

AN ASSESSMENT ON THE CAPACITY DEVELOPMENT OF URBAN GOVERNMENTS IN BUKIDNON IN THE IMPLEMENTATION OF THE NATIONAL HIV/AIDS POLICY

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Abstract

This study is designed to investigate how far the local urban governments of Valencia City and Malaybalay City have developed community support for the care and treatment of HIV/AIDS, done interventions and actions for community understanding, execute mobilization and allocation of funds to combat HIV/AIDS and provide facilities capable of providing interventions for prevention and medical treatment for HIV/AIDS patients. The LGUs of Malaybalay and Valencia have adopted steps to moderate the spread of HIV and AIDS in their localities. These urban governments of Bukidnon had created each an HIV Council that is guided by the principles of mainstreaming HIV responses in the local government plans and multi-sector involvement in the planning, execution and monitoring of the response. This local response is a key element of the country's program for combating HIV. The two local governments (LGUs), along with Cagayan De Oro City, are the core of the program in Region ten. They had committed to reduce HIV infection through the Millennium Development Goal (MDG) and the HIV and AIDS Medium-Term Plan (AMTP).

Keywords: Urban Government, Capacity Development, National Policy of HIV/AIDS

INTRODUCTION

The study aims main concerns in social services is the provision of health services especially the implementation of HIV/ AIDS policy which is covered in this study. The Philippines is one of only two countries in Asia, and one of seven worldwide, where the number of new cases has increased by over 25 percent from 2001 to 2009 and an estimated 200 deaths each year reaching a total of 7,235 HIV cases in the country as of 2011 (HIV/AIDS Statistics Worldwide). Two of these HIV cases are from Malaybalay City and another two from Valencia City according to the report of the Alliance Against AIDS (ALAGAD) Mindanao.

While we are still a low HIV-prevalence country, with less than 0.1 percent of the adult population estimated to be HIV positive, this reveals a seventy nine percent (79%) increase of newly reported HIV cases compared to 2012 (UNICEF, 2013). As of January 2013, the Department of Health (DOH) AIDS Registry in the

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Philippines reported 12,082 HIV cases (25 already AIDS) and 10,514 people living with AIDS. To address this situation in the country, the national government and the United Nations Development Program (UNDP), in line with the AIDS Medium-Term Plan (AMTP) and Millennium Development Goal (MDG), lead the efforts among UN agencies in supporting the leadership and capacity development of HIV and AIDS. To strengthen sustainable local AIDS responses, UNDP aimed to develop leadership capacities of local government units (LGUs) and the Regional Assistance Team (RAATs), as well as empower the community, particularly the MSM and TG populations.

This study is designed to investigate and assess the capacity development of urban governments in the province of Bukidnon to provide social and economic services and how far the local urban governments of Valencia City and Malaybalay City have developed community support for the care and treatment of HIV/AIDS. Further, the result of this study would be used as a benchmark to advocate for reform and transformation specifically in implementing the delivery of social and economic services effectively especially the intervention policies in implementing the HIV/AIDS policy.

RESEARCH METHOD

The study is exploratory and descriptive in nature. In generating the data for this study, document inventory and interview schedule with the key informants were conducted. The indicators used in the study are based on the UNDP Resource Catalogue in Measuring Capacities which is used as the guide in benchmarking to gather the necessary data. There are seven (7) key informants in this study who come from the following: CSWD Officers including the Head of PSWD, City Planning Officers, two doctors from the City Health Office and two nurses. The analysis of data is qualitative and descriptive using the indicators of capacity development of the cities to implement the AIDS/HIV policy.

DISCUSSION AND ANALYSIS

Community Support for Care and Treatment for HIV/AIDS Patients

KAVAPCA (*Kaabag* Valencia AIDS Protection & Control Advocates) was created in Valencia City even before its local AIDS Council was created. This was a civic group composed of personalities from the Department of Social Welfare and Development Services (DSWD), City Police Department, Department of Education, media and non-government (NGOs). Its mission was to work together for the education and control of AIDS in the city.

Valencia City reports that it was able to reach out to target communities using a bottom-up approach. Rey Gaspar Canete, of the Valencia City Gay Association, reports that KAVAPCA, City Health Office (CHO) and ALAGAD Mindanao are their partners in their quest to reduce HIV cases among males who have sex with males (MSM). Together, they identified barriers in the local response to HIV/AIDS



issues and addressed these. Monthly one-on-one and "Learning Group Sessions" (LGS) sessions among MSM/TG community had been conducted in partnership with concerned agencies. Malaybalay City and Valencia City communities regularly join the whole world in Commemorations of the International AIDS Candlelight Memorial and Mobilization (IACMM) every 3rd Sunday of May and World's AIDS Day every 1st of December of each year and World's AIDS Prevention Month every December.

Information dissemination has been made by the two city governments of the cash assistance of five thousand pesos (PhP5, 000) to individuals and family in a crisis situation that is part of the health program of the Department of Social Welfare and Development Services (DSWD) of the province. Both cities have yet to explicate their policy on providing special care and support of persons living with AIDS (PLWA) and pregnant women with HIV/AIDS. Their city HIV/AIDS ordinances are silent on this. Policies on care and support for children and orphans have to be addressed or reflected by the Malaybalay LGU in their HIV/AIDS ordinance.

Interventions and Actions Done by the City Government for Community reflection and Understanding of Factors Influencing HIV/AIDS

Both Malaybalay City and Valencia City have integrated HIV/AIDS into its general development plans. The two cities have created their own HIV Council in accordance with the National Policy Guidelines for the prevention and management of sexually transmitted diseases (STDs). Malaybalay City calls it Malaybalay City STI HIV Council and Valencia City calls it Valencia City AIDS Council (VCAC). Each council functions as a local multi-sectoral HIV/AIDS management and coordination body. It is the central advisory, planning and policy making body and the lead group in undertaking information, education and communication campaigns on the prevention and control of HIV/AIDS. It assists in coordinating civil society organizations that are actively involved in the cause.

The local councils of both cities have a general policy to promote information, education, and communication (IEC) on HIV/AIDS. This had been realized in partnership with the Philippine Information Agency (PIA), their City Information Office, and various local media organizations. School symposiums and public forums in the barangays had been done as part of information dissemination on STD, HIV and AIDS prevention and control. The councils have implemented the policy of mandatory/compulsory annual seminar attendance on HIV/AIDS prevention for all entertainment business establishments, massage clinics and other similar establishments as a requirement for renewal of business permit. Sponsorship of non-government organizations and attendance of personalities (media and showbiz) during rallies livened up the campaigns.

Valencia city government health personnel have made active IEC dialogues between MSM leaders and their peers. A pro-active AIDS response has been adopted by the community based MSM group in the city. They have been made to realize of



the important role they play in the prevention and spread of AIDS. They have organized themselves and have established peer- collaborations. The head of Public Employment Service Office (PESO) of Valencia City, a member of the city AIDS Council, had made IEC as part of the lectures attended by overseas Filipino workers (OFWs) of the city.

Mobilization and Allocation of Budget to Combat HIV/AIDS by the City Government

The Malaybalay City had allocated two hundred fifty thousand pesos (Php250, 000) as initial budget in 2006 for the operation of the Malaybalay City STI HIV Council and implementation of its policies. Valencia city had appropriated five hundred thousand pesos (PHP 500,000) in 2003 for the implementation and operations of its Valencia City AIDS Council, charged against its Annual Development Fund (ADF). Succeeding budgets however had been shared with other health programs and projects of both cities. While other health programs have clear targets to be met, there is none for HIV/AIDS, thus, the first were given more priority in terms of budget. There is an apparent reduction of the budget which limits the participants in the annual IEC seminar on HIV/AIDS prevention and basic training on HIV prevention, treatment, care, and support issues and in particular training on STI/HIV/AIDS and Voluntary Counseling and Testing (HCT).

The Social Hygiene Clinic Malaybalay City and the Center for Reproductive Health of Valencia City had been funded by the Department of Health national budget, but, the training of the health staff and workers on STI/HIV/AIDS and Voluntary Counseling and Testing (HCT) had been funded by each of the city government.

The City Health Facilities Capable of Providing Intervention for Protection and Medical Treatment for HIV/AIDS

To help prevent the spread of Sexually Transmitted Infections (STI), HIV and AIDS, the Department of Health of Malaybalay and Valencia had done a basic training on HIV prevention, treatment, care, and support issues for most members of each of their Local AIDS Council, heads of offices of the different city government agencies, school administrators and all barangay health workers (BHWs). All the heads of offices of the different city government agencies and the BHWs were required to attend and re-echo the training in their respective offices and barangays. The training sought to empower the participants on prevention and control of STI, HIV and AIDS. It also allowed the sharing of knowledge and resources and building partnerships with fellow advocates. Valencia conducts regular symposium on AIDS prevention to mothers while Malaybalay conducts a free HIV/AIDS mother and child transmission HIV tests twice a year.

Both the city health centers of Malaybalay and Valencia offer free HIV testing following the required pre and post counseling. Free reagents, HIV kit and medicines



are readily available on a first come first served basis until supply last in the Center for Reproductive Health of Valencia City and Social Hygiene Clinic in Malaybalay City. Very few however had availed of this free test.

A referral system is observed by the city health workers in both Malaybalay City and Valencia City Health Centers. Patients with initial positive results may be referred to the Research Institute of Technology (RITM) and once confirmed may further be referred to Alliance Against AIDS in Mindanao (ALAGAD Mindanao) for intensive counseling and voluntary psychotherapy and recently, with the HIV and AIDS Core Team (HACT) of Northern Mindanao Medical Center (NMMC) Region X. NMRH was formerly a satellite, but, now a hub for HIV and AIDS cases.

Weekly regular monitoring and mandatory check-up of registered sex workers are practiced by Malaybalay and Valencia. These weekly sessions allow the city health workers to conduct informal IEC to people in prostitution (PIP) of the two cities. Outreach Program had been conducted to freelance/transient sex workers, working mostly in the two city bus terminals, inviting them to visit and avail of the free medical check-up offered by the city health centers. Some cases of STI medical checkups by transients had been administered by the Social Hygiene Clinic of Malaybalay City and Valencia Center for Reproductive Health. The apparent common practice by clients/patients is to avail STI, HIV/AIDS test and seek medical confidentiality in other cities. This is one problem with the monitoring of HIV/AIDS cases. Malaybalay City has a Social Hygiene Clinic and Valencia City has a Center for Reproductive Health which cater to HIV and AIDS cases. Both health centers have the machineries for HIV/AIDS test and health workers trained on STI/HIV/AIDS Voluntary Counseling and Testing (HCT).

CLOSING

In the implementation of the National HIV/AIDS policy, The LGUs of Malaybalay and Valencia have adopted steps to moderate the spread of HIV and AIDS in their localities. These urban governments of Bukidnon had created each an HIV Council that is guided by the principles of mainstreaming HIV responses in the local government plans and multi-sector involvement in the planning, execution and monitoring of the response. This local response is a key element of the country's program for combating HIV. The two local governments (LGUs), along with Cagayan De Oro City, are the core of the program in Region ten. They had committed to reduce HIV infection through the Millennium Development Goal (MDG) and the HIV and AIDS Medium-Term Plan (AMTP). There is collaborative efforts of various government agencies and civil society groups in the two urban cities of Bukidnon in the adoption of the HIV and AIDS Medium-Term Plan, a national roadmap on HIV and AIDS, but the implementation of this strategic plan is hampered by lack of priority and corresponding budget. Campaigns for the prevention and control of HIV and AIDS in the two cities of Bukidnon started strong but had dwindled due to decrease in the budget. Its governance structure designed to be the forefront is



encumbered with uneven political commitments. Change of leadership among the local chief executives of the two cities affects the commitment in the implementation of their HIV policy and legislations. This is a reflection of how HIV responses have a propensity to give way to other competing administrative priorities as recognized by local chief executives.

To raise public awareness, erase the stigma of HIV/AIDS, and encourage many vulnerable groups to avail of the free test, Malaybalay and Valencia LGUs should conduct a more aggressive and committed public health education and free access to health services. The capacity building of each AIDS Council should be strengthened and a follow up seminar on HIV/AIDS should be conducted for old and new members. Existing ordinances should be reviewed to ensure their relevance in support of not only overall HIV and AIDS prevention and control efforts but also treatment and care for HIV and AIDS patients. It is recommended that Malaybalay should include an ordinance of its policy for special protection and support of children and orphans. Both cities should elucidate their policy on providing special care and support of persons living with AIDS (PLWA) and pregnant women with HIV/AIDS. Enhance the capacity building of the community and continue partnership with civil society groups in order to ensure the mobilization of multi-sectoral support. Young people and people living with HIV/AIDS (PLWHA) should be involved in the city design, planning, and implementation for more effective responses to HIV/AIDS.

The two local AIDS councils should make a more active role coordinating local AIDS responses and provide guidance on issues related to HIV risks, vulnerabilities, and impact of AIDS. A more harmonize efforts with UN Joint Team on AIDS (UNJTA), Leadership for Effective and Sustained Responses to HIV and AIDS under the United Nations Development Program (UNDP), Philippine National AIDS Council (PNAC), STI, HIV and AIDS Support Link (SHASLink), Regional AIDS Assistance Teams (RAATs), Misamis Oriental Council for AIDS Network (MOCAN), Council for AIDS Network of Cagayan De Oro and other stakeholders may be established. An annual budget that is solely for HIV/AIDS and separate from other city health programs and projects should be provided by the two LGUs. Both should increase local investment for quality improvement of Malaybalay and Valencia health facilities and the capacity building of their health worker capabilities. Manual Operation Training should be conducted among the health personnel, social workers, and community based organizations of the two cities. There is a need for training on the implementation of the Manual Operation for HIV counseling and treatment that had been revised to tailor the mentioned specific target groups. Malaybalay and Valencia health centers should enable a safe legal environment in the delivery of health services to the identified vulnerable and marginalized groups in order to encourage them to avail of the health facilities and services being offered by each CHO. It is further recommended that both LGUs should adopt a more comprehensive HIV program that is sustainable and encompasses a wider coverage.



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