

A.I.D. EVALUATION SUMMARY - PART I

PD-ABP-807
95613

1. BEFORE FILLING OUT THIS FORM, READ THE ATTACHED INSTRUCTIONS.
2. USE LETTER QUALITY TYPE, NOT "DOT MATRIX" TYPE.

IDENTIFICATION DATA

A. Reporting A.I.D. Unit: Mission or AID/W Office <u>USAID/Philippines</u> (ES# _____)		B. Was Evaluation Scheduled in Current FY Annual Evaluation Plan? Yes <input checked="" type="checkbox"/> Slipped <input type="checkbox"/> Ad Hoc <input type="checkbox"/> Evaluation Plan Submission Date: FY ____ Q ____		C. Evaluation Timing Interim <input checked="" type="checkbox"/> Final <input type="checkbox"/> Ex Post <input type="checkbox"/> Other <input type="checkbox"/>	
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D. Activity or Activities Evaluated (List the following information for project(s) or program(s) evaluated; if not applicable, list title and date of the evaluation report.)

Project No.	Project /Program Title	First PROAG or Equivalent (FY)	Most Recent PACD (Mo/Yr)	Planned LOP Cost (000)	Amount Obligated to Date (000)
492-0473	AIDS Surveillance and Education Project (ASEP)	1992	9/2000	\$15,000	\$10,800

ACTIONS

E. Action Decisions Approved By Mission or AID/W Office Director Action(s) Required	Name of Officer Responsible for Action	Date Action to be Completed
- Refine with AID/W and DOH the Special Objective (SpO) Strategy to 2000 and prepare revised Results Framework (RF), including the indicators and targets at the Objective, Intermediate Result and Activity levels.	USAID/W, USAID/Manila, DOH, PATH	June 1997*
- Prepare action memo to approve revised SpO RF/Indicators	USAID/Manila	June 1997*
- Develop SpO Agreement amendment	USAID/Manila NEDA	July 1997**
- Revise HIV Sentinel Surveillance (HSS) and Behavioral Surveillance (BSS) Operations Manuals	DOH/ WHO-WPRO	August 1997***

*Actions already completed
**Draft Agreement under GOP review/clearance
***Under development.

(Attach extra sheet if necessary)

APPROVALS

F. Date Of Mission Or AID/W Office Review Of Evaluation: _____ (Month) _____ (Day) _____ (Year)

G. Approvals of Evaluation Summary And Action Decisions:

	Project/Program Officer	Representative of Borrower/Grantee	Evaluation Officer	Mission or AID/W Office Director
Name (Typed)	Dr. C. Manaloto	Dr. R. Infantado		P. E. Balakrishnan
Signature	<i>[Signature]</i>	<i>[Signature]</i>		<i>[Signature]</i>
Date	28 July, 97	July 30, 1997		8/1/97

ABSTRACT

H. Evaluation Abstract (Do not exceed the space provided)

The AIDS Surveillance and Education Project (ASEP) was authorized in July 1992 to (1) establish an HIV sentinel surveillance system (HSS) with strategically located geographic sites throughout the country to detect HIV infection among high risk groups and (2) support mass media and community-based education, communication and public relations programs aimed at preventing the spread of HIV/AIDS. Both the surveillance and education programs target high-risk groups, namely, registered female commercial sex workers (RFCSWs), and freelance female commercial sex workers, male sex workers, injecting drug users (IDU), men who have sex with men (MSM), and patients at STD clinics.

The HSS is implemented by the Department of Health-Field Epidemiology Training Program (DOH-FETP) through a grant to the WHO/WPRO. The ASEP education programs are implemented through a Cooperating Agency (CA) Agreement with Program for Appropriate Technology (PATH) and engage governmental agencies at the national and local levels through selected non-governmental organizations (NGOs).

A mid-term assessment of the ASEP was undertaken in February 1995. Based on the recommendations of that assessment and under USAID reengineering a new strategic framework was developed and ASEP was incorporated into a Special Objective (SpO) with the stated goal of "Rapid Spread of HIV/AIDS Prevented" in September 1996. Furthermore, in line with the Mission's strategic planning period, the original Completion Date of ASEP was extended from September 30, 1997 to September 30, 2000, and the authorized funding level was increased, correspondingly, from \$10.0 million to \$15.0 million.

The purpose of the current assessment, undertaken in January/February 1997, was to review the progress and results achieved towards the SpO targets and to make appropriate recommendations for changes in the SpO strategic and Results Framework. Major findings and conclusions from the assessment are:

1. There has been no "explosion" of HIV infections thus far in the Philippines. HIV prevalence is generally low (<1 percent) in almost all of the HSS sites. However, high risk behaviors are widespread among those groups where the potential for STD/HIV infection is greatest. The HSS must address several persistent problems (1) inadequate coverage/numbers of high risk "group" individuals for testing; (b) inclusion of too many high risk groups per round; (c) unnecessary expansion of HSS to too many sites/cities; and (d) lack of uniform behavioral surveillance questionnaire used by DOH for HSS and by NGOs for their behavioral monitoring surveys.
2. The education component has generally done an excellent job in developing institutional capabilities to reach individuals in high risk groups. However, the prevention approach used is probably inappropriate for preadolescent young girls who are entering the sex industry in increasing numbers. A new strategy to address their special concerns and needs must be developed.
3. The current Results Framework must be revised to reflect needed changes in indicators and targets at the Objective, Intermediate Result, and Activity levels to improve validity of these performance measures.

C O S T S

I. Evaluation Costs

1. Evaluation Team		Contract Number OR TDY Person Days	Contract Cost OR TDY Cost (U.S. \$)	Source of Funds
Name	Affiliation			
Dr. Christopher Hermann		492-0473-0-00- 97-00012-00	\$12,107.00	ASEP
Dr. James Chin		492-0473-0-00- 97-00013-00	\$17,160.00	ASEP
Dr. Michael Sweat		492-0473-0-00- 97-00014-00	\$14,212.00	ASEP
Ms. Lin Almario		492-0473-0-00- 97-00015-00	\$ 4,412.00	ASEP
2. Mission/Office Professional Staff		3. Borrower/Grantee Professional		
Person-Days (Estimate) <u> 27 </u>		Staff Person-Days (Estimate) <u> 45 </u>		

A.I.D. EVALUATION SUMMARY - PART II

SUMMARY

J. Summary of Evaluation Findings, Conclusions and Recommendations (Try not to exceed the three (3) pages provided)

Address the following items:

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|--|--|
| <ul style="list-style-type: none"> • Purpose of evaluation and methodology used • Purpose of activity(ies) evaluated • Findings and conclusions (relate to questions) | <ul style="list-style-type: none"> • Principal recommendations • Lessons learned |
|--|--|

Mission or Office:

USAID/Manila

Date This Summary Prepared:

July 25, 1997

Title And Date Of Full Evaluation Report:

Assessment Report - Special Objective:
Rapid Increase of HIV/AIDS Prevented

The AIDS Surveillance and Education Project (ASEP) was authorized in July 1992 with an original Life of Program (LOP) funding of \$6.5 million and a Completion Date of September 30, 1997. The Project was to establish an HIV sentinel surveillance system, (HSS) with strategically located geographic sites throughout the country to detect HIV infection among high risk groups. It was also to support related mass media and community-based education, communication and public relations programs.

The surveillance component is monitoring HIV seroprevalence among high risk groups, namely, registered female commercial sex workers (RFCSWs), freelance female commercial sex workers, male sex workers, injecting drug users, men who have sex with men, and patients at STD clinics. To date, the bi-annual surveillance HIV-testing has been established in 10 cities (Quezon, Metro Cebu, Davao, Pasay, Angeles, Iloilo, Cagayan de Oro, General Santos, Zamboanga and Baguio). The education component is aimed at information, education, and communication (IEC) activities targeting high risk "groups" in five major cities - Quezon City, Pasay City, Metro Cebu, Davao and Angeles City. The IEC activities were to be based on the HSS data and findings.

A mid-term evaluation was conducted in February 1995 which provided the foundation for altering the course of the ASEP. This evaluation concluded that the ASEP was a potential model for a low prevalence country. It also noted that the projected HIV seroprevalence rate in high risk groups, while considered to be relatively low, could not guarantee that HIV will not spread rapidly during later years unless risk prevention activities were continued.

The mid-term evaluation also noted that USAID and other donors were doing little in sexually transmitted disease (STD) control. The evaluators recognized that STDs, such as syphilis, are cofactors in HIV transmission, and can actually facilitate the transmission of HIV. Following the evaluation recommendation, an STD control component was added to the ASEP and incorporated in Project Agreement Amendment No.4.

In 1995, as a result of reengineering, the Mission changed from Project funding to focus on key Strategic Objectives. The ASEP was incorporated into the Special Objective (SpO) "Rapid Increase of HIV/AIDS Prevented." The Special Objective has one Intermediate Result, "Adoption of STD/HIV/AIDS Prevention Practices By High Risk Groups Increased" and a number of Activities supporting it, all of which were previously approved in the Project Paper and corresponding Project Grant Agreements of ASEP.

In August 1996, in line with the Mission's strategic planning period, the SpO was approved to extend the Completion Date from September 30, 1997 to September 30, 2000 with level of funding increased from \$10.0 million to \$15.0 million, continuing the activities previously approved under ASEP.

The purpose of the present program assessment conducted in January/February 1997 was to assess progress towards the SpO indicators and targets and to recommend appropriate revisions to the strategic and Results Framework for the period October 1997 - September 2000.

A four-member assessment team worked under the general guidance of the SpO Team Leader. The team analyzed key documents, including: the ASEP Project documents, 1996 SpO Results Framework; DOH Medium Term Plan; FETP surveillance data; various NGO behavioral data; and PATH's annual report. They interviewed key DOH, Local Government Units (LGU), NGO, WHO and other donor officials. Site visits were made to observe surveillance and IEC activities. The Assessment work was conducted over a period of three weeks beginning January 13, 1997.

HSS data and the assessment indicate that there has been no "explosion" of HIV infections thus far in the Philippines. Generally low HIV prevalence (<1%) was observed in almost all of the targeted HSS high risk "groups". However, in one HSS target group (RFCSW), in one HSS site (Angeles City), an HIV positive rate close to 1% was detected in four consecutive HSS rounds. In addition, data indicate that high risk behaviors are widespread among those groups where the potential for STD/HIV infection is greatest. While the HSS has clarified current STD/HIV prevalence, the assessment found that the system needs to address several persistent problems. These include: inadequate coverage/numbers of high risk individuals for testing; inclusion of too many high risk groups per round; unnecessary expansion of the HSS to too many sites; and lack of a uniform behavioral surveillance questionnaire used by DOH for HSS and NGOs for their behavioral monitoring surveys. To address these problems, the assessment team has recommended the following:

- At the current time, a total of 6-8 cities is adequate to monitor HIV prevalence trends in the Philippines; -- Only three risk groups (RFCSWs, MSM and IDUs) need to be monitored in the largest cities (Manila and Cebu); in all other cities, only the RFCSWs should be routinely selected for HSS;
- HSS rounds can be reduced to one round annually in most sites;
- HSS sample size should remain at about 200 to 300 per group;
- HSS sample collection period can be extended to 3-4 months if needed;
- All HSS sites do not have to be carried out during the same calendar time;
- The use of saliva test for those "groups" who are reluctant to have their blood drawn should be explored;
- DOH must add a question on condom usage to the HSS and BSS that will obtain the same data that are currently collected by the NGOs.

With regard to the education component, the Assessment found PATH and the implementing NGOs to have done an excellent job in developing new institutional capacities to reach high risk individuals about STD/HIV/AIDS prevention. The targeted high risk "groups" continue to be the "groups" most likely to experience rapid increase of HIV infection based on the available data on HIV and STD risk behavior of various "groups". Reaching these groups through peer education continues to be the most culturally appropriate and pragmatic approach given the unique social networks of the target "groups". The emphasis on peer education is a strong aspect of the IEC strategy; however, there is a need to enhance the regular use of interpersonal counseling, training and monitoring with implementing NGOs. Knowledge about HIV infection routes and means of protection among the general and high risk populations has been increased by IEC efforts. National HIV/AIDS public service announcements of high quality have been aired on television. Sexually graphic IEC materials are suppressed due to concerns of religious groups and IEC material must be cleared by a censor board. A special strategy is needed to reach young CSWs. There are many structural and environmental impediments to behavior change among the target "groups". Environmental and policy interventions are needed to assure that the complementary individual risk reduction interventions are effective.

Recommendations to refine education activities include:

- Targeting of CSWs, MSM, IDU and other men at risk through peer education and counseling should be continued. Additional target groups that should be added include: child sex workers, gate keepers, such as sex establishment managers and owners; and policy makers, such as City health officers and LGU political leaders.
- Strong emphasis on peer education should be continued. Training should be provided on interpersonal counseling to address : personalized risk assessment, condom negotiation and safer injecting drug use skills, outcome expectations and behavioral impacts on social networks and family.
- Small media should be enhanced to better meet the needs of the target audiences, and there should be more copies of small media produced, pretested and distributed.

S U M M A R Y (Continued)

- Support for rapid descriptive and ethnographic research to identify the extent and distribution of child sex workers, trace the factors promoting entry of children into sex work and identify special needs of child sex workers and develop a strategy for addressing HIV/STD.
- Develop a policy program with a person to conduct research and analysis of key issues, develop and deliver policy presentations, advocate for policy changes and train NGOs to conduct policy advocacy.

To reduce donor dependence and to promote long-term program sustainability, the assessment team has made a number of recommendations to increase local government funding and support for surveillance and education activities and to generate revenues locally for HIV/AIDS prevention programs.

A number of changes to the existing SpO strategic and Results Framework to improve the validity and reliability of the performance measures at the Objective, Intermediate Result and Activity levels have been recommended by the assessment. These include:

At the Objective level, given the fact that HIV prevalence already exceeds one percent for RFCSWs in Angeles City and that high-risk behaviors are so widespread among the target groups, it would be difficult, if not impossible, to keep prevalence rates below one percent within these groups over the next 5-10 years. Accordingly, the assessment recommended that this indicator be reset at 3%. Also, it has been recommended that this indicator be refined to focus on RFCSWs since this is the largest high risk group and has the greatest potential for transmitting HIV infection to a large percentage of their sex partners.

At the Intermediate Results level, it was considered that the indicator should include additional indicators to measure steps that lead to adoption of risk-reduction behaviors and not concentrate solely on adoption of prevention practices since, typically, adoption of prevention practices are preceded by several key steps, such as, an increased understanding and knowledge about HIV infection, recognition of personal risk, formation of attitudes and motivation to make behavioral changes that lead to lasting behavioral changes. As a result, modifications to the Intermediate Results Indicators to capture these interim steps that lead to adoption of risk-reduction (knowledge, perception, and attitudinal changes) have been recommended by the team.

At the activity level, reduction in current sentinel and behavioral surveillance sites to improve sampling and the quality and reliability of data being gathered have been recommended, along with changes in education activities.

In terms of lessons learned, ASEP and Philippines offer a "model" for countries with low HIV/AIDS prevalence to prevent its rapid spread. In contrast to the experience of other Asian countries, especially of Thailand, ASEP has made it possible for Philippines to continue to remain a low prevalence country. However, surveillance sites and target groups must be carefully selected to ensure the validity and reliability of HIV/AIDS performance measures especially when resources are limited.

In countries where STD rates are high, as in the Philippines, special attention must be paid to the identification and treatment of STDs as an integral component of HIV/AIDS monitoring and education programs.

In selecting indicators of performance, it is important to include indicators of behavioral changes, such as changes in knowledge, attitude, self-efficacy, outcome expectations, and perceived social norms, and not focus solely on outcome indicators such as adoption of prevention practices since, typically, adoption of prevention practices are preceded by behavioral changes. It is important to capture these intermediate behavioral changes in measures of program performance.

ATTACHMENTS

K. Attachments (List attachments submitted with this Evaluation Summary; always attach copy of full evaluation report, even if one was submitted earlier; attach studies, surveys, etc., from "on-going" evaluation, if relevant to the evaluation report.)

Assessment Report - Special Objective Rpaid Increase of HIV AIDS Prevented, February 10, 1997(Attachment 1)
1996 Special Objective Results Framework (Attachment 2)

COMMENTS

L. Comments By Mission, AID/W Office and Borrower/Grantee On Full Report

This evaluation fully met the requirements in the scope of work and the high expectations of USAID/Manila, the Department of Health and the National HIV/AIDS Program. There were no unexpected findings or recommendations. Virtually, all the recommendations have been accepted, without modifications, by the Department of Health and are already being implemented. The assessment made a major contribution towards refining performance indicators and targets for USAID/Manila's HIV/AIDS Special Objective and revising the Results Framework for the period 1998-2000.

The full assessment report was reviewed by the USAID/W Joint Programming Team (JCT) for the Philippines in Washington on April 17, 1997. The JCT warmly praised the assessment team for its excellent and thorough assessment of the ASEP, noting that "it was clear that the (assessment) team tried very hard to balance the quality of HIV/AIDS surveillance and education activities against their cost. The team also did a very good job of explaining its conclusions".

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**SPECIAL OBJECTIVE
RAPID INCREASE OF HIV/AIDS
PREVENTED**

INDICATOR

HIV Seroprevalence Rate among Target Risk "Groups" remains <1% in 2000

**INTERMEDIATE RESULT
Adoption of STD/HIV/AIDS Prevention Practices by Target
Groups Increased**

**Composed of registered female sex workers (RFSW), freelance female sex workers (FLFSW), male sex workers (MSW), male STD patients (MSTDs), men who have sex with other men (MSMs), and injecting drug users (IDUs).*

INDICATORS

A. Percent of people in high risk groups who report condom use:

Women at risk¹: 23.0% in 1993 to >60% in 2000

Men at risk²: 2.1% in 1993 to >30% in 2000

IDUs³: 2.0% in 1993 to >30% in 2000

B. STD: Syphilis Seroprevalence Rate in high risk groups:

Women at risk¹: 4.5% in 1994 to <2.5% in 2000

Men at risk²: 3.0% in 1994 to <1.5% in 2000

IDUs³: 3.0% in 1994 to <1.5% in 2000

¹Composed of RFSWs and FLSWs

²Composed of MSWs, MSTDs and MSMs

³Injecting drug users

USAID- SUPPORTED ACTIVITIES

1. National HIV/AIDS Sentinel Surveillance Systems utilized by the DOH to monitor HIV prevalence and risk behavior among target groups.
Benchmarks: - HIV Sentinel Surveillance System (HSS) functioning in strategic sites: 0 HSS in 1993 to 20 HSS in 2000
- Behavioral Surveillance System (BSS) functioning in strategic sites: 0 BSS in 1993 to 16 BSS in 2000
2. Network of NGOs, GOs and Private Commercial Sector groups delivering IEC services to STD/HIV/AIDS target audiences
Benchmarks: - HIV/AIDS outreach workers trained and active in STD/HIV/AIDS work: 30 in 1993 to 500 by 2000
- Peer educators supported and active in STD/HIV/AIDS education: 50 in 1993 to 1,500 by 2000
- % of entertainment establishments in target areas reached and are promoting safe sex practices for STD/HIV/AIDS prevention: 0% in 1993 to 70% by 2000
- Private health care providers in target areas trained in improved STD management: 0 in 1993 to 300 by 2000
3. National Safe Voluntary Blood Bank System designed.
Benchmark: Strategic Plan for the National Voluntary Blood Services Program developed by December 1996
4. Local government units (LGUs)/NGOs manage effective STD/HIV/AIDS prevention and control program in their cities/municipalities.
Benchmark: LGU/NGO specific comprehensive STD/HIV/AIDS Prevention Action Plans developed and implemented: 0 in 1993 to 12 by 2000

DATA BASELINES

National HIV Sentinel Serologic Surveillance System of the Department of Health

National Behavioral Surveillance System of the Department of Health

Focus Groups

Site Visits and Key Informant Interviews