER I

INTRODUCTION

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A. Background

Eight years ago, the Government of the Philippines (GOP) requested the Government of Japan (GOJ) for a technical cooperation project to assist in the implementation of the GOP's national AIDS/STD program. In response to the request, the GOJ through JICA implemented the *Project for the Prevention and Control of HIV/AIDS* with the GOP's Department of Health (DOH) from July 1996 to June 2001 under JICA's Project Type Technical Cooperation (PTTC) Program.

A significant element in JICA's project cycle is evaluation of which there are four types: ex-ante evaluation; mid-term evaluation; terminal evaluation; and ex-post evaluation. The first three evaluation studies for this undertaking were conducted during the Project lifespan. Now, three years after it ended, JICA is conducting the ex-post evaluation to determine the impact and sustainability of the Project and learn lessons from this cooperative activity. Due to time limitations, as well as to ensure the objectivity of the evaluation, JICA commissioned Shinfield Consultancy Philippines, Inc to undertake the study from October 21 to December 20, 2004 and extended up to January 31, 2005.

Separately submitted to JICA Philippine office as part of this Report is a copy of the: (a) photographs (in album); and (b) collected secondary data and reference materials (Volume II to VI).

B. Objectives

This ex-post evaluation study seeks to assess the impact and sustainability of the Project for the Prevention and Control of HIV/AIDS. In addition, this study seeks to: (a) draw lessons and formulate recommendations for the improvement of planning and implementation of similar projects; and (b) to promote greater accountability and transparency by disseminating the evaluation results to the project stakeholders and the Japanese public.

C. Evaluation Team and Study Period

To conduct the evaluation study, Shinfield assigned a consultant, Dr. Alexander G. Flor, supported by in-house expertise.

D. Methodology

The study employed a number of procedures to measure the impact and sustainability of the Project. Among these methods were: *secondary data analysis* to determine HIV/AIDS incidence; *key informant interviews* (KII) to determine equipment, trained manpower, and materials utilization levels; *Focus Group Discussion (FGD)* to determine policy and program impact; *documents analysis* to determine organizational, technical and financial sustainability; *photo documentation*; and a *telephone survey*.

Quantitative Methods. Secondary data from the National Epidemiology Center was analyzed to determine the incidence of HIV/AIDS in the country after the Project for comparison to national averages in other developing countries, particularly in Southeast Asia. The findings are indicative of project impact.

To determine technical feasibility with regard to equipment inputs, the evaluation used JICA's "Status of Equipment Provided Form" (ANNEX E), which the Consultant administered to Project beneficiaries. The inventory was translated into quantitative data on equipment utilization levels through frequency counts of the following responses: always, occasionally, rarely, or never.

Manpower and IEC materials utilization was measured through a five-point scale based on staff utilization/ turnover and IEC materials obsolescence. Utilization levels for both trained staff and IEC materials were rated by the Consultant as follows:

1 Not utilized
2 Under-utilized
3 Occasionally utilized
4 Actively utilized
5 Always utilized

Additionally, the study measured message recall, knowledge gain, behavior change and attitude change among respondents through scores generated by a five-point scale in a telephone survey. The latter, which was intended to determine the impact of IEC materials among commercial sex workers and AIDS patients who underwent pre-counseling, was resorted to since the AIDS Law (RA 8504) mandates that the anonymity of persons who tested for AIDS should be respected. During the conduct

of the study, the researcher was not allowed access to the names of PWAs and PLWAs also because of provisions in the AIDS Law. Hence, the researcher was not able to include them among the respondents of the telephone survey.

Qualitative Methods. The qualitative methods used were Focus Group Discussions, key informant interviews and documents analysis.

The following matrix summarizes the methods and procedures used in the study vis a vis the different stakeholders. Please refer to Annex C, D and E for the data gathering instruments. The number of key informant interviews, focus group discussions, documents reviewed, secondary data sets analyzed, respondents surveyed and equipment inventoried are also given.

Stakeholder		Respondents	Method					
			Key Informant Interviews	Focus Group Discussion	Documents Analysis	Secondary Data Analysis	Telephone Survey	Photo Documen-tation
1.	Implementing Agency							
	STI/AIDS Central Cooperative Laboratory	- Dr. Dorothy M. Agdamag Head, SACCL	1	-	5	-	-	24
	Social Hygiene Clinics	- Dr. Lourdes Salud City Health Officer, Makati - Ms. Teresita Pagcaliwagan STD Coordinator, Makati SHC - Ms. Dominga Poblete Medical Technologist, Makati - Ms. Jessica Acuna Medical Technologist, Makati - Dr. Divina M. Samala-Zerrudo Social Hygiene Clinic Physician Cavite Regional Health Office - Dr. Corazon A. Aberin Assistant City Health Officer Caloocan City Health Center - Dr. Abella C. Garcia Division Chief for Special Services Caloocan City Health Center - Dr. Maybelle P. Sison Former Head, Caloocan SHC - Dr. Demi Valle OIC, Pasig Social Hygiene Clinic - Ms. Janet Guevarra Nurse, Pasig Social Hygiene Clinic - Mr. Reynaldo Raymundo II Nurse, Pasig Social Hygiene Clinic - Ms. Faustina Bautista Clerk, Pasig Social Hygiene Clinic	12	4	4	4	-	110
2.	**Responsible Agency**							
	Department of Health	- Dr. Buboy Villalon Program Coordinator National STI/AIDS Prevention and Control Program. NDCPC - Dr. Roderick Poblete Program Officer Philippine National AIDS Program - Dr. Aura Corpuz National HIV/AIDS/STI Surveillance System National Epidemiology Center - Dr. Amelia C. Medina STD/AIDS Coordinator, DOH-NCR	4	-	7	9	-	-
4.	Others							
	AIDS Society of the Phils	- Dr. Rossana Dytanco Board Member and Former Secretary	1	-	-	-	-	-
5.	Indirect Beneficiaries							
		- Commercial Sex Workers	26 (Pasig and Caloocan)	1 (Cavite)	-	-	20 (Makati)	5
		- PWAs	-	-	-	-	-	-
		- PLWAs	-	-	-	-	-	-

Table 1. Study Method

CHAPTER II

PROJECT FRAMEWORK

CHAPTER II
PROJECT FRAMEWORK

A. Outline of the Project

December 1, 2004 marks the first decade that the Philippines, along with the rest of the international community, have observed World AIDS Day. During the early nineties, concern for the growing menace of HIV/AIDS has been heightened by the increasing number of documented cases. Seeking to address the problem, the GOP approached the GOJ for assistance. In March 1996, the GOP and the GOJ agreed on the elements and the implementation design of a JICA-DOH *Project for the Prevention and Control of HIV/AIDS*. The project began in July 1996 and ended in June 2001.

The overall goal of the project was to assist the Department of Health in the prevention and control of AIDS in the Philippines. The undertaking had a twofold purpose: the establishment of an AIDS cooperative central laboratory and a core national referral system; and the strengthening of the function of AIDS prevention at local public health centers. Hence, there were two major expected outputs: a Cooperative Central Laboratory with a national referral system; and strengthened AIDS prevention capabilities in selected local public health centers or social hygiene clinics. With the Central Cooperative Laboratory located at the DOH compound in Manila, the Project established model health centers in Makati, Pasig, Cavite and Caloocan cities.

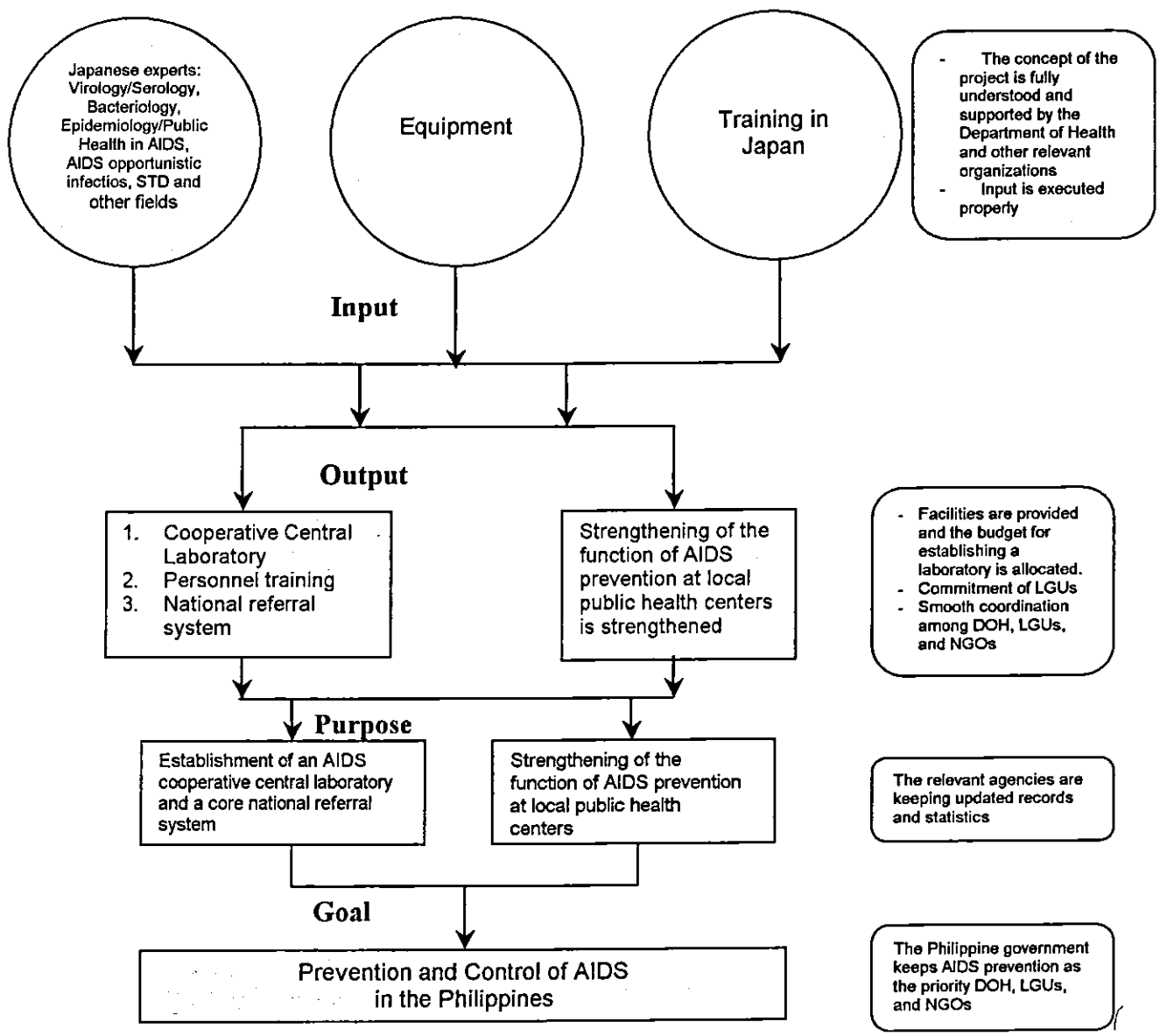
Additionally, a set of activities were identified to produce these outputs:

1. The improvement of physical facilities and equipment provision
2. Strengthening organizational capability in the areas of bacteriology, virology, serology and others.
3. Establishing serological confirmatory testing of HIV
4. Enabling the diagnosis of AIDS opportunistic infections
5. Training and capability building
6. Setting up a surveillance system
7. Enabling etiology based diagnosis

8. Selection and setting of model health centers in Makati, Pasig, Cavite and Caloocan cities.
9. Their physical and capability strengthening including staff training and provision of equipment
10. Development of Information, Education, and Communication materials
11. Monitoring and evaluation of the above

The GOJ provided equipment, expertise and training to the GOP while the latter provided counterpart personnel, budgeting, office space and support systems.

Figure 1. Project Framework



Project Framework Constructed by Consultant for Inception Report, 5 November 2004

B. Analysis of Logical Framework

The logical framework of the project follows the project structure shown in Figure 1 and is illustrated in the project design matrix (PDM), presented in Annex A. It consists of the summary of goals, purpose, results/outputs and activities and the corresponding objectively verifiable indicators that would measure their accomplishments. A means of verification that identifies where information for each indicator could be found is also provided in the project design matrix. Finally, a fourth column provides assumptions, conditions that should exist if the project should succeed.

The original PDM was provided by the JICA Office as the framework of this evaluation. The Consultant reconstructed this matrix for ex-post evaluation purposes. The project design matrix states that the project's overall goal is to assist the Department of Health in the prevention and control of AIDS in the Philippines. A tacit assumption here is that the GOP keeps AIDS prevention as a priority. Unfortunately, verifiable outcome indicators and the means of verification for this goal have not been identified by the project design matrix.

An analysis of the goal reveals that this is not an actual goal statement because of the phrase "to assist." Hence, the study revised the goal statement into the following: *The overall goal of the Project is the prevention and control of HIV/AIDS in the Philippines.* The revised goal statement has enabled the study to adopt a set of verifiable indicators as well as the means of verification. The proposed set of indicators include: the national trend in HIV/AIDS incidence; the number of reported cases; the number of patients diagnosed; the number of PWAs treated; the number of PLWAs who underwent counseling; the frequency of surveillance; mortality rate of HIV positive cases; and AIDS drugs consumption rates.

The undertaking had a twofold purpose: the establishment of an AIDS cooperative central laboratory and a core national referral system; and the strengthening of the function of AIDS prevention at local public health centers. Again, these objectives did not specify verifiable indicators or the means of verification. Hence, these indicators too were volunteered to set the parameters of the study. The succeeding section enumerates these indicators.

Finally, the project design matrix had two major expected outputs: a Cooperative Central Laboratory with a national referral system; and strengthened AIDS prevention capabilities in selected local public health centers or social hygiene clinics. Although a list of verifiable indicators was given in the PDM, the study revised this list based on the parameters identified. The following section also gives these new indicators

C. Framework of the Project Evaluation

The proposed changes in the logical framework were incorporated in the Project Design Matrix for Evaluation that guided the conduct of the study. The PDMe is found below as Table 2 with the deviations from the original highlighted in blue ink.

Narrative Summary	Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal The overall goal of the Project is the prevention and control of AIDS in the Philippines	Increase or decrease of AIDS incidence Number of : • Reported cases • Patients diagnosed • PWAs treated • PLWAs who underwent counseling Frequency of surveillance Mortality rate of HIV positive cases AIDS drugs consumption rate	DOH-NCDPC Assessment DOH-PNAC Records DOH-HIV/AIDS Registry PHU Statistics CHU Statistics MHU Statistics BHU Statistics	The Philippine government keeps AIDS prevention as the priority
Project purpose 1. Establishment of an AIDS cooperative central laboratory and a core national referral system 2. Strengthening of the function of AIDS prevention at local public health centers	Infrastructure maintenance Condition of facilities installed Utilization of trained staff System's continued operations Since, the Project ended number of • CSWs tested • CSWs pre-counseled Ex-post utilization levels of IEC materials Ex-post recall of IEC target audience Changes in knowledge, attitudes and practice of IEC target audience	Institutionalization of CCL and NRS Budgets of: NCDPC, PNAC and Model Health Centers Ocular inspection Site visits Demonstration Databases Telephone survey Key Informant Interviews Focus Group Discussion Staff turnover	The relevant agencies are keeping updated records and statistics
Outputs 1. Cooperative Central Laboratory Personnel training National referral system 2. Strengthening of the function of AIDS prevention at local public health centers is strengthened	1 Equipment installed (national and local) • Quantity/ quality of facilities • Records of reference 2 Number of trainees 3 IEC materials produced and utilized • Quantity of IEC materials • Message recall • KAP Changes	Ocular inspection Site visits Demonstration Databases Telephone survey Key Informant Interviews Focus Group Discussion	Facilities are provided and the budget for establishing a laboratory is allocated. Commitment of LGUs Smooth coordination among DOH, LGUs, and NGOs
Activities 1 Cooperative Central Laboratory 1.1 Physical facilities and equipment strengthening 1.2 Organizational capability (bacteriology, virology, serology and others) 1.3 Serological confirmatory testing of HIV 1.4 Diagnosis of AIDS opportunistic infections 1.5 Training capability building 1.6 Surveillance system 1.7 Etiology based diagnosis 1.8 Pertinent research work for the above monitoring and evaluation 2 Strengthening of the function of AIDS prevention at local public health centers 2.1 Selection of the centers and NGOs 2.2 Their physical and capability strengthening including staff training and provision of equipment 2.3 Development of IEC materials 2.4 Pertinent research work for the above monitoring and evaluation	**Input** Japanese side - Expert (1) Virology/Serology in HIV/AIDS (2) Bacteriology (3) Epidemiology/Public health in HIV/AIDS (4) AIDS opportunistic infections (5) STD and other fields mutually agreed upon as needed - Equipment - Training of the Philippine counterparts in Japan Philippine side - counterpart personnel - budgeting - office space - supporting system		PRE-CONDITIONS 1. the concept of the project is fully understood and supported by the Department of Health and other relevant organizations 2. input is executed properly

Reconstructed PDM by Evaluation Consultant, 11 November 2004

Table 2. Project Design Matrix for Evaluation

D. Evaluation Items and Stakeholders

1. Main Items for Evaluation

The study adopted an Evaluation Grid, which provides in matrix form, the general and specific evaluation questions as set by the verifiable indicators given in the previous sections. Please refer to Annex B.

The ex-post evaluation sought to address the following Main Evaluation Questions:

(a) Questions Relating to Impact

- Is the overall goal of enhancing the STD-AIDS prevention and control strategies been achieved?
- To what extent has the project contributed to the achievement of the overall goal? Are there external factors that influenced the achievement of the overall goal?
- Are there other impacts (positive, negative or unintended) that can be attributed to the project?
- Did DOH attain its Project Purpose of "strengthening national and local capacities in addressing STD-AIDS?
- What were the factors that affected the achievement of the Project Purpose?

(b) Questions Relating to Sustainability

- To what extent has the implementing agency been able to sustain the outcomes/effects of the Project?
- How likely are the outcomes/effects of the Project to be sustained?
- What are the factors that contribute/inhibit the sustainability of Project outcomes/effects?

2. Project Stakeholders

Project stakeholders cited as information sources in the Evaluation Grid may be classified as direct beneficiaries and indirect beneficiaries.

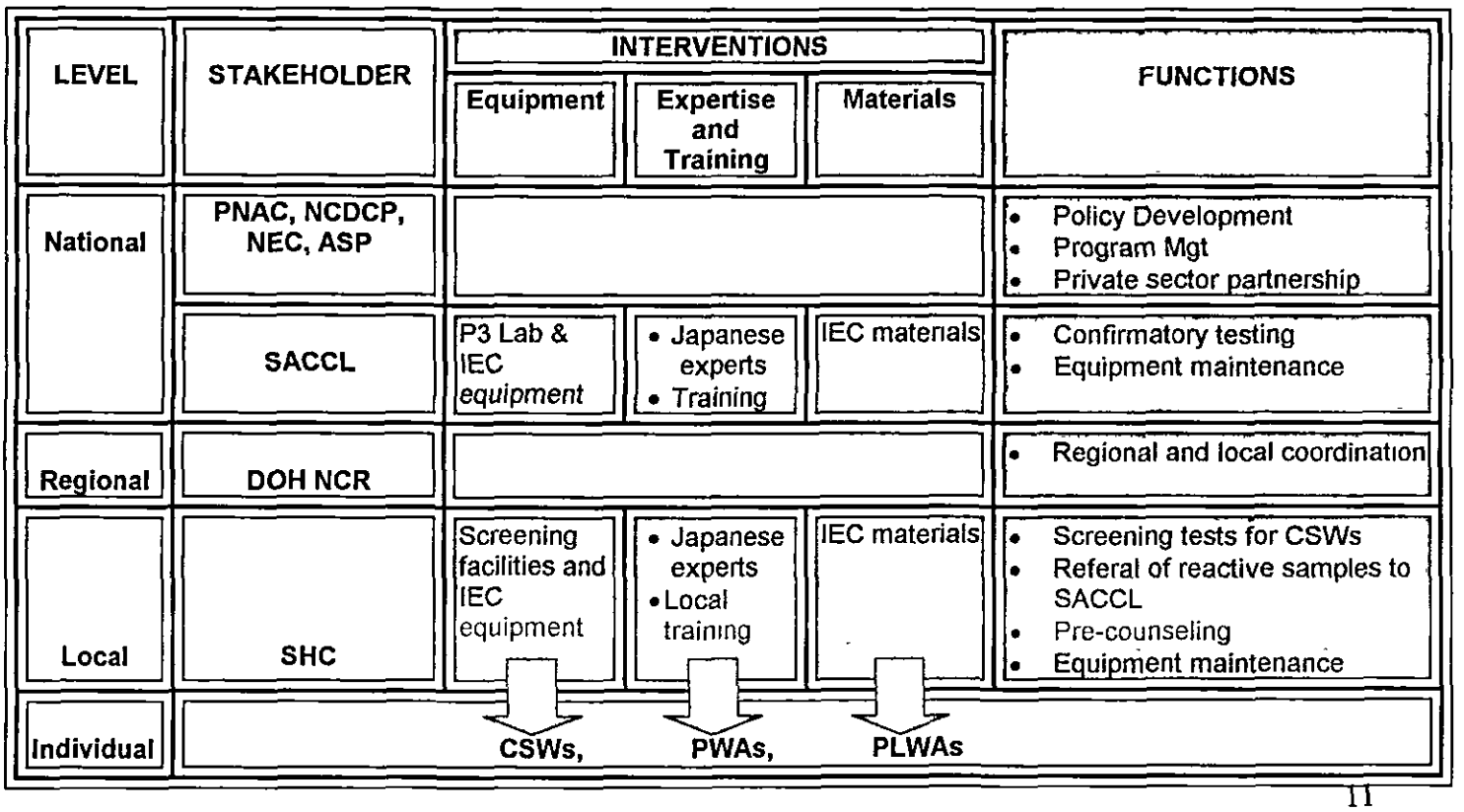
At the national level, stakeholders include: the Philippine National AIDS Council (PNAC); the National Centers for Disease Prevention and Control (NCDPC); the National Epidemiology Center (NEC); nongovernmental organizations involved in AIDS control such as the AIDS Society of the Philippines (ASP); and the STD/AIDS Central Cooperative Laboratory (SACCL). Among these, only the latter may be considered a direct beneficiary of equipment, training, and Japanese expertise since its functions include confirmatory testing and equipment maintenance.

SACCL was the main unit of the DOH that implemented the project cooperation. PNAC performs policy development functions. NCDPC assumes a program management role. On the other hand, ASP's purview is private-public sector partnerships for the prevention and control of HIV/AIDS.

At the regional level, the DOH National Capital Region is an indirect beneficiary since it performs regional coordinative functions. At the local level, the stakeholders are: the Social Hygiene Clinic, Makati City Health Office; the Social Hygiene Clinic, Caloocan City Health Office; the Social Hygiene Clinic, Pasig City Health Office; and the Social Hygiene Clinic, Cavite Regional Health Office, all of which are direct beneficiaries. The SHCs perform: screening tests for CSWs; referal of reactive samples to SACCL; pre-counseling; and equipment maintenance

Individual stakeholders constitute: commercial sex workers in the four pilot municipalities; "people with AIDS" (PWAs); and the immediate family of HIV positive patients or "people living with AIDS" (PLWAs), in other words, those who may avail of diagnosis and treatment facilities of DOH/LGUs. The relationship among these stakeholders is illustrated in the following figure, which also demarcates the functions, responsibility of operations and maintenance of facilities and equipment.

Figure 2. Stakeholder Analysis



CHAPTER III

FINDINGS

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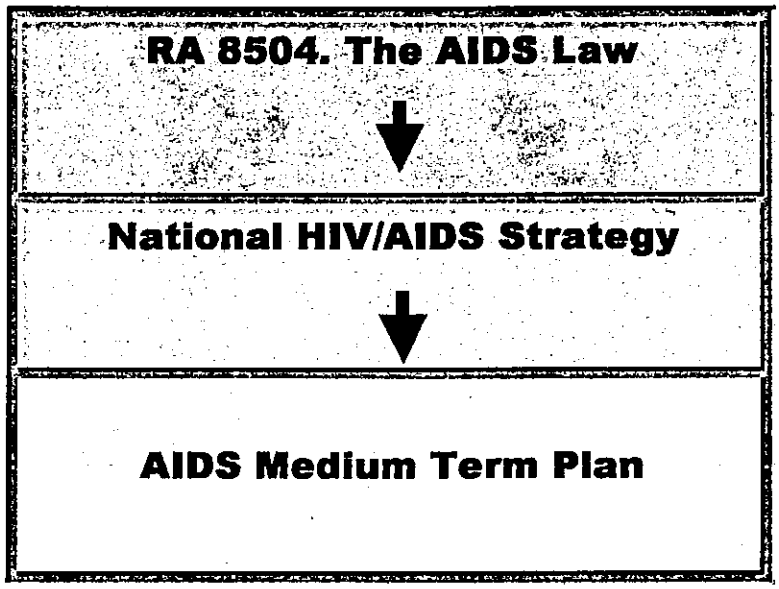
FINDINGS

A. Policies

Since its initiation in July 1996, the GOP, in general, and the DOH, in particular, has initiated a number of policies that would be directly influenced by the Project. The following diagram gives the hierarchy of these policies.

Figure 3. Hierarchy of AIDS Related National Policies



RA 8504. Foremost among these policies is Republic Act 8504 or the Philippine AIDS Prevention and Control Law of 1998. Two very pertinent provisions of the AIDS Law are as follows:

1. The state shall promote *public awareness* about the cause, modes of transmission, consequence, and means of prevention and control of the Human Immuno-deficiency Virus/Acquired Immune Deficiency Syndrome (HIV/ AIDS) through a comprehensive nationwide education and information campaign organized and conducted by the State.
2. The state shall promote utmost safety and universal precautions in practices and procedures that carry the risk of the HIV transmission.

National HIV/AIDS Strategy. Part of the implementing guidelines of RA8504 is a national strategy that recognizes how:

1. Resources should be allocated taking into consideration and unique vulnerabilities of various population groups, including children infected by HIV/AIDS and its impact.
2. Continues efforts should be made to constantly improve the performance and assure the quality of HIV/AIDS related programs.

The capability of the GOP to implement these provisions depends much on the infrastructure provided by the Project for the Prevention and Control of HIV/AIDS.

AMTP. As part of the GOP's 2000-2004 Medium Term Plan, the Philippine National AIDS Council has proposed a Medium Term Plan for Accelerating the Philippine Response to HIV-AIDS or AMTP. Among other things, the AMTP calls for:

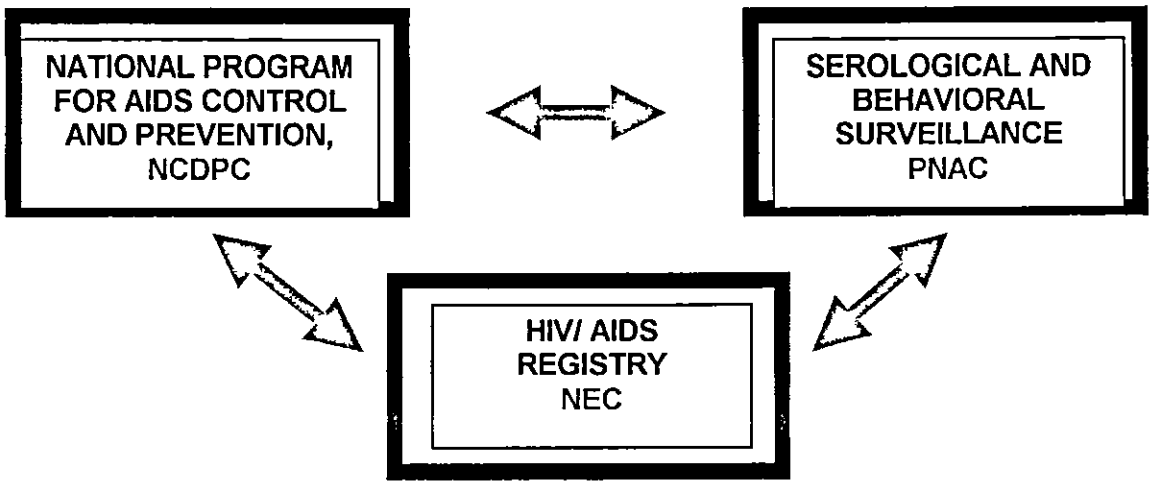
1. A multi-sectoral, multi-level response mechanism involving the participation of social hygiene clinics as the front liners for HIV/AIDS diagnosis and prevention.
2. Adopting STD control as a main HIV prevention strategy
3. Setting up a National Sentinel Surveillance System with the social hygiene clinics as the critical nodes for HIV serological and behavioral information.

These aforementioned plans cannot be implemented without the testing and referral infrastructure provided by the Project. They also indicate that HIV/AIDS prevention and control is still a priority of the GOP as a matter of policy.

B. Programs

Among the major programs currently being conducted which the Project has directly influenced are the National Program on STD/AIDS Prevention and Control of the National Centers for Disease Prevention and Control, which coordinates closely with Serological and Behavioral Surveillance Programs of the Philippine National AIDS Council, which in turn provides data to the National HIV/AIDS Registry of the National Epidemiology Center. Figure 4 shows the interdependence of these three national programs that are all currently utilizing the infrastructure provided by the Project.

Figure 4. Major AIDS Program Relationships



National Program for the Prevention and Control of STI/AIDS. Management of the national effort to prevent and control HIV/AIDS is the responsibility of this program under the DOH National Centers for Disease Control and Prevention. All projects dealing with HIV/AIDS will have to be coordinated at the national level by this program. According to the Program Coordinator, a very positive development in the past two years is the close coordination between the surveillance programs and the national program. The surveillance programs, to a large extent, have been successful because of the institutional support and facilities infrastructure provided by the Project.

The HIV/AIDS Registry. This program monitors all HIV reactive samples from testing of commercial sex workers, medical examinations and blood banks. All laboratories with DOH accreditation to perform HIV testing and all blood banks have been instructed by the DOH to submit reactive samples and accompanying case reports to the STD/AIDS Central Cooperative Laboratory established by the Project.

HIV Serological Surveillance. HIV serological surveillance is currently being implemented in ten sentinel sites: Baguio City; Angeles City; Pasay City; Quezon City; Iloilo City; Cebu City; Zamboanga City; Cagayan de Oro City; Davao City; and General Santos City. The HIV surveillance teams are composed of personnel from social hygiene clinics, many of whom have been trained under the Project.

Behavioral Sentinel Surveillance. The same surveillance teams conduct behavioral surveillance among special groups (i.e., commercial sex workers) in the same sentinel sites to monitor: knowledge levels; median number of sex partners; condom use; and use of injecting equipment.

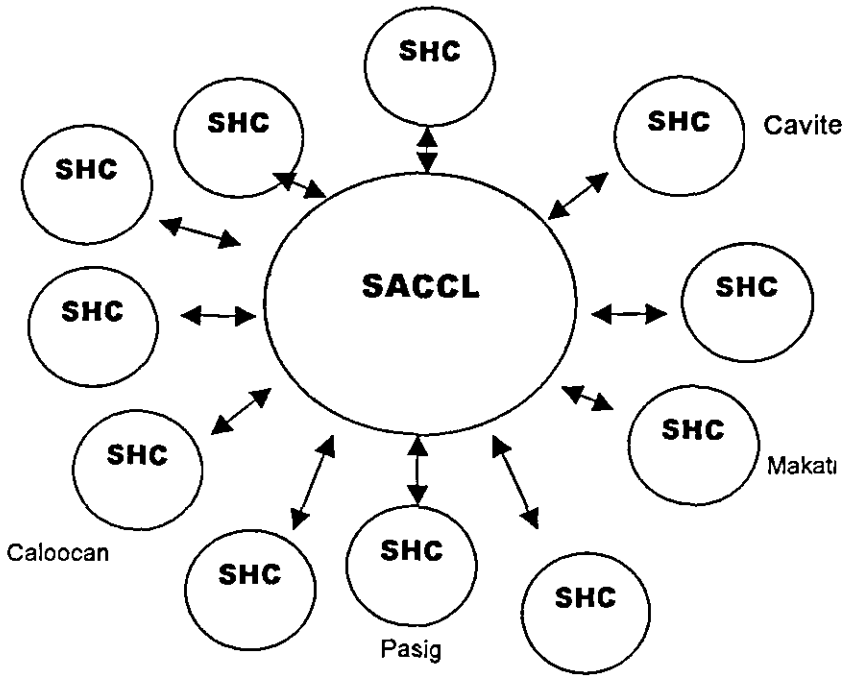
C. Implementing Institutions

In the past three years, the Project's implementing institutions have evolved to become the main nodes of a national referral/ surveillance network that is now at the forefront of HIV/AIDS prevention and control in the Philippines. However, budget allocations have not changed much after project cooperation. Figure 5 gives the network configuration.

SACCL. The STI/AIDS Central Cooperative Laboratory or SACCL is now a special unit of the Department of Health located within the San Lazaro compound. It is included in the regular plantilla budget of DOH under the General Appropriations Act. It has a very simple organizational chart, with a Head of Laboratory, administrative & technical staff.

It is currently the epicenter not only in the diagnosis and treatment of HIV/AIDS but those of other sexually transmitted diseases as well. All reactive samples taken by the social hygiene clinics or accredited testing laboratories are sent to SACCL for confirmatory testing. Hence, it plays a central role not only in the national effort for AIDS prevention and control but also in the effort to control sexually transmitted diseases. As a matter of fact, the DOH has combined the both programs under the NCDCP.

Figure 5. National Referral/ Surveillance STD/AIDS Network



Trained Manpower. The six core Central Cooperative Laboratory staff were trained in Japan and by the Japanese experts. Current utilization levels of trained staff are as follows based on key informant interviews:

Staff Responsibility	Still With DOH?	Utilization Levels of Staff at SACCL Five-Point Scale	Remarks
Virologist	Yes	5	-
Microbiologist	Yes	5	-
Epidemiologist	Yes	5	-
STD Specialist	Yes	5	-
Medical Technologist	Yes	5	-
IEC	No	1	Sought employment abroad
Average		4.33	

Source: DOH SACCL

Table 3. Staff Utilization Levels at SACCL

Equipment and Facilities. SACCL is one of only three P3 laboratories in the entire Southeast Asian Region. By establishing the Central Cooperative Laboratory, the Project has actually provided the capability to the Philippines to test, screen and confirm Level 3 microorganisms such as those causing AIDS, SARS and bird-flu. The facilities and equipment provided by the Project has been maximized with the outbreak of the last two diseases in Asia in the last two years. Three years after project completion, 97 percent of these equipment, furniture and facilities are still in good working condition. Table 6 gives an inventory and status-check of the equipment.

Year	Name of Equipment	Qty.	Condition	Frequency of Use	Remarks
1996	NUARE Biological Safety Cabinet NU-425-400	1	0	Regularly	
	Thermal Cycler, ENH,Masterscycler 5330	1	X	Never	
	NIKON MEA31-AC Inverted Microscope diaphot 200	2	0	Regularly	
	MITSUBISHI PAJERO 4 Wheel Wagon	1	0	Regularly	
	SANOFI Plate reader RP2100	1	X	Never	
	SANOFI Plate washer PW40	1	0	Regularly	
	SANOFI Incubator	1	0	Regularly	
	AcerNote 350PC Notebook PC	3	X	Never	Obsolete
	Sibata Colony counter, model cl-560,5127-01	1	0	Regularly	
	Orion PH Meter, model 1420A-1, bench	2	0	Regularly	
	Memmert Oven, UM 500, 10BL	2	0	Regularly	
	Bosch Analytical Balance, 200G/0.0001G sae200	1	0	Regularly	
	Bosch Top Loading Balance, 410gx0.0016ep 400	1	0	Regularly	
	National air Conditioner CS/U 2403KP	7	0	Regularly	
	National Air Conditioner CS/U 1803KP	4	0	Regularly	
	National Air Conditioner CS/U 1203KP	4	0	Regularly	
	Nikon Alphaphot Y52-HF & H (6 each)	12	0	Regularly	
	PC Pentium 100, Desktop computer	3	X	Never	Obsolete
	Precision Water Bath #66554, Model 188 GP	2	0	Regularly	
	Apple Performa 5320 603E/120 PC	1	X	Never	Obsolete
	Laserwriter 4/599 FS	1	0	Regularly	
	Memmert CO2 Incubation, Model INCO 2/245	1	0	Regularly	
	Laboratory Center Table w/sink	1	0	Regularly	
	Laboratory Center Table w/o sink	1	0	Regularly	
	Laboratory Side Table	1	0	Regularly	
	Laboratory Sink Base Cabinet	1	0	Regularly	
	SANYO Autoclave MSL-3020	3	0	Regularly	
	Distilling/deioning Apparatus WSC044	1	0	Regularly	
	SANYO Deep Freezer-80C, MDF 40865	2	0	Regularly	
	NUARE Clean bench Model Airgard301	1	0	Regularly	

Year	Name of Equipment	Qty.	Condition	Frequency of Use	Remarks
	EEPENDORF Refrigerated Centrifuge Model 5403	1	0	Regularly	
	SANYO Laboratory Washer MJW-8010	1	0	Regularly	
	Ultrasonic Washer 21810-908	1	0	Regularly	
	Ice Machine SIM-F123	1	0	Regularly	
	SANYO Deep Freezer –30C, MDF536D	1	0	Regularly	
	NIKON MBE300AD Epi-Flourescence EDF-3 Set	1	0	Occasionally	
	NIKON MPC350AF Photomicrograp, System H-III-35	1	0	Occasionally	
	NIKON Labophot-2 Trinocular Microscope	1	0	Occasionally	
	Tissue Homogenizer	1	0	Regularly	
	Constant Temp. Circulator	1	0	Regularly	
	EIKI 4400 OHP	2	0	Occasionally	
	Bredford OHP Screen	2	0	Regularly	
	16MB 72 PIN SIMMS	1	0	Regularly	
	APC Back-up 600Ec UPS	1	0	Occasionally	
	Lecture Table	8	0	Regularly	
	Loop Cinerator	1	0	Regularly	
	Orbitual Shaker	2	0	Regularly	
	Digital Thermo, with watch	2	0	Regularly	
	Corning Hot Plate	1	0	Regularly	
	Corning Hot Plate, Stirrer	1	0	Regularly	
	HP Laserjet Printer 5L	3	0	Regularly	
	UPS	3	0	Regularly	
1997	Pharmaceutical Refrigerator MPR-10ss	1	0	Regularly	
	Pharmaceutical Refrigerator MPR-511	1	0	Regularly	
	SANYO Centrifuge MSE Mistral 1000E	1	0	Regularly	
	Refrigerated Centrifuge Harner 18/80R	1	0	Regularly	
	Taitec aluminum Block Bath Dtu-aC	1	0	Regularly	
	Centrifuge Dynac II w/fixed rotor 24 x 15ml	1	0	Regularly	
	Shaker Heidolph Circular Motion Unimax 1010 5kg	1	0	Regularly	
	Pipettes stand 53576-220 Sequencer H18962-0006	5	0	Regularly	
	MCA444AB Nikon Alphapot Microscope YS2-HF	1	0	Regularly	
	Risograph GR2750	1	0	Rarely	
	2.0HP Dual mountable air conditioner	1	0	Regularly	
	Eliza Plate Washer 85-499	1	0	Regularly	
	Thermal Cycler, 2400	1	0	Regularly	
	Television 29FXR20, 29" NTSC, Stereo	1	0	Regularly	
	SONY VHS SLV KS290, Hi-fi w/microphone input	1	0	Regularly	
	TOYOTA Hi-Ace 2.4 Diesel	1	0	Regularly	
	Standard Power pack Electrophoresis & Blotting	3	0	Regularly	
	EIKI LC XGA 970 Multimedia Projector	1	0	Regularly	
	Eppendorf Research Pipettor 0.5-10ul	1	0	Regularly	
	Eppendorf Research Pipettor 2-20ul	8	0	Regularly	
	Eppendorf Research Pipettor 100-1000ul	24	0	Regularly	
	Vertical Electrophoresis (Hoefer SE280)	1	0	Regularly	
	Submarine Electrophoresis	2	0	Regularly	
	Western Blot apparatus	1	0	Regularly	
	Power Macintosh Tower G3/750/32 mm	2	0	Regularly	
	ABI Prism 310 Genetic analyzer	1	0	Regularly	
	HP Brio Pentium 233 MMX Business system	5	0	Regularly	
	Phillip UPS 600VA	5	0	Regularly	
	Optical Drive 1.3 GB	3	0	Regularly	
	Optical Drive 1.3 GB	10	0	Regularly	
	HP Deskjet 1600C	2	0	Regularly	
	Cryogenic cap. Up to 2mm x colored caps	25	0	Regularly	
	Cryogenic storage box 9 x 9	25	0	Regularly	
	Cryogenic storage box 5 x 5	50	0	Regularly	
1998	P3 Laboratory Unit w/2 units of Bio-safety Cabinet	1	0	Regularly	
	Wagon (Model – BNTS – 204)	1	0	Regularly	
	High Speed Micro Centrifuge	1	0	Regularly	
	Inverted Microscope	2	0	Regularly	

Year	Name of Equipment	Qty.	Condition	Frequency of Use	Remarks
	CO2 Incubator w/ accessories (BL-321)	1	0	Regularly	
	CO2 Incubator w/ accessories (BL-161)	1	0	Regularly	
	Ultralow Freezer (Sanyo)	1	0	Regularly	
	Freezer/Refrigerator (Hitachi)	1	0	Regularly	
	Water Bath "Yamato"	1	0	Regularly	
	Laboratory Desk	1	0	Regularly	
	Shelf	1	0	Regularly	
	Wagon (Model – BNTS – 201)	2	0	Regularly	
	Autoclave "Tomy" Model: SS-325	1	0	Regularly	
	Chair – revolving stool w/caster	3	0	Regularly	
	Closet " Hitachi "	1	0	Regularly	
	Centrifuge	1	0	Regularly	
	Ultra Centrifuge	1	0	Regularly	
	Examination Table	2	0	Regularly	
	Pipette 2 – 50 ul	2	0	Regularly	
	Pipette 50 – 200 ul	2	0	Regularly	
	Pipette 200 – 1000 ul	2	0	Regularly	
	Multipipette	2	0	Occasionally	
	Utility Vehicle	1	0	Regularly	
	Desk Top Computer	2	0	Regularly	
	UPS	2	0	Regularly	
	Printer	2	0	Regularly	
	Pipette AID w/ filter	4	0	Occasionally	
	Pipette Carousel/Rack	2	0	Regularly	
	Cryogenic Cap. Up to 2 ml w/colored caps	25	0	Regularly	
	Cryogenic Storage Box 50's	50	0	Regularly	
	Cryogenic Storage Box 100's	20	0	Regularly	
	PCR Thermal Cycler	1	0	Regularly	
1999	PCR Apparatus		0	Regularly	
	1) Gene Amp 5700 Sequence Detection System	1	0	Regularly	
	2) Bio Rad Chef Mapper XA Chiller System	1	0	Regularly	
	3) Bio Rad Gel Doc 2000	1	0	Regularly	
	Microscope	21	0	Regularly	
	Thermal Cycler 9600	1	0	Regularly	
2000	Bio-safety Cabinet	1	0	Regularly	
	Millipore (Ultrapure)	1	0	Regularly	
	Back up Generator	1	0	Occasionally	
	Clean Bench	3	0	Regularly	
	Autoclave	1	0	Regularly	
	Freezer	1	0	Regularly	
	Incubator	1	0	Regularly	
	Pipettor 50 – 200 ul	9	0	Regularly	
	200 – 1000 ul	18	0	Regularly	
	Air conditioner	2	0	Regularly	
	Shelves for reagent	2	0	Regularly	
	Microscope	13	0	Regularly	
	Weighing Balance	4	0	Regularly	
	Bookbinder (Plastic combo and wire type)	2	0	Occasionally	
	Bookbinder (Hot melting type)	1	0	Rarely	
	Laminator	1	0	Rarely	
	Copier	1	X	Never	No spare parts
	TV Rack	2	0	Regularly	
	VTR	8	0	Rarely	
	Flash for Photograph	1	0	Occasionally	
	Computer Photos	1	0	Occasionally	

Source: DOH SACCL, 2004

Table 4. Status of Equipment and Furniture Provided to SACCL

As may be gleaned from the table, DOH national has also been provided a set of IEC production and utilization equipment by the Project. Due to the DOH reorganization of 2001, however, these equipment were deployed to other offices. It is also quite unfortunate that the Project's trained IEC Expert has left DOH for a career abroad.

Makati Social Hygiene Clinic. The Makati Social Hygiene Clinic is a unit under the Makati City Health Office. The local government of Makati provides a regular budget to the SHC as well as access to a revolving fund. It is one of the best equipped and most active STD/AIDS monitoring and testing clinics in the country.

Cases Tested. In 2003, it screened a total of 3,810 commercial sex workers for STD. In 2004, 2,124 CSWs have subjected themselves to STD testing. Unfortunately, only a handful of them have agreed to be tested for HIV. RA8504 prohibits the mandatory HIV testing of CSWs and, unfortunately, Makati City has not made this a requirement for the issuance of medical certificates. Only one HIV reactive case has been logged by the Clinic since 2001.

Year	CSWs Tested	HIV Reactive Cases
2002	2908	1
2003	3810	0
2004	2124	0
TOTAL	8842	1

Source: Makati Social Hygiene Clinic, 2004

Table 5. CSWs Tested in Makati SHC Since Project Completion

With RA8504, the high cost of reagents, and the low incidence of reactive samples, the Makati Social Hygiene Clinic has decided to use the referral system for screening and has been endorsing requests to SACCL.

Trained Manpower. Lab technicians have been trained in conducting screening and proficiency. Their nurses have been trained by the Project to conduct pre-counseling and utilize the Project's IEC materials.

Staff Responsibility	Still With SHC?	Utilization Levels of Staff at SHC Five-Point Scale	Remarks
Medical Technologist	Yes	5	-
STD Specialist	Yes	5	-
IEC	Yes	5	-
Average		5	

Source: Makati SHC, 2004

Table 6. Staff Utilization Levels at the Makati SHC

IEC Utilization. All CSWs who come for STD testing are required to undergo pre-counseling. In 2003, 3208 sex workers and 622 outreach participants have undergone three-hour pre-counseling sessions totaling 11, 490 training person-hours. No figures are yet available for 2004. However, based on key informant interviews, the level of IEC materials utilization are as follows:

IEC Material	Still Usable?	Utilization Levels Five-Point Scale	Remarks
VHS Tapes	Yes	5	Highly utilized beyond project
Flipcharts	Yes	4	-
OH Transparencies	Yes	3	-
Print Materials	Yes	4	-
Average		4.00	

Source: Makati SHC, 2004

Table 7. IEC Materials Utilization Levels at the Makati SHC

Equipment and Facilities. The Clinic has been provided with a set of IEC equipment and materials – TV and VHS player, overhead projector, LCD projector, flipcharts, colored OHTs and VHS tapes – for this purpose. It has also been provided with a vehicle, computer hardware and a complete set of high-end laboratory equipment including a Nikon microscope, an incubator, a centrifuge, stirrer, shaker and refrigerator.

FY	Name of Equipment		Qty	Condition of Equipment 0 – Working X – Not working	Frequency of Use (Regularly, Occasionally, Rarely or Never	Problems encountered after project completion/other remarks
	Class	Description				
'98	Microscope	Nikon	1	0	Regularly	None
'98	Examination Table		1	0	Regularly	None
'98	Goose Neck Lamp		1	0	Regularly	None
'98	Speculum		100	0	Regularly	None
'98	Gaspak Jar	BBL 150	2	0	Regularly	None
'98	Gaspak Jar	BBL 100	2	0	Regularly	None
'98	Magnetic Stirrer, Corning	PC420	1	0	Regularly	None
'98	Toploading balance	Bosch Sp 20-1.5	1	0	Regularly	None
'98	Transferpette 10-100ul		2	0	Regularly	None
'98	Flask (1000ml)	Erlenmeyer	2	0	Regularly	None
'98	Flask (500ml)	Erlenmeyer	2	0	Regularly	None
'98	Graduated Cylinder (100ml)		2	0	Regularly	None
'98	Transferpette 100-1,000ul		2	0	Regularly	None
'98	Shaker	Heidolph Germany 1010	1	0	Regularly	None
'98	Centrifuge	Dynac II CV Clay Adams	1	0	Occasionally	None
'98	Incubator	Memmert – BE 500, 108L 560x480x400mm	1	0	Occasionally	None
'98	Refrigerator	GE- 12 cu.ft. VCG 2door NF 3120134	1	0	Regularly	None
'98	Computer	Hewlett Packard BAIO/ Pentium 200	2	0	Regularly	None
'98	UPS 650	Newstar	1	0	Regularly	None
'98	Printer with Cable	Laserjet CL	2	0	Regularly	None
'98	VHS Player/ Recorder	Sony SLV KA177	1	0	Regularly	None
'98	Television Set	Panasonic Sophia	1	0	Regularly	None
'98	Overhead Projector	EIKI 3200	1	0	Regularly	None
01	LCD Projector	Digital LG	1	0	Regularly	None
01	Laptop computer	Dell	1	0	Regularly	None
'01	Vehicle	Toyota Revo	1	0	Regularly	None

Table 8. Makati Social Hygiene Clinic - Status of Equipment Provided

Three years after the conclusion of the project, all the equipment donated by the Project to the Makati Social Hygiene Clinic is still in good working condition.

Caloocan Social Hygiene Clinic. The Caloocan Social Hygiene Clinic is a unit under the Caloocan City Health Office. As in the case of Makati, the local government of Caloocan provides a regular budget to the SHC as well as access to a revolving fund. The clinic has been very active in screening cases of STD.

Cases Tested. Caloocan City has less registered sex workers than Makati, only averaging 800 annually. All of them undergo STD screening tests. Like Makati, however, they were constrained for a time to implement compulsory HIV testing until June 2004 because of the AIDS Law. Since then, the local government has made it a prerequisite for the issuance of medical permits for CSWs. Reagents are currently being supplied by the local government and, at times, are shouldered by the testing fees. Not one HIV-reactive case has been observed since project end.

Year	CSWs Tested	HIV Reactive Cases
2002	1280	1
2003	710	0
2004	920	0
TOTAL	2910	1

Source: Caloocan Social Hygiene Clinic, 2004

Table 9. CSWs Tested in Caloocan SHC Since Project Completion

Trained Manpower. Unlike Makati, however, Caloocan has seen a change in administration during the past year. Social hygiene staff have been redeployed to other offices. The former head of the unit has been transferred to the City's Sanitation Department. The following table gives manpower utilization levels:

Staff Responsibility	Still With SHC?	Utilization Levels of Staff at SHC Five-Point Scale	Remarks
Medical Technologist	Yes	5	-
STD Specialist	No	1	-
IEC	Yes	5	-
Average		3.6	

Source: Caloocan SHC, 2004

Table 10. Staff Utilization Levels at the Caloocan SHC

IEC Utilization. In spite of the redeployment, the utilization of IEC materials has also been very high.

IEC Material	Still Usable	Utilization Levels Five-Point Scale	Remarks
VHS Tapes	Yes	5	Highly utilized beyond project
Flipcharts	Yes	4	-
OH Transparencies	Yes	3	-
Print Materials	Yes	4	-
Average		4.00	

Source: Caloocan SHC, 2004

Table 11. IEC Materials Utilization Levels at the Caloocan SHC

Equipment and Facilities. The Caloocan Social Hygiene Clinic has also been given the same set of equipment for STI/AIDS testing and pre-counseling except for the vehicle and the LCD projector. Ninety percent of the equipment supplied by JICA are in good working condition.

Former Head of Caloocan SHC, Dr. Maybelle Sison, demonstrating JICA IEC equipment

FY	Name of Equipment		Qty	Condition of Equipment 0 – Working X – Not working	Frequency of Use (Regularly, Occasionally, Rarely or Never	Problems encountered after project completion/other remarks
	Class	Description				
'98	Microscope	Nikon	1	0	Regularly	
'98	Examination Table		1	0	Regularly	
'98	Goose Neck Lamp		1	0	Regularly	
'98	Speculum		100	0	Regularly	
'98	Gaspak Jar	BBL 150	2	0	Regularly	
'98	Gaspak Jar	BBL 100	2	0	Regularly	
'98	Magnetic Stirrer, Corning	PC420	1	0	Regularly	
'98	Toploading balance	Bosch Sp 20-1.5	1	0	Regularly	
'98	Transferpette 10-100ul		2	0	Regularly	
'98	Flask (1000ml)	Erlenmeyer	2	0	Regularly	
'98	Flask (500ml)	Erlenmeyer	2	0	Regularly	
'98	Graduated Cylinder (100ml)		2	0	Regularly	
'98	Transferpette 100-1,000ul		2	0	Regularly	
'98	Shaker	Heidolph Germany 1010	1	0	Regularly	
'98	Centrifuge	Dynac II CV Clay Adams	1	0	Occasionally	
'98	Incubator	Memmert – BE 500, 108L 560x480x400mm	1	0	Occasionally	
'98	Refrigerator	GE- 12 cu.ft. VCG 2door NF 3120134	1	0	Regularly	
'98	Computer	Hewlett Packard BAIO/ Pentium 200	2	0	Regularly	
'98	UPS 650	Newstar	1	0	Regularly	
'98	Printer with Cable	Laserjet CL	2	0	Regularly	
'98	VHS Player/ Recorder	Sony SLV KA177	1	0	Regularly	
'98	Television Set	Panasonic Sophia	1	0	Regularly	
'98	Overhead Projector	EIKI 3200	1	0	Regularly	

Table 12. Caloocan Social Hygiene Clinic - Status of Equipment Provided

Pasig Social Hygiene Clinic. As in the case of Makati and Caloocan, the Pasig SHC is under the City Health Office and is funded by the local government. Although not identified as a sentinel site, Pasig assists the DOH conduct serological and behavioral surveillance through its SHC staff.

Cases Tested. Although the City of Pasig has not made HIV testing a mandatory requirement for the issuance of medical certificates, it has encouraged the entertainment establishments within its jurisdiction to require their employees to undergo regular testing. Since project completion, only one HIV positive case has been screened as in the case of Makati and Caloocan.

Year	CSWs Tested	HIV Reactive Cases
2002	3283	1
2003	2483	0
2004	1605 (as of Sept)	0
TOTAL	6371	1

Source: Pasig Social Hygiene Clinic, 2004

Table 13. CSWs Tested in Pasig SHC Since Project Completion

Trained Manpower. As in the case of Caloocan, some of the trained manpower in Pasig have been redeployed or have resigned. Table 16 gives the current trained manpower utilization in the Pasig SHC.

Staff Responsibility	Still With SHC?	Utilization Levels of Staff at SHC Five-Point Scale	Remarks
Medical Technologist	Yes	5	-
STD Specialist	No	1	-
IEC	Yes	5	Actively involved in surveillance
Nurse	Yes	4	-
Average		3.75	

Source: Pasig SHC, 2004

Table 14. Staff Utilization Levels at the Pasig SHC

IEC Utilization. In terms of IEC and pre-counseling activities, Pasig has been very active. The point person for IEC religiously conducts pre and post test evaluation among CSW who come for testing. They are making full use of the JICA IEC materials provided them.

IEC Material	Still Usable	Utilization Levels Five-Point Scale	Remarks
VHS Tapes	Yes	5	Highly utilized beyond project
Flipcharts	Yes	4	Highly utilized beyond project
OH Transparencies	Yes	3	-
Print Materials	Yes	5	Photocopied
Average		4.25	

Source: Pasig SHC, 2004

Table 15. IEC Materials Utilization Levels at the Pasig SHC

Equipment and Facilities. Among the equipment provided to the clinic by the Project, the Nikon microscope, one computer and the photocopying machine are no longer operational. The local government can only finance maintenance of the equipment if the required repairs are can be accommodated by the Clinic's revolving fund.

Pasig SHC lab technician operating JICA incubator

FY	Name of Equipment		Qty	Condition of Equipment 0 – Working X – Not working	Frequency of Use (Regularly, Occasionally, Rarely or Never	Problems encountered after project completion/other remarks
	Class	Description				
'98	Microscope	Nikon	1	X	Never	Defective Lens
'98	Examination Table		1	0	Regularly	
'98	Goose Neck Lamp		1	0	Regularly	
'98	Speculum		100	0	Regularly	
'98	Gaspak Jar	BBL 150	2	0	Regularly	
'98	Gaspak Jar	BBL 100	2	0	Regularly	
'98	Magnetic Stirrer, Corning	PC420	1	0	Regularly	
'98	Toploading balance	Bosch Sp 20-1.5	1	0	Regularly	
'98	Transferpette 10-100uf		2	0	Regularly	
'98	Flask (1000ml)	Erlenmeyer	2	0	Regularly	
'98	Flask (500ml)	Erlenmeyer	2	0	Regularly	
'98	Graduated Cylinder (100ml)		2	0	Regularly	
'98	Transferpette 100-1,000ul		2	0	Regularly	
'98	Shaker	Heidolph Germany 1010	1	0	Regularly	
'98	Centrifuge	Dynac II CV Clay Adams	1	0	Occasionally	
'98	Incubator	Memmert – BE 500, 108L 560x480x400mm	1	0	Occasionally	
'98	Refrigerator	GE- 12 cu.ft. VCG 2door NF 3120134	1	0	Regularly	
'98	Computer	Hewlett Packard BAIO/ Pentium 200	2	0, X	Reg/ Never	One not functioning
'98	UPS 650	Newstar	1	0	Regularly	
'98	Printer with Cable	Laserjet CL	2	0	Regularly	
'98	VHS Player/ Recorder	Sony SLV KA177	1	0	Regularly	
'98	Television Set	Panasonic Sophia	1	0	Regularly	
'98	Overhead Projector	EIKI 3200	1	X	Never	No bulb
'98	Photocopier		1	X	Never	No spare parts

Table 16. Pasig Social Hygiene Clinic - Status of Equipment Provided

Cavite Social Hygiene Clinic. The Cavite SHC is different from the other clinics in the sense that, although it is located in Cavite City and maintained by the City Health Office, it is administratively under the Regional DOH Office. While the personnel budget comes from the regional office, maintenance and operating expenses comes from the local government.

Cases Tested. Like Caloocan, the Cavite local government has required regular (every six months) HIV testing for the issuance of medical certificates for CSWs. It has opted for this policy since prior to 1999, three HIV positive cases have been documented in Cavite. Since 2002, however, only one HIV reactive case has been referred to SACCL.

Year	CSWs Tested	HIV Reactive Cases
2002	1,956	-
2003	1,774	-
2004 (Jan-Aug)	1,279	-
TOTAL	5,009	-

Source: Cavite Social Hygiene Clinic, 2004

Table 17. CSWs Tested in Cavite SHC Since Project Completion

Trained Manpower. All trained manpower of the Cavite Social Hygiene Clinic has been retained. Their staff utilization levels are as follows:

Staff Responsibility	Still With SHC?	Utilization Levels of Staff at SHC Five-Point Scale	Remarks
Medical Technologist	Yes	5	-
Nurse	Yes	5	-
STD Specialist	Yes	5	-
IEC	Yes	5	-
Average		5	

Source: Makati SHC, 2004

Table 18. Staff Utilization Levels at the Makati SHC

IEC materials Utilization. The utilization of the IEC materials produced by the Project has also been quite high in Cavite.

IEC Material	Still Usable	Utilization Levels Five-Point Scale	Remarks
VHS Tapes	Yes	5	Highly utilized beyond project
Flipcharts	Yes	5	-
OH Transparencies	Yes	3	-
Print Materials	Yes	5	-
Average		4.5	

Source: Cavite SHC, 2004

Table 19. IEC Materials Utilization Levels at the Cavite SHC

Equipment and Facilities. The Cavite City Health Office provides the budget for reagents and maintenance of equipment. All the equipment donated by the Project to the clinic is still in good working condition.

Cavite SHC medical technologist using JICA donated microscope.

FY	Name of Equipment		Qty	Condition of Equipment 0 – Working X – Not working	Frequency of Use (Regularly, Occasionally, Rarely or Never	Problems encountered after project completion/other remarks
	Class	Description				
1998	Microscope	Nikon	1	0	Regularly	
	Examination Table		1	0	Regularly	
	Goose Neck Lamp		1	0	Regularly	
	Speculum		100	0	Regularly	
	Gaspak Jar	BBL 150	2	0	Regularly	
	Gaspak Jar	BBL 100	2	0	Regularly	
	Magnetic Stirrer, Corning	PC420	1	0	Regularly	
	Toploading balance	Bosch Sp 20-1.5	1	0	Regularly	
	Transferpette 10-100ul		2	0	Regularly	
	Flask (1000ml)	Erlenmeyer	2	0	Regularly	
	Flask (500ml)	Erlenmeyer	2	0	Regularly	
	Graduated Cylinder (100ml)		2	0	Regularly	
	Transferpette 100-1,000ul		2	0	Regularly	
	Shaker	Heidolph Germany 1010	1	0	Regularly	
	Centrifuge	Dynac II CV Clay Adams	1	0	Occasionally	
	Incubator	Memmert – BE 500, 108L 560x480x400mm	1	0	Occasionally	
	Refrigerator	GE- 12 cu.ft. VCG 2door NF 3120134	1	0	Regularly	
	Computer	Hewlett Packard BAIO/ Pentium 200	2	0	Regularly	
	UPS 650	Newstar	1	0	Regularly	
	Printer with Cable	Laserjet CL	2	0	Regularly	
	VHS Player/ Recorder	Sony SLV KA177	1	0	Regularly	
	Television Set	Panasonic Sophia	1	0	Regularly	
	Overhead Projector	EIKI 3200	1	0	Regularly	

Source: Cavite SHC, 2004

Table 20. Cavite Social Hygiene Clinic - Status of Equipment Provided

D. Project Activities

Project activities at the national and local government levels have already been institutionalized and integrated with the national STD prevention and surveillance programs. Table 23 presents the ongoing activities with the DOH HIV-AIDS program.

No.	Activity During Project Cooperation Period	Continued?	Remarks
1	Screening tests at the SHCs (LGU level)	Yes	
2	Confirmatory tests at SACCL (national level)	Yes	Now centralized in SACCL
3	Referrals from SHCs to SACCL	Yes	
4	Participation in surveillance teams	Yes	More activity after project
5	Clinical testing services for AIDS treatment and care.	Yes	More activity after project
6	IEC programs or pre-counseling sessions	Yes	
7	Training in collaboration with the JICA In-Country Training Program	Yes	

Source: DOH

Table 21. Project Activities Institutionalized within DOH

E. Problems and Causes

A number of problems have been observed and documented in the preceding section. To summarize, the following is a list of these problems and their perceived causes:

Redeployment of Trained Staff. In the case of Caloocan, manpower trained by the Project have been deployed elsewhere. Perhaps, the transitory nature of local administrations is the main cause of this problem. It is not unusual for a Mayor to serve only one term before he gets replaced by a rival. All too often, this may result to a reversal of previous initiatives and the redeployment of staff.

Staff Turnover. This problem has been observed both at the national and local levels. The IEC Coordinator at the national level has opted for employment abroad. But this is hardly a rare case in the Philippine setting. The medical profession in the Philippines is now being plagued by a new crisis. More and more health professionals from doctors to nurses are being lured by higher paying jobs in the United States and Europe.

High Cost of Reagents. The cost of reagents is quite prohibitive, particularly in the case of the more sensitive tests such as the Western blot and Senodia. This situation has made it difficult for LGU-based social hygiene clinics to perform their front line function in AIDS diagnosis. However, such is part of the reality of the high-cost of AIDS related products and services. Treatment with anti-retroviral (ARV) drugs would even be more prohibitive.

CHAPTER IV

ANALYSIS

CHAPTER IV
ANALYSIS

The following analysis describes the extent to which the Project contributed to the achievement of the prevention and control of HIV/AIDS in the Philippines. This was measured by: the rate of increase of HIV/AIDS incidence in the country; the number and significance of policies that the Project has influenced; and the number and significance of programs that the Project has influenced. Information on positive or negative impacts was elicited from key informants. Organizational sustainability of the STD-AIDS Central Cooperative Laboratory was measured through equipment, trained manpower and IEC materials utilization levels. Technical sustainability of SACCL and the SHCs was assessed through the comparison of activities of SACCL and the SHCs before and after the Project. Financial sustainability was analyzed through documents that showed the ability of the DOH and the LGUs to continuously finance operations of SACCL and the SHCs.

A. Ex-Post Facto Relevance as Indicative of Project Impact

Based on the findings, the HIV-AIDS problem remains a priority concern of the GOP. In 1998, it passed Republic Act 8504 or the AIDS Law, which paved the way for a coherent long-term strategy to combat the disease. In this sense, the Project was very timely, since the AIDS Law was passed at the height of its implementation.

Figure 6. Project Relevance on Current Policies

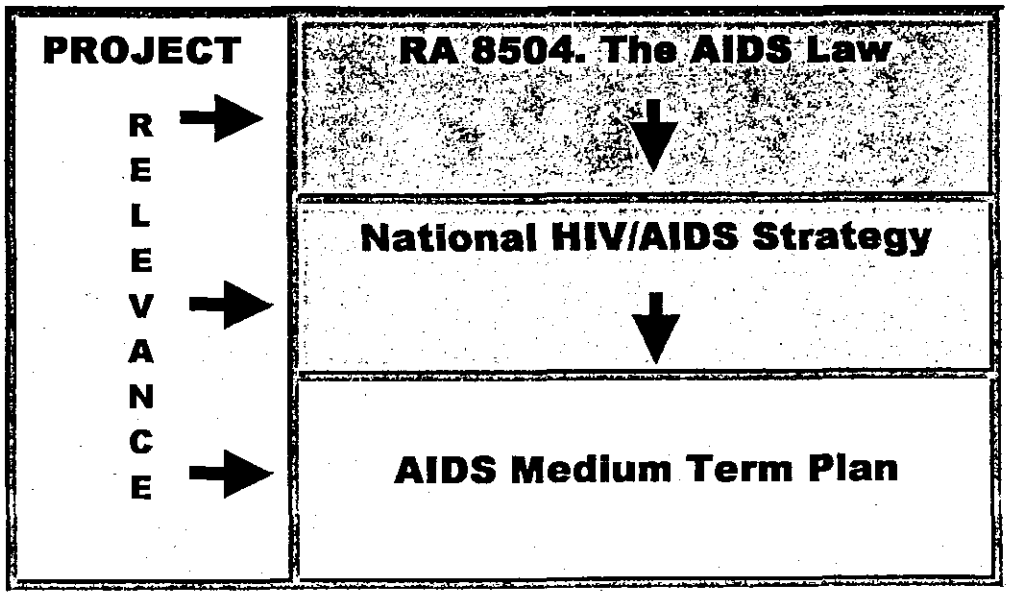


Figure 6 illustrates the influence of the Project to the different levels of Philippine HIV/AIDS policy. Furthermore, the project outputs – the CCL and the model social hygiene clinics – proved to be the epicenter and the critical nodes of the national program for the prevention and control of STD/AIDS. Without the infrastructure provided by the Project, the national program cannot be implemented. The Project is as relevant now as it was in 1996 when it was still being introduced. It is still valid for Japanese ODA given the current priorities of JICA.

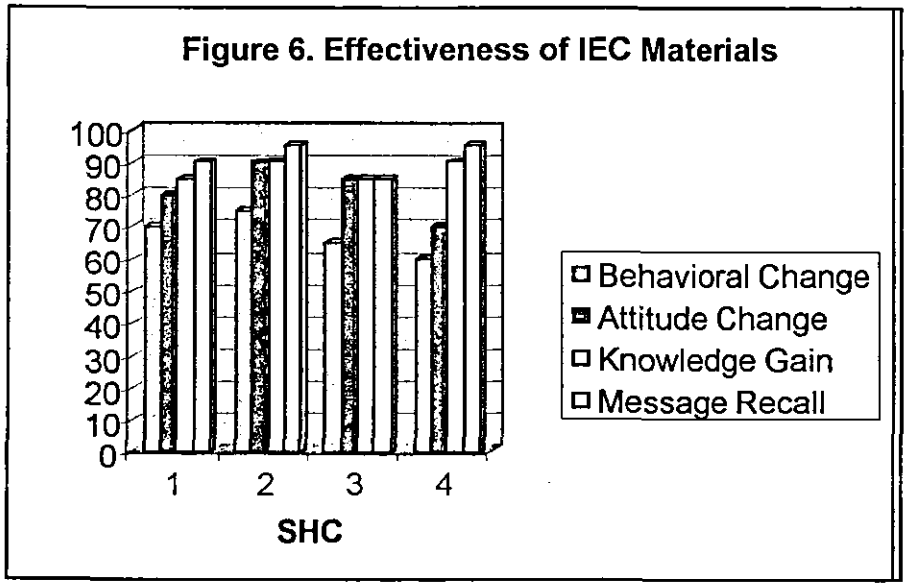
B. Ex-Post Facto Effectiveness as Indicative of Sustainability of Effects

In retrospect, the effectiveness of the two-pronged intervention of the Project was quite high because they achieved the twin fold project purpose: to establish an AIDS cooperative central laboratory and a core national referral system; and to strengthen the function of AIDS prevention at local public health centers to a very high extent.

1. *SACCL* and the social hygiene clinics are effectively contributing to the screening of reactive cases of HIV/AIDS and providing the needed early warning system against its spread as illustrated in Figure 5.

2. The *training* on AIDS testing and proficiency, surveillance and IEC has generated skilled manpower that are now conducting the screening and confirmatory tests, serological and behavioral surveillance, and IEC campaigns and pre-counseling as described in the previous section.

3. The *IEC materials* produced by the Project are effective in producing knowledge gain, attitude change and behavioral change. The telephone survey conducted among CSWs generated the following scores given in a comparative bar chart:



In the chart's X axis, 1 stands for scores of CSWs from the Makati SHC, 2 stands for scores of CSWs tested in the Caloocan SHC, 3 stands for scores of Pasig-based CSWs, and 4 stands for scores of Cavite-based CSWs.

C. Ex-Post Facto Efficiency as Indicative of Impact and Technical Sustainability

Equipment and Facilities. In terms of ex-post facto efficiency, the facilities provided to SACCL and the social hygiene clinics contributed to both project purposes. These equipment are state-of-the-art. The P3 laboratory is the only facility that can efficiently screen Level 3 microorganisms that are causing the most dreaded diseases of the 21st century: HIV/AIDS, SARS and bird flu. In this study, however, efficiency of the Project's equipment provisions can best be measured by the levels of utilization of the facilities found in Tables 6, 10, 14, and 18. Almost all of the equipment donated are either being used regularly or occasionally. Very few are used rarely or never. Table 24 provides us with a summary.

Location	Used Regularly	Used Occasionally	Used Rarely	Used Never	TOTAL
SACCL	124	11	4	6	145
Makati	24	2	0	0	26
Caloocan	21	2	0	0	23
Pasig	18	2	0	4	24
Cavite	21	2	0	0	23
TOTAL	208	19	4	10	241

Source: Consolidation of Tables 6, 10, 14, & 18

Table 22. Summary of Equipment Utilization

Trained Manpower. The training conducted for DOH and social hygiene clinic staff has efficiently provided the skilled manpower to implement the testing, monitoring, surveillance, and pre-counseling components of the national program. However, redeployment, reorganization and staff turnover have taken its toll on the utilization of trained manpower.

Location	Average Staff Utilization Index Scale of 1 to 5
SACCL	4.33
Makati	5
Caloocan	3.6
Pasig	3.75
Cavite	5
TOTAL	17.02 (Perfect Score = 25)

Source: Consolidation of Tables 7, 11, 15,& 19

Table 23. Summary of Staff Utilization

IEC Materials. The IEC materials are being efficiently utilized up to now through their distribution to social hygiene clinics in the sentinel sites. The VHS tapes are being reproduced via VHS to VHS machines. The guidebooks are also being photocopied for distribution to relevant agencies and stakeholders. Nevertheless, the best measure of efficiency is the level of utilization.

Location	Average IEC Utilization Index Scale of 1 to 5
Makati	4
Caloocan	4
Pasig	4.25
Cavite	4.5
TOTAL	16.75 (Perfect Score = 20)

Source: Consolidation of Tables 8, 12, 16, 20

Table 24. Summary of IEC Materials Utilization

D. Sustainability

Organizational sustainability. Organizational sustainability of the Project has been demonstrated by the role that SACCL and the social hygiene clinics are now mandated to play. SACCL has been identified by the DOH as the national central facility for confirmatory testing of sexually transmitted diseases. The social hygiene clinics, on the other hand, have been mandated to conduct screening and pre-counseling specifically to high risk groups such as commercial sex workers. Both will be continuing roles for SACCL and the social hygiene clinics.

Technical sustainability. Perhaps the biggest hurdles to technical sustainability are the redeployment of trained personnel and staff turn-over. Although, measures are taken to effect the transfer of knowledge between the original staff to the new ones, technical feasibility still becomes a primary concern, particularly since the knowledge and skills imbibed by the original staff are highly specialized.

Another dimension of technical sustainability is the hardware procured by the Project and relinquished to the DOH and LGUs. Firstly, the laboratory equipment provided has a very low rate of obsolescence. The IEC equipment perhaps has the high rate of obsolescence but these are also the least expensive. Considering the maintenance of the equipment, it may be anticipated that the hardware might outlive the original staff's involvement in the national HIV/AIDS program. Hence, technical sustainability was only adjudged as moderate.

Financial sustainability. The GOP is currently experiencing one of the worst fiscal deficits in its history. Since the hardware donated by the Project are very expensive, it may be assumed that their maintenance costs would also be very expensive. Under the circumstances, the GOP (both at the national and local levels) is hard pressed to provide the necessary budgetary allocation for the continued maintenance of the equipment particularly when these approach obsolescence.

SACCL has reduced its level of dependence on government appropriations through the formation of the Action for STD/AIDS Philippines or ASAP, a non-stock, non-profit foundation engaged in research and development. The Foundation is occasionally commissioned to conduct research and consultancies. Its income is plowed back to SACCL operations. The Laboratory also is engaged in the evaluation of commercial

kits. The fees that are accrued in this service are also plowed back to the laboratory after expenses.

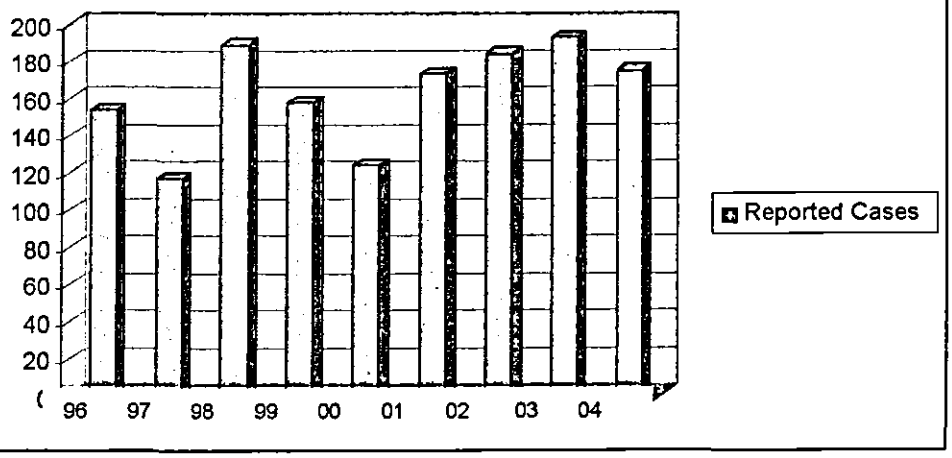
The social hygiene clinics, on the other hand, are heavily dependent on LGU subsidy for its operations. Screening fees help remedy the situation and CSWs who go for regular testing often chip in for the cost of reagents. However, they cannot depend on the LGU internal revenue allotment for financial sustainability. The Projects financial sustainability is low.

Sustainability of Project Effects. Given the priority that both the GOP and the international community has afforded to the prevention and control of HIV/AIDS, the effects of the Project will continue for a long time. Unless a cure for this killer disease is found, DOH, the LGUs and the indirect stakeholders will continue to benefit from the effects of the Project.

E. Impact

Impact attained at overall goal. The overall goal of the Project is the prevention and control of HIV/AIDS in the Philippines.

Figure 7. AIDS Incidence in the Philippines



Source: DOH National Epidemiology Center, 2004

Since the project began, the HIV/AIDS Registry has reported that incidence has gone down, then, up and down again. However, the Philippines has kept HIV/ AIDS incidence to less than one-percent compared to Thailand's 2 percent, India's 30 percent and South Africa's 70 percent. During the World AIDS Day 2004, it was

estimated that if no cure is found, 10 million people will die of AIDS in China by the year 2020. The incidence of AIDS in the Philippines is indeed one of the lowest globally.

However, there has been an increase in the reporting of HIV/AIDS cases. The latest HIV/AIDS Registry reports that 146 asymptomatic AIDS cases have been detected in 2004 compared to 0 twenty years earlier. In other words, the screening mechanism is working.

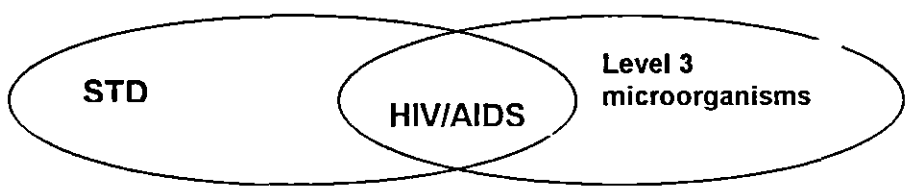
Additionally, it is worthwhile noting that almost ninety percent of commercial sex workers that avail of screening and confirmatory tests are females. In other words, the beneficiaries of the Project at the individual level are mostly women.

Impact not anticipated at project completion. The Project has also produced two very significant unanticipated impacts.

Firstly, the Project has increased the capacity of the Department of Health to monitor, prevent and control new dreaded diseases such as SARS and the bird flu. Both diseases are cause by Level 3 microorganisms, which may be detected and studied in P3 laboratories alone such as SACCL. At project completion, there was no clue that Asia will soon be threatened by these two new deadly ailments. With the P3 laboratory established by the Project, the Philippines is now ready to address these new threats.

Secondly, although the Project focused on the control and prevention of HIV/AIDS, the capability of the DOH and the social hygiene clinics to test and screen other sexually transmitted diseases has been significantly strengthened. Figure 8 illustrates the higher-order impact of the Project insofar as the facilities provided.

Figure 8. Venn Diagram of Project Impact on Disease Control



F. Analysis of Factors of Impact and Sustainability

Contributory. The factors that contributed to the impact and sustainability of the Project are twofold: timeliness of the Project; and the commitment of the stakeholders.

Timeliness. The project was conceptualized and designed at the proper time, when HIV/AIDS cases began to manifest themselves and the awareness of the public has been aroused. It was implemented simultaneously with the passing of the AIDS Law and the activation of the Philippine National AIDS Council. During the Project lifespan, other countries in Asia and Africa were being menaced by the AIDS pandemic with steady increases in cases.

Commitment. The commitment of DOH, particularly the SACCL staff, as well as the LGUs, particularly the SHC staff has ensured the impact and sustainability of the Project.

Inhibitory. On the other hand as discussed earlier, the factors that inhibit impact and sustainability of the Project were: staff turnover, redeployment of staff; and the high cost of maintenance and materials. We may further add that the reorganization of 2001 have had a detrimental effect to the capacity of DOH to produce and disseminate IEC materials. As stated earlier, the IEC production equipment were relocated to other offices that were not in a position to utilize them efficiently and effectively.

CHAPTER V

CONCLUSIONS

CHAPTER V
CONCLUSIONS

In response to the evaluation questions forwarded, the study has arrived at the following conclusions:

Is the overall goal of enhancing the STD-AIDS prevention and control strategies been achieved? To what extent has the project contributed to the achievement of the overall goal?

Yes. At the institutional level, the Project has significantly contributed to the overall goal of HIV/AIDS prevention and control in the Philippines. While, HIV/AIDS incidence in neighboring countries has increased in the past ten years, the incidence of HIV/AIDS in the Philippines has been contained to less than one percent. In other words, the rate of increase is close to nil. Furthermore, the Project has influenced the development of three major national policies including the AIDS Law and has been instrumental in the implementation of three national programs relating to HIV/AIDS.

Are there external factors that influenced the achievement of the overall goal?

No, there were none.

Are there other impacts (positive, negative or unintended) that can be attributed to the project?

There were no unexpected negative impacts. However, there are two significant positive impacts. Firstly, the increased capability of the GOP to detect, diagnose and isolate Level 3 microorganisms such as SARS and the bird flu. Secondly, the increased capacity of the GOP to detect, diagnose and control other sexually transmitted diseases.

Did DOH attain its Project Purpose of "strengthening national and local capacities in addressing STD-AIDS?

Yes, DOH attained its purpose of strengthening national and local capacities in addressing STD/AIDS.

To what extent has the implementing agency been able to sustain the outcomes/effects of the Project?

SACCL is now an integral part of the national effort for disease control and prevention not to mention its central role in the Philippine National AIDS Council. The social hygiene clinics are likewise indispensable nodes in STD/AIDS prevention and control.

How likely are the outcomes/effects of the Project to be sustained?

The operations of SACCL may be considered technically sustainable. However, the social hygiene clinics have been plagued with staff turn-over and redeployment caused by better employment opportunities abroad and reorganizations, respectively. These trends severely undermine technical sustainability.

In general, the budget deficit currently faced by the GOP is making financial sustainability very difficult. However, SACCL has formed a research and development foundation that generates income for the upkeep of the laboratory. The local governments, on the other hand, are hard put to provide adequate maintenance budgets for the social hygiene clinics.

What were the factors that affected the achievement of the Project Purpose? What are the factors that contribute/inhibit the sustainability of Project outcomes/effects?

The factors that contributed to the impact and sustainability of the Project are twofold: timeliness of the Project; and the commitment of the stakeholders. The factors that inhibit impact and sustainability of the Project were: staff turnover, redeployment of staff; and the high cost of maintenance and materials. We may further add that the reorganization of 2001 have had a detrimental effect to the capacity of DOH to produce and disseminate IEC materials.

CHAPTER VI

RECOMMENDATIONS AND LESSONS LEARNED

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A. Recommendations

For the GOP. The study recommends that the Department of Health and the municipal governments of Makati, Caloocan, Pasig and Cavite City:

1. Ensure that trained staff from SACCL or the SHCs not be redeployed to other offices;
2. Provide additional incentives to existing staff to prevent turnover; and
3. Provide adequate maintenance budgets for SACCL and SHC equipment.

For the GOJ. The study recommends that the Japan International Cooperation Agency make the Project for the Prevention and Control of HIV/AIDS in the Philippines, a showcase of project-type technical cooperation, specifically in the health sector. Although the interventions were focused on two major outputs, the positive impact of the Project extended beyond its overall goal of prevention and control of HIV/AIDS to include prevention and control of other sexually transmitted diseases, SARS and bird flu. In other words, the higher order impact of the Project has gone beyond original expectations of both the GOP and the GOJ.

In this regard, two important things need to be done:

1. The documentation of the Project should be transformed into a case study of technical cooperation or, in other words, a *best practice* or a *success story.* It should be published and disseminated in traditional hard copy as well as electronically through the JICA website and the CDROM format.
2. The study further recommends that similarly modeled interventions be implemented elsewhere in other countries to combat this dreaded disease, AIDS.

B. Lessons Learned

These are the lessons learned from the Project for the Prevention and Control of HIV/AIDS in the Philippines:

Importance of Timeliness. Apart from the competent expertise, state-of-the-art facilities and effective design of the Project, its significant impacts may also be attributed to its timely introduction and implementation. The Project coincided with the passing of the AIDS Law. During the planning and design phase of the project management cycle, more importance should be placed on timeliness.

The Use of Anticipatory Methods. During the planning, implementation and completion of the Project, no one anticipated its central role in combating new dreaded diseases such as SARS and bird flu. The use of anticipatory methods such as scenario construction and the Delphi technique may be employed in the project design phase to predict outcomes.

The Multiplier Effect of IEC. One very important lesson that may be gleaned from the study is the multiplier effect of information, education and communication. Although not given as much resources as other project components, its products have had as much impact as the Central Cooperative Laboratory and the national referral system. In fact, the utilization of JICA's IEC materials has had a multiplier effect with its non-commercial reproduction and distribution.

ANNEXES

Annex A

Project Design Matrix

ANNEX A

PROJECT DESIGN MATRIX OF THE PROJECT FOR THE PREVENTION AND CONTROL OF HIV/AIDS

Narrative Summary	Verifiable Indicators	Means of Verifiable Indicators	Important Assumptions
OVERALL GOAL The overall goal of the Project is to assist the Department of Health in the prevention and control of AIDS in the Philippines			The Philippine government keeps AIDS prevention as the priority
Project purpose Establishment of an AIDS cooperative central laboratory and a core national referral system Strengthening of the function of AIDS prevention at local public health centers		Field survey	
OUTPUTS Cooperative Central Laboratory The national referral system Strengthening of the function of AIDS prevention at local public health centers is strengthened	Quality and quantity of facilities and personnel Record of reference Number of training courses and participants Quantity of IEC materials		Facilities are provided and the budget for establishing a laboratory is allocated. Commitment of LGUs Smooth coordination among DOH, LGUs, and NGOs
ACTIVITIES Cooperative Central Laboratory Physical facilities and equipment strengthening Organizational capability (bacteriology, virology, serology and others) Serological confirmatory testing of HIV Diagnosis of AIDS opportunistic infections Training capability building Surveillance system Etiology based diagnosis Pertinent research work for the above monitoring and evaluation Strengthening of the function of AIDS prevention at local public health centers Selection of the centers and NGOs Their physical and capability strengthening including staff training and provision of equipment Development of IEC materials Pertinent research work for the above monitoring and evaluation	**Input** Japanese side - Expert (1) Virology/Serology in HIV/AIDS (2) Bacteriology (3) Epidemiology/Public health in HIV/AIDS (4) AIDS opportunistic infections (5) STD and other fields mutually agreed upon as needed - Equipment - Training of the Philippine counterparts in Japan Philippine side - counterpart personnel - budgeting - office space - supporting system		PRE-CONDITIONS 1. the concept of the project is fully understood and supported by the Department of Health and other relevant organizations 2. input is executed properly

Annex B

Evaluation Grid

ANNEX B
EVALUATION GRID

Evaluation Criteria	Study Items	Specific Questions	Necessary Information/ data	Document Source	Stakeholder	Methods
Impact						
1	To what extent did the project contribute to the achievement of the overall goal? (Institutional Level)	Has there been an increase in HIV infections and AIDS cases reported compared to the benchmark (ex-ante figures)?	Benchmark figures of cases reported vs. current figures	DOH NCDPC DOH PNAC DOH SACCL HIV/AIDS Registry	DOH National	Secondary data Key Informant Interviews (KII)
		Has there been an increase AIDS cases surveillance compared to the benchmark?	Benchmark surveillance figures vs. current figures	DOH SACCL HIV/AIDS Registry	DOH National DOH Region	Secondary data Key Informant Interviews (KII)
		Can DOH personnel better diagnose AIDS as an outcome of this project?	Number of Patients diagnosed (benchmark vs. current figures)	DOH NCDPC DOH PNAC DOH SACCL	DOH National DOH Region	Secondary data Key Informant Interviews (KII)
		Can the DOH better treat AIDS as an outcome of this project?	Number of Patients being treated (benchmark vs. current figures)	DOH NCDPC DOH PNAC DOH SACCL	DOH National	Secondary data Key Informant Interviews (KII)
		Can the DOH better train AIDS control and prevention personnel as an outcome of this project?	Number of participants trained x number of training hours	DOH NCDPC DOH PNAC DOH SACCL	DOH National	Secondary data Key Informant Interviews (KII)
		How many patients have been tested in the CCL?	Total number of patients tested since project end	DOH SACCL	DOH National DOH Region	Secondary data Key Informant Interviews (KII)
2	To what extent did the project contribute to the achievement of the overall goal? (Local Level)	Has the number of HIV positive and AIDS cases diagnosed in the health centers increased compared to benchmark figures?	Number of Patients diagnosed (benchmark vs. current figures)	City public health unit records	LGU	Secondary data Key Informant Interviews (KII)
		Has the number of HIV positive and AIDS cases treated in the health centers increased compared to benchmark figures?	Number of Patients treated (benchmark vs. current figures)	City public health unit records	LGU	Secondary data Key Informant Interviews (KII)

Evaluation Criteria	Study Items	Specific Questions	Necessary Information/ data	Document Source	Stakeholder	Methods
		How many have availed of the services of the national referral system since after the project?	Number of users	National Referral System records	LGU	Secondary data Key Informant Interviews (KII)
		What is the level of AIDS prevention and control awareness within the four municipalities?	Awareness levels	City public health unit records	LGU	Secondary data Key Informant Interviews (KII) Telephone survey
		How many suspected cases have undergone surveillance since the end of the project?	Cases that underwent surveillance	City public health unit records	LGU	Secondary data Key Informant Interviews (KII)
3	Were there any unexpected positive/negative impacts?	Has the project led to greater or lesser vigilance against AIDS?	Observations among key informants	DOH NCDPC DOH PNAC DOH SACCL ASP	DOH/ LGU	Key Informant Interviews (KII) Focus Group Discussion (FGD)
		Has the project led to greater or lesser prioritization of AIDS?	Observations among key informants	DOH NCDPC DOH PNAC DOH SACCL ASP	DOH/LGU	Key Informant Interviews (KII) Focus Group Discussion (FGD)
		Were there any external factors that influenced the achievement of the goal?	Observations among key informants	DOH NCDPC DOH PNAC DOH SACCL ASP	DOH/LGU	Key Informant Interviews (KII) Focus Group Discussion (FGD)
		Are there any unexpected positive changes brought about by the Project on the beneficiaries?	Observations among key informants	DOH NCDPC DOH PNAC DOH SACCL ASP	DOH/LGU High Risk Groups PWAs PLWAs	Focus Group Discussion
		Are there any negative changes brought about by the Project on the beneficiaries?	Observations among key informants	DOH NCDPC DOH PNAC DOH SACCL ASP	DOH/LGU High Risk Groups PWAs PLWAs	Focus Group Discussion Telephone Survey

Evaluation Criteria	Study Items	Specific Questions	Necessary Information/ data	Document Source	Stakeholder	Methods
Sustainability						
1	Is the Central Cooperative Laboratory being sustained as an organization integral within the DOH system?	Can the DOH maintain the equipment procured by the project?	Observations among key informants	DOH NCDPC DOH PNAC DOH SACCL City Health Units	DOH LGU	Documents analysis KII/ FGD Equipment Inventory Photo-documentation
		Can the DOH continue to run training programs on AIDS prevention and control?	Observations among key informants	DOH NCDPC DOH PNAC DOH SACCL City Health Units	DOH LGU	Documents analysis KII/ FGD Equipment Inventory Photo-documentation
		Can the DOH continue to manage programs on AIDS prevention and control?	Observations among key informants	DOH NCDPC DOH PNAC DOH SACCL City Health Units	DOH LGU	Documents analysis KII/ FGD
2	Are the operations of SACCL and SHCs technically sustainable?	Can trained personnel continue to diagnose AIDS?	Observations among key informants	DOH NCDPC DOH PNAC DOH SACCL	DOH National	Documents analysis KII/ FGD
		Can trained personnel continue to treat AIDS	Observations among key informants	DOH NCDPC DOH PNAC DOH SACCL	DOH National	Documents analysis KII/ FGD
		Can trained personnel continue to manage AIDS prevention and control programs?	Observations among key informants	DOH NCDPC DOH PNAC DOH SACCL	DOH National	Documents analysis KII/ FGD
		Can trained personnel continue to produce IEC materials on AIDS prevention and control?	Observations among key informants	DOH NCDPC DOH PNAC DOH SACCL	DOH National	Documents analysis KII/ FGD
		Can trained personnel continue to train AIDS prevention personnel?	Observations among key informants	DOH NCDPC DOH PNAC DOH SACCL	DOH National	Documents analysis KII/ FGD
3	Can the DOH and LGUs financially sustain SACCL and the SHCs?	Can the DOH and SHCs continue to upgrade its hardware and software to avoid obsolescence?	DOH equipment budget	DOH Records	DOH National	Documents analysis KII/ FGD
		Can the DOH and SHCs continue to finance their AIDS prevention and control programs?	DOH equipment budget	DOH Records	DOH National	Documents analysis KII/ FGD
		Can the DOH and SHCs keep their trained manpower with adequate compensation?	DOH equipment budget	DOH Records	DOH National	Documents analysis KII/ FGD

Annex C

Guide Questions for Key Informant Interviews and Focus Group Discussions

ANNEX C

GUIDE QUESTIONS FOR KEY INFORMANT INTERVIEWS AND FOCUS GROUP DISCUSSIONS

LGU KEY INFORMANTS/ DISCUSSANTS

Impact

1. Has the number of HIV positive and AIDS cases diagnosed in the social hygiene lab increased compared to benchmark figures?
2. Has the number of HIV positive and AIDS cases treated in the social hygiene lab increased compared to benchmark figures?
3. How many have availed of the services of the national referral system from your city?
4. What is the level of AIDS prevention and control awareness within your city?
5. How many suspected cases have undergone surveillance since the end of the project?
6. Has the project led to greater or lesser vigilance against AIDS?
7. Has the project led to greater or lesser prioritization of AIDS?
8. Were there any external factors that influenced the achievement of the goal?
9. Are there any unexpected positive changes brought about by the Project on the beneficiaries? For instance, in control and prevention of other STIs and TB?
10. Are there any negative changes brought about by the Project on the beneficiaries?

Sustainability

1. Can the city maintain the equipment procured by the project?
2. Can social hygiene lab continue to diagnose AIDS?
3. Can city health officers continue to conduct pre- and post counseling?
4. Can city health officers continue to manage AIDS prevention and control programs?
5. Can the social hygiene lab continue to upgrade its hardware and software to avoid obsolescence?
6. Can the City Health Office continue to finance its programs on the prevention and control of AIDS?
7. Can the City Health Office keep its trained manpower with adequate compensation?

GUIDE QUESTIONS FOR KEY INFORMANT INTERVIEWS

DOH NATIONAL KEY INFORMANTS

Impact on Overall Goal

1. Has there been an increase in HIV infections and AIDS cases reported compared to the benchmark (ex-ante figures)?
2. Has there been an increase AIDS cases surveillance compared to the benchmark?

Impact of the Central Cooperative Lab

1. Can DOH personnel better diagnose AIDS as an outcome of this project?
2. Can the DOH better treat AIDS as an outcome of this project?
3. Can the DOH better train AIDS control and prevention personnel as an outcome of this project?
4. How many patients have been tested in the SACCL? Since project start? Since project end?
5. Has the project led to greater or lesser prioritization of AIDS?

Impact of National Referral System

1. How many have availed of the services of the national referral system since after the project?
2. How many suspected cases have undergone surveillance since the end of the project?
3. In general, has the project led to greater or lesser vigilance against AIDS among the public?

Impact of IEC Interventions

1. What is the level of AIDS prevention and control awareness?
2. What is the current level of utilization of the JICA IEC materials?

Unintended Impact

1. Were there any external factors that influenced the achievement of the goal?
2. What unexpected positive changes brought about by the Project on the beneficiaries?
3. What negative changes brought about by the Project on the beneficiaries?

Sustainability

From the point of view of the Program/ Council/ Laboratory

1. Can the DOH maintain the equipment procured by the project?
2. Can the DOH continue to run training programs on AIDS prevention and control?
3. Can the DOH continue to manage programs on AIDS prevention and control?
4. Can DOH personnel continue to diagnose AIDS?
5. Can DOH personnel continue to treat AIDS
6. Can DOH personnel continue to manage AIDS prevention and control programs?
7. Can DOH personnel continue to produce IEC materials on AIDS prevention and control?
8. Can DOH personnel continue to train AIDS prevention personnel?
9. Can the DOH continue to upgrade its hardware and software to avoid obsolescence?
10. Can the DOH continue to finance its programs on the prevention and control of AIDS?
11. Can the DOH keep its trained manpower with adequate compensation?

GUIDE QUESTIONS FOR KEY INFORMANT INTERVIEWS

DOH REGIONAL KEY INFORMANTS

Impact on Overall Goal

1. Has there been an increase in HIV infections and AIDS cases reported compared to the benchmark (ex-ante figures)?
2. Has there been an increase AIDS cases surveillance compared to the benchmark?

Impact of IEC Interventions

3. What is the level of AIDS prevention and control awareness within the region?
4. What is the current level of utilization of the JICA IEC materials?

Unintended Impact

1. Were there any external factors that influenced the achievement of the goal?
2. What unexpected positive changes brought about by the Project on the beneficiaries?
3. What negative changes brought about by the Project on the beneficiaries?

Sustainability

From the point of view of the DOH Regional Office

1. Can the LGUs maintain the equipment procured by the project?
2. Can the LGUs continue to run training programs on AIDS prevention and control?
3. Can the LGUs continue to manage programs on AIDS prevention and control?
4. Can LGUs personnel continue to diagnose AIDS?
5. Can LGUs personnel continue to treat AIDS
6. Can LGUs personnel continue to manage AIDS prevention and control programs?
7. Can LGUs personnel continue to produce IEC materials on AIDS prevention and control?
8. Can LGUs personnel continue to train AIDS prevention personnel?
9. Can the LGUs continue to upgrade its hardware and software to avoid obsolescence?
10. Can the LGUs continue to finance its programs on the prevention and control of AIDS?
11. Can the LGUs keep its trained manpower with adequate compensation?

No.: ____

JICA-DOH Project for the Prevention and Control of HIV/AIDS
TELEPHONE SURVEY FOR CSWs

INTERVIEW SCHEDULE

INTERVIEWER (In Tagalog): Good Afternoon. My name is Alexander Flor and I am conducting an ex-post evaluation of the JICA-DOH Project for the Prevention and Control of HIV/AIDS. I was given your telephone number by the Social Hygiene Clinic. Their records show that you have undergone pre-counseling on HIV/AIDS under this project. I would like to assess your *recall, knowledge gain, attitude change and behavioral change* two years after viewing the Ligaya videos and flipcharts. Your full names were not given to me, only your nicknames.

QUESTION 1: What do you remember of the Ligaya videos and the flipchart? Please relate the plot to me.

INTERVIEWER'S MARK:

1	2	3	4	5

QUESTION 2: Please enumerate the things you learned from the Ligaya videos and the flipchart.

INTERVIEWER'S MARK:

1	2	3	4	5

QUESTION 3: Did the materials change your attitude towards your work? HIV/ AIDS? Having safe sex?

INTERVIEWER'S MARK:

1	2	3	4	5

QUESTION 4: Please enumerate the things that you are doing now because of the Ligaya videos or the flipchart.

INTERVIEWER'S MARK:

1	2	3	4	5

Annex D

Training Course Participants of the Project

ANNEX D

TRAINING COURSE PARTICIPANTS OF THE PROJECT

	Region	Name	Designation	Contacts/Address
1	VI	Norma D. Espino	Medical Technologist Social Hygiene Clinic Iloilo City	Tanza, Iloilo City 337-6182
2	VII	Lilia Q. Sorela	Medical Technologist City Health Office Cebu City	Res. Purok 1, San Jose Talamban, Cebu City 345-0188/ 232-6494
3	IX	Joaquin L. Alberto*	Medical Technologist City Health Office Zamboanga City	
4	XI	Amelia B. Elioreg	Medical Technologist City Field Health Services General Santos City	
5		Joy Tan-Lim	Medical Technologist City Health Office Davao City	# 28 Sales St., Davao City 227-3996
6	CAR	Diego L. Ofiaza	Medical Technologist Baguio Health Department Baguio City	Res.-445-3089 Off. -442-6018
7	NCR	Rosie A. Honsayco	Medical Technologist Social Hygiene Clinic Pasig City	Goodwill-I Blk.31 Lot 18 Bagbag, Nora Quezon City SHC – 643-8135 Off. – 641-1920
8		Janette P. Mallari**	Medical Technologist Social Hygiene Clinic Pasig City	Blk.12 Lot 26 Phase 1-A Hoorer St. Parkwood Guns Exec. Village Maybunga, Pasig City 643-8830/ 634-4116
9		Zenaida B. Arceo	Medical Technologist Manila Health Department Manila	36 Kulyawan A. Ampero Novaville Subd. Novaliches, Q.C. 938-0273/ 711-6945
10		Minkie Rayos Del Sol Cornejo	Medical Technologist Taguig Health Department Taguig	423 Pasig Bliss Pasig City 641-8098/ 916-0135/ 642-1262
11		Jessica I. Acuna	Medical Technologist Social Hygiene Clinic Makati City	Blk.15 Lot 31 PHI Golden City Subd. Imus Cavite 899-8927/ (046) 850-1312
12		Nerisa P. Bello	Medical Technologist Caloocan Health Department Caloocan	# 48 Libis Espina Caloocan City 287-2995
13		Beautinia I. Isnit	Medical Technologist Q.C. Health Department Quezon City	STD I Bernardo Bernardo Park Cubao, Quezon City

	Region	Name	Designation	Contacts/Address
14		Ma. Teresa S. Andres	Medical Technologist *Occupational Safety and HC* Quezon City	North Ave., Cor. *Science Road* Diliman, Quezon City 929-6036 loc. 110
15	NGO	Ma. Corazon P. Porras	Medical Technologist Kabalaka Reproductive HC Iloilo City	Kabalaka Rep. Health Center c/o CPU Jaro, Iloilo *City*
16		Dorcas B. Malabag	Medical Technologist Reach Out Malate, Metro Manila	19 Banlat Rd., T. Sora, Q.C. 455-0503
17	SACCL	Anchita B. Camacho	Medical Technologist San Lazaro Hospital Compd. Manila	516 Extremadura St. Sampaloc Manila 749-4642
18		Levy V. delos Reyes Jr.	Medical Technologist San Lazaro Hospital Compd. Manila	Blk.6 Lot 6 Gumamela St. Pembo Makati City
19		Marco Reza J. Hernando	Medical Technologist San Lazaro Hospital Compd. Manila	33-B Sicaba St. Sta. Mesa Heights 743-9060/ 412-8263

Legend:
* STD component only
** HIV Proficiency only

Annex E

Site Visit Reports

ANNEX E

SITE VISIT REPORTS

JICA-DOH Project for the Prevention and Control of HIV/AIDS
EX-POST EVALUATION STUDY

SITE VISIT REPORT

PLACE: Makati Social Hygiene Clinic
RESEARCHER: Dr. Alexander G. Flor
DATE: 18 November 2004

PURPOSE:

1. To conduct key informant interviews
2. To gather secondary data
3. To inventory equipment
4. To conduct photo documentation

PERSONS MET: Dr. Lourdes B. Salud
City Health Officer, Makati City

Ms Teresita Pagcaliwagan
STD/AIDS Coordinator, Makati City Health Office

Mrs. Domingo Robete
Medical Technologist IV, Makati City Health Office

Mrs. Jessica Acuna
Medical Technologist III, Makati City Health Office

FINDINGS:

Key Informant Interviews. The Makati Social Hygiene Clinic is a unit under the Makati City Health Office. The local government of Makati provides a regular budget to the SHC as well as access to a revolving fund. It is one of the best-equipped and most active STD/AIDS monitoring and testing clinics in the country.

With RA8504, the high cost of reagents, and the low incidence of reactive samples, the Makati Social Hygiene Clinic has decided to use the referral system for screening and has been endorsing requests to SACCL.

Lab technicians have been trained in conducting screening and proficiency. Their nurses have been trained by the Project to conduct pre-counseling and utilize the Project's IEC materials.

All CSWs who come for STD testing are required to undergo pre-counseling. In 2003, 3208 sex workers and 622 outreach participants have undergone three-hour pre-

counseling sessions totaling 11, 490 training person-hours. No figures are yet available for 2004.

Secondary Data Gathered. In 2003, it screened a total of 3,810 commercial sex workers for STD. In 2004, 2,124 CSWs have subjected themselves to STD testing. Unfortunately, only a handful of them have agreed to be tested for HIV. RA8504 prohibits the mandatory HIV testing of CSWs and, unfortunately, Makati City has not made this a requirement for the issuance of medical certificates. Only one HIV reactive case has been logged by the Clinic since 2001.

Inventory of equipment and Photo Documentation. The equipment provided by the Project were inventoried and photographed.

The Clinic has been provided with a set of IEC equipment and materials – TV and VHS player, overhead projector, LCD projector, flipcharts, colored OHTs and VHS tapes – for this purpose. It has also been provided with a vehicle, computer hardware and a complete set of high-end laboratory equipment including a Nikon microscope, an incubator, a centrifuge, stirrer, shaker and refrigerator.

FY	Name of Equipment		Qty	Condition of Equipment 0 – Working X – Not working	Frequency of Use (Regularly, Occasionally, Rarely or Never	Problems encountered after project completion/other remarks
	Class	Description				
'98	Microscope	Nikon	1	0	Regularly	None
'98	Examination Table		1	0	Regularly	None
'98	Goose Neck Lamp		1	0	Regularly	None
'98	Speculum		100	0	Regularly	None
'98	Gaspak Jar	BBL 150	2	0	Regularly	None
'98	Gaspak Jar	BBL 100	2	0	Regularly	None
'98	Magnetic Stirrer, Corning	PC420	1	0	Regularly	None
'98	Toploading balance	Bosch Sp 20-1 5	1	0	Regularly	None
'98	Transferpette 10-100ul		2	0	Regularly	None
'98	Flask (1000ml)	Erlenmeyer	2	0	Regularly	None
'98	Flask (500ml)	Erlenmeyer	2	0	Regularly	None
'98	Graduated Cylinder (100ml)		2	0	Regularly	None
'98	Transferpette 100-1,000ul		2	0	Regularly	None
'98	Shaker	Heidolph Germany 1010	1	0	Regularly	None
'98	Centrifuge	Dynac II CV Clay Adams	1	0	Occasionally	None
'98	Incubator	Memmert – BE 500, 108L 560x480x400mm	1	0	Occasionally	None
'98	Refrigerator	GE- 12 cu ft VCG 2door NF 3120134	1	0	Regularly	None
'98	Computer	Hewlett Packard BAIO/ Pentium 200	2	0	Regularly	None
'98	UPS 650	Newstar	1	0	Regularly	None
'98	Printer with Cable	Laserjet CL	2	0	Regularly	None
'98	VHS Player/ Recorder	Sony SLV KA177	1	0	Regularly	None
'98	Television Set	Panasonic Sophia	1	0	Regularly	None
'98	Overhead Projector	EIKI 3200	1	0	Regularly	None
01	LCD Projector	Digital LG	1	0	Regularly	None
01	Laptop computer	Dell	1	0	Regularly	None
'01	Vehicle	Toyota Revo	1	0	Regularly	None

JICA-DOH Project for the Prevention and Control of HIV/AIDS
EX-POST EVALUATION STUDY

SITE VISIT REPORT

PLACE: Caloocan City Social Hygiene Clinic
RESEARCHER: Dr. Alexander G. Flor
DATE: 22 November 2004

PURPOSE:

1. To conduct key informant interviews
2. To facilitate Focus Group Discussions to CSWs who underwent pre-counseling
3 To gather secondary data
4. To inventory equipment
5. To conduct photo documentation

PERSONS MET: Dr. Corazon A. Aberin
Assistant City Health Officer
Caloocan City Health Office

Dr. Abella C Garcia
Division Chief for Special Services
Caloocan City Health Office

Dr. Maybelle P. Sison
Former Head, Social Hygiene Clinic
Caloocan City Health Office

FINDINGS:

Key Informant Interviews. According to the key informants, the Caloocan City Health Office is in a state of flux. A new mayor was elected during the last elections and certain changes in local government administration were implemented including some that directly affected the City Health Office. Firstly, the Head of the Social Hygiene Clinic, Dr. Maybelle Sison, has been transferred to head the Sanitation Division of the City. In spite of these changes, the operations of the Social Hygiene Clinic go on unabated.

There is an annual average of 800 registered commercial sex workers in Caloocan City. The AIDS Law does not provide for mandatory testing of CSWs. However in June 2004, the local government has passed an ordinance making it mandatory for CSWs operating in Caloocan to undergo mandatory testing. The new mayor, Atty. Enrico Echiverri, is seen as a staunch supporter of the City Health Office.

CSWs contribute P60 per test to cover the cost of reagents. Since the end of the Project, only one case has tested positive in the screening done by the Social Hygience Clinic. This was immediately referred to SACCL for confirmatory testing.

The Social Hygiene Clinic strictly follows the provision of the AIDS Law relating to anonymity. The names of the registered CWSs who underwent testing were not provided

to the researcher. Instead the names and addresses of the establishments where these CSWs were working were given. The researcher proceeded to conduct informal FGDs in the establishments in the evening of the same day.

Focus Group Discussion. The FGD was conducted under sub-optimal conditions because the CSWs had to attend to their work. Only a handful was available for prolonged periods of time.

The researcher first inquired when was the last time they saw the Ligaya videos on HIV/AIDS produced by the Project and shown by the SHC. Many answered one or two years ago. They were asked if they can still vividly recall the video. They answered yes and were asked to relate the plot. What they related was very accurate down to the names of the characters.

They were then requested to enumerate the messages of the videos. The major messages were accurately related. Afterwards, the participants were asked if their attitude towards HIV/AIDS changed after the video and if they still maintained the change until today. They said that they no longer believe that the HIV/AIDS condition should be kept hidden, that it is best to seek counseling when you are infected.

With regard to changes in behavior, the following resulted from viewing the video: insistence on the use of condoms; regular HIV/AIDS testing; vigilance on tell-tale symptoms of AIDS among their customers.

Secondary Data Gathered. The following secondary data were gathered: number of CSWs tested annually; number of CSWs who tested positive.

Inventory of equipment and Photo Documentation. The equipment provided by the Project were inventoried and photographed.

FY	Name of Equipment		Qty	Condition of Equipment 0 – Working X – Not working	Frequency of Use (Regularly, Occasionally, Rarely or Never	Problems encountered after project completion/other remarks
	Class	Description				
'98	Microscope	Nikon	1	0	Regularly	
'98	Examination Table		1	0	Regularly	
'98	Goose Neck Lamp		1	0	Regularly	
'98	Speculum		100	0	Regularly	
'98	Gaspak Jar	BBL 150	2	0	Regularly	
'98	Gaspak Jar	BBL 100	2	0	Regularly	
'98	Magnetic Stirrer, Corning	PC420	1	0	Regularly	
'98	Toploading balance	Bosch Sp 20-1.5	1	0	Regularly	
'98	Transferpette 10-100ul		2	0	Regularly	
'98	Flask (1000ml)	Erlenmeyer	2	0	Regularly	
'98	Flask (500ml)	Erlenmeyer	2	0	Regularly	
'98	Graduated Cylinder (100ml)		2	0	Regularly	
'98	Transferpette 100-1,000ul		2	0	Regularly	
'98	Shaker	Heidolph Germany 1010	1	0	Regularly	
'98	Centrifuge	Dynac II CV Clay Adams	1	0	Occasionally	
'98	Incubator	Memmert – BE 500, 108L 560x480x400mm	1	0	Occasionally	
'98	Refrigerator	GE- 12 cu.ft. VCG 2door NF 3120134	1	0	Regularly	
'98	Computer	Hewlett Packard BAIO/ Pentium 200	2	0	Regularly	
'98	UPS 650	Newstar	1	0	Regularly	
'98	Printer with Cable	Laserjet CL	2	0	Regularly	
'98	VHS Player/ Recorder	Sony SLV KA177	1	0	Regularly	
'98	Television Set	Panasonic Sophia	1	0	Regularly	
'98	Overhead Projector	EIKI 3200	1	0	Regularly	

JICA-DOH Project for the Prevention and Control of HIV/AIDS
EX-POST EVALUATION STUDY

SITE VISIT REPORT

PLACE: AIDS Society of the Philippines
Taft Avenue, Metro Manila
RESEARCHER: Dr. Alexander G. Flor
DATE: 22 November 2004

PURPOSE:

To conduct key informant interview of ASP Board Member

PERSON MET: Dr Rossana Dytangco
Course Director on HIV/AIDS, JICA In-Country Training Pgm
Head, RITM AIDS Study Group
Board Member, AIDS Society of the Philippines

FINDINGS:

Key Informant Interview. Dr. Rossana Dytangco was among the original officials of the GOP who worked with the design and implementation teams of the Project for the Prevention and Control of HIV/AIDS. She was with the Research Institute for Tropical Medicine (RITM) counterpart team.

According to Dr. Dytangco, initially, there were overlaps between the RITM and the *Central Cooperative Laboratory, which eventually became the STD/AIDS Central* Cooperative Laboratory (SACCL). Both labs were conducting confirmatory testing. However, when SACCL was fully operational by project end in 2001, confirmatory testing of HIV/AIDS was centralized nationally at SACCL.

JICA is currently sponsoring In-Country Training Programs, which includes capacity building in HIV/AIDS prevention and control. She is the Course Director of this program.

The AIDS Society of the Philippines is a nongovernmental organization involved in the organization of scientific fora on AIDS; the conduct of IEC awareness campaigns; and others. Its approach to AIDS prevention and control is multi-disciplinary, i.e., medical-technical, training and capacity building, and socio-behavioral. Although it does not have any direct programs with SACCL, it makes use of IEC materials produced by the Project.

JICA-DOH Project for the Prevention and Control of HIV/AIDS
EX-POST EVALUATION STUDY

SITE VISIT REPORT

PLACE: Cavite Social Hygiene Clinic
RESEARCHER: Dr. Alexander G. Flor
DATE: 23 November 2004

PURPOSE:

To conduct key informant interviews
To facilitate Focus Group Discussion with Cavite commercial sex workers
To gather secondary data
To inventory equipment
To conduct photo documentation

PERSONS MET: Dr. Divina M. Samala-Zerrudo
Head, Social Hygiene Clinic
DOH Regional Health Office, Cavite City

Dr. Lino Anton Barron
City Health Officer, Cavity City

FINDINGS:

Key Informant Interviews. The Cavite SHC is different from the other clinics in the sense that, although it is located in Cavite City and maintained by the City Health Office, it is administratively under the Regional DOH Office. While the personnel budget comes from the regional office, maintenance and operating expenses comes from the local government.

The Cavite local government has required regular (every six months) HIV testing for the issuance of medical certificates for CSWs. It has opted for this policy since prior to 1999, three HIV positive cases have been documented in Cavite. Since 2002, however, only one HIV reactive case has been referred to SACCL.

All trained manpower of the Cavite Social Hygiene Clinic has been retained. The utilization of the IEC materials produced by the Project has also been quite high in Cavite. The Cavite City Health Office provides the budget for reagents and maintenance of equipment All the equipment donated by the Project to the clinic is still in good working condition.

Focus Group Discussion. Nine respondents participated in the FGD, all of who are registered commercial sex workers operating in Cavite City. It was conducted at the Social Hygiene Clinic.

The researcher first inquired when was the last time they saw the Ligaya videos on HIV/AIDS produced by the Project and shown by the SHC. Many answered one or two years ago They were asked if they can still vividly recall the video They answered yes

and were asked to relate the plot. What they related was very accurate down to the names of the characters.

They were then requested to enumerate the messages of the videos. The major messages were accurately related. Afterwards, the participants were asked if their attitude towards HIV/AIDS changed after the video and if they still maintained the change until today. They said that they no longer believe that the HIV/AIDS condition should be kept hidden, that it is best to seek counseling when you are infected.

With regard to changes in behavior, the participants echoed that since they watched the videos, they now insist that their customers use condoms. Furthermore, they subject themselves to regular HIV/AIDS testing.

Secondary Data Gathered. The following secondary data were gathered: number of CSWs tested annually; number of CSWs who tested positive.

Inventory of equipment and Photo Documentation. The equipment provided by the Project were inventoried and photographed.

FY	Name of Equipment		Qty	Condition of Equipment 0 – Working X – Not working	Frequency of Use (Regularly, Occasionally, Rarely or Never	Problems encountered after project completion/ other remarks
	Class	Description				
1998	Microscope	Nikon	1	0	Regularly	
	Examination Table		1	0	Regularly	
	Goose Neck Lamp		1	0	Regularly	
	Speculum		100	0	Regularly	
	Gaspak Jar	BBL 150	2	0	Regularly	
	Gaspak Jar	BBL 100	2	0	Regularly	
	Magnetic Stirrer, Corning	PC420	1	0	Regularly	
	Toploading balance	Bosch Sp 20-1.5	1	0	Regularly	
	Transferpette 10-100ul		2	0	Regularly	
	Flask (1000ml)	Erlenmeyer	2	0	Regularly	
	Flask (500ml)	Erlenmeyer	2	0	Regularly	
	Graduated Cylinder (100ml)		2	0	Regularly	
	Transferpette 100-1,000ul		2	0	Regularly	
	Shaker	Heidolph Germany 1010	1	0	Regularly	
	Centrifuge	Dynac II CV Clay Adams	1	0	Occasionally	
	Incubator	Memmert – BE 500, 108L 560x480x400mm	1	0	Occasionally	
	Refrigerator	GE- 12 cu.ft. VCG 2door NF 3120134	1	0	Regularly	
	Computer	Hewlett Packard BAIO/ Pentium 200	2	0	Regularly	
	UPS 650	Newstar	1	0	Regularly	
	Printer with Cable	Laserjet CL	2	0	Regularly	
	VHS Player/ Recorder	Sony SLV KA177	1	0	Regularly	
	Television Set	Panasonic Sophia	1	0	Regularly	
	Overhead Projector	EIKI 3200	1	0	Regularly	

JICA-DOH Project for the Prevention and Control of HIV/AIDS
EX-POST EVALUATION STUDY

SITE VISIT REPORT

PLACE: Pasig City Social Hygiene Clinic
RESEARCHER: Dr. Alexander G. Flor
DATE: 24 November 2004

PURPOSE:

1. To conduct key informant interviews
2. To gather secondary data
3. To inventory equipment
4. To conduct photo documentation

PERSONS MET: Dr. Demi Valle
Officer in Charge, Social Hygiene Clinic
Pasig City Health Office

Ms. Janet Guevarra
Medical Technologist, Social Hygiene Clinic
Pasig City Health Office

Ms. Elvira Ignacio
Nurse, Social Hygiene Clinic
Pasig City Health Office

Mr. Reynaldo Raymundo II
IEC Coordinator, Social Hygiene Clinic
Pasig City Health Office

FINDINGS:

Key Informant Interviews. The Pasig SHC is under the City Health Office and is funded by the local government. Although not identified as a sentinel site, Pasig assists the DOH conduct serological and behavioral surveillance through its SHC staff.

Some of the trained manpower in Pasig have been redeployed or have resigned. Table 16 gives the current trained manpower utilization in the Pasig SHC. In terms of IEC and pre-counseling activities, Pasig has been very active. The point person for IEC religiously conducts pre and post test evaluation among CSW who come for testing. They are making full use of the JICA IEC materials provided them.

Secondary Data Gathered. Although the City of Pasig has not made HIV testing a mandatory requirement for the issuance of medical certificates, it has encouraged the entertainment establishments within its jurisdiction to require their employees to undergo regular testing. Since project completion, only one HIV positive case has been screened as in the case of Makati and Caloocan

Inventory of equipment and Photo Documentation. The equipment provided by the Project were inventoried and photographed.

Among the equipment provided to the clinic by the Project, the Nikon microscope, one computer and the photocopying machine are no longer operational. The local government can only finance maintenance of the equipment if the required repairs are can be accommodated by the Clinic's revolving fund.

FY	Name of Equipment		Qty	Condition of Equipment 0 – Working X – Not working	Frequency of Use (Regularly, Occasionally, Rarely or Never	Problems encountered after project completion/ other remarks
	Class	Description				
'98	Microscope	Nikon	1	X	Never	Defective Lens
'98	Examination Table		1	0	Regularly	
'98	Goose Neck Lamp		1	0	Regularly	
'98	Speculum		100	0	Regularly	
'98	Gaspak Jar	BBL 150	2	0	Regularly	
'98	Gaspak Jar	BBL 100	2	0	Regularly	
'98	Magnetic Stirrer, Corning	PC420	1	0	Regularly	
'98	Toploading balance	Bosch Sp 20-1.5	1	0	Regularly	
'98	Transferpette 10-100ul		2	0	Regularly	
'98	Flask (1000ml)	Erlenmeyer	2	0	Regularly	
'98	Flask (500ml)	Erlenmeyer	2	0	Regularly	
'98	Graduated Cylinder (100ml)		2	0	Regularly	
'98	Transferpette 100-1,000ul		2	0	Regularly	
'98	Shaker	Heidolph Germany 1010	1	0	Regularly	
'98	Centrifuge	Dynac II CV Clay Adams	1	0	Occasionally	
'98	Incubator	Memmert – BE 500, 108L 560x480x400mm	1	0	Occasionally	
'98	Refrigerator	GE- 12 cu.ft. VCG 2door NF 3120134	1	0	Regularly	
'98	Computer	Hewlett Packard BAIO/ Pentium 200	2	0, X	Reg/ Never	One not functioning
'98	UPS 650	Newstar	1	0	Regularly	
'98	Printer with Cable	Laserjet CL	2	0	Regularly	
'98	VHS Player/ Recorder	Sony SLV KA177	1	0	Regularly	
'98	Television Set	Panasonic Sophia	1	0	Regularly	
'98	Overhead Projector	EIKI 3200	1	X	Never	No bulb
'98	Photocopier		1	X	Never	No spare parts

JICA-DOH Project for the Prevention and Control of HIV/AIDS
EX-POST EVALUATION STUDY

SITE VISIT REPORT

PLACE: DOH SACCL, PNAC, NEC
RESEARCHER: Dr. Alexander G. Flor
DATE: 25 November 2004

PURPOSE:

1. To conduct key informant interviews
2. To gather secondary data
3. To inventory equipment
4. To conduct photo documentation

PERSONS MET: Dr. Dorothy Mae Agdamag
Head, DOH STD/AIDS Central Cooperative Laboratory

Dr. Roderick Poblete
Program Officer, National AIDS Program
Former OIC, Secretariat, Philippine National AIDS Council

Ms. A. Arkuitola
National Epidemiological Center

FINDINGS:

Key Informant Interviews. The STI/AIDS Central Cooperative Laboratory or SACCL is now a special unit of the Department of Health located within the San Lazaro compound. It is included in the regular plantilla budget of DOH under the General Appropriations Act. It has a very simple organizational chart, with a Head of Laboratory, administrative & technical staff.

It is currently the epicenter not only in the diagnosis and treatment of HIV/AIDS but those of other sexually transmitted diseases as well. All reactive samples taken by the social hygiene clinics or accredited testing laboratories are sent to SACCL for confirmatory testing. Hence, it plays a central role not only in the national effort for AIDS prevention and control but also in the effort to control sexually transmitted diseases. As a matter of fact, the DOH has combined the both programs under the NCDCP.

The core Central Cooperative Laboratory staff were trained in Japan and by the Japanese experts. DOH national has also been provided a set of IEC production and utilization equipment by the Project. Due to the DOH reorganization of 2001, however, these equipment were deployed to other offices. It is also quite unfortunate that the Project's trained IEC Expert has left DOH for a career abroad.

Secondary Data Gathered. Since the project began, the HIV/AIDS Registry of NEC has reported that incidence has gone down, then, up and down again. However, the Philippines has kept HIV/ AIDS incidence to less than one-percent compared to Thailand's 2 percent, India's 30 percent and South Africa's 70 percent. During the World AIDS Day

2004, it was estimated that if no cure is found, 10 million people will die of AIDS in China by the year 2020. The incidence of AIDS in the Philippines is indeed one of the lowest globally.

However, there has been an increase in the reporting of HIV/AIDS cases. The latest HIV/AIDS Registry reports that 146 asymptomatic AIDS cases have been detected in 2004 compared to 0 twenty years earlier. In other words, the screening mechanism is working.

Additionally, it is worthwhile noting that almost ninety percent of commercial sex workers that avail of screening and confirmatory tests are females. In other words, the beneficiaries of the Project at the individual level are mostly women.

Inventory of equipment and Photo Documentation. The equipment provided by the Project were inventoried and photographed.

SACCL is one of only three P3 laboratories in the entire Southeast Asian Region. By establishing the Central Cooperative Laboratory, the Project has actually provided the capability to the Philippines to test, screen and confirm Level 3 microorganisms such as those causing AIDS, SARS and bird-flu. The facilities and equipment provided by the Project has been maximized with the outbreak of the last two diseases in Asia in the last two years. Three years after project completion, 97 percent of these equipment, furniture and facilities are still in good working condition.

Year	Name of Equipment	Qty.	Condition	Frequency of Use	Remarks
1996	NUARE Biological Safety Cabinet NU-425-400	1	0	Regularly	
	Thermal Cycler, ENH,Masterscycler 5330	1	X	Never	
	NIKON MEA31-AC Inverted Microscope diaphot 200	2	0	Regularly	
	MITSUBISHI PAJERO 4 Wheel Wagon	1	0	Regularly	
	SANOFI Plate reader RP2100	1	X	Never	
	SANOFI Plate washer PW40	1	0	Regularly	
	SANOFI Incubator	1	0	Regularly	
	AcerNote 350PC Notebook PC	3	X	Never	Obsolete
	Sibata Colony counter, model cl-560,5127-01	1	0	Regularly	
	Orion PH Meter, model 1420A-1, bench	2	0	Regularly	
	Memmert Oven, UM 500, 10BL	2	0	Regularly	
	Bosch Analytical Balance, 200G/0.0001G sae200	1	0	Regularly	
	Bosch Top Loading Balance, 410gx0.0016ep 400	1	0	Regularly	
	National air Conditioner CS/U 2403KP	7	0	Regularly	
	National Air Conditioner CS/U 1803KP	4	0	Regularly	
	National Air Conditioner CS/U 1203KP	4	0	Regularly	
	Nikon Alphaphot Y52-HF & H (6 each)	12	0	Regularly	
	PC Pentium 100, Desktop computer	3	X	Never	Obsolete
	Precision Water Bath #66554, Model 188 GP	2	0	Regularly	
	Apple Performa 5320 603E/120 PC	1	X	Never	Obsolete
	Laserwriter 4/599 FS	1	0	Regularly	
	Memmert CO2 Incubation, Model INCO 2/245	1	0	Regularly	
	Laboratory Center Table w/sink	1	0	Regularly	
	Laboratory Center Table w/o sink	1	0	Regularly	
	Laboratory Side Table	1	0	Regularly	
	Laboratory Sink Base Cabinet	1	0	Regularly	
	SANYO Autoclave MSL-3020	3	0	Regularly	
	Distilling/deioning Apparatus WSC044	1	0	Regularly	
	SANYO Deep Freezer-80C, MDF 40865	2	0	Regularly	

Year	Name of Equipment	Qty.	Condition	Frequency of Use	Remarks
	NUARE Clean bench Model Airgard301	1	0	Regularly	
	EEPENDORF Refrigerated Centrifuge Model 5403	1	0	Regularly	
	SANYO Laboratory Washer MJW-8010	1	0	Regularly	
	Ultrasonic Washer 21810-908	1	0	Regularly	
	Ice Machine SIM-F123	1	0	Regularly	
	SANYO Deep Freezer –30C, MDF536D	1	0	Regularly	
	NIKON MBE300AD Epi-Flourescence EDF-3 Set	1	0	Occasionally	
	NIKON MPC350AF Photomicrograp, System H-III-35	1	0	Occasionally	
	NIKON Labophot-2 Trinocular Microscope	1	0	Occasionally	
	Tissue Homogenizer	1	0	Regularly	
	Constant Temp. Circulator	1	0	Regularly	
	EIKI 4400 OHP	2	0	Occasionally	
	Bredford OHP Screen	2	0	Regularly	
	16MB 72 PIN SIMMS	1	0	Regularly	
	APC Back-up 600Ec UPS	1	0	Occasionally	
	Lecture Table	8	0	Regularly	
	Loop Cinerator	1	0	Regularly	
	Orbitual Shaker	2	0	Regularly	
	Digital Thermo, with watch	2	0	Regularly	
	Corning Hot Plate	1	0	Regularly	
	Corning Hot Plate, Stirrer	1	0	Regularly	
	HP Laserjet Printer 5L	3	0	Regularly	
	UPS	3	0	Regularly	
	Pharmaceutical Refrigerator MPR-10ss	1	0	Regularly	
	Pharmaceutical Refrigerator MPR-511	1	0	Regularly	
	SANYO Centrifuge MSE Mistral 1000E	1	0	Regularly	
1997	Refrigerated Centrifuge Harner 18/80R	1	0	Regularly	
	Taitec aluminum Block Bath Dtu-aC	1	0	Regularly	
	Centrifuge Dynac II w/fixed rotor 24 x 15ml	1	0	Regularly	
	Shaker Heidolph Circular Motion Unimax 1010 5kg	1	0	Regularly	
	Pipettes stand 53576-220 Sequencer H18962-0006	5	0	Regularly	
	MCA444AB Nikon Alphapot Microscope YS2-HF	1	0	Regularly	
	Risograph GR2750	1	0	Rarely	
	2.0HP Dual mountable air conditioner	1	0	Regularly	
	Eliza Plate Washer 85-499	1	0	Regularly	
	Thermal Cycler, 2400	1	0	Regularly	
	Television 29FXR20, 29" NTSC, Stereo	1	0	Regularly	
	SONY VHS SLV KS290, Hi-fi w/microphone input	1	0	Regularly	
	TOYOTA Hi-Ace 2.4 Diesel	1	0	Regularly	
	Standard Power pack Electrophoresis & Blotting	3	0	Regularly	
	EIKI LC XGA 970 Multimedia Projector	1	0	Regularly	
	Eppendorf Research Pipettor 0.5-10ul	1	0	Regularly	
	Eppendorf Research Pipettor 2-20ul	8	0	Regularly	
	Eppendorf Research Pipettor 100-1000ul	24	0	Regularly	
	Vertical Electrophoresis (Hoefer SE280)	1	0	Regularly	
	Submarine Electrophoresis	2	0	Regularly	
	Western Blot apparatus	1	0	Regularly	
	Power Macintosh Tower G3/750/32 mm	2	0	Regularly	
	ABI Prism 310 Genetic analyzer	1	0	Regularly	
	HP Brio Pentium 233 MMX Business system	5	0	Regularly	
	Phillip UPS 600VA	5	0	Regularly	
	Optical Drive 1.3 GB	3	0	Regularly	
	Optical Drive 1.3 GB	10	0	Regularly	
	HP Deskjet 1600C	2	0	Regularly	
	Cryogenic cap. Up to 2mm x colored caps	25	0	Regularly	
	Cryogenic storage box 9 x 9	25	0	Regularly	
	Cryogenic storage box 5 x 5	50	0	Regularly	
1998	P3 Laboratory Unit w/2 units of Bio-safety Cabinet	1	0	Regularly	

Year	Name of Equipment	Qty.	Condition	Frequency of Use	Remarks
	Wagon (Model – BNTS – 204)	1	0	Regularly	
	High Speed Micro Centrifuge	1	0	Regularly	
	Inverted Microscope	2	0	Regularly	
	CO2 Incubator w/ accessories (BL-321)	1	0	Regularly	
	CO2 Incubator w/ accessories (BL-161)	1	0	Regularly	
	Ultralow Freezer (Sanyo)	1	0	Regularly	
	Freezer/Refrigerator (Hitachi)	1	0	Regularly	
	Water Bath "Yamato"	1	0	Regularly	
	Laboratory Desk	1	0	Regularly	
	Shelf	1	0	Regularly	
	Wagon (Model – BNTS – 201)	2	0	Regularly	
	Autoclave "Tomy" Model: SS-325	1	0	Regularly	
	Chair – revolving stool w/caster	3	0	Regularly	
	Closet " Hitachi "	1	0	Regularly	
	Centrifuge	1	0	Regularly	
	Ultra Centrifuge	1	0	Regularly	
	Examination Table	2	0	Regularly	
	Pipette 2 – 50 ul	2	0	Regularly	
	Pipette 50 – 200 ul	2	0	Regularly	
	Pipette 200 – 1000 ul	2	0	Regularly	
	Multipipette	2	0	Occasionally	
	Utility Vehicle	1	0	Regularly	
	Desk Top Computer	2	0	Regularly	
	UPS	2	0	Regularly	
	Printer	2	0	Regularly	
	Pipette AID w/ filter	4	0	Occasionally	
	Pipette Carousel/Rack	2	0	Regularly	
	Cryogenic Cap. Up to 2 ml w/colored caps	25	0	Regularly	
	Cryogenic Storage Box 50's	50	0	Regularly	
	Cryogenic Storage Box 100's	20	0	Regularly	
	PCR Thermal Cycler	1	0	Regularly	
1999	PCR Apparatus		0	Regularly	
	1) Gene Amp 5700 Sequence Detection System	1	0	Regularly	
	2) Bio Rad Chef Mapper XA Chiller System	1	0	Regularly	
	3) Bio Rad Gel Doc 2000	1	0	Regularly	
	Microscope	21	0	Regularly	
	Thermal Cycler 9600	1	0	Regularly	
	Bio-safety Cabinet	1	0	Regularly	
	Millipore (Ultrapure)	1	0	Regularly	
2000	*Back up Generator*	1	0	Occasionally	
	Clean Bench	3	0	Regularly	
	Autoclave	1	0	Regularly	
	Freezer	1	0	Regularly	
	Incubator	1	0	Regularly	
	Pipettor 50 – 200 ul	9	0	Regularly	
	200 – 1000 ul	18	0	Regularly	
	Air conditioner	2	0	Regularly	
	Shelves for reagent	2	0	Regularly	
	Microscope	13	0	Regularly	
	Weighing Balance	4	0	Regularly	
	Bookbinder (Plastic combo and wire type)	2	0	Occasionally	
	Bookbinder (Hot melting type)	1	0	Rarely	
	Laminator	1	0	Rarely	
	Copier	1	X	Never	No spare parts
	TV Rack	2	0	Regularly	
	VTR	8	0	Rarely	
	Flash for Photograph	1	0	Occasionally	
	Computer Photos	1	0	Occasionally	

Annex F

Telephone Survey Results

ANNEX F

TELEPHONE SURVEY RESULTS

No.: 01

JICA-DOH Project for the Prevention and Control of HIV/AIDS
TELEPHONE SURVEY FOR CSWs

INTERVIEW SCHEDULE

INTERVIEWER (In Tagalog): Good Afternoon. My name is Alexander Flor and I am conducting an ex-post evaluation of the JICA-DOH Project for the Prevention and Control of HIV/AIDS. I was given your telephone number by the Social Health Clinic. Their records show that you have undergone pre-counseling on HIV/AIDS under this project. I would like to assess your recall, knowledge gain, attitude change and behavioral change two years after viewing the Ligaya videos and flipcharts. Your full names were not given to me, only your nicknames.

QUESTION 1: What do you remember of the Ligaya videos and the flipchart? Please relate the plot to me.

INTERVIEWER'S MARK:

1	2	3	4	5
			✓	

QUESTION 2: Please enumerate the things you learned from the Ligaya videos and the flipchart.

INTERVIEWER'S MARK:

1	2	3	4	5
			✓	

QUESTION 3: Did the materials change your attitude towards your work? HIV/ AIDS? Having safe sex?

INTERVIEWER'S MARK:

1	2	3	4	5
				✓

QUESTION 4: Please enumerate the things that you are doing now because of the Ligaya videos or the flipchart.

INTERVIEWER'S MARK:

1	2	3	4	5
			✓	

No.: 02

JICA-DOH Project for the Prevention and Control of HIV/AIDS
TELEPHONE SURVEY FOR CSWs

INTERVIEW SCHEDULE

INTERVIEWER (In Tagalog): Good Afternoon. My name is Alexander Flor and I am conducting an ex-post evaluation of the JICA-DOH Project for the Prevention and Control of HIV/AIDS. I was given your telephone number by the Social Health Clinic. Their records show that you have undergone pre-counseling on HIV/AIDS under this project. I would like to assess your recall, knowledge gain, attitude change and behavioral change two years after viewing the Ligaya videos and flipcharts. Your full names were not given to me, only your nicknames.

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			✓	

QUESTION 2: Please enumerate the things you learned from the Ligaya videos and the flipchart.

INTERVIEWER'S MARK:

1	2	3	4	5
				✓

QUESTION 3: Did the materials change your attitude towards your work? HIV/ AIDS? Having safe sex?

INTERVIEWER'S MARK:

1	2	3	4	5
			✓	

QUESTION 4: Please enumerate the things that you are doing now because of the Ligaya videos or the flipchart.

INTERVIEWER'S MARK:

1	2	3	4	5
				✓

No.: 03

JICA-DOH Project for the Prevention and Control of HIV/AIDS
TELEPHONE SURVEY FOR CSWs

INTERVIEW SCHEDULE

INTERVIEWER (In Tagalog): Good Afternoon. My name is Alexander Flor and I am conducting an ex-post evaluation of the JICA-DOH Project for the Prevention and Control of HIV/AIDS. I was given your telephone number by the Social Health Clinic. Their records show that you have undergone pre-counseling on HIV/AIDS under this project. I would like to assess your recall, knowledge gain, attitude change and behavioral change two years after viewing the Ligaya videos and flipcharts. Your full names were not given to me, only your nicknames.

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			✓	

QUESTION 2: Please enumerate the things you learned from the Ligaya videos and the flipchart.

INTERVIEWER'S MARK:

1	2	3	4	5
			✓	

QUESTION 3: Did the materials change your attitude towards your work? HIV/ AIDS? Having safe sex?

INTERVIEWER'S MARK:

1	2	3	4	5
			✓	

QUESTION 4: Please enumerate the things that you are doing now because of the Ligaya videos or the flipchart.

INTERVIEWER'S MARK:

1	2	3	4	5
			✓	

No.: 04

JICA-DOH Project for the Prevention and Control of HIV/AIDS
TELEPHONE SURVEY FOR CSWs

INTERVIEW SCHEDULE

INTERVIEWER (In Tagalog): Good Afternoon. My name is Alexander Flor and I am conducting an ex-post evaluation of the JICA-DOH Project for the Prevention and Control of HIV/AIDS. I was given your telephone number by the Social Health Clinic. Their records show that you have undergone pre-counseling on HIV/AIDS under this project. I would like to assess your recall, knowledge gain, attitude change and behavioral change two years after viewing the Ligaya videos and flipcharts. Your full names were not given to me, only your nicknames.

QUESTION 1: What do you remember of the Ligaya videos and the flipchart? Please relate the plot to me.

INTERVIEWER'S MARK:

1	2	3	4	5
			✓	

QUESTION 2: Please enumerate the things you learned from the Ligaya videos and the flipchart.

INTERVIEWER'S MARK:

1	2	3	4	5
			✓	

QUESTION 3: Did the materials change your attitude towards your work? HIV/ AIDS? Having safe sex?

INTERVIEWER'S MARK:

1	2	3	4	5
				✓

QUESTION 4: Please enumerate the things that you are doing now because of the Ligaya videos or the flipchart.

INTERVIEWER'S MARK:

1	2	3	4	5
				✓

No.: 05

JICA-DOH Project for the Prevention and Control of HIV/AIDS
TELEPHONE SURVEY FOR CSWs

INTERVIEW SCHEDULE

INTERVIEWER (In Tagalog): Good Afternoon. My name is Alexander Flor and I am conducting an ex-post evaluation of the JICA-DOH Project for the Prevention and Control of HIV/AIDS. I was given your telephone number by the Social Health Clinic. Their records show that you have undergone pre-counseling on HIV/AIDS under this project. I would like to assess your recall, knowledge gain, attitude change and behavioral change two years after viewing the Ligaya videos and flipcharts. Your full names were not given to me, only your nicknames.

QUESTION 1: What do you remember of the Ligaya videos and the flipchart? Please relate the plot to me.

INTERVIEWER'S MARK:

1	2	3	4	5
		✓		

QUESTION 2: Please enumerate the things you learned from the Ligaya videos and the flipchart.

INTERVIEWER'S MARK:

1	2	3	4	5
			✓	

QUESTION 3: Did the materials change your attitude towards your work? HIV/ AIDS? Having safe sex?

INTERVIEWER'S MARK:

1	2	3	4	5
		✓		

QUESTION 4: Please enumerate the things that you are doing now because of the Ligaya videos or the flipchart.

INTERVIEWER'S MARK:

1	2	3	4	5
				✓

No.: 06

JICA-DOH Project for the Prevention and Control of HIV/AIDS
TELEPHONE SURVEY FOR CSWs

INTERVIEW SCHEDULE

INTERVIEWER (In Tagalog): Good Afternoon. My name is Alexander Flor and I am conducting an ex-post evaluation of the JICA-DOH Project for the Prevention and Control of HIV/AIDS. I was given your telephone number by the Social Health Clinic. Their records show that you have undergone pre-counseling on HIV/AIDS under this project. I would like to assess your recall, knowledge gain, attitude change and behavioral change two years after viewing the Ligaya videos and flipcharts Your full names were not given to me, only your nicknames.

QUESTION 1: What do you remember of the Ligaya videos and the flipchart? Please relate the plot to me.

INTERVIEWER'S MARK:

1	2	3	4	5
		✓		

QUESTION 2: Please enumerate the things you learned from the Ligaya videos and the flipchart.

INTERVIEWER'S MARK:

1	2	3	4	5
				✓

QUESTION 3: Did the materials change your attitude towards your work? HIV/AIDS? Having safe sex?

INTERVIEWER'S MARK:

1	2	3	4	5
			✓	

QUESTION 4: Please enumerate the things that you are doing now because of the Ligaya videos or the flipchart.

INTERVIEWER'S MARK:

1	2	3	4	5
		✓		

No.: 07

JICA-DOH Project for the Prevention and Control of HIV/AIDS
TELEPHONE SURVEY FOR CSWs

INTERVIEW SCHEDULE

INTERVIEWER (In Tagalog): Good Afternoon. My name is Alexander Flor and I am conducting an ex-post evaluation of the JICA-DOH Project for the Prevention and Control of HIV/AIDS. I was given your telephone number by the Social Health Clinic. Their records show that you have undergone pre-counseling on HIV/AIDS under this project. I would like to assess your recall, knowledge gain, attitude change and behavioral change two years after viewing the Ligaya videos and flipcharts. Your full names were not given to me, only your nicknames.

QUESTION 1: What do you remember of the Ligaya videos and the flipchart? Please relate the plot to me.

INTERVIEWER'S MARK:

1	2	3	4	5
			✓	

QUESTION 2: Please enumerate the things you learned from the Ligaya videos and the flipchart.

INTERVIEWER'S MARK:

1	2	3	4	5
			✓	

QUESTION 3: Did the materials change your attitude towards your work? HIV/ AIDS? Having safe sex?

INTERVIEWER'S MARK:

1	2	3	4	5
			✓	

QUESTION 4: Please enumerate the things that you are doing now because of the Ligaya videos or the flipchart.

INTERVIEWER'S MARK:

1	2	3	4	5
			✓	

No.: 08

JICA-DOH Project for the Prevention and Control of HIV/AIDS
TELEPHONE SURVEY FOR CSWs

INTERVIEW SCHEDULE

INTERVIEWER (In Tagalog): Good Afternoon. My name is Alexander Flor and I am conducting an ex-post evaluation of the JICA-DOH Project for the Prevention and Control of HIV/AIDS. I was given your telephone number by the Social Health Clinic. Their records show that you have undergone pre-counseling on HIV/AIDS under this project. I would like to assess your recall, knowledge gain, attitude change and behavioral change two years after viewing the Ligaya videos and flipcharts. Your full names were not given to me, only your nicknames.

QUESTION 1: What do you remember of the Ligaya videos and the flipchart? Please relate the plot to me.

INTERVIEWER'S MARK:

1	2	3	4	5
				✓

QUESTION 2: Please enumerate the things you learned from the Ligaya videos and the flipchart.

INTERVIEWER'S MARK:

1	2	3	4	5
			✓	

QUESTION 3: Did the materials change your attitude towards your work? HIV/ AIDS? Having safe sex?

INTERVIEWER'S MARK:

1	2	3	4	5
		✓		

QUESTION 4: Please enumerate the things that you are doing now because of the Ligaya videos or the flipchart.

INTERVIEWER'S MARK:

1	2	3	4	5
			✓	

No.: 09

JICA-DOH Project for the Prevention and Control of HIV/AIDS
TELEPHONE SURVEY FOR CSWs

INTERVIEW SCHEDULE

INTERVIEWER (In Tagalog): Good Afternoon. My name is Alexander Flor and I am conducting an ex-post evaluation of the JICA-DOH Project for the Prevention and Control of HIV/AIDS. I was given your telephone number by the Social Health Clinic. Their records show that you have undergone pre-counseling on HIV/AIDS under this project. I would like to assess your recall, knowledge gain, attitude change and behavioral change two years after viewing the Ligaya videos and flipcharts. Your full names were not given to me, only your nicknames.

QUESTION 1: What do you remember of the Ligaya videos and the flipchart? Please relate the plot to me.

INTERVIEWER'S MARK:

1	2	3	4	5
			✓	

QUESTION 2: Please enumerate the things you learned from the Ligaya videos and the flipchart.

INTERVIEWER'S MARK:

1	2	3	4	5
				✓

QUESTION 3: Did the materials change your attitude towards your work? HIV/ AIDS? Having safe sex?

INTERVIEWER'S MARK:

1	2	3	4	5
			✓	

QUESTION 4: Please enumerate the things that you are doing now because of the Ligaya videos or the flipchart.

INTERVIEWER'S MARK:

1	2	3	4	5
			✓	

No.: 10

JICA-DOH Project for the Prevention and Control of HIV/AIDS
TELEPHONE SURVEY FOR CSWs

INTERVIEW SCHEDULE

INTERVIEWER (In Tagalog): Good Afternoon. My name is Alexander Flor and I am conducting an ex-post evaluation of the JICA-DOH Project for the Prevention and Control of HIV/AIDS. I was given your telephone number by the Social Health Clinic. Their records show that you have undergone pre-counseling on HIV/AIDS under this project. I would like to assess your recall, knowledge gain, attitude change and behavioral change two years after viewing the Ligaya videos and flipcharts. Your full names were not given to me, only your nicknames.

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INTERVIEWER'S MARK:

1	2	3	4	5
			✓	

QUESTION 2: Please enumerate the things you learned from the Ligaya videos and the flipchart.

INTERVIEWER'S MARK:

1	2	3	4	5
			✓	

QUESTION 3: Did the materials change your attitude towards your work? HIV/ AIDS? Having safe sex?

INTERVIEWER'S MARK:

1	2	3	4	5
				✓

QUESTION 4: Please enumerate the things that you are doing now because of the Ligaya videos or the flipchart.

INTERVIEWER'S MARK:

1	2	3	4	5
				✓

No.: 11

JICA-DOH Project for the Prevention and Control of HIV/AIDS
TELEPHONE SURVEY FOR CSWs

INTERVIEW SCHEDULE

INTERVIEWER (In Tagalog): Good Afternoon. My name is Alexander Flor and I am conducting an ex-post evaluation of the JICA-DOH Project for the Prevention and Control of HIV/AIDS. I was given your telephone number by the Social Health Clinic. Their records show that you have undergone pre-counseling on HIV/AIDS under this project. I would like to assess your recall, knowledge gain, attitude change and behavioral change two years after viewing the Ligaya videos and flipcharts. Your full names were not given to me, only your nicknames.

QUESTION 1: What do you remember of the Ligaya videos and the flipchart? Please relate the plot to me.

INTERVIEWER'S MARK:

1	2	3	4	5
			✓	

QUESTION 2: Please enumerate the things you learned from the Ligaya videos and the flipchart.

INTERVIEWER'S MARK:

1	2	3	4	5
				✓

QUESTION 3: Did the materials change your attitude towards your work? HIV/AIDS? Having safe sex?

INTERVIEWER'S MARK:

1	2	3	4	5
			✓	

QUESTION 4: Please enumerate the things that you are doing now because of the Ligaya videos or the flipchart.

INTERVIEWER'S MARK:

1	2	3	4	5
				✓

No.: 12

JICA-DOH Project for the Prevention and Control of HIV/AIDS
TELEPHONE SURVEY FOR CSWs

INTERVIEW SCHEDULE

INTERVIEWER (In Tagalog): Good Afternoon. My name is Alexander Flor and I am conducting an ex-post evaluation of the JICA-DOH Project for the Prevention and Control of HIV/AIDS. I was given your telephone number by the Social Health Clinic. Their records show that you have undergone pre-counseling on HIV/AIDS under this project. I would like to assess your recall, knowledge gain, attitude change and behavioral change two years after viewing the Ligaya videos and flipcharts. Your full names were not given to me, only your nicknames.

QUESTION 1: What do you remember of the Ligaya videos and the flipchart? Please relate the plot to me.

INTERVIEWER'S MARK:

1	2	3	4	5
			✓	

QUESTION 2: Please enumerate the things you learned from the Ligaya videos and the flipchart.

INTERVIEWER'S MARK:

1	2	3	4	5
				✓

QUESTION 3: Did the materials change your attitude towards your work? HIV/ AIDS? Having safe sex?

INTERVIEWER'S MARK:

1	2	3	4	5
			✓	

QUESTION 4: Please enumerate the things that you are doing now because of the Ligaya videos or the flipchart.

INTERVIEWER'S MARK:

1	2	3	4	5
				✓

No.: 13

JICA-DOH Project for the Prevention and Control of HIV/AIDS
TELEPHONE SURVEY FOR CSWs

INTERVIEW SCHEDULE

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No.: 14

JICA-DOH Project for the Prevention and Control of HIV/AIDS
TELEPHONE SURVEY FOR CSWs

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No.: 15

JICA-DOH Project for the Prevention and Control of HIV/AIDS
TELEPHONE SURVEY FOR CSWs

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No.: 16

JICA-DOH Project for the Prevention and Control of HIV/AIDS
TELEPHONE SURVEY FOR CSWs

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No.: 17

JICA-DOH Project for the Prevention and Control of HIV/AIDS
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No.: 18

JICA-DOH Project for the Prevention and Control of HIV/AIDS
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