



Technical Assistance Report

February 2007

Subproject 5:
Strengthening Country Response to HIV/AIDS among
High Risk Groups in the Philippines
(Financed by the Cooperation Fund for Fighting
HIV/AIDSs)

CURRENCY EQUIVALENTS

(as of 22 December 2006)

Currency Unit	–	Philippine Peso
P1.00	=	\$.02026
\$1.00	=	P49.35

ABBREVIATIONS

ADB	–	Asian Development Bank
AIDS	–	acquired immunodeficiency syndrome
CSW	–	commercial sex worker
DOH	–	Department of Health
IDU	–	injecting drug user
LAC	–	Local AIDS Councils
MDG	–	Millennium Development Goal
NASPCP	–	The National AIDS and STD Prevention and Control Program
NGO	–	nongovernment organization
OFW	–	Overseas Filipino Workers
PNAC	–	The Philippine National AIDS Council
PLWHA	–	people living with HIV/AIDS
RETA	–	regional technical assistance
TA	–	technical assistance
UNAIDS	–	The Joint United Nations Programme on HIV/AIDS

TECHNICAL ASSISTANCE CLASSIFICATION

Targeting Classification	–	Targeted intervention
Sector	–	Health, nutrition, and social protection
Subsector	–	Health programs
Themes	–	Inclusive social development and Capacity development
Subtheme	–	

NOTE

In this report, "\$" refers to US dollars.

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I. INTRODUCTION

1. Early in 2005, ADB and the Government of Sweden established an HIV/AIDS Trust Fund with an initial commitment of \$14.3 million financed by Sweden. The objective of the Fund is to support ADB Developing Member Countries in designing comprehensive responses to the HIV/AIDS epidemic, with a focus on areas where partnership with ADB will be of strategic value. In May 2006, ADB approved an \$8.6 million Regional Technical Assistance (RETA) grant to be financed by the Cooperation Fund for Fighting HIV/AIDS in Asia and the Pacific. The RETA comprises 11 sub-projects, including one for the Philippines. Since the approval of RETA grant, the series of consultations were conducted with the concerned Government agencies, various partner agencies, and nongovernmental organizations (NGOs) to confirm the objectives, scope, activities, financing, and implementation arrangement for the Philippine TA sub-project. This paper describes the Philippine TA sub-project. The TA framework is in Appendix 1¹.

II. ISSUES

2. Since the first recorded case in 1984, the Philippines has maintained a low HIV/AIDS prevalence of less than 0.1% among adults². However, STI infection rates are high and some national surveys on the youth indicated risky sexual behavior patterns, which are known to be highly associated with HIV infections. As of January 2006, a total of 2410 PLWHA have been registered with Department of Health (DOH). Available data shows an increasing pattern of high risk behavior, including multiple sexual partners, often commercial, and unprotected sexual intercourses; low condom use and low perception of risk among most-at-risk groups, and sharing unclean needles among injecting drugs users.

3. The main mode of transmission is sexual (85%) with more men (63%) infected than women. Overseas Filipino Workers (OFWs) comprise 33% of HIV incidence. In 2002, more women (69%) were deployed as OFWs than men, who are vulnerable to various risk factors of HIV infections. Also, wives of male OFWs are at risk of HIV infections. OFWs are considered as a group at risk, which may become the entry point of an explosive AIDS epidemic in the Philippines.

4. The Philippines is second only to Mexico as an exporter of labor in the world. About 10% of the Philippine population (8 million) lives overseas. Of these, about 40% are Overseas Filipino Workers, who move from various Philippine provinces to more than 180 foreign countries. Structural conditions in migration and behavioral factors make OFWs vulnerable to HIV/AIDS, a situation that could worsen in the absence of strategic community-based interventions.

5. The Philippines is situated in a region with countries that have existing and emerging HIV/AIDS epidemics. This proximity, combined with high mobility among Filipinos are factors that have could contribute to triggering an HIV/AIDS epidemic. Low geographical accessibility due to her numerous islands, and high population mobility between cities and rural areas in the

¹ The TA first appeared in *ADB Business Opportunities* on 13 December 2006.

² For those who are 15-49 years of age. According to National Epidemiology Center of DOH, it is estimated 11,200 people living with HIV/AIDS (PLWHA) as of December 2005.

Philippines are considered to be a substantial threat to an effective behavior communication in HIV/AIDS.

6. The national response to emerging HIV/AIDS epidemic has involved many stakeholders, including government, non-government organizations, the private sector and people living with HIV/AIDS. The National AIDS and STD Prevention and Control Program (NASPCP) was created in 1988. Aware of the multi-sectoral and multilevel dimensions that need to be addressed, it subsequently created the Philippine National AIDS Council (PNAC) in 1992.

7. Major milestones have been achieved and in 1998 the Philippine AIDS law was enacted. The law fully protects the human rights and civil liberties of people living with HIV/AIDS, bans mandatory testing for HIV Antibodies, promotes confidentiality for people accessing information, and ensures the institution of a nationwide information and education programs on HIV/AIDS. In most urban centers, local government units, in partnership with local NGOs, implemented targeted education interventions for most-at-risk groups as early as 1994. However, due to the rapid government decentralization process in the Philippines, including the health sector, the capacity of local governments has not been at an optimal level. This constraint has been compounded with the extensive geographical diversity and high mobility of risk groups. Thus, a rapid capacity development of government agencies and stakeholders at provincial, district, municipality and city levels is essential for effective response to HIV/AIDS.

8. The Philippines is a country that still has a high poverty rate. While HIV/AIDS affects people from all economic classes of society, the impact on the poor is greater. Poverty limits peoples' choices, denies them access to basic services including health service and information and impacts on their decision-making capacity. Those who get infected experience severe socio-economic consequences such as loss of employment, affected productivity, and increased expenditure for health care and services, among others. Addressing HIV/AIDS will have a substantial and positive impact on the economic situation of a country.

III. THE TECHNICAL ASSISTANCE

A. Impact and Outcome

9. The goal of the assistance is to attain the MDG 6 Target 7 on HIV and AIDS and fulfill the commitments made in the United Nations General Assembly Special Session on HIV and AIDS (UNGASS) in the Philippines for 2015. The purpose is to strengthen country response to HIV and AIDS among two highly-vulnerable groups, namely: 1) Injecting Drug Users (IDUs); and 2) Overseas Filipino Workers (OFWs). Each of the two components of the technical assistance is focused on these two population groups.

10. The outputs of the first component (i.e., Situation and Response Analysis on IDU Epidemic for Development of Harm Reduction Strategies) will be: i) evidence-based harm reduction strategies and implementation guidelines; ii) political and social map for strategy development; iii) pilot testing of harm reduction initiatives; and iv) strengthened capacity of local key partners for harm reduction.

11. The outputs for the second component (i.e., Building Capacity and Evidence for HIV Prevention and Care for Filipino Migrant Workers) will be: i) evidence-based prevention and care strategies and implementation guidelines; ii) stakeholders map; iii) capacity development

plan and training modules; iv) strengthen capacity of key program (national) and local government personnel on HIV and migration.

B. Methodology and Key Activities

12. The proposed activities are grouped into two TA components: i) Situation and Response Analysis on IDU Epidemic for Development of Harm Reduction Strategies; and ii) Building Capacity and Evidence for HIV Prevention and Care for Filipino Migrant Workers.

C. Cost and Financing

13. The total cost of TA is estimated at \$600,000, which is financed through the Cooperation Fund for Fighting HIV/AIDS in Asia and the Pacific and is administered by ADB. The detailed cost estimates and financing plan are in Appendix 1.

D. Implementation Arrangements

14. ADB will be the executing agency for the TA. The TA will be implemented in 18 months through the Southeast Asia Department in close cooperation with the HIV/AIDS Unit³ in RSGS. A technical working group, comprising of experts from DOH, ADB, and other technical agencies, will oversee the progress of the TA, ensure the quality and timely delivery of outputs, and guide and review the outputs of consultants.

15. A team of international and national consultants will implement the TA components. The consultants will be engaged through a firm or NGO under quality based selection (QBS), using simplified technical proposals in accordance with the *Guidelines on the Use of Consultants by Asian Development Bank and Its Borrowers*. The consultants' terms of reference are in Appendix 2. Minor equipment and office supplies will be procured under the TA in accordance with ADB's *Procurement Guidelines*.

16. The team will submit an inception report discussing the methodology and initial findings 2 weeks from the start of the TA. The analysis of program options will be submitted 2 months from inception and shared in a consultation meeting with Technical Working Group and stakeholders, followed by a draft final report and dissemination workshop 2 weeks before TA completion.

³ The HIV/AIDS Unit of RSGS consists of an HIV/AIDS Senior Policy Advisor, a TA administrator, and a research assistant who report to the principal health specialist in RSGS.

DESIGN AND MONITORING FRAMEWORK

Design Summary	Performance Indicators/Targets	Data Sources/Monitoring Mechanisms	Assumptions and Risks
<p>Impact The Project will help PHI achieve MDG6/target 7: have halted by 2015 and begun to reverse the spread of HIV/AIDS in the country.</p>	<p>National and regional HIV/AIDS prevalence remain below 1 percent</p>	<ul style="list-style-type: none"> • National surveys • Survey and monitoring of selected surveillance sites 	<p>Assumptions</p> <ul style="list-style-type: none"> • The other components of the Philippines National AIDS Council (PNAC) are implemented / continue to be financed by donors and government funds • In particular, new local governments continue to establish and maintain Local AIDS Councils (LAC) • Monitoring and evaluation systems are established and function adequately <p>Risks</p> <ul style="list-style-type: none"> • Lack of political commitment either at the national level or at the local level
<p>Outcome Prevent the rapid spread of HIV/AIDS in two high risk groups of the populations: injecting drug users (IDU) and overseas Filipino workers (OFW)</p>	<p>National and regional HIV/AIDS prevalence remain below 1 percent among high risk groups</p>	<ul style="list-style-type: none"> • National surveys • Survey and monitoring of selected surveillance sites 	<p>Assumptions</p> <ul style="list-style-type: none"> • Effective harm reduction programs are implemented and continue to be funded <p>Risks</p> <ul style="list-style-type: none"> • Lack of funds to continue programs
<p>Outputs</p> <p><u>Component 1</u></p> <p>a) Evidence-based harm reduction strategies and implementation guidelines</p> <p>b) Political and social mapping for strategy development</p> <p>c) Pilot testing of harm reduction initiatives</p> <p>d) Strengthened capacity of local key partners for harm reduction</p>	<ul style="list-style-type: none"> • Situational and response analysis completed • Strategies and implementation guidelines for harm reduction developed • Local initiatives on harm reduction piloted • Study tour to countries implementing innovative harm reduction programs 	<ul style="list-style-type: none"> • Assessment report • Report of strategies and guideline • Pilot project report • Evaluation of pilots • Report of finding from study tour • KAP survey 	<p>Assumptions</p> <ul style="list-style-type: none"> • Proposed strategies and guidelines are acceptable to stakeholders • Training plans and modules developed are effective and with buy-in from stakeholders <p>Risks</p> <ul style="list-style-type: none"> • Lack of political commitment and unwillingness to apply lessons learned from the TA at the national level or at the local level

<p><u>Component 2</u></p> <p>a) Evidence-based prevention and care strategies for OFWs and implementation guidelines</p> <p>b) Stakeholders mapping</p> <p>c) Capacity development plan and training modules</p>	<ul style="list-style-type: none"> • KAP and in-depth behavioral study of OFWs throughout the whole cycle of labor migration, and impacts on their families • Evaluation of the PEOS, PDOS and the Omnibus Policies of OWWA • Training Needs Assessment • Strategies, implementation guidelines, training modules and capacity building plan 	<ul style="list-style-type: none"> • Study report • Evaluation report • Needs assessment report • Report of strategies and guidelines • Training modules 	
<p>Activities with Milestones</p> <p><u>Component 1</u></p> <ol style="list-style-type: none"> 1.1 Conduct HIV situational and response by August 2007 1.2 Conduct stakeholder mapping by September 2007 1.3 Develop a training plan and organize a study tour by October 2007 1.4 Develop harm reduction strategies, implementation guidelines, and intervention models by December 2007 1.5 Pilot a harm reduction program by December 2007 1.6 Evaluate a pilot program by September 2008 1.7 Publish harm reduction strategies and guidelines by November 2008 <p><u>Component 2</u></p> <ol style="list-style-type: none"> 2.1 Conduct comprehensive assessment of migration patterns by September 2007 2.2 Conduct KAP study and in-depth behavioral research of OFWs, and their families by October 2007 2.3 Conduct of Training Needs Assessment (TNA) by December 2007 2.4 Develop a capability development plan from the TNA by February 2007 2.5 Develop training models by April 2008 2.6 Conduct training for key program (national) and local government personnel on HIV and migration by June 2008 2.7 Development of a web-based mechanism for sharing program information among stakeholder groups 2007-2008 		<p>Inputs</p> <p>ADB US\$600,000</p>	

COST ESTIMATES AND FINANCING PLAN
(\$'000)

Item	Total Cost
1. Consultants	
a. Remuneration and Per Diem	
i. International Consultants	240.0
ii. National Consultants	99.0
b. International and Local Travel	28.0
c. Reports and Communications	11.5
2. Equipment ^a	10.0
3. Training, Seminars, and Workshops	
a. Workshops	29.5
b. Training Program	42.0
4. Surveys and Pilots	60.0
5. Miscellaneous Administration and Support Costs	26.0
6. Representative for Contract Negotiations	0.0
7. Contingencies	54.0
Total	600.0

^a Includes computers, printer and telecommunication equipment
Source: Asian Development Bank estimates.

TERMS OF REFERENCE

Strengthening Country Response to HIV/AIDS among High Risk Groups

A. Background

HIV infection was first reported in the Philippines in 1984. Through 22 years of program interventions, the Philippines has managed to maintain a low level epidemic at 0.03% adult HIV prevalence based on the national estimates of the Department of Health (DOH) in December 2005. The country is implementing a multi-sectoral and focused intervention among most at risk and marginalized population particularly commercial sex workers and their clients, males having sex with males and injecting drug users.

With the increasing documentation of the HIV epidemic among the injecting drug users (IDUs) and migrant population in many Asian countries, the Philippines is keen on addressing the HIV situation among these sub groups, which have significant social, cultural and economic impact to the Philippines.

The contribution of NGOs and civil society partners in implementing country response supports the national response. Systems improvement to better provide information and HIV related services should be supported to better establish the linkages and support to all stakeholders. Thus, enabling policies, supportive policy environment, researches and availability of evidences, pilot systems and capacity building to better deliver HIV related services needs to be established.

This TA aims to improve the effectiveness of the national and local response to the HIV and AIDS epidemic among IDUs and OFWs. It will provide support to the Department of Health in developing more feasible approaches and or interventions for these groups at risk.

Component 1: Situation and Response Analysis on IDU Epidemic for Development of Harm Reduction Strategies

The Philippines is currently implementing interventions in varied depths and coverage for IDU in Cebu, General Santos and Zamboanga. The Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) Project has scaled up needle distribution scheme in some areas of Cebu and is planning to expand to the other two cities.

The 2005 Integrated HIV Behavioral and Serologic Surveillance (IHBSS) results showed that the prevalence of IDU had climbed to 1% from 0% in the last 10 years since the last case was detected in the 1996 surveillance round. Presently, a survey is being conducted in drug rehabilitation centers to measure the extent of IDU practices and sero-prevalence of HIV in many areas nationwide. Interventions for IDUs are implemented by NGOs and are mainly undertaken 'underground', while a few are coordinated with local authorities.

At the national level, police authorities understand the work of the NGOs. However, at the implementation level there are limited cooperation and often resistance from police authorities, and some time resulting in police arrests of NGO field workers. This is due to the

conflict between RA 8504 (AIDS Law) and the Dangerous Drugs Act of 2002. The DDA Act prohibits the carrying of drug paraphernalia including syringes.

Very few NGOs are venturing into harm reduction because of both judicial repercussions and moral suasion. At the National level, dialogues to explore the possibility of developing policy guidelines had been and continue to be held and are seen as complementing the on-going discussions about amending the AIDS Law.

This is the opportunity to collect and document the evidences in support of harm reduction and develop the effective strategies and implementation guidelines based on evidences and good practices.

A. Objectives

The objectives of the assignments are to:

1. Provide a rigorous assessment of the HIV epidemic, its major transmission dynamics and its potential evolution among IDU population
2. Analyze current HIV/AIDS responses and programmatic efforts in relation to the analysis of the IDU epidemic.
3. Identify major gaps and priority areas for IDU interventions
4. Analyze the policy environment and identify legal and contextual opportunities and obstacles to harm reduction initiatives
5. Develop strategies and implementation guidelines for harm reduction to be reviewed and endorsed by the inter-agency Technical Working Group on Harm Reduction.
6. Implement a pilot model in selected sites (based on the results of the ongoing baseline survey by DOH and WHO)
7. Enhance the capabilities of key national and selected local agencies to design, coordinate and implement effective IDU interventions through a study tour

B. Scope of the Work

Specific tasks of the team are to:

1. Review the published, grey and draft literature, survey reports on HIV/AIDS, STIs and relevant injecting and sexual behaviors in the Philippines
2. Consult with national and international experts regarding HIV/AIDS and relevant injecting and sexual behaviors
3. Consolidate the findings and recommendations of serological and behavioral studies in past intervention areas.
4. Analyze major national, sub-national and provincial variations in HIV/AIDS and relevant behavioral trends
5. Identify geographic and thematic gaps that require further surveillance or targeted studies
6. Examine the country's potential epidemic growth in relation to risk factors and HIV/AIDS trends in a wider regional and global context, including the drug supply and demand chain in the Region.
7. Characterize the major drivers of country's epidemic and use this characterization to broadly predict future HIV/AIDS trends nationally, sub-nationally and provincially
8. Identify evidence-based, proven, international good practice responses to the major drivers IDU epidemic

9. Compare the effectiveness of the major intervention options and identify the most effective combination of interventions
10. Review country's existing HIV/AIDS responses in relation to evidence-based, proven, international good practice, identify achievements and major constraints and gaps and recommend major priorities for further action
11. Conduct stakeholders mapping of IDUs, harm reduction programs and law enforcement agencies
12. Analyze the policy environment and identify legal and contextual opportunities and obstacles to harm reduction initiatives
13. Prepare a clear, simple, highly accessible synthesis paper for the situation and response analysis, of approximately 20-30 pages in length
14. Conduct a study tour to neighboring countries implementing innovative harm reduction programs for key stakeholder groups and local partners.
15. Draft strategies and implementation guidelines for harm reduction program, including detailed implementation plans, activities, intervention models and budgets
16. Pilot a comprehensive prevention, care and support program in selected sites, and integrate it into existing public health programs.
17. Conduct evaluation of the pilot programs
18. Revise and finalize the strategies and guidelines based on the evaluation
19. Publish the final version of the strategies and implementation guidelines

C. Deliverables

1. Inception Report: The inception report will include a table of contents for the report, draft outline and summary of major written and oral sources to be consulted. The draft will also include a detailed workplan and budget, proposed team and methods for the collection of information and data and a draft list of the data sources that the report authors expect to use. The budget will be analyzed both by task (i.e., data collection, analysis, translation, report writing) and by expenditure type (i.e. travel expenses, consultant expenses, honoraria, etc.).
2. Full Draft Report: a simple, short, highly readable 20-30 page report, including graphs and pictorial exhibits, with further annexes as required
3. Final Report: final version of the report as approved by DOH and ADB.
4. Powerpoint Slides for a summary of the final report
5. Draft Strategies and Implementation Guidelines: simple and clear contents including detailed implementation plans, activities, intervention models and budgets
6. Strategies and Implementation Guidelines: a final version of the strategies and guidelines for publication as approved by DOH and ADB
7. Powerpoint Slides for strategies and implementation guidelines

D. Workshops

The team will hold several workshops where it will present and discuss the preliminary findings, draft report and strategies to DOH and other key stakeholders. They will also hold dissemination meetings both at local and national level to present the final report and strategies for harm reduction program.

E. Schedule of Delivery

The following deliverables must be submitted to the DOH and ADB:

1. Inception report: 2 month after signing of the contract
2. Full draft report: 6 months after the commencement of the assignment
3. Draft strategies and implementation guidelines: 12 months after the commencement of the assignment
4. Final report and powerpoint presentation: 1 month after receiving comments on the draft report
5. Completed Strategies and Implementation Guidelines with powerpoint presentation: 1 month after receiving comments on the draft strategies and guidelines
6. Published strategies and guidelines: 3 months after the strategies and implementation guidelines are finalized and endorsed by the DOH and other stakeholders

F. Qualifications

The team should be composed of two international consultants (HIV/AIDS Specialist/Team Leader and Epidemiologist) and two national consultants (HIV/AIDS Specialist and Pilot Implementation and Evaluation Specialist). The team should be internationally reputed HIV/AIDS scientists, with at least 10 years proven experience in senior level HIV/AIDS epidemiological and programmatic analysis and policy development. The team also demonstrates that they have undertaken prior review or synthesis work of similar complexity. (See attached TOR for the consultants).

Component 2: Building Capacity and Evidence for HIV Prevention and Care for Filipino Migrant Workers

The Philippines is a major source of labor, with approximately 8 million workers in over 100 countries. Overseas Filipino Workers (OFWs) continue to be one of the more vulnerable populations for HIV infection in the Philippines. The most recent data from the national HIV Registry of the DOH showed that OFWs account for 34% of documented HIV infections. As HIV/AIDS testing is part of the pre-departure requirement of receiving countries, the data may be skewed since OFWs are more likely to be tested compared to other population groups. Nonetheless, there is a common consensus that OFWs are exposed to a greater number of risks.

Due to the lack of economic opportunities in the home country, overseas work attract large numbers of Filipinos both males and females each year, with the maritime industry as a major employment sector where Filipinos is said to account for almost one fourth of the global labor force⁴.

In the health sector, the Department of Health has plans to scale up VCT for migrant workers and is presently expanding treatment and care for PLWH. Availability of relevant health information for OFWs and their families both at the community and in the place of destination is critical to preventing new infections. Other national agencies are also doing sector interventions, like the integration of HIV and AIDS in the Pre-Departure Orientation Seminars (PDOS), HIV education program for Filipino attaches for overseas placement by the Department of Foreign

⁴ Insert the reference here.

Affairs (DFA), and the integration of HIV in the curriculum of a few maritime schools. These initiatives also form part of the UN system's program on HIV and Migration that was developed with the participation of various sectors.

While smaller research undertakings had been conducted in the past in the area of migration and HIV & AIDS, there is still no comprehensive body of knowledge on the full cycle of migration, from education, recruitment, deployment and return to the Philippines of workers. Thus, a study on the dynamics and nexus between migration and HIV and AIDS, including full behavioral and serological analyses, will help the national program on developing strategies for advocacy and scaled up information-giving (including information on where to have their HIV tests upon their return to the country), VCT and STI management.

A. Objectives

The objectives of this component are to:

1. To provide information and evidences for the development of interventions or mechanisms for comprehensive prevention, care and treatment for migrant workers.
2. To build capacity of key stakeholders and program staff in the provision of HIV-related services to migrant workers.
3. To develop implementation strategies and guidelines for prevention and care program for migrant workers.
4. To increase access to relevant and necessary health information and referrals to migrant workers.

B. Scope of the Work

1. Comprehensive assessment (study) on the whole cycle involving preparation, deployment and return to the country of migrant workers.
2. Consolidation of findings of surveys already conducted and inventory of existing research on behaviors of mobile and migrant populations
3. Conduct KAP study of OFWs, OFW spouses and children.
4. Conduct of in-depth behavioral research on sexual and health-seeking behaviors, including risks and vulnerabilities, of OFWs throughout the migration cycle, as well as the HIV-related risks and vulnerabilities of OFW spouses and children.
5. Conduct an evaluation of the Pre-Employment Orientation Seminar (PEOS), the PDOS, and the Omnibus Policies of OWWA to strengthen their implementation, and develop appropriate mechanisms to make the education activities more efficient and effective.
6. Conduct of workshops and consultations
7. Conduct mapping of stakeholders, both in the country and outside the country, their activities and network, their strengths and coverage.
8. Conduct of Training Needs Assessment (TNA) of key program staff at various levels.
9. Develop a Capability Development Plan based on results of TNA
10. Develop training models.
11. Training for key program (national) and local government personnel on HIV and migration.
12. Dissemination of findings and publications.

13. Development of a web-based mechanism for sharing program information among stakeholder groups.

C. Deliverables

1. Inception Report: The inception report will include a table of contents for the report, draft outline and summary of major written and oral sources to be consulted. The draft will also include a detailed workplan and budget, proposed team and methods for the collection of information and data and a draft list of the data sources that the report authors expect to use. The budget will be analyzed both by task (i.e., data collection, analysis, translation, report writing) and by expenditure type (i.e. travel expenses, consultant expenses, honoraria, etc.).
2. Full Draft Report: a simple, short, highly readable 20-30 page report, including graphs and pictorial exhibits, with further annexes as required. Background reports of the following studies and analyses will also be attached with the full report:
 - a) Inventory of research and research findings and consolidation of findings of surveys already conducted;
 - b) KAP and in-depth behavioral study of OFWs throughout the whole cycle of labor migration, from preparation before departure to their return to the county, and the study of HIV-related risks and vulnerabilities of OFW spouses and their children;
 - c) Evaluation of the PEOS, PDOS and the Omnibus Policies of OWWA.
 - d) Training Needs Assessment
3. Final Report: final version of the report as approved by DOH and ADB.
4. Powerpoint Slides for a summary of the final report
5. Draft Strategies, Training modules, and Capability-Building Plan: simple and clear contents including detailed capacity building plans, activities, training modules and budgets
6. Strategies, Training modules and Capacity building plan: a final version of the strategies and guidelines for publication as approved by DOH and ADB
7. Powerpoint Slides for strategies, training modules, and capacity building plan
8. Web-based information sharing mechanism constructed and uploaded, and program personnel in charged trained on maintenance.

D. Workshops

The team will hold several workshops where it will present and discuss the preliminary findings, draft report and strategies to DOH and other key stakeholders. They will also hold dissemination meetings both at local and national level to present the final report and implementation strategies for migrant workers.

E. Schedule of Delivery

The following deliverables must be submitted to the DOH and ADB:

1. Inception report: 2 months after signing the contract
2. Full draft report: 10 months after the commencement of the assignment
3. Draft strategies, implementation guidelines and capability development plan: 12 months after the commencement of the assignment
4. Final report and powerpoint presentation: 1 month after receiving comments on the draft report

5. Completed Strategies and Implementation Guidelines/Plans with powerpoint presentation: 1 month after receiving comments on the draft strategies and guidelines/plans
6. Published strategies and guidelines: 3 months after the strategies and implementation guidelines/plans are finalized and endorsed by the DOH and other stakeholders

F. Qualifications

The team will be composed of one international consultant (Social/Behavioral Scientist) and two national consultants (Training/behavioral Change Communication Expert and Information Technology Specialist) and overseen by the team leader (HIV/AIDS expert). The consultants should be highly-reputed experts, with at least 10 years proven experience in senior level HIV/AIDS epidemiological and programmatic analysis and policy development. The team also demonstrates that they have undertaken prior review or synthesis work of similar complexity. (See attached TOR for the consultants).

OUTLINE TERMS OF REFERENCE FOR CONSULTANTS

A. International Consultants

HIV/AIDS Specialist/Team Leader (9 person-months)

The consultant will have professional and academic background in formulating and implementing harm reduction programs and policies in Asian countries. The consultant will have experience in leading teams of international and national professionals. The team leader will:

- a) Provide overall leadership for TA. The team leader will specifically be:
 - (i) Be responsible for the collective work of all consultants and inputs;
 - (ii) Prepare detailed implementation plans for accomplishing the tasks set forth in this TA;
 - (iii) Ensure the TA is implemented according to the terms of reference and any instruction and guidelines provided by DOH, ADB, and the inter-agency Technical Working Groups;
 - (iv) Organize the participatory consultations, workshops and meetings; and
 - (v) Responsible for the timely preparation and completion of all reports and written documents, including the inception reports, draft report and strategies, final report and strategies.

- b) Prepare draft strategies and implementation guidelines for harm reduction, to be reviewed and endorsed by the Technical Working Group.
 - (i) Conduct stakeholders mapping;
 - (ii) Analyze the social and policy environment for harm reduction initiatives;
 - (iii) Develop detailed workplans, interventions models, and budget.
 - (iv) Revise the draft based on the feedback from the DOH, ADB, and the Technical Working Group

- c) Prepare draft strategies and implementation guidelines strengthening prevention and care for OFWs, to be reviewed and endorsed by the Technical Working Group.
 - (i) Conduct stakeholders mapping
 - (ii) Review country's existing prevention and care responses to HIV/AIDS and OFWs, identify achievements, the limiting and enabling factors and recommend major priorities for further action
 - (iii) Identify evidence-based, proven, local and international good practice responses to the major drivers of the epidemic among migrant workers
 - (iv) Compare the effectiveness of the major intervention options and identify the most effective combination of interventions
 - (v) Develop detailed workplans, interventions models, and budget
 - (vi) Prepare the draft strategies and implementation guidelines and revise them based on the feedback from the DOH, ADB, and the Technical Working Group

- d) Ensure the local ownership of the strategies and guidelines developed
 - (i) Organize local consultation meetings with key stakeholders
 - (ii) Implement a pilot model for harm reduction in selected sites
 - (iii) Revise the strategies and guidelines based on the feedback from the pilot testing, if needed

- e) Exercise oversight in the development, pre-testing and in finalizing the training modules
- f) Supervise the preparation and dissemination of the report on situational and response analysis, and of harm reduction strategies and implementation guidelines
- g) Any other work related to the TA that ADB, DOH, or a technical working group may request

Component 1

A. International Consultants

1. Epidemiologist (5 person-months)

The consultant will be an internationally reputed epidemiologist/behavioral scientist in analyzing epidemiological and behavioral data related to HIV/AIDS. The consultant will work under the supervision of the team leader and will be responsible for the following:

- (i) Review the published, grey and draft literature, survey reports on HIV/AIDS, STIs and relevant injecting and sexual behaviors in the Philippines
- (ii) Analyze major national, sub-national and provincial variations in HIV/AIDS and relevant behavioral trends
- (iii) Identify geographic and thematic gaps that require further surveillance or targeted studies
- (iv) Examine the country's potential epidemic growth in relation to risk factors and HIV/AIDS trends in a wider regional and global context
- (v) Characterize the major drivers of country's epidemic and use this characterization to broadly predict future HIV/AIDS trends nationally, sub-nationally and provincially
- (vi) Identify evidence-based, proven, international good practice responses to the major drivers IDU epidemic
- (vii) Compare the effectiveness of the major intervention options and identify the most effective combination of interventions
- (viii) Review country's existing HIV/AIDS responses in relation to evidence-based, proven, international good practice, identify achievements and major constraints and gaps and recommend major priorities for further action
- (ix) Prepare a concise report presenting the key findings and their implications for harm reduction strategies in the country
- (x) Organize dissemination meetings to present the key findings and recommendations

B. National Consultants

1. HIV/AIDS Specialist (12 person-months)

The national consultant will be have at least 10 years of experience in planning and implementing HIV/AIDS programs in the country. The consultant will work under the supervision of the team leader and will be responsible for the following:

- (i) Support the team leader in developing the workplan for the TA.
- (ii) Organize national and local consultation meetings and workshops.
- (iii) Conduct focus group meetings and interviews with IDUs and local civil society group.

- (iv) Develop the strategies and guidelines for harm reduction together with the team leader.
- (v) Support the team leader
- (vi) Oversee the implementation of TA activities in the field together with the team leader
- (vii) Conduct a study tour to neighboring countries implementing innovative harm reduction programs for key stakeholder groups and local partners.

2. Pilot Implementation and Evaluation Specialist (5 person-months)

The national consultant will have at least 8 years of experience in research, pilot projects and evaluation of HIV/AIDS projects in the country. The consultant will work under the supervision of the team leader and will be responsible for the following:

- (i) Organizing local consultation meetings and workshops
- (ii) Design and develop a pilot model to be tested
- (iii) Ensure the timely and smooth implementation of pilots in selected sites
- (iv) Design an evaluation and monitoring framework
- (v) Develop indicators for monitoring and evaluation
- (vi) Monitor implementation of pilot programs
- (vii) Collect quantitative and qualitative data for monitoring and evaluation
- (viii) Conduct midterm and final evaluation of the pilot programs
- (ix) Make recommendations and suggestions for improving the draft strategies and implementation guidelines, based on the evaluation results
- (x) Prepare an evaluation report presenting key findings and recommendations

Component 2

A. International Consultants

1. Social/ Behavioral Scientist (5 person-months)

The consultant will be an internationally reputed social/behavioral scientist in analyzing social, behavioral, and epidemiological data related to HIV/AIDS. The consultant will work under the supervision of the team leader and will be responsible for the following:

- Review the published, grey and draft literature, survey reports on HIV/AIDS in relation to Filipino migrant workers
- Analyze occupational and geographic variations in HIV/AIDS and relevant behavioral trends of OFWs
- Examine the country's potential epidemic growth among OFWs in relation to risk factors and HIV/AIDS trends in a wider regional and global context.
- Characterize the major social and behavioral factors for HIV infection among OFWs and use this characterization to broadly predict future HIV/AIDS trends nationally
- Review country's existing HIV/AIDS responses for OFWs, identify achievements and major constraints and gaps and recommend major priorities for further action
- Design and supervise the conduct of an in-depth behavioral study of OFWs, their spouses and children, analyze and interpret the data
- With the team leader, compare the effectiveness of the major intervention options and identify the most effective combination of interventions

Prepare a concise report presenting the key findings and their implications for prevention and care strategies for OFWs.

B. National Consultants

1. Training/Behavior Change Communication Expert (9 person-months)

The Behavior and Training Expert will have at least 10 years of experience in designing and implementing communication and behavioral change research in health, especially HIV/AIDS, and in developing and conducting training modules on prevention. The consultant will work under the supervision of the team leader and will be responsible for the following:

- (i) Support the team leader and the social/behavior scientist in developing the research and training workplan for the TA
- (ii) Design and organize consultation and dissemination meetings and workshops
- (iii) Design and conduct the evaluation of the PEOs, PDOS and the Omnibus Policies of OWWA
- (iv) Design and conduct the Training Needs Assessment of key program staff involved in HIV/AIDS prevention and care for OFWs
- (v) Work with the team leader and the social/behavioral scientist in developing the strategies and guidelines for prevention and care for OFWs
- (vi) Develop a Capability Development Plan
- (vii) Develop, pre-test and finalize a training module for key program staff involved in HIV/AIDS prevention and care for OFWs
- (viii) Oversee the implementation of TA activities in the field together with the team Leader

2. Information Technology Specialist (6 person-months)

The national consultant will have at least 5 years of experience in developing web-based information sharing mechanisms. He/she will work under the supervision of the team leader and coordinate the performance of his/her tasks with the social/behavior scientist, training specialist and research assistant. He/she will be responsible for the following:

- a) Develop the web-based mechanism using the most appropriate and practical platform
- b) Upload the information or inputs from the rest of the consultants to the portals
- c) Develop and design web-based training with interactive interface based
- d) Conduct a user survey for the web site
- e) Improve the web site and its contents based on the feedback from a user survey
- f) Provide training to program personnel in charge of maintaining the web-based mechanism