



COPE HIV

Communities Operationalizing
People-centered HIV response

INFLUENCING THE FLOW OF FUNDS:

A Toolkit for HIV Financing Advocacy at the Local Level



Influencing the Flow of Funds: **A Toolkit for HIV Financing Advocacy at the Local Level**

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1. FOREWORD



In the implementation sites of the COPE project, community organizations are being trained and mentored on HIV programming, financial management, policy advocacy, and strategies to influence the allocation of local government unit (LGU) funds. This toolkit enhances the knowledge base to support our community advocates in their efforts to secure increased and strategic local HIV financing.

With experience working at both national and local levels, I have learned that a robust and sustainable HIV response relies on consistent HIV budget allocation at the local level. However, local government budgets are more than just numbers; they reflect the values and priorities of the LGU. Therefore, community-led organizations must thoroughly understand the LGU's budget processes, policies, and stakeholders to engage in informed and effective dialogue with local decision-makers. ing AIDS by 2030.



This Toolkit for HIV Financing Advocacy is very welcome. Its contents are clear, practical, and full of good advice and suggestions. I commend the exemplary community organizations that have successfully advocated for local funding and have executed social contracting models. I hope that you help expand these models in communities most in need of them. I hope that this Toolkit will be used by our community-organizations to influence LGUs to allot adequate resources to address gaps in HIV prevention, testing, treatment, and care service coverage. As local funds are channeled towards HIV programs, we can harness the momentum to drive progress towards achieving our country's Political Declaration on HIV and AIDS; a vision where we eliminate inequalities and bring us closer to ending AIDS by 2030.

Louie Ocampo, MD
Country Director
UNAIDS Philippines

2. ACKNOWLEDGEMENTS

We want to extend our deepest gratitude to the numerous individuals and organizations who have helped make this toolkit possible.

To the COPE Team and ACHIEVE, we appreciate your tireless support in ensuring that community-led organizations are capacitated and prepared to have access to the resources they need, which has inspired us.

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To Positibong Pasigueno, Team Dugong Bughaw, FPOP Iloilo and other community organizations that worked with COPE in the LGUs, your passion and dedication to raising HIV and AIDS-related issues, especially in narrowing the gap in domestic HIV financing have inspired the development of this toolkit.

This toolkit is a testament to the power of collaboration, and perseverance in the pursuit of ensuring that resources are focused to where they are most needed. We hope that this will serve as a valuable resource for advocates, communities, and stakeholders working together to achieve this vision.

3. ACRONYMS

ACHIEVE	Action for Health Initiatives, Inc.
AIDS	Acquired Immune Deficiency Syndrome
AMTP	AIDS Medium-Term Plan
ARV	Antiretroviral
BIR	Bureau of Internal Revenue
CHD	Center for Health Development
CHO	City Health Office
CLO	Community-Led Organizations
CSO	Civil Society Organization
DBM	Department of Budget and Management
DFAT	Australian Department of Foreign Affairs and Trade
DILG	Department of Interior and Local Government
DOH	Department of Health
HIV	Human Immunodeficiency Virus
IRA	Internal Revenue Allotment
KAP	Key-Affected Population
LCE	Local Chief Executive
LGU	Local Government Unit
NGA	National Government Agency
NGO	Non-Government Organization
PhilGEPS	Philippine Government Electronic Procurement System
PLHIV	Person Living with HIV
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis
UHC	Universal Health Care
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

4. INTRODUCTION

4.1 HIV Situation

HIV, or human immunodeficiency virus, is an incurable virus that attacks the immune system and can lead to AIDS. The Philippines is one of the countries in the world facing a growing HIV epidemic. The country has registered the fastest-growing HIV epidemic in the Asia-Pacific in the past decade years where from 2012 to 2023, there was a 411% increase in daily incidence. The country is seeing an accelerated increase in the number of new HIV infections. From one new case a day in 2008, the number of new reported cases rose to 41 in December 2023. [1]

As of December 2023, a total of 7,233 Filipinos have died because of AIDS-related causes since 1984. Of this, 3,5300, or 49% came from those who are 25-34 years of age. According to the UNAIDS, the estimated PLHIV in the Philippines could reach 364,000 by 2030 with which nearly half of the new infections will be among the youth ages 15 to 24 years old. [2] The magnitude of the escalating concentrated HIV epidemic in the Philippines continues to be felt by the key populations it directly affects. The HIV situation thus demands increased resource allocation and programmatic enhancements.

The government of the Philippines has developed strategies to address the HIV epidemic. In 2022, the Department of Health and the Philippine National AIDS Council launched the 2023 to 2028 AIDS Medium Term Plan (AMTP). This is the country's guide for strategic HIV response and a catch-up plan due to the derailment of response due to the COVID-19 pandemic. The high-level targets of the 7th AMTP are linked to the promise of the Political Declaration on HIV and AIDS to end inequalities and to get on track to end AIDS by 2030.

According to the 7th AMTP, the funding estimate to reach the target is P32.3 billion from 2021-2023 but an assessment of resources from different funding channels reveals that the total anticipated resources are only 40% of the P32.3 billion financing requirement, with a 60% funding gap. The mobilization of resources is crucial to implementing the 7th AMTP, particularly in increasing investments from LGUs and NGAs and harnessing the resources from development partners.

Prevention services will increasingly have to be funded by LGUs, in line with the provisions of the Universal Health Care (UHC) Act and the recent re-devolution policy, the EO 138 or the Mandanas Ruling. This ruling increased the Internal Revenue Allotment (IRA) of LGUs while deducting said increase from the budgets of NGAs leaving many programs and services that the NGAs delivered will now be devolved to the LGUs. Towards a fully resourced and sustainable HIV response, in the Philippines, the 7th AMTP has identified strategies such as LGU inclusion of HIV Investment and Ordinances Planning in their MOOE and sustained budget advocacy by CSOs, especially at the LGU level. [3]

[1] HIV/AIDS & ART Registry of the Philippines. Oct-Dec 2023. Department of Health Epidemiology Bureau. <https://doh.gov.ph/health-statistics/hiv-sti/>

[2] UNAIDS: PLHIV in the PH could reach 364,000 by 2030. 2023. Bancud, A. <https://pia.gov.ph/news/2023/05/23/unais-plhiv-in-the-ph-could-reach-364000-by-2030>

[3] 7TH AMTP. Philippine National AIDS Council. December 2022

4.2 HIV Financing Landscape

One significant aspect of HIV financing in the Philippines is the reliance on external funding from international donors and organizations such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS, and various bilateral aid agencies. These funds play a crucial role in supporting HIV programs, especially in providing antiretroviral therapy (ART), HIV testing and counseling services, and prevention initiatives. Community-based organizations and key population-led groups also heavily rely on external funding to provide essential services due to the unique nature and circumstances of their target populations.

The ambitious 95-95-95 target for HIV response in the Philippines required a total estimated funding of Php 32.3 billion from 2021 to 2023. However, an assessment revealed that the total commitment and anticipated resources only cover 40% of the financing requirement, resulting in a substantial 60% funding gap at the national level.

As efforts to combat HIV are scaled up, there will be increased resource requirements. Comparing current projections with the targets outlined in the 7th AMTP, it is estimated that between 49-82 million USD per year will be needed from 2022 to 2025, with an even higher amount required to achieve the AMTP targets, ranging from 58-103 million USD per year. However, investing in these targets is projected to significantly reduce cumulative infections and AIDS-related deaths from 2022 to 2030, resulting in averted infections and saved lives.

However, challenges persist such as the fragmented and overlapping funding streams for HIV and AIDS services which exacerbate financing gaps. The implementation of the Universal Health Care (UHC) Act of 2019 is anticipated to address some of these challenges by mandating the enrollment of all Filipinos into the National Health Insurance Program, with immediate access to benefits, including those related to HIV. PhilHealth and other prepayment mechanisms are expected to cover individual case management costs, while population-based services are to be supported by the Department of Health (DOH), local government units (LGUs), and national government agencies.

Lack of efficient tracking of commitments and contributions by relevant national government agencies often results in mismatches between funding and program requirements, hindering the achievement of desired health outcomes. Among government agencies involved in the Philippine National AIDS Council (PNAC), only the DOH and DSWD have concrete allocations for HIV in their budgets. Many other agencies, including the DBM, DepEd, CHED, CSC, DOLE, DILG, NYC, PIA, House of Representatives- Committee on Health, and Senate Committee on Health, do not have dedicated HIV programs, leading to the absence of HIV-related costs in their budgets. Similarly, only a few LGUs allocate funds for HIV in their Maintenance and Other Operating Expenses (MOOE). [1]

[1] 7TH AMTP. Philippine National AIDS Council. December 2022

4.3 The COPE Project

Community Operationalizing People-Centered HIV Response (COPE) is a project of Action for Health Initiatives, Inc. (ACHIEVE) in partnership with UNAIDS and funded by the Department of Foreign Affairs and Trade of Australia (DFAT). The project supports strengthening community systems that include community-led monitoring and social contracting.

Social contracting is a financing option by which governments finance programs, interventions, and other activities implemented by civil society actors. This option could help prevent reductions and disruptions in targeted services for key and vulnerable populations (in particular) and ideally contribute to more rapidly expanding effective HIV, tuberculosis (TB), and malaria responses.[1] COPE aims to establish and improve the meaningful partnership between the government, civil society, and community organizations, particularly in the work on policies, investments, strategic and investment plans, and governance at the national and local levels.

One of the project's main objectives is to narrow the gap in domestic HIV financing. At the national level, the project has supported the development of the 7th AIDS Medium Term Plan of the Philippines which aims to prevent more, test more, treat more, and protect more in the next six (6) years. Supported by COPE, ACHIEVE together with other HIV civil society and community organizations was able to successfully advocate for increased HIV Financing through the additional PHP9 million budget of the Philippine National AIDS Council (PNAC) for 2023.

In the 10 project sites of COPE, 11 community organizations are being trained and mentored on program and finance management, including project development and monitoring. This will increase their capacity and eligibility to contract with the government and allow them to receive public funds to conduct activities on HIV prevention, testing, and treatment. This will further increase and improve the coverage of the government HIV services through these organizations. These organizations will also develop or improve their advocacy plans through the workshops on HIV financing advocacy and local governance participation and monitoring.

Working for the sustainability of the programs and activities undertaken by COPE, certain parts of the project have been included in the next Global Fund Funding Request, which includes support for community-led monitoring, sustainable HIV financing, and social contracting. This is embedded in the grant's plan to engage relevant stakeholders to sustain key products like CLM through the M&E Committee of the PNAC, as well as the institutionalization of social contracting in local AIDS policies.

[1] A global consultation on social contracting . 2017. SHIFT. http://shifthivfinancing.org/reports/social_contracting_report_2017/

5. NOTE TO USERS

This toolkit was designed for advocates who work in community-led organizations that aim to advocate for increased and strategic HIV financing at the local level. Advocating for increased HIV funding and advocating to receive funding will require local governance participation and monitoring which means being armed and capacitated with knowledge of local government budget processes, policies, and stakeholders. Another aim is to be allowed to receive LGU funds (social contracting) to conduct activities on HIV prevention, testing, and treatment, but this will require more than Local level participation and knowledge, but also CSO accreditation requirements and implementation and/or financial track record.

There are different levels of preparation needed before the actual dialogue with local stakeholders. As a financing advocate, you need to carefully consider the following:

01

Prepare and plan

You need to prepare yourself. As advocates, you need a plan and must be armed with knowledge at least on HIV-related data and financing policies. This toolkit will give you an overall picture of how advocacy work is done and provide you a detailed explanation and illustrative examples focused on HIV Financing Advocacy.

02

Speak to persuade

Convincing local governments to allot or increase funding for stigmatized diseases like HIV and AIDS will be a challenge. Gathered evidence from research and the lived experiences of the community can be used as counter-arguments. Advocating for strategic investments may mean making local leaders understand the importance of focusing resources where they are most needed and why “investments” needs to start early while the epidemic is considerably lower and concentrated.

03

Commit to your goal

Explaining and debating on budgets, financing, policies, and laws are generally difficult and will take time. However, by committing to your plans and studying investment tools and related policies, advocating will become easier in practice. Advocacy goals usually require long-term efforts, so monitoring and evaluation of actions is crucial for success.

6. ADVOCACY EXPLAINED



Community-led organizations have a unique vantage point in engaging in advocacy because they are the most affected by the issues and situations that require change. This means they have a huge stake in the success of advocacy because the result affects them and their members directly. Additionally, as communities directly affected by laws, policies and programs in HIV and AIDS, their voices would play a critical role in influencing decision-makers, especially those in elected positions.

6.1 What is advocacy?

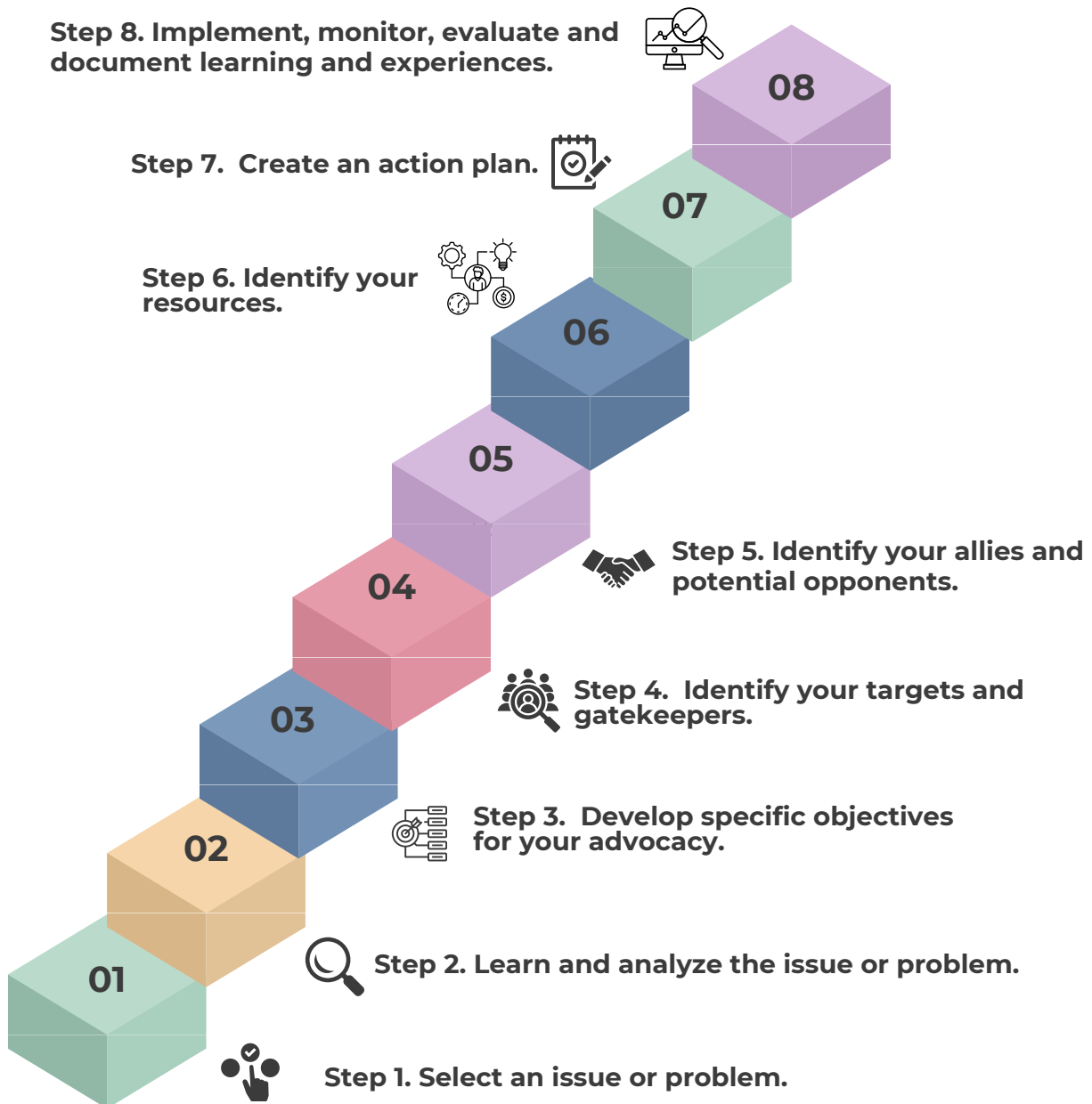
Advocacy is a process of convincing or influencing people who are in a position to make, change, or remove programs, laws, and policies. As such, the target of advocacy activities and campaigns are usually lawmakers at the national and local levels of government and decision-makers who create policies, regulations, and guidelines, and those who design and develop programs and services.

“The aims of advocacy are to create and change policies, laws, regulations, distribution of resources or other decisions that affect people’s lives and to ensure that such decisions lead to implementation.” (Buckley, 2018) Because advocacy work is focused on creating, changing, or removing laws and policies, it usually takes a long time to see impact. However, the changes that successful advocacy brings about are also more strategic and long-lasting.

Like many skills, advocacy can be learned. This toolkit uses the following framework that describes the steps in doing advocacy. However, experience is always best in honing the skills of anyone who is interested in engaging in advocacy. Having a framework to guide the planning process of an advocacy campaign will help groups and organizations in setting priorities, determining resource needs, and adequately preparing for and implementing an effective advocacy campaign.

This section will briefly explain each step to give the Users an overall picture of how advocacy work is done. The more detailed explanation and illustrative examples will be done in the next section and will be more focused on HIV Financing Advocacy.

6.2 The 8 Steps in the Advocacy Planning Framework





Step 1. Select an Issue or Problem

Every advocacy activity begins with the selection of a problem you want to address or help to solve. As community-led organizations, you are in a position to know the issues or problems faced by your communities. It would be a matter of prioritizing these problems, if there are several, to determine which one you want to address first.

There are different ways of selecting and prioritizing issues or problems faced by your community. You can find out by holding consultation meetings, either with specific members of your community who are informed enough to give you clear and accurate insights, or through group consultations. In many instances, there may be studies or research work that you can use as a basis to determine the issues of your community.

What is important for you to remember when choosing an issue to be addressed by advocacy is that *1) the issue affects your entire community or most of the members of your community, and 2) there is a clear basis for why this is the issue or problem you are choosing.*

Once you have selected the issue or problem you want to address through advocacy, you have to study and learn everything you can about the issue or problem. This brings you to the next step.



Step 2. Learn and analyze the issue or problem

You need to have a good evidence base to support you. It is important to study existing documents related to the issue or problem you selected that will help you present a good case for what you want to achieve, whether it's the creation, amendment or repeal of laws and policies, or the establishment of better programs and services. If the problem or issue you selected lacks existing literature or there isn't a lot of materials you can study to help you understand it better, you may choose to conduct your own research to generate data that can help you in your advocacy.

There are tools you can use to analyze issues or problems. Many of these can be found online and you can choose which ones work best for you. A common and effective tool that is very helpful for your advocacy work is the Problem Tree Analysis.

It allows you to determine the root cause or causes of problems, as well as the possible outcomes and impacts of such problems if they remain unsolved. This will help you decide how best to address the problem.

You can choose to focus on addressing the root cause of the problem, which may be strategic but may take a long time and require so much resources. Or you can choose to address a part of the problem that is more realistic for you based on your resources and your organization's mandate. A more detailed explanation of the Problem Tree Analysis can be found in Annex 1.



Step 3. Develop specific objectives for your advocacy

To succeed in your advocacy, you need to be very clear about your advocacy objectives. As mentioned in the section above, the aim of advocacy is to influence the creation, amendment or repeal of laws and policies and programs. So your objectives need to align with this. For example, “To push for the creation of a local HIV ordinance in the City of Manila,” is an advocacy objective. On the other hand, “To raise awareness of Barangay officials in Manila on basic HIV information,” is not an advocacy objective.

To help you develop your advocacy objectives, remember the following guide. Objectives need to be **S-M-A-R-T**. This stands for:

Specific – Objectives should focus on a particular aim that addresses the issue or problem you selected. You can have more than one objective. Just make sure that your objectives are related to each other cohesively.

Measurable – You need to be able to see tangible results to say that you have achieved your objectives. Take the example above, “To push for the creation of a local HIV ordinance in the City of Manila.” A tangible result would be that at the end of your advocacy campaign, an HIV ordinance is passed by the City Council and signed by the Mayor.

There may be smaller outputs along the way before the ordinance is passed, like the number of consultations conducted by the Council to develop the HIV bill, or the number of Committee Hearings held by the Council to discuss the HIV bill. These are outputs that become the building blocks to your ultimate advocacy objective, which is to have a City HIV Ordinance.

Appropriate – Your advocacy objectives should align with the result you hope to achieve, which is to address the issue or problem you identified. Also, you need to make sure that the activities you conduct are relevant to your objectives so that you can expect the greatest impact. For example, if you want to have an HIV ordinance in your City, your activities should be related to working with relevant stakeholders to ensure that the HIV ordinance reflects the provisions that will address the issue or problem you identified.

Realistic – Make sure you set objectives that you can meet based on your organization’s capacities, resources, and time. An objective like “To end the HIV epidemic in the Philippines,” is not realistic because this is a goal that cannot be achieved by one organization.

Time-bound – It will be easier for you to plan and monitor your advocacy work if you set specific timeframes to your objectives. Keep in mind that advocacy can sometimes take a long time, like years or even decades in the case of national laws. However, you can set timeframes for your specific objectives so that you can tick off each step that you accomplish as you conduct your advocacy campaign.



Step 4. Identify Your Targets and Gatekeepers

In advocacy, targets are the people whose decisions you want to influence. They are those who are in a position to give or not give you what you are advocating for. In the given example above on advocating for a HIV Ordinance in the City of Manila, your targets are the City Councilors who create local laws and policies, the Vice Mayor who presides over the City Council or the Mayor who will sign the bill into law.

Gatekeepers (sometimes called indirect targets), on the other hand, are people who can get you access to the targets or influence the decision of the targets. For example, the Chief of Staff of your Councilor may be an important gatekeeper because the Councilor will not meet with anyone who is not first screened and approved by the Chief of Staff. Gatekeepers may also be people who have a personal relationship with the advocacy target, like their spouses or close friends who have a significant influence over the targets.



Step 5. Identify your allies and potential opponents

Advocacy campaigns are won through the unified efforts of various groups working together to reach a common goal. When planning on your advocacy campaign, it is important to have allies and supporters who believe in what you're working on and who are willing to contribute their resources to help you achieve your advocacy objectives.

You should also be prepared to deal with potential opponents who are also competing with you as they advance their own advocacy agenda. Because of the different sources of stigma on HIV and AIDS, there are those who do not agree with the things that HIV advocates are advancing.

For example, there are groups that do not want to promote sexuality education in schools. As advocates, you need to be ready to respond to their arguments against your cause. The best way to respond effectively to opponents is with facts gathered from sound research and the lived experiences of the community. This is why the second step, learning about the issue or problem you want to address, is very important.





Step 6. Identify your resources

It would be very difficult to succeed in your advocacy campaign if you did not have adequate resources. Resources do not just mean funding. It includes the people who will be doing the legwork, those who will be helping you with research, with consultation meetings and with writing your materials like policy briefs and position papers.

With the wide reach of social media, you also need to have access to the internet and the skills and human resources who are tech-savvy and could maximize all forms of media to help your advocacy. Resources refers to everything you need to conduct a successful advocacy campaign. To help you plan your advocacy better, you need to have an inventory of all the resources you have or have access to.



Step 7. Create an action plan

Always have a clear action plan laid out when you embark on your advocacy campaign. Your plan should reflect all the contents for each of the steps enumerated above. To help you out, there is a sample action plan template in Annex 2.



Step 8. Implement, monitor, evaluate and document learning and experiences.

Always monitor the progress of your advocacy campaign based on the action you created. At the end of each milestone in your plan, take the time to evaluate your plan. Examine what you did well and how you can sustain and improve them. Take note of the challenges you encountered and the things that you could have done better. Be honest and fair in your evaluation of your work.

Remember to always document your journey, especially the things you learn along the way as you implement your advocacy. This will give you insights on how to mount more effective advocacy campaigns in the future. It can also be a source of learning and inspiration for your partners who are interested in pursuing their own advocacy work. A sample monitoring, evaluation and learning template can be found in Annex 3.

7. FOCUS ON SUSTAINABLE HIV FINANCING ADVOCACY

In this section, you will learn the various areas of advocacy you need to engage in to reach the goal of having sustainable financing for HIV programs in your locality. This toolkit will focus on **three main areas of Financing Advocacy**:

1. Influencing Local HIV Plans and Investments
2. Participating in Local Budget Advocacy
3. Convincing LGUs to Engage in Social Contracting

But before that, if you are engaging in financial advocacy for the first time, there are some things that you first need to understand, as well as some things you need to do to prepare you better.



7.1 UNDERSTANDING HIV FINANCING ADVOCACY

To implement advocacy for sustainable HIV financing, CLOs need to first understand what sustainability of HIV programs mean. Sustainability is defined as meeting the needs of the present without compromising the future.[1] If we apply this to HIV programs, sustainability of HIV programs would mean meeting the requirements to achieve the goal of ending AIDS without compromising resources needed for other health and development needs now and in the future.

[1] <https://www.un.org/en/academic-impact/sustainability>

Sustainability of HIV programs has the following elements:

1

Evidence-based HIV programs are sufficiently funded from domestic and international sources.

This element emphasized two things, 1) HIV programs need to be based on evidence of what is relevant to and effective for the right communities that need to be reached by HIV prevention, testing, treatment, and care services, and 2) funds to deliver these HIV programs are enough, whether they are from domestic or international sources.

2

HIV programs are scaled up based on strategy and there is space to frontload investments.

As the number of new HIV infections will continue to increase before they decrease, it is crucial to have adequate resources to address current gaps in HIV prevention, testing, treatment and care service coverage, as well as eventually support expansion of and scale-up of interventions.

3

Evidence-based HIV programs are sufficiently funded from domestic and international sources.

The 30-60-80 targets of the UNAIDS Global AIDS Strategy highlight the need to ensure there is adequate funding and support for community-led HIV interventions. The strategy recommends that by 2025, 30% of all HIV testing and treatment services are delivered by community-led organizations; 60% of program to support societal enablers are delivered by community-led organizations and this includes responding to human rights barriers and addressing stigma and discrimination, and; 80% of HIV prevention service delivery for key populations and women are delivered by communities, key populations and women-led organizations.[1] The Philippine Government is committed to contributing to the realization of the Global AIDS Strategy. This should be concretized through the mobilization of resources to support community-led HIV programs and services.

4

There is adequate and participatory planning to respond to transitions in domestic funding.

As you advocate for the sustainability of HIV financing at the local level, you can expect that there will eventually be a shift or transition in domestic funding. Either the local government will increase their funding allocation for HIV or there will be new partners and stakeholders from within the local government or the private who will be investing in the local HIV response. Before these changes happen, it is important that the local government, as well as civil society and community-led organizations are prepared. This requires planning that involves all sectors, especially people living with HIV, key populations, community-led organization and civil society organizations.

[1] <https://www.un.org/en/academic-impact/sustainability>

Understanding HIV Financing Advocacy: Community Preparation

Before embarking on your financing advocacy work, there are some important steps you need to go through: *community mobilization and mapping of HIV financing stakeholders*.

- 7.1.1.1 Community Mobilization

Advocacy campaigns cannot succeed without clamor and movement from affected communities. As community-led organizations whose members are directly affected by the HIV response of the local government, mobilizing your communities will strengthen your campaign. When you can make your community more visible while also strengthening their capacity to raise their issues, demand services, and recommend better programs, the impact is stronger among decision-makers, especially those who occupy elected positions. Remember that as voters, politicians and LGU officials should be accountable to you.

So how do you mobilize your communities? You can start within your organization.



A. Gather your members to discuss and level-off on issues

Before embarking on financing advocacy, you have to make sure your members agree on the issues you want to prioritize. This requires discussion and sometimes, even debates. This is a healthy part of building a community movement. Remember in your advocacy steps, one important step is agreeing among yourselves, within your organization, the identification of issues, and developing your objectives. What is important is that your members agree to advocate for increased funding to achieve better programs and services for your communities.



B. Raise awareness and build the capacity of your members

In many community-led organizations, it is the leaders who have the most opportunities for capacity building. Ideally, whenever community leaders are invited to attend workshops and trainings by other organizations or institutions, they should echo what they learn so that the members are also capacitated. However, this is not always the case. So as a step towards mobilizing your community members to participate in financing advocacy, their knowledge must also be increased so they understand what financing advocacy entails.



B. Raise awareness and build the capacity of your members (cont..)

Remember also that any type of advocacy takes time and a lot of energy. Your members need to be aware of this so they can be realistic in setting their commitments and expectations.

Conducting a **capacity needs assessment** among your community members and partners can help you design the awareness-raising or training activity that you need to respond to their needs.

This toolkit also has resources you can use as reference and share with members of your organization. Aside from, you have the option to tap other organizations and partners to further provide you with the knowledge and skills you need to capacitate your members.



C. Develop a plan and prioritize your course of action

Just like in any activity, you need to have a plan and a strategy. Refer to the steps of the Advocacy Planning Framework in the previous chapter. There is also a template for a plan in Annex 2.

It is important to note that in community mobilizing, you need to specify the roles that your community members or partners play in the advocacy plan. This will help motivate your members if they feel that they are concretely contributing to your campaign. Part of planning is determining those who should lead certain activities as well as those who will fulfill the tasks needed so you can implement your advocacy plan.



D. Explore partnerships with other community organizations and stakeholders

It has been established that a successful advocacy campaign requires a collective effort of affected communities. Thus, you are mobilizing your community members. Your advocacy will also benefit from building partnerships with other organizations of key populations and people living with HIV who share your goals and values.

Building partnerships will also give you a bigger pool of advocates who can link you with potential advocacy targets and gatekeepers. This is always helpful because the success of your advocacy usually depends on how influential your friends and allies are to the decision-makers you need to advocate to.

Understanding HIV Financing Advocacy:

Community Preparation

- 7.1.1.2 Mapping HIV Financing Stakeholders

When you conduct advocacy, you need to be very clear about who to target. Otherwise, you just waste your efforts. When you want to advocate for a policy, you target policy-makers. At the local level, these are your Councilors if you want to pass, amend, or remove an ordinance. Alternatively, you can target the mayors directly so that they can either pass an Executive Order or influence the Councilors. Or you can target the Heads of Offices or Departments who are in charge of the policy you want to develop, change, or remove.

In financing advocacy, you should target those mentioned above at various stages of your advocacy. But you also have to know who makes decisions about the various HIV-related activities that are implemented by the LGU, along with who makes decisions about the budget of these activities. To do this, you need to conduct a mapping exercise. Below is a sample template that you can use to map your stakeholders.

Figure 1. Stakeholder Mapping Template

OFFICE/DIVISION	NAME	LEVEL OF AUTHORITY	LEVEL OF PRIORITY
City Health Office	Dr. XXXX, CHO	Approves workplan of Social Hygiene Clinic	High
City Budget Office	Mr. YYYYY, Budget Officer	Reviews and endorses budget from all LGU offices	High
GAD Office	Head, GAD Office	Approves GAD proposal of City	Moderate

The template above will help you to summarize your mapping of stakeholders related to HIV financing in your locality. Do not guess the information in the template. You need to do your research.

This might require you to set appointments with various offices in your LGU to understand the nature of their work and their engagement in the HIV program and service delivery in the locality. This exercise will also help you determine the level of priority you need to put in these offices as targets for your advocacy.

If your city has a functional Local AIDS Council, your work will be easier. Your Local AIDS Council will likely include representatives from all the offices that are engaged in the local AIDS response. All you have to do is set appointments to meet them to help you understand their role in financing the local HIV response. If you are a member of the Local AIDS Council, you can include in the Council's agenda your advocacy plan to ensure the sustainability of HIV financing in your city. Then it becomes part of the work of the entire Council.



To summarize, your mapping exercise will require the following:



A. Find out who or which offices are involved in the local HIV response.



B. Identify the decision-maker in these offices so you can target them for advocacy.



C. Learn about the mandates or the work of these offices so you can decide how they can influence the budget of their HIV plans and activities.



D. Decide the level of priority of these offices and decision-makers as targets for advocacy. Note that deciding the level of priority does not mean there are office that do not matter in the local HIV response. It just means that if you have limited resources, you can focus on those who have the most power in helping you reach your goal.

7.2 Three Main Areas of Financing Advocacy:

01 INFLUENCING LOCAL HIV PLANS AND INVESTMENTS

The Philippine HIV and AIDS Policy Act of 2018 or Republic Act 11166 mandated the Philippine National AIDS Council (PNAC) to develop and coordinate the implementation of a six-year AIDS Medium-Term Plan (AMTP), a multi-sectoral strategic plan that outlines the priority interventions of the country to address the HIV epidemic. This plan includes the contributions of all relevant government agencies at the national and regional levels, the Local Government Units (LGUs), civil society organizations, the private sector, and communities affected by HIV.



The AMTP serves as a guide to all stakeholders in developing their respective plans according to their mandates. Ideally, LGUs should base their HIV strategic plans on the AMTP, especially if they are among the LGUs classified as Category A by the DOH for being among the LGUs with the highest number of people living with HIV. Moreover, LGUs are encouraged to localize Republic Act 11166 and to also set up Local AIDS Councils (LAC) to mirror the role of the PNAC, which is to provide coordination and policy guidance to the HIV response. In Cities with functional LACs, the task of developing a local HIV strategic plan is part of their mandate.

This plan should also be multi-sectoral and inclusive of the contributions of various stakeholders. As CLOs, the development of the local HIV strategic plan is an opportunity to influence the priorities of the LGU.

Why is it important to influence the Local HIV plans? This is because activities that are in these plans are the ones that get funding allocation from the LGU's annual budget. Activities that are not in the plan will not be funded.

Aside from the local HIV strategic plan, or in the absence of a multi—sectoral HIV strategic plan, CLOs can instead influence the plans of the different sectors in the LGU like the Local Investment Plan for Health (LIPH), which is the health sector's overall plan for its local health programs and services; the Annual Gender and Development Plan and Budget, since HIV is also a gender issue that disproportionately affects vulnerable communities like women and girls and members of the LGBTQIA+ community; the Annual Barangay Youth Investment Program, given that almost half of new HIV infections occur among young key populations aged 15 to 24 years old, and; the plans of the different offices in the LGU whose national counterparts are mandated by RA11166 to develop and implement HIV programs like the City Social Welfare Services, Division of Schools, Philippine Employment Service Office (PESO), etc.

How do you influence plans?

The AMTP is based on epidemiological and programmatic data that suggests what interventions should be prioritized and which segments of the population should be targeted. Why don't we target everyone? We need to prioritize the targets of HIV interventions because of three main reasons:

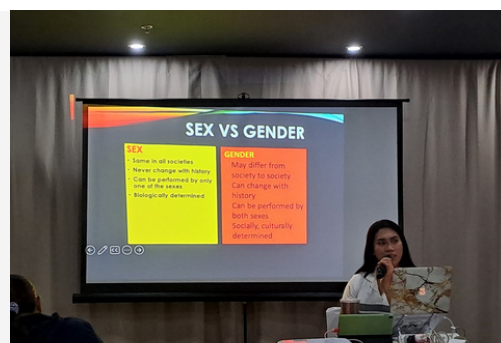


REASON 1

The Philippines is experiencing a concentrated HIV epidemic among certain communities, which are collectively referred to as key populations. These communities include males who have sex with males, transgender women, people who use and inject drugs, sex workers, and young people who engage in risky behaviors that make them susceptible to HIV infection.

REASON 2

HIV-related stigma and discrimination, as well as the stigma of sex and sexuality, make it more difficult for these communities to access services. This means if HIV services target everyone, chances are they will not be reaching these marginalized key populations.




REASON 3

Resources are limited, both funding and human resources, which necessitates that those who are likely to get infected with HIV and those already living with HIV should be prioritized.

The AMTP lays down the strategies agreed upon by various stakeholders to address the various areas of concern of the country's HIV situation. These strategies are operationalized into specific activities that should be implemented successfully to reach the goals of the AMTP. Advocates need to make sure that these strategies and activities are also reflected in the various plans of the LGUs. This is the standard by which advocates influence the plans and investments of the LGUs.

Recall the steps in advocacy planning in the previous chapter because influencing LGU plans to address local HIV concerns will require the same steps. **In financing advocacy, the usual issues you want to address are:**

- 
- 1) inadequate budget allocation for HIV programs and services;**
 - 2) no funding available to address HIV-related stigma and discrimination;**
 - 3) lack of government funding for effective HIV prevention programs and services, or**
 - 4) community-led organizations are unable to access funding to be able to deliver their own HIV programs and services; and the like.**

These problems can be addressed by advocating for evidence-based HIV investment plans.

7.2.1 Evidence-based HIV Investment Plan

Investments, for this toolkit, refers to all the resources – financial, material, human – that can be pooled and used to be able to reach certain goals. In this case, the goal is to have sustainable investments to address the HIV situation in your city so you can contribute to ending AIDS in the country.

Investment planning is the process of determining an LGU's goals and objectives to address their HIV situation, designing their strategies, determining the resources needed to implement these strategies, and planning how to mobilize these resources.

As an advocate, you need to be ready with the necessary data to convince the LGU about the following:

1

Which communities should be prioritized?

The data you need is available. You just need to know where to get it. To know which communities to prioritize, you can check the latest epidemiological data from the DOH. HIV surveillance data that your City Health Department monitors will also show you which communities are most affected by HIV in your locality. To request this data, you can contact the Epidemiology Bureau of the Department of Health at hivepicenter@gmail.com.

2

What interventions will work best to address the HIV situation in the city?

The development of the AMTP involved extensive consultation with key stakeholders, people living with HIV, and key populations affected by HIV. It can be used as the basis for interventions at the local level. If there are available studies about the local HIV situation that can provide insight into the kinds of programs and services needed by the communities then use those, as well. Determining these first two items is crucial because spending resources on interventions that do not work and targeting the wrong communities will just waste resources while also keeping the LGU from its goals and objectives.

3

How much will these interventions cost?

The DOH also has cost estimates for their health services. You can request this from the Regional Office of the DOH in your region. These cost estimates should be used as a reference and adjusted based on the market rates in your locality. Do not forget to take into account possible inflation rates as well as changes in unit costs of commodities due to the bulk of supplies that will be procured. As of the writing of this toolkit, the UNAIDS has commissioned the updating of costs of HIV interventions. When it is done and validated, you can also request access to the data so you can have the latest costing for your investment planning activity.

4

How can community advocates help the LGU mobilize resources?

Most LGUs view HIV and AIDS as simply health concerns, which means their local health department would most likely be the only office that is allocating funds for the HIV response. It is important to remind LGUs that HIV is a multi-sectoral concern that requires contribution from all sectors. This means other sectors in the LGU like social welfare, education, labor, youth, women, and others should also be allocating their funds for their contribution to the local HIV response. As advocates, you can help your LGU by advocating other non-health LGU offices to also invest their resources in HIV interventions that align with their mandate. Review RA 11166 to see the range of programs and services that need to be in place to address HIV holistically. Finally, the AMTP Operational Plan already has a list of suggested interventions that you can use as a reference. Just make sure that they are relevant to the context of your LGU and are responsive to the needs of your communities.

7.2.2 Case Study: Positibong Pasigueño



Positibong Pasigueño Inc. (PPI), a community-based organization dedicated to addressing health, social, and HIV-related issues in Pasig City. They partner with key entities including the Pasig Treatment Hub, Pasig City Local Youth Development Council, SK (Sangguniang Kabataan) Federation, and the Committee on Health City Councilor.

Empowering youth leaders in HIV service delivery in Pasig City is the core focus of PPI's mission. In the urban landscape of Pasig City, the rise in new HIV cases among young individuals has emphasized the critical need for tailored interventions targeted at this demographic.

To address this gap, PPI collaborated with key stakeholders to actively engage the SK in HIV programming, financing, and service delivery. Through advocacy efforts with the SK Federation, they conducted **an HIV programming and investment planning** which resulted in all 30 SKs in Pasig City integrating HIV programs and services in their Annual Barangay Youth Investment Program, with 21 allocating funds totaling PhP 1,421,000.

PPI's Activities:

1. Partnership and coordination: Collaborating with stakeholders to mobilize resources and support for HIV initiatives such as to build skills among new youth leaders.
2. HIV awareness raising: Initiatives like "HIVa ang May Alam Caravan" are awareness campaigns in public schools, disseminating vital information on prevention, testing, and treatment. Peer education programs, such as "Talk1 Test1 Save1: The Sangguniang Kabataan Amazing Race," where 60 peer educators were trained to raise awareness and encourage HIV testing among their peers. "Dalawang Linyang Pula," showcased life stories of people living with HIV during the Pasig City AIDS Candlelight Memorial, aiming to reduce stigma.
3. Support for people living with HIV: "Kumustahan" learning group sessions were conducted to address issues commonly experienced by people living with HIV, particularly concerning their well-being.
4. Community-based screening: Screening activities were integrated into SK-led events, providing accessible testing services to Pasig City's youth.

PPI's community-led initiative effectively addresses HIV among urban youth by engaging the SK and forming partnerships. Their efforts to secure funding from the SK budget will empower young people to prioritize their sexual health, making a meaningful contribution to the overall HIV response in Pasig City.

7.3 Three Main Areas of Financing Advocacy:

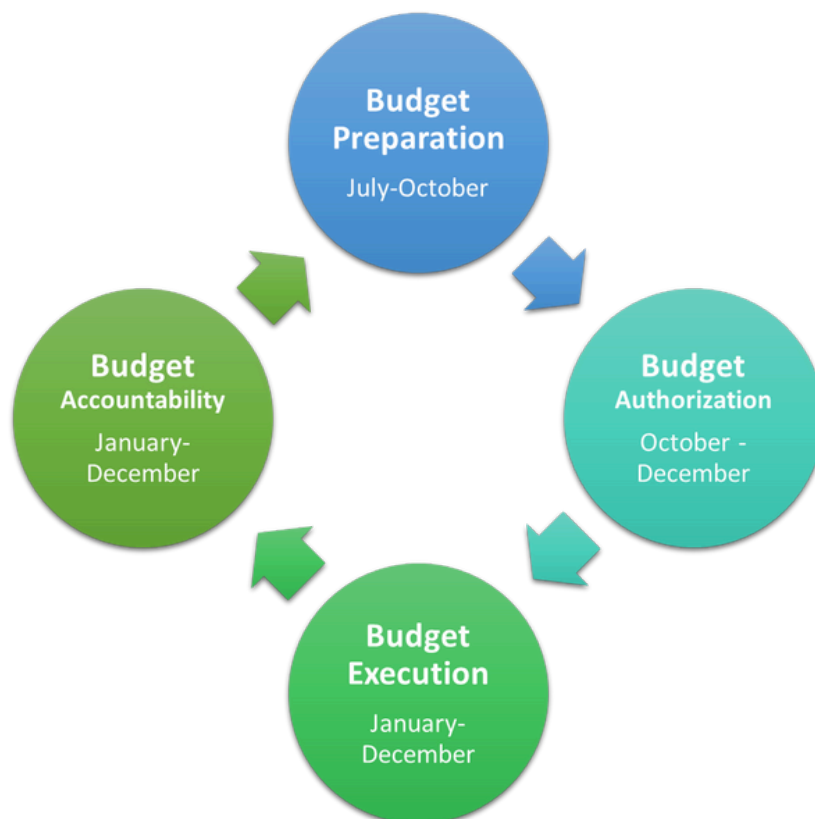
02 PARTICIPATING IN LOCAL BUDGET ADVOCACY

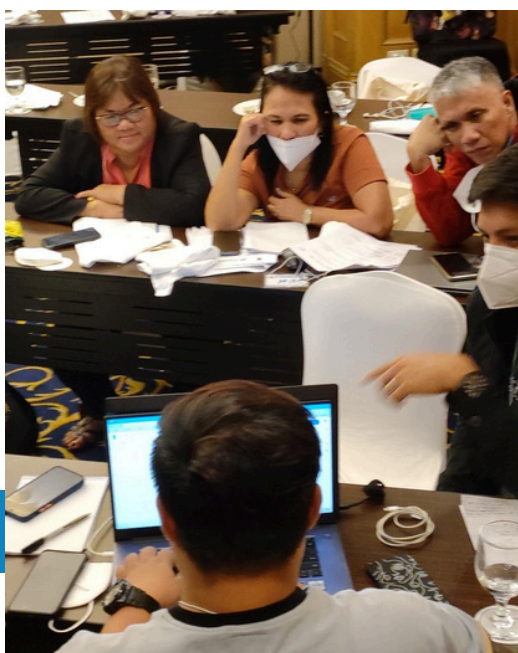
The law requires that government agencies at the national and local levels ensure community participation in the planning and budgeting processes. As advocates, you need to take advantage of these opportunities and express to the targets of your advocacy the needs of your community and recommend what interventions should be part of the government's plan and budget. You can refer to Annex 5 for the laws and policies relevant to citizen participation in the budget process of national government agencies and local government units.

To be able to effectively engage in budget advocacy at the local level, CLOs need to understand the budget process that LGUs follow. This way, you know in which stages you can focus your advocacy.

The figure below summarizes the budget cycle in the Philippines. This cycle also follows a timeline and it is done every year. Before an annual budget can be executed, it needs to be passed into law.

Figure 2. Budget cycle in the Philippines





7.3.1 Budget Cycle

1. Budget Preparation (July to October)

In the previous section, we discussed the development of plans by the LGUs and how you, as advocates, can influence them. During the budget preparation, the different offices of the LGU will be using those plans as a basis for preparing their budget proposals or their annual work and financial plans for the coming year. All the offices of the LGU are asked to prepare their plans and budgets for the coming year to be consolidated and submitted to the Office of the Mayor. The consolidated document is known as the Local Expenditure Plan.

This is why it is important that you were able to influence those plans and were able to include specific activities and their estimated costs in those plans. If you were able to influence the plans of the LGU, you need to make sure that the specific activities you suggested are included in the budget preparation stage. This is when you monitor if your LGU partner prioritized your suggestions in their work and financial plan.

In case you were not able to engage the LGU during the development of their HIV plans, you can still take the opportunity to advocate for the interventions that you think need to be in the budget proposal of the LGU for the next year during the budget preparation stage.

2. Budget Authorization (October to December)

During this stage, the Mayor submits the Local Expenditure Plan (LEP) to the Sanggunian Panglungsod (City Council) for deliberation and then enacted into an ordinance.

During this part of the process, communities can participate in public and committee hearings held by the Sanggunian. You can also directly engage your Councilors to advocate to them to support the interventions that you want to see in the budget ordinance. If needed, you can also advocate for increased budget allocation to the City Council.

Based on your mapping of stakeholders, you should focus your efforts on the appropriate targets.



If you want to influence the budget of the Health Department, you can engage the Councilor who Chairs the Committee on Health, for instance. You can also engage the Chair of the Committee on Appropriations who reviews the budget allocations indicated in the LEP and deliberate the sources of funds to be used to execute the budget in the coming year.



3. Budget Execution (January to December)

Budget execution is essentially the implementation of the approved workplan and budget for the coming year. Once the Council passes the budget ordinance, it then becomes the basis for the LGU's expenditures.

As advocates, you can still engage your LGU partners during this stage, especially if you are participating in the execution of the budget. For example, the approved plan and budget include activities that are funded by the LGU but will be implemented by your community organization. This can happen through social contracting, which will be discussed in the next section.

4. Budget Accountability (throughout the execution of the budget)

As advocates, one of our main roles is to make sure that the government is accountable to the people. In the case of budget execution, you need to monitor how the plans and budgets are being implemented. If you are a member of the Local AIDS Council or the Local Health Board or any other bodies in the LGU that allow you to raise your concerns, then ensure that one of these concerns is to monitor whether the LGU is using the budget appropriation for the right activities and interventions.

You can also participate by monitoring the availability, accessibility, appropriateness, and quality of services that are in the approved plans and budgets. You can encourage your community members and partners to use the community-led mechanism (CLM) available. You should check out commusta.ph and encourage your members who access HIV services to leave their feedback on this platform.



You can also report any incidence of HIV-related stigma and discrimination, harassment, or violence. For more information on CLM and commusta.ph, you can visit www.commusta.ph.

You have now completed the whole budget cycle of the local government. Remember that this cycle never stops, which means that as advocates, your work is also ongoing. However, if you have successfully influenced HIV strategic plans and investment plans, your work becomes easier during the budget process.

7.3.2 Case Study: Team Dugong Bughaw

Team Dugong Bughaw (TDB), a youth-led organization established in 2015 has been at the forefront of elevating HIV awareness, testing, and access to services while fostering youth participation in health programs in Iloilo City. With a focus on promoting adolescent health and empowering youth, TDB has received accolades as a 10 Accomplished Youth Organizations award recipient and a national finalist of the Unilab Foundation Ideas Positive.

By influencing the budget preparation process through the conduct of an investment planning workshop, TDB secured increased funding from the LGU. They also influenced the development of the financial plans for various offices towards securing budgets for HIV programs. The collaborative efforts led by TDB yielded significant outcomes, including the signing of MOUs with key partner institutions such as the City Social Hygiene Clinic, Western Visayas Medical Center, FPOP Iloilo, and St. Paul's Hospital. TDB secured PhP 2,444,476.46 in funding from 109 out of 180 barangays, supplemented by contributions from the SK Federation, GAD Office, and City Population Office.



TDB's Activities:

1. HIV & AIDS Youth Initiative (HAYI) and Project High Five (PHF): TDB spearheads programs like PHF and HAYI, providing comprehensive HIV education and fostering peer-to-peer support. HAYI established student alliances in higher educational institutions to raise awareness and promote screening and utilization of HIV services.
2. Stakeholder Coordination: TDB works with the Department of Health Region 6 and FPOP Iloilo to conduct training for selected youth leaders and establish referral mechanisms between partner HEIs/barangays and testing/treatment centers.
3. Strengthening Service Delivery Networks (SDNs): TDB engages in advocacy efforts to establish and strengthen SDNs for HIV. This involve meetings with referral facilities, development of referral MOUs, and coordination with local government units to ensure alignment with DOH requirements.

The funding secured from the LGU will strengthen HIV awareness among youth and ensured sustained support for HIV initiatives in Iloilo. TDB's MOUs with key service provider institutions will also enhance the referral mechanism for service delivery in Iloilo City as well as for the whole Region 6.

7.4 Three Main Areas of Financing Advocacy:

03 CONVINCING LGUS TO ENGAGE IN SOCIAL CONTRACTING

Social contracting refers to the process of allowing government funds to flow to civil society organizations for the implementation of programs and services, in this case, HIV programs and services.

There are various ways by which a community-led organization or a CSO can partner with a local government unit or office. Based on ACHIEVE's interviews with CSOs, these are the most common areas of CSO/CLO-LGU partnership:



A. GOVERNANCE

CSOs are given seats in decision-making structures in the LGU like the Local AIDS Council or the Youth Development Council where they can share their insights and the experiences of communities so that decision-making is informed and relevant.

B. SERVICE-DELIVERY

More and more community-led organizations, with support from international donors, are delivering services to affected communities to bridge the gaps in service delivery at the LGU level and assist LGUs in reaching or scaling up their service coverage.



C. CAPACITY-BUILDING

Many CSOs provide capacity building to LGUs to help improve programs and services or to enhance the sensitivity and perspectives of LGU personnel and service providers on matters like gender and human rights.

D. ADVOCACY

CSOs work with LGUs to review policies and programs to determine gaps and address them through the development of new and enhanced laws and policies or the development or establishment of better programs.



E. RESEARCH

LGUs also engage CSOs, particularly academic institutions, who have specific technical expertise in research, social or biomedical, assessments or situational analyses, and the like, which LGUs might need for specific decision-making, program development, policy work, or service enhancement.

Although social contracting is mostly entered into by the government and CSOs for purposes of service delivery, any of the kinds of partnership between LGUs and CSOs/CLOs mentioned above may involve a flow of funding from the LGU to the CSO.

7.4.1 Requisites to Social Contracting

Before a CSO or CLO can engage in social contracting with the LGU, certain requirements need to be in place first. In the Philippines, these requisites are provided for under the Government Procurement Reform Act or the Republic Act 9184. In this document, this law will be referred to as the Procurement Law.

I. Complying with CSO Registration and Accreditation

Before CSOs and CLOs can contract with the LGU, they need to first be a legally registered entity. They would need registration and accreditation or certification from several government entities and agencies.



Below is a list of the registration and accreditation that government agencies and LGUs would look for before engaging in a partnership that would involve the transfer of funds from the government to CSOs or CLOs.

1. Registration with the Securities and Exchange Commission (SEC)
2. Registration with the Bureau of Internal Revenue
3. Accreditation from the LGU that the CSO or CLO wishes to engage in social contracting with
4. Accreditation with the relevant national government agency that has a mandate over the nature of work that the CSO or CLO wants to pursue based on their SEC registration
5. Registration with the Philippine Government Electronic Procurement System (PhilGEPS)

The CSO or CLO also needs a corporate bank account, which needs to be opened within a month of receiving their SEC registration. However, the government also engages with individuals, like a CSO or CLO leader or expert for certain types of work like consultancy for a research project or as a resource person or trainer for a capacity-building activity. Similarly, these individuals are required to also register with the PhilGEPS, but not the others on the list above.

For a more detailed discussion of these registration and accreditation requirements, go to Annex 5, Accreditation Toolkit for CLOs.



II. Proving Technical and Financial Management Capacity

Community-led organizations (CLOs) that want to engage in social contracting with their LGU need to prove that they have the technical expertise needed to deliver the program or services that are being offered for bidding. These organizations also need to be able to demonstrate the soundness of their financial management, especially their capacity to comply with the requirements of the Commission on Audit (COA). This is crucial because all government funds, including those that are contracted out to non-government parties, need to be audited by the COA.

The LGU may require CLOs to submit audited financial statements of previous years, as well as financial management policies and other documents that prove the CLO's track record in the field related to the intervention or contract they are bidding for.

III. Understanding the Government Procurement Process

As a community organization advocating for social contracting, you do not need to be an expert on government procurement yet. You just need to understand the salient aspects of the process so you can focus your advocacy on convincing the LGU that it is beneficial for them to contract the services of eligible and capable CLOs to deliver HIV services. If you eventually decide to engage in social contracting with your LGU, you need a deeper understanding of the Procurement Law. For reference, see Annex ____.



The Procurement Law provides the framework for government entities on the procurement of goods, infrastructure, and consulting services of non-government organizations (NGOs), defined as non-stock, non-profit domestic corporations duly registered with the SEC. This includes CSOs or CLOs. This procurement process is guided by the principles of transparency, competitiveness, streamlined process, accountability, and monitoring.

Community-led organizations (CLOs) that want to engage in social contracting with their LGU need to prove that they have the technical expertise needed to deliver the program or services that are being offered for bidding. These organizations also need to be able to demonstrate the soundness of their financial management, especially their capacity to comply with the requirements of the Commission on Audit (COA). This is crucial because all government funds, including those that are contracted out to non-government parties, need to be audited by the COA.

Generally, the government procurement process should be transparent and competitive. The interested entities will have to submit a bid for government contracts and will have to compete transparently. But under circumstances defined under the Procurement Law, government entities are allowed to engage NGOs in alternative processes, provided that:

1. They still comply with the requirements of the law under these types of procurement, and
2. More importantly, when an appropriations law (General Appropriations Act or GAA) or ordinance (budget ordinance) has earmarked a portion of their budget for projects that will be specifically contracted out to NGOs. If not, the government entity or LGU will not be allowed to contract such projects to CSOs or CLOs.

To review, remember the following stages where you need to focus your financing advocacy:

1) Influence LGU plans and investments to make sure that the planned and budgeted activities are comprehensive include both health and non-health programs and services, and are responsive to the needs of the affected communities;

2) Engage in the different stages of the budget advocacy to make sure that the plans and budget allocation that were agreed on during the development of the plans that you engaged in are reflected in the proposed plan and budget for the coming year;

3) Monitor the process of budget ordinance enactment to make sure there is a provision that specifies a portion of the LGU budget is earmarked for projects that will be contracted out to CSOs or CLOs.

If you are also advocating for social contracting, you need to start convincing your LGU partners to agree to it from the beginning of your engagement. This means that while you were advocating for the appropriate interventions and budget allocations during item #1, you were also convincing your LGU partners of the benefits of social contracting. And you need to follow through with this part of your advocacy until the stage of budget execution and accountability.

How do you convince your LGU to engage in social contracting? Below are some of the **reasons why LGUs should contract capable CSOs and CLOs to deliver HIV-related services**. Use them as references to craft your advocacy messages when you talk to your LGU partners about social contracting.

01

Government policies mandate the participation of communities in the implementation of HIV interventions. The HIV and AIDS Policy Act of 2018, the Local Government Code, the 7th AIDS Medium Term Plan, and even the Procurement Law and the Commission on Audit recognize NGO participation in the implementation of programs, projects, and services that are primarily the mandate of government. While LGUs are struggling to reach their targets in HIV service coverage, some CSOs and CLOs are willing and able to help them deliver. The delivery of health services is primarily a government responsibility. They have to allocate funding for these services anyway. Engaging CSOs and CLOs can be one strategy for LGUs to multiply the hands that can deliver services to key populations who are harder to reach than the general public.

02

The Philippines has committed to reaching the 30-60-80 targets of the Global AIDS Strategy. As mentioned previously in this toolkit, the 30-60-80 targets refer to the proportion of HIV services to be delivered by CLOs. Engaging CLOs through social contracting can help facilitate the realization of the LGUs' goals in service coverage while also meeting the government's commitment to the Global AIDS Strategy.

03

Community-led organizations know the community. Since CLOs are composed of members of key populations and people living with HIV, they know the community. They know their patterns of behavior. They know their fears and misconceptions regarding government-run health facilities. It is easier for marginalized communities to be convinced to access services by their peers, those who understand what they are going through because these people have probably gone through the same thing.

04

CSOs and CLOs augment the LGU's human resources without having to employ additional personnel. Instead of hiring more personnel to bridge the gaps in the delivery of HIV services, LGUs can instead contract CSOs and CLOs to help them deliver these services and collectively reach the goal of ending AIDS. Note, however, that when you negotiate with your LGU partners, insist that communities should not be expected to work for free. They are investing time, effort, knowledge, and skills to help the government deliver its mandate. Contracts or Memorandums of Agreement should have provisions to compensate communities.

05

It has been proven that community-led interventions work and should be supported and sustained. All the above leads to more effective delivery of services to marginalized communities that need HIV services but have always been hard for LGUs to reach. Community-based HIV screening implemented by CLOs has dramatically increased HIV testing coverage in many cities in the Country. Addressing stigma and discrimination due to actual or perceived HIV status has been primarily implemented by CSOs for the past decade. HIV treatment facilities that are run by CSOs and CLOs have also increased treatment coverage across the country. These are just some of the examples of effective programs and services that are being implemented by CSOs and CLOs. They need to be sustained because they are currently dependent on donor funding. Sustaining these interventions would require the government to allow its budgets to be accessible to its CSO and CLO partners.

7.4.2 Case Study: FPOP Iloilo

Family Planning Organization of the Philippines (FPOP) - Iloilo was established in 1969 by the FPOP and has been offering integrated HIV health services in Iloilo and Western Visayas. FPOP Iloilo provides comprehensive and integrated sexual and reproductive health and rights services. In 2016, they set up secondary laboratory services providing technical chemistry, routine analysis, and serologic testing, including Hepatitis B, Syphilis, and HIV Testing.

FPOP Iloilo has been receiving funding from three sources; 1) Philhealth reimbursements, Social contracting, and donor-funded projects. Funding from PhilHealth is secured through the Outpatient HIV and AIDS Treatment (OHAT) package. The OHAT Package provides Php 9,750 quarterly reimbursement per PLHIV on ARV to support personnel and operations of an HIV Primary Care Clinic. In 2018, FPOP Iloilo expanded its services by establishing an HIV Primary Care Clinic. From 50 clients with OHAT claims who received reimbursement in 2019, it grew to 850 in 2022.

FPOP Iloilo has secured national contracts for procuring and delivering Family Planning and HIV-related services through social contracting with the Department of Health. Contracts on procurement of services and commodities for SRH services as well as services for the mall-based and sundown clinics totaling to Php 7,470,000 were secured by FPOP Iloilo. They also secured a contract with the Commission on Population and Development to deliver similar services for a total of Php 450,000.



FPOP Iloilo's Activities:

1. After 5 CANDY Clinic- Established in 2016 in partnership with the Department of Health – Region VI. It aims to provide sexual reproductive services available and accessible beyond 5:00 in the afternoon.
2. Tell Me: Telemedicine and Telehealth Tell Me- A Facebook page created for online and psychosocial assessment and counseling and services.
3. iScreen Through the iScreen Facebook page- Clients may avail of an HIV Self-screening kit for free. This would allow an individual to screen privately.
4. Mister and Miss HIV Ambassador 2018 - Organized by FPOP Iloilo to select youth ambassadors who will promote HIV awareness in the community.

FPOP Iloilo's journey serves as a prime example of a successful social contracting model. By engaging in government policy and program development, forging partnerships, and building capacity, they created a strong foundation that generated demand for HIV services. They also ensuring compliance with government regulations and maintaining a high standard of operational efficiency.

8. QUICK CHECKLIST OF REQUISITES FOR CLOS

- ☐ Issue to be addressed is present and a clear basis of choosing this issue is agreed upon by the community
- ☐ Community members are capacitated in financing advocacy
- ☐ Problem Tree analysis, study and research on the issue conducted
- ☐ SMART Advocacy objectives developed
- ☐ Target for advocacy and gatekeepers identified
- ☐ Allies and Possible Opponents identified/Stakeholder mapping conducted
- ☐ Partnerships with other members of the community and other allies are built
- ☐ Data to convince the LGUs to increase HIV funding; such as local HIV data and cost of services/programs gathered
- ☐ Inventory of resources conducted
- ☐ Action Plan developed
- ☐ Monitoring, evaluation and learning Plan developed

9. REFERENCES

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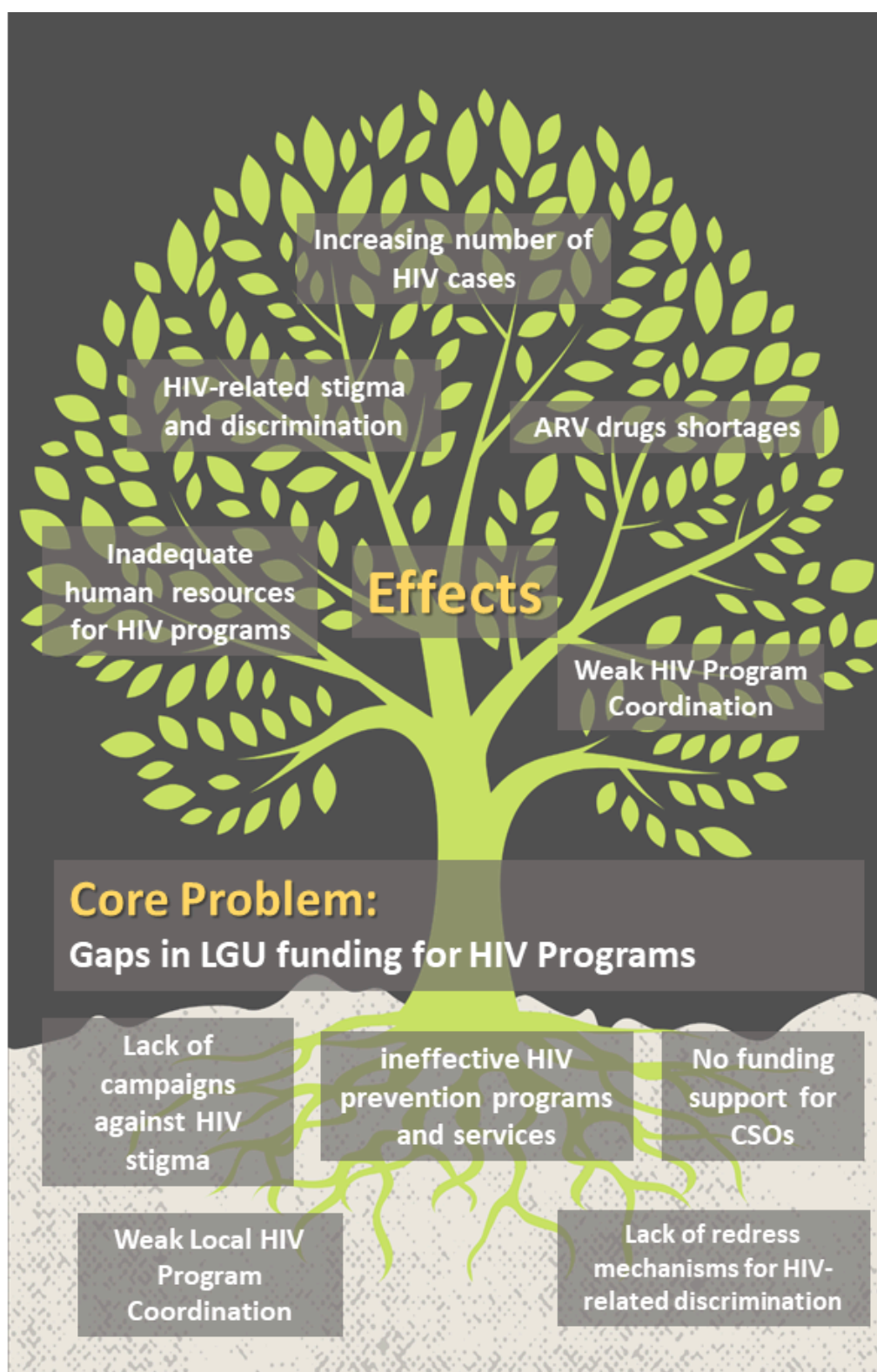
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10. ANNEXES

Annex 1. Sample Problem Tree Analysis



ACTION PLAN

Issue: LGU has weak participation and commitment to the HIV response

Advocacy objective	Targets	Allies	Resources	Activities/Timeline	Responsible Persons/Groups:
1. To advocate for the establishment of a fully functional Local AIDS Council (LAC)	1. Mayor/Governor 2. SP Health Committee 3. Council members 4. Head of relevant offices; Social welfare, Planning, Gender and development, Youth, etc.	1. Health Officers 2. HIV Program Officers 3. Private facilities 4. HIV healthcare providers 5. HIV Organizations and other health/youth advocate groups	1. Local HIV data 2. Persons responsible for coordinating with targets and allies 3. Planning facilitators 4. Advocates who can speak on certain issues 5. Community leaders for community mobilization 6. Logistical, food, and venue expenses	1. Data gathering for Advocacy Timeframe: March - June 2. Meetings with allies for planning for the establishment of LAC Timeframe: April – July 3. Meetings with the Mayor, councils, and/or focal persons of agencies for invitation to work on issues and/or support issuance of a policy for the establishment of a fully functional LAC Timeframe: June-September	1. HIV CSOs and HIV Key population groups 2. HIV CSOs and HIV Key population groups 3. Mayors and other targets of advocacy

Annex 2. Sample Action Plan Template

Annex 3. Sample Monitoring, Evaluation and Learning Template



Monitoring, Evaluation, and Learning Template

	INDICATOR	DEFINITION How is it calculated?	BASELINE What is the current value	TARGET What is the target value?	DATA SOURCE How will it be measured?	FREQUENCY How often will it be measured?	RESPONSIBLE Who will measure it?	REPORTING Where will it be reported?
Goal IMPACT	Fully functional Local AIDS Council	-% of members actively participating in meetings and activities	2024- 30%	2025- 70%	Interviews, Attendance sheets	Bi-annual	M&E Officer	-Executive Director, Program Implementation Review
		-LAC operations budgeted	2024 – P100,000	2025 – P1,000,000	-LAC budget, LGU budget	Annually		
Outcomes	-Responsive local HIV programs	-Number of meetings	2024- 2	2025- 12	-Interviews and minutes of the meeting	Bi-annual	M&E Officer	--Executive Director, Program Implementation Review
	-	-Number of resolutions approved	2024- 1	2025- 4		Bi-annual		

Annex 4. Links to the Legal Basis

1. Local Government Code

<https://www.officialgazette.gov.ph/downloads/1991/10oct/19911010-RA-7160-CCA.pdf>

2. DBM Operations manual for LGUs

<https://www.dbm.gov.ph/wp-content/uploads/Issuances/2016/Local%20Budget%20Circular/LBC-112-BOM-inside%20pages-correct%20paging-FINAL.pdf>

3. Procurement Law

<https://www.gppb.gov.ph/wp-content/uploads/2023/06/Republic-Act-No.-9184.pdf>

4. SEC Regulation for CSOs

<https://www.sec.gov.ph/company/primary-registration-2/primary-registration-of-non-stock-corporations/#gsc.tab=0>

5. Guidelines on the Accreditation of Civil Society Organizations and Selection of Representatives to the Local Special Bodies

<https://dilg.gov.ph/issuances/mc/Guidelines-on-the-Accreditation-of-Civil-Society-Organizations-and-Selection-of-Representatives-to-the-Local-Special-Bodies/3585>

6. BIR Regulations for CSOs, VAT exemptions, etc.

7. Accreditation of Stand-Alone HIV Treatment Hubs and Satellite Treatment Hubs as Providers of PhilHealth Outpatient HIV /AIDS Treatment (OHAT) Package

<https://www.philhealth.gov.ph/circulars/2018/circ2018-0004.pdf>

8. PhilGEPS Registration Processes/Form

https://philgeps.gov.ph/CmsHomePages/view_downloading

Annex 4. Links to Legal Basis

9. The 7th AIDS Medium Term Plan 2023–2028

<https://www.foi.gov.ph/requests/aglzfmVmb2k5MDE1DA>

10. RA 11166: Philippine HIV and AIDS Policy Act

<https://www.officialgazette.gov.ph/2018/12/20/republic-act-no-11166/>

11. HIV Costing Study Assumptions

12. Population Estimates for KPs

14. Investment Calculator

15. Latest HIV Epidemiology Data (May 2023)

https://doh.gov.ph/sites/default/files/statistics/EB_HARP_May_AIDSreg2023.pdf

16. RA 11223: Universal Health Care Act

<https://www.officialgazette.gov.ph/2019/02/20/republic-act-no-11223/>

17. Mandanas-Garcia Ruling

<https://elibrary.judiciary.gov.ph/thebookshelf/showdocs/1/64325>

Annex 5. Accreditation Toolkit for CLOs

Access full toolkit here: <https://rb.gy/sycgpj>



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